NS/ TNC 1800 2617/KI+6/12

KONVI



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315



Reg. No: 52983356E GST Reg. No. 20-0405911-H

NTU	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800261	17/K1tb			
	-0.0000 i	D UNION HOUSESINGAPORE	Date:	08-02-2018 INC4				
1.		Policy Particulars	:- THIR	D PARTY CLAIM				
	Insured Veh.	SGK 1749B	Veh. Ir	nspected	SHA 7150D			
	Policy No.	5083856656-01	Cover	age (\$)	0.00			
	Claim No.		Exces	s (\$)	0.00			
	Assign From		Assig	n Date	08/02/2018			
2.		Vehicle Parti	culars &	& Condition				
	Make & Model	William Committee Committe	c.c	450 00	0			
	Engine No.	HIDDEN	Year o	of Reg.				
	Chassis No.		Colour					
	Odometer -			Steering				
	Brakes		Modification					
	General							
3.			ions 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			
4.		Descripti	on of D	amages				
5.		Genera	I Inform	nation	The Real Property			
	Accident Date	07/02/2018	Inspe	ction Date	08/02/2018			
	Survey held at	COMFORTDELGRO ENGINEE	RING PT	E LTD				
		59 LOYANG DRIVE SINGAPORE 508969						
5a.		R	lemarks					
	A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V	THOUT F VE HAVE	PREJUDICE" BASIS NOT AUTHORISE	S. D REPAIRS.			

eBaoTech									Gener	alClaim
Hello, NAC_PAYA_UBI_800601				a control society	TO A COURT OF THE PARTY.		Change La	nguage	· Change Password	Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	07/02	/2018 18:28	
	Vehicle	No.(For Motor)	SGK1749B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5083856656-01	MARIC MARKETING PTE LTD	201620700D	GFT	drivo CLASSIC	SGK1749B	5GX17498	25/04/2017	
					- 1	Continue				

TP Claims against NTUC Income: Follow-Through Survey

	Optoropio	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
ON/S	MCOME Releiche	SMRT TAXIS PTE LTD	SHF 463X	SJN 9459J
+	100-561599-1M	SART TAXIS PTE LTD	SHC 4663A	GBA 6665M
7	MI/0981/96-002	COMFORT TRANSPORTATION PTE LTD	SHD 7056C	GBB 1942R
,	M1/09/3020-001	COMEORT TRANSPORTATION PTE LTD	SHC 1712L	SGH 1324J
+ 1	MT/0002803-001	COMFORT TRANSPORTATION PTE LTD	SHD 7132R	SJF 7099U
0 4	MIT/0903131 003	CITYCAB PTE LTD	SHC 813K	FY 9030B
0 1	MII/0362121-002	COMFORT TRANSPORTATION PTE LTD	SHB 6683J	FBL 894A
, ,	MT/098181A-002	COMFORT TRANSPORTATION PTE LTD	SHA 7150D	SGK1749B
0 0	M1/09410074067 003	COMFORT TRANSPORTATION PTE LTD	SHC 8221R	SJR 8271T
2 3	MII/09/4607-002	CITYCAB PTE LTD	SHC 600H	SKH 1597R
2 :	WII/0963612-001	COMEONT TRANSPORTATION PTE LTD	SHC 8248P	SJL 8210B
	MI/0981491-002	COMPORT TRANSPORTATION PTE LTD	SHC 2469H	SJE 4769U
77	MI/0982113-002	COMFORT TRANSPORTATION PTE LTD	SHD 3298Y	SKP 4054D
2 :	MII/09/0300-001	SMRT TAXIS PTE LTD	SHC 4018M	SKK 7897U
14	M1/09/1/30-003	CITYCAB PTE LTD	SHB 3377M	SJN 6180G
17	MT/0974783-002	COMFORT TRANSPORTATION PTE LTD	SHC 8897R	SJB 8136K
1 10	MT/0974882-002	COMFORT TRANSPORTATION PTE LTD	SHD 3364P	GBF 2607G

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

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

By the lodgement of this report to the insurers, you aforesaid.	u hereby consent to the archiving of this report of the second of the se	0000
	ACCIDENT STATEMENT	
Date Of Report	07/02/2018 16:56	
Date Of Accident	07/02/2018 14:30	
Exact Location Of Accident	ORCHARD TURN X ENTRANCE OF TAKASHIMAYA	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA7150D	
Insured/Policyholder		
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD	
Co Reg No	199303821R	
Email Address	FLEETSAFETY@CDGTAXI.COM.SG	

