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DA DiApplean Right: Donaistent? : Yes on No.	$-\frac{1}{2}$	<u>Pear</u> ₹.5a.	2
G.A. FP Seen Consistent?: Yes on No.			
Est Recatts: days Rest: Yes or No	20A 7/2/8	50.	8/2/8
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National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933







	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800261		
73 BRAS BASAH ROA #05-01 NTUC TRADE (189556	D JNION HOUSESINGAPORE	Date:	08-02-2018		
		Code:	INC4		
	Policy Particulars	:- THIR	D PARTY CLAIM	THE REPORT OF THE PARTY OF THE	
Insured Veh.	XD 7294S	Veh. Ir	nspected	SHA 5720Y	
Policy No.	5088299286-01	Cover	age (\$)	0.00	
Claim No.		Exces	s (\$)	0.00	
Assign From	•	Assig	n Date	08/02/2018	
	Vehicle Parti	culars 8	Condition		
Make & Model		c.c		0	
Engine No.	HIDDEN	Year c	f Reg.		
Chassis No.		Colou	T .		
Odometer	-	Steering			
Brakes		Modification			
General	MIN 1				
	Conditi	ons of	Tyres (
	Size	Make		Balance	
R/H Front Tyre				mm	
L/H Front Tyre				mm	
R/H Rear Tyre				mm	
L/H Rear Tyre				mm	
	Descripti	on of D	amages		
	Genera	l Inform	ation	新校会は、	
Accident Date	07/02/2018		ction Date	08/02/2018	
Survey held at	COMFORTDELGRO ENGINEEI				
	59 LOYANG DRIVE SINGAPORE 508969				
ja, s la	R				
	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT F	REJUDICE" BASIS		

eBaoTech	N.	- 1	5 200						Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601	. 1.1949/288888				•	Change La	nguage	Change Passwo	rd • Log Out
My Desktop	Polic	y Query								•
Notice of Loss	Policy N	io.				Date of Acc	ident	07/02	V2018 18;28	-
	Vehicle l	No.(For Motor)	XD72945							
						Search				
	Select	Palicy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	ð !	5088299286-01	EE HUP CONSTRUCTION PTE LTD	197902194K	GFT	Preferred Workshop Plan	XD7294S	XD7294S	04/01/2018	
						Continue				

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	1	COMFORT TRANSPORTATION PTE LTD	SHC 1218Y	SLH 6315T	08/02/2018	\$ 1,570.56	56 \$ 1,240.56
2	MT/0981400-002	COMFORT TRANSPORTATION PTE LTD	SH 6491J	SJV 7934A	06/02/2018	\$ 13,598.68	\$
m	MT/0981548-002	COMFORT TRANSPORTATION PTE LTD	SHA 5720Y	XD 7294S	07/02/2018	\$ 3,831.28	\$
4	MT/0982165-001	COMFORT TRANSPORTATION PTE LTD	SHA 3116E	SJD 825Y	06/02/2018	\$ 2,744.72	\$
2	MT/0982166-001	COMFORT TRANSPORTATION PTE LTD	SHC 30938	SIE 5741S	06/02/2018	\$ 1,491.81	\$
9	MT/0982171-001	SMRT TAXIS PTE LTD	SHF 222A	SJR 8859Z	24/01/2018	\$ 1,136.00	20 \$ 460.00
7	MT/0980814-002	COMFORT TRANSPORTATION PTE LTD	SHD 3596L	FW 9183D	02/02/2018	£9.E69,E \$	\$
∞	MT/0981591-002	COMFORT TRANSPORTATION PTE LTD	SH 6753D	SGE 2404X	08/02/2018	\$ 1,797.40	\$
6	MT/0981398-002	COMFORT TRANSPORTATION PTE LTD	SHC 2157H	SLR 6449M	07/02/2018	\$ 6,534.58	58 \$ 3,150.00

Claim received from LKK Auto



COMFORT

Date/Time: 08.02.2018 09:57 Page: 1

}am:

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305114990

OMER

IS

COMFORT TRANSPORTATION PTE LTD

7010045

OMER NO 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755 (R)

(O)

(P)

DUNT CARD NO.

REGN NO. SHA5720Y	MILEAGE
MAKE HYUNDAI	FUEL EF
MODEL 1-40 07	02.2018 18:45
YR OF MANU 03.12.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU080625	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 07.02.2018

ATURE: 3P 07.02.18

KED & PASSED OUT BY:

/NO

LABOR CODE

DESCRIPTION

		_	
SERVICE ADVIS	OR		CUSTOMER'S SIGNATURE
ledgement Slip		Exit Pass	
_{No.:} SHA5720Y	JU NTUC LKK	Vehicle No.:	SHA5720Y
f Service Advisor	Signature/Date	Name of Service Advisor	Date
sturned to Service Reception upon collection		To be kept by Security Gu	ard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3, Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

ACCIDENT STATEMENT

 Date Of Report
 08/02/2018 09:36

 Date Of Accident
 07/02/2018 18:10

Exact Location Of Accident UPPER EAST COAST RD B4 JALAN HAJIJAH

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA5720Y

Insured/Policyholder

Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD

Co Reg No 199303821R

Email Address FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer HYUNDAI

Model 140

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY

NO

Vehicle Category TAXI

Insurance Company

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number D-18088936MFSH

Cover Note Number

Driver

Name of Driver JUANDA BIN SAIMO

NRIC No S1403143Z
Date Of Birth 05/05/1960
Occupation OUTDOOR
Date Of Driving Pass 03/01/1987

Driving Experience 31 YEARS AND 1 MONTH

Gender MALE

Mobile Number Fax Number

Contact Number

EMail Address NOEMAIL

'Address' 243 #02-403 TAMPINES STREET 21

Postcode 521243

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TAXI DRIVER

-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: :

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD7294S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of DriverMUTHAIAHNRIC/Passport Number030954203Contact Number86192289

Address Postcode

Insurance Company Name

Nature Of Damage LEFT FRT

No. Of Passenger (Including Driver)

SKETCH PLAN	-	
		EAST COAST RD
	كالمال الكار الكار الأناء الأناء كالمراجعة والمراجعة المراجعة المراجعة المراجعة المراجعة الكارات	
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DESCRIBE CIRCUIVISTANCES OF T	TE ACCIDENT	11 AVE
	As per attached	
	As per ancion	
	•	
		,
-		
DECLARATION I/We declare the foregoing particulars	are true in every respect.	N
CO. REG. NO. 199303821	اَدَ الله	osloslis. A
Policyholder's Signature	Driver's Signature	Reporting Centre Personne s Signature

Sketch Plan Pg. 2

Describe Circumstances of the Accident	
On 07 Feb 2018 at about 18:10 hrs I was driving straight	on the left lane along Upper East
Coast Rd heading towards the direction of Jalan Hajijah	which is on my left.
omewhere before Jalan Hajijah suddenly I felt an impa	ct coming from the right hand side
ront door of my taxi followed by a jerk.	
shortly after I stopped my taxi and stepped out to check	. Found that a big truck XD7294S
ad come from my right cut into my lane and caused thi	s accident to happen.
As a result of this, the left hand side front of the truck hi	t and grazed the right hand side
ront including the right hand side wing mirror casing to	wards the right hand side rear of my
axi thus damaging them in the process.	
01 lady passenger on board my taxi. No injury at the poi	nt of the accident.
inclosed are scene photos and video footage to support	my claims.

I/We declare the foregoing particulars are true in every respect.