Mobile Phone No

OFFICE-65508768 Alternative Phone No

Vehicle Particulars

HYUNDAI Manufacturer 140 Model

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?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

D-18088936MFSH Policy Number

Cover Note Number

Driver

ABDUL AZIZ BIN TALIBAK Name of Driver

S7019041I NRIC No 29/05/1970 Date Of Birth OUTDOOR Occupation 16/01/2001 Date Of Driving Pass

17 YEARS AND 0 MONTHS Driving Experience

MALE Gender

Mobile Number Fax Number Contact Number

NOEMAIL EMail Address

Address

423 #08-202 JURONG WEST AVENUE 1

Postcode

640423

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

(TP reverse)

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

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

If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGK1749B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

ALWIN

NRIC/Passport Number

Contact Number

82836035

Address

Postcode

Insurance Company Name

Nature Of Damage

RHT REAR

No. Of Passenger (Including Driver)

Page 2 of 16

Sketch Plan Pg. 1

	Takoshia	naua	
			H
		- Jobby drive wary	11
		Jacob 47/1/2004	H
	BI COMESSA		
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	A stopped		H
		Orchario	++
1 44 11		Tain A= SHAH	50
Tig Here Tile			11
		BISEKIT	191
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			Alban S
			4016
			40in
CLARATION	A		
CLARATION We declare the foregoing particu	ilars are true in every respect.	Lim Ee Soon	
CLARATION We declare the foregoing particular transportarion	202	Lim Ee Soon CSO	

ACCIDENT STATEMENT SHA 7150 D

This afternoon (7/02/2018), I proceeded to Takashimaya in response to a booking call.

I arrived at the destination at about 2.30 pm and I turned into the driveway of Takashimaya from Orchard Turn when traffic was clear.

As seen in the video footage, when car B(SGK 1749B), a black Toyota, stopped in front on the driveway, I followed suit and stopped behind.

While I was waiting for car B to move forward, instead it suddenly reversed into my stationary taxi.

There was no way I could avoid the collision as car B was reversing very fast.

Recorded by Alex Lim

I took photos at the scene following the accident.

The impact inflicted damage to the front of my car while the rear right to car B sustained dents.

No report of injury at the time of accident.

I affirmed the above-statement is true and correct.

Driver name : Abdul Aziz B Talibak

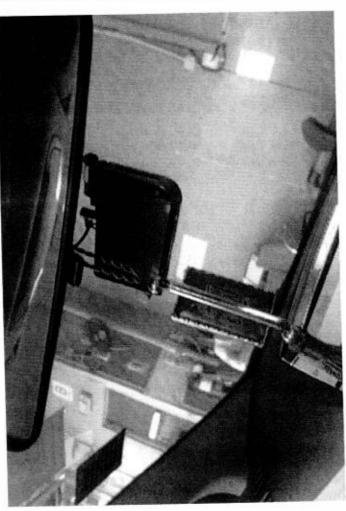
NRIC NO : \$ 70190411 Date:

07/02/2018



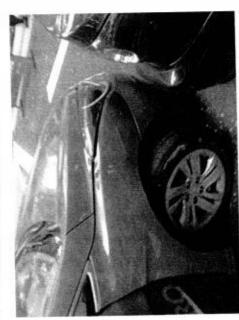






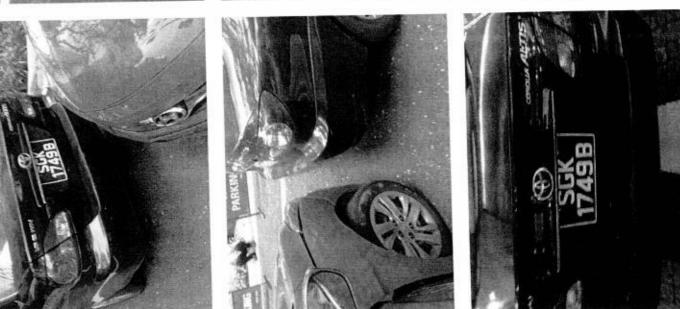














member of COMFORTDELORG

Date/Time: 08.02.2018 10:24

Page: 1

am:

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305114993

OMER

18

COMFORT TRANSPORTATION PTE LTD

7010045

OMER NO. 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R) (P)

OUNT CARD NO.

ites order.	00110203121333
REGN NO. SHA7150D	MILEAGE
MAKE: HYUNDAI	FUEL E
MODEL I-40 08	DATE/TIME IN 02.2018 09:25
YR OF MANU 22.05.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU053879	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 07.02.2018 ATURE: 3P 07.02.2018

returned to Service Reception upon collection

/NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:					
SERVICE ADVISO	DR .			CUSTOMER'S SIGNATURE	
wledgement Slip		Exit Pass Exit Pass Exit Pass			
SHA7150D	LKE/KALVIN	Vehicle No.:	SHA7150D		
of Service Advisor	Signature/Date	Name of Service A	dvisor	Date	

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD **REPAIR ESTIMATE***

VEHICLE NO

: SHA 7150D

MAKE

:

DATE 2/8/2018 10:49

NTUC

Qty	: HYUNDAI i40 Parts Description/ Labour	Туре	Unit Price	1	Amount
Qij	Front Bumper Cover			\$	562.30
	Front Rumner Bracket Ton (RH)			\$	22.40
	Front Bumper Retainer Mounting (RH)			\$	9.20
	11di(D11) X/M			\$	1,388.00
	Front Fender (RH)			\$	619.00
	Front Fender Shield (RH)			\$	169.80
	Front Fender Shield (KH)			\$	9.20
	Front Fender Retainer (RH)			\$	150.70
	Front Wheel Hub Cap (RH) >				150.70
	SUB TOTAL			\$	2,930.60
				\$	586.12
	LESS 20%			\$	2,344.48
	DISCOUNTED TOTAL				2,344.40
	Labour Charge				300
	Panel Beating			\$	560.00
	Spray Painting Charge			\$	400.00
	Wiring Charge			\$	30.00
	Tuff Kote			\$	50,00
	FRT Wheel Alignment			\$	80,00
				\$	1,120.00
	TOTAL LABOUR			7	1,120.00
	ESTIMATE TOTAL			\$	3,464.48
	Kahu ICKK)				
	Kaha ((KK) 1 8/2/18 117.6 2 Pm	the Repa	Consultants hence no irer of the following: by before/after spray painting damaged part(s) during res	1	
	Afla Rright	Parts pric Third part No illegal Supplement	es are subject to confirmation y survey is on a "W # out P+ modification" in 11 vec entary forms usi 1 350"	n Hudice"	nd
		is subject	to fina —rove sura	ença Co	mpany
		Acknowled	ged by Repairer		
		Signature:			