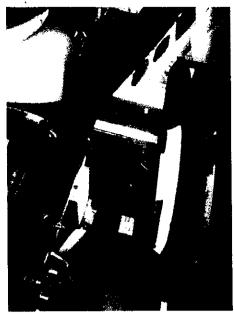
COMFORT TRANSPORTATION PTE LIL COMFORT TRANSPORTATION PTE LIL

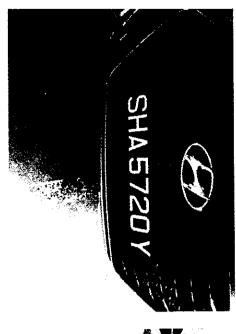
Time

& Time

Witnessed by Reporting

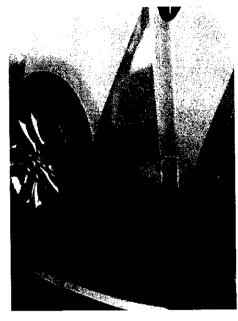
Centre Personnel

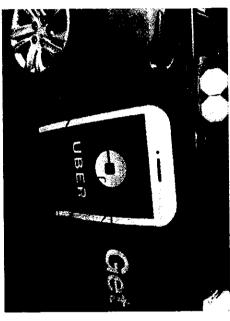










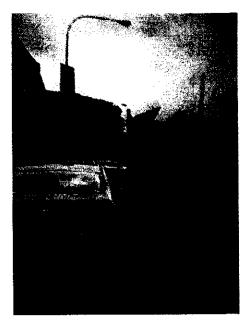


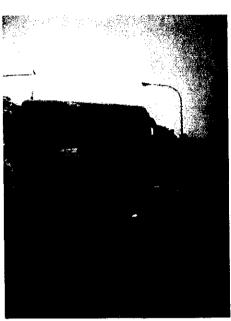


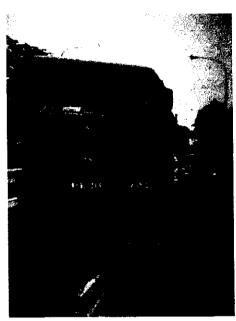


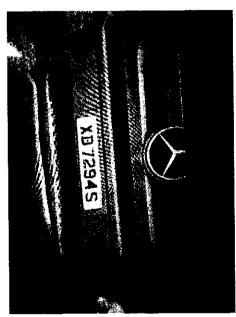


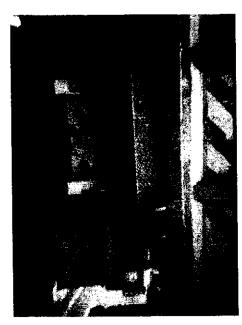












COMFORTDELGRO

					CO11	ENGINEERING
	ob Ref		114990		Comi	
Date		:09	/02/18		59 Lo	fortDelGro Engineering Pte Ltd yyang Drive Singapore 508969 8546 8156
FINA	LIZATK	ON FORM			1 11/2	
To	:		LKK		Fax:	
Attn	:		KALVIN			
Vehic	le Reg	No. : SHA5	720Y	Date	of Accident:	07/02/18
The s	urvey a	and estimates of t	he repairs of the abo	ve-mentioned	l vehicle are a	s follows:-
1.	The re	epair job shall bill	to: <u>N</u>	TUC	###	XD 7294S
2.	The fi	nalized amount s	hail be:		****	
	(a)	Spare Parts afte	r List discount			
	(b)	Labour Charges		###		
		Total for Part-B	y-Part Repair Cost			
	(c.)	Lumpsum Repai Total for Lumpsum Final Lumpsum	um repair cost after L	.ess: 20%		\$2,450.00
3. 4.	We si	-			rking days rmed if there	is no reply from you
5.	Thank	you for your ass	istance.		e confirm the e alized amount	estimates and
	Signa	ture :	MAC	Sig	nature:	
	Name	; JUMANI		Na	me :	Kalu
	Tel	:	313	Da	te :	12/4/8
	Fax	:	65468 \56			
For O	fficial	Use Only		· · · · · · · · · · · · · · · · · · ·		
		Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Re	e⊓tal Ra	ate P/Day		YES		
		ncome Paid		N		
	ırvey F					
5. Me	edical F	rch Fee fees (on behalf if applicable)	\$7.49			
6 O						
Rema		IECK ITEMS:				1010101