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

COMFORTDELGRO ENGINEERING

b Ref					Comfort	DelGro Engineering Pte Ltd
	: 22	/02/18				ng Drive Singapore 50896 8 8156
IZATI	ON FORM					
		LKK			Fax:	
: M	rKA	LVIN ANG				
e Reg	No. SHA7150	D CTPL				07.02.18
urvey a	and estimates of the re	epairs of the above-men	tioned vehicle	are	as follows:-	
The r	epair job shall bill to:		NTUC			SGK1749B
The f	inalized amount shall t	be:				
(a)	Spare Parts after Lis	t discount				
(b)	Labour Charges					
	Total for Part-By-P	art Repair Cost				
(c.)	Total for Lumpsum r	epair cost after Less:	20	%		\$1,300.00 \$1,300.00
We s	shall treat the above orking days	amount as Correct an	d Confirmed	d if th	nere is no rep	
Than	ık you for your assista	nce.		14.4		timates and
Sign	ature :		_	Sign	ature :	"
Nam	e : LIM KWOK E	NG		Nam	ie :	1Calus
Tel	: 62148316		_	Date	· ·	23/2/18
Fax	: 65468156					
Officia	l Use Only					
Officia	Item	Amount	Documer Attache Yes or N	d	Confirm By (Signature)	Remarks
No contract of		Amount	Attache	d		Remarks
ental F	Item	Amount	Attache Yes or N	d		Remarks
ental F	Item Rate P/Day Income Paid	Amount	Attache Yes or N	d		Remarks
	izati Me e Reg irvey: The r The f (a) (b) (c.) Estin We s 7 wo Thar Sign Nam Tel	i: 22 IZATION FORM :	IZATION FORM LKK Mr KALVIN ANG Reg No. SHA7150D CTPL Invey and estimates of the repairs of the above-ment The repair job shall bill to: The finalized amount shall be: (a) Spare Parts after List discount (b) Labour Charges Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost Estimated normal period for repairs: We shall treat the above amount as Correct and 7 working days Thank you for your assistance. Signature: Name: LIM KWOK ENG Tel: 62148316	IZATION FORM LKK Mr KALVIN ANG Reg No. SHA7150D CTPL Invey and estimates of the repairs of the above-mentioned vehicle Interprited amount shall be: (a) Spare Parts after List discount (b) Labour Charges Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost Estimated normal period for repairs: We shall treat the above amount as Correct and Confirmed 7 working days Thank you for your assistance. Signature: Name : LIM KWOK ENG Tel : 62148316	ization form LKK Mr KALVIN ANG Reg No. SHA7150D CTPL Invey and estimates of the repairs of the above-mentioned vehicle are The repair job shall bill to: NTUC The finalized amount shall be: (a) Spare Parts after List discount (b) Labour Charges Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 20% Final Lumpsum Repair cost Estimated normal period for repairs: 2 work We shall treat the above amount as Correct and Confirmed if the 7 working days Thank you for your assistance. We consider the signature: Sign	IZATION FORM : LKK Fax: Mr KALVIN ANG e Reg No. SHA7150D CTPL drivey and estimates of the repairs of the above-mentioned vehicle are as follows:- The repair job shall bill to: NTUC The finalized amount shall be: (a) Spare Parts after List discount (b) Labour Charges Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 20% Final Lumpsum Repair cost Estimated normal period for repairs: 2 working days. We shall treat the above amount as Correct and Confirmed if there is no reg 7 working days Thank you for your assistance. We confirm the es finalized amount Signature: Signature: Signature: Name: LIM KWOK ENG Name; Tel : 62148316 Date:



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002617/K1tbn2 73 BRAS BASAH ROAD 02-03-2018 #05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 189556 Code: INC4 1. Policy Particulars :- THIRD PARTY CLAIM SGK 1749B Veh. Inspected SHA 7150D Insured Veh. 0.00 5083856656-01 Coverage (\$) Policy No. 0.00 MT/0981814-002 Claim No. Excess (\$) 08/02/2018 Assign Date Assign From **Vehicle Particulars & Condition** 2. 1685 Make & Model **HYUNDAI 140** C.C 2014 HIDDEN Year of Reg. Engine No. KMHLB41UMEU053879 Colour BLUE Chassis No. Odometer 509244 Steering IN ORDER IN ORDER Modification STANDARD ALLOY RIM Brakes FAIR General **Conditions of Tyres** 3. Size Make Balance WEST LAKE 7 mm 205/60 R16 R/H Front Tyre WEST LAKE 7 mm 205/60 R16 L/H Front Tyre WEST LAKE 7 mm 205/60 R16 R/H Rear Tyre 7 mm 205/60 R16 WEST LAKE L/H Rear Tyre Description of Damages 4. THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS. **General Information** 5. 08/02/2018 07/02/2018 Inspection Date **Accident Date** COMFORTDELGRO ENGINEERING PTE LTD Survey held at 59 LOYANG DRIVE SINGAPORE 508969 Remarks 5a. A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. **Estimate Days of Repair** 5b. 2 Working Days ESTIMATED NORMAL PERIOD FOR REPAIR:



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7150D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER BRACKET TOP (RH)	CRACKED	22.40	22.40
1	FRONT BUMPER RETAINER MOUNTING (RH)	CRACKED	9.20	9.20
1	HEADLAMP (RH)	SERVICEABLE	1,388.00	15
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER (RH)	SERVICEABLE	9.20	-
1	FRONT WHEEL HUB CAP (RH)	SERVICEABLE	150.70	
	LESS 20% DISCOUNT		-586.12	-242.58
			2,344.48	970.32
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		670.00	300.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	380.00
			1,120.00	680.00
= 8	GRAND TOTAL		3,464.48	1,650.32
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)	10 10 10 10		1,300.00

Report Ref No. NS/INC18002617/K1tbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

L

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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