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 5720X

DATE 2/8/2018 10:50

L	: HYUNDAI i40		*****		•
Qty	Parts Description/ Labour	Туре	Unit Price		Amount
	Rear Door (RH)			\$	1,351.10
	Front Door Outer Handle (RH)	į		\$	38.75
	Front Door Mirror (RH)			\$	980.50
	SUB TOTAL			\$	2,370.35
	LESS 20%			\$	474.07
	DISCOUNTED TOTAL			_	1,896.28
	Rear Door Advertisement Logo (RH)			\$	100.00
	Rear Door Tel No. Sticker/Apps (RH)			\$	10.00
	Front Door Coloured Comfort Logo (RH)			\$	75.00
	Front Door Advertisement Logo (RH)			\$	100.00
				\$	285.00
	Labour Charge				400
	Panel Beating			\$	850.00
	Spray Painting Charge			\$ \$ \$	600.00
	Wiring Charge			\$	30.00
	Tuff Kote			\$	
	Transfer of Door			\$	120.00
	TOTAL LABOUR			\$	1,650.00
	ESTIMATE TOTAL			\$	3,831.28
	Kaba (1/16/4) M 8/2/1 11106 21-7- 45				
	Kaha (11/19)				
	11 8/2/1/11/06	LKK.	Auto Consultants henc	-	
		11101	Praire at the following	I	ıry
	2 /2	4 10 18	purvey before/after spray on	بباهما	
		• Parts	play damaged part(s) curing prices are subject to comments.	g resur	vey
	45	- 11840	party suntil con a re-	L	dice" basis
	1111 1 - 16	• No ille	gal modificationis us allow	- 1	
	Affe Raviple	• Suppl	ementary (tem) sy must be re bot to tinal approval from	.	ind (
			And to the debut of the state o	:ur a nc	n Lahy
		Acknowl	edged by Repairer		
		Signatur Date:	e: 		l
		DOIC.		1	

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.



Thatcham escribe

National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





NTUC INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1800261	14/K1tbe2				
73 BRAS BASAH ROA #05-01 NTUC TRADE 189556	.D UNION HOUSESINGAPORE	Date:	14-02-2018 INC4					
1.	Policy Particulars							
Insured Veh.	XD 7294S	2	nspected	SHA 5720Y				
Policy No.	5088299286-01	+	age (\$)	0.00				
Claim No.	MT/0981548-002	Exces	 	0.00				
Assign From		Assigi		08/02/2018				
2.	Venitele Partir	culars 8	Condition :					
Make & Model	HYUNDAI 140	c.c	Water State Control of the Control o	1685				
Engine No.	HIDDEN	Year o	f Reg.	2015				
Chassis No.	KMHLB41UMGU080625	Colou	r	BLUE				
Odometer	210198	Steeri	ng	IN ORDER				
Brakes	IN ORDER	Modifi	cation	STANDARD ALLOY RIM				
General	FAIR							
Service Commencer Commence								
	Size	Make		Balance				
R/H Front Tyre	205/60 R16	HANKO	ок	7 mm				
L/H Front Tyre	205/60 R16	HANKO	OK	7 mm				
R/H Rear Tyre	205/60 R16	HANKO	OOK	7 mm				
L/H Rear Tyre	205/60 R16	HANKO	ООК	7 mm				
4. The talk of the later	Description	on of Da	māges: 😢					
THE VEHICLE SU	STAINED DAMAGES AT THE O/S	BODY.						
DAMAGES SEE D	ETAILS.							
5 3	Genera	Inform	atlon 📜					
Accident Date	07/02/2018	Inspec	tion Date	08/02/2018				
Survey held at	COMFORTDELGRO ENGINEER	RING PTI	ELTD					
	59 LOYANG DRIVE SINGAPORE 508969							
5a.	R	emarks		The second of th				
	ON WAS CONDUCTED ON A'WIT CE TO YOUR INSTRUCTIONS, W							
5b.	Estimate	Days of	Repair					
ESTIMATED NOR	MAL PERIOD FOR REPAIR:		2 Working Days					



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 5720Y

Qty	Description of Parts	-Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
D 1872	REPLACEMENT OF PARTS			7
1	REAR DOOR (RH)	DENTED	1,351.10	1,351.10
1	FRONT DOOR OUTER HANDLE (RH)	TO REPAIR	38.75	-
1	FRONT DOOR MIRROR (RH)	BROKEN	980.50	980.50
	LESS 20% DISCOUNT		-474.07	-466.32
			1,896.28	1,865.28
	SPECIAL NETT ITEMS			
1	REAR DOOR ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
1	REAR DOOR TEL NO. STICKER / APPS (RH) (SN)	NECESSARY	10.00	10.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH) (SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
			285.00	285.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,000.00	470.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	430.00
			1,650.00	900.00
	GRAND TOTAL		3,831.28	3,050.28

RECOMMENDED COST OF LUMP SUM REPAIRS 2,450.00 (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)

Report Ref No. NS/INC18002614/K1tbe2

KALVIN ANG WEI KUN

Automotive Assessor / investigator

M

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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