

Ran

REF: NS/INC18003184/R14d3n2

384R

ASSIGNMENT

SHD65264

2014 OUT

From: _____ Date: _____
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
To/Inspect/Vehicle No: _____
at Workshop this: _____
of: _____
Insured: SJ 9670K
Policy No: 5084698390-01 (6/10/17-
Claims No: MJ10986777-001
Sum/Insured: _____ Excess: _____
Client's Record: _____
Make of Veh: _____



Policy Condition: _____
Remark: The veh had commenced its repair at the time of inspection.
Est. or Market Value: _____
IDAC/Accident Report: _____ Consistent? : Yes or No
G/A / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 2 days Rep: Yes or No
Lum Sum: _____ 3 Val: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle IN / OUT

Type: M/Car / M/Cycle / Bus/Van / Lorry / C Prime Mover
Track / Trailer: _____
Make: Hyundai 14017 1685
Colour: Blue A/C: _____ Insured: Std / N/A
Co/Reading: 490576 T Read: Insured: Std / N/A
Engine: _____
G/Vo: KMHLB41UMEN059819
Gen Cond: Good / 2 Poor / Burnt
Steering: 2 Order / Jammed / Leaked / Burnt / or
Brake: 2 Order / Jammed / Leaked / Burnt / or
Mod: 2 S/Rim / STD A/Rim / or
Tyre Size: 205/60R16
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PR / SUMI
TOYO / YOKO / or WESTLAK
Front: _____ Rear: _____
R/Ba: 5 mm R/Ba: 5 mm
L/Ba: 5 mm L/Ba: 5 mm
D.O.A: 14/02/18 D.O.A: 19/02/18
Survey held at: Comfort Lodge
Des. of Damages: Frt / Rear / O/S / N/S / U/O / Roofed / or
FRONT N/S
The U/O / Chassis frame / Body Structure affected due to collision:

Date Time Action / Instruction
SHD65264 - CS/TMT15007313/R14d3n2
SJ 9670K - CS/AG15004028/U4b42
Final fig \$280, 2 days (Red to 1305.04, 82%)
no lump sum
RECEIVED 20 MAR 2018
D.O.A: 28/04/2015
D.O.A: 11/11/2014
19/3/2018

Date/Time File Pass: 20/3/18 Final Report
Days Of Repair: 2
Resurvey No. of Trip: _____
Add Fee: 7p
Report Format: 7p
Lump Sum: 280
Status: 2
Final Report: 280



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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003184/R1qd3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-02-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJJ 9670K	Veh. Inspected	SHD 6526U
Policy No.	5084698390-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/02/2018

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions 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. Description of Damages

--

5. General Information

Accident Date	14/02/2018	Inspection Date	19/02/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

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	MT/0982899-002	COMFORT TRANSPORTATION PTE LTD	SHC 8242E	SJM 629A	14/02/2018	\$ 5,313.12	\$ 2,550.00
2	MT/0986777-001	COMFORT TRANSPORTATION PTE LTD	SHD 6526U	SJJ9670K	14/02/2018	\$ 1,585.04	\$ 280.00
3	MT/0980219-003	SMRT TAXIS PTE LTD	SHB 5294E	SHC 6991P	30/01/2018	\$ 3,231.20	\$ 1,720.89
4	MT/0974759-002	SMRT BUSES PTE LTD	SMB 3550U	SGL 8186Z	21/12/2017	\$ 4,021.13	\$ 2,550.00
5	MT/0986780-001	SMRT BUSES PTE LTD	SMB 88H	FW 1364B	10/01/2018	\$ 8,830.84	\$ 2,750.00
6	MT/0985203-002	SMRT TAXIS PTE LTD	SHC 4698A	YP 6207B	21/02/2018	\$ 19,415.64	\$ 4,450.00

Claim received from LKK Auto

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084698390-01	CAR TIMES AUTOMOBILE PTE LTD	200103507Z	GFT	drive CLASSIC	SJ9670K	SJ9670K	06/10/2017	

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 withholding 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	15/02/2018 09:19
Date Of Accident	14/02/2018 18:55
Exact Location Of Accident	SHEARES AVENUE X MARINA BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6526U
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	I40

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

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	LIM CHEE HOW (LIN ZHIHAO)
NRIC No	S7728921F
Date Of Birth	04/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1996
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE

Mobile Number

Fax Number

Contact Number

Email Address

LIMCHEEHOW77@GMAIL.COM

Address	BLK 759 CHOA CHU KANG NORTH 5 #04-157
Postcode	680759
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
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?	NO
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) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

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

PLS REFER TO ATTACHED / Type Of Accident : 3P REVERSE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ9670K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 withholding of material facts may allow insurance companies to repudiate policy liability.
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7. By the lodgment 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 aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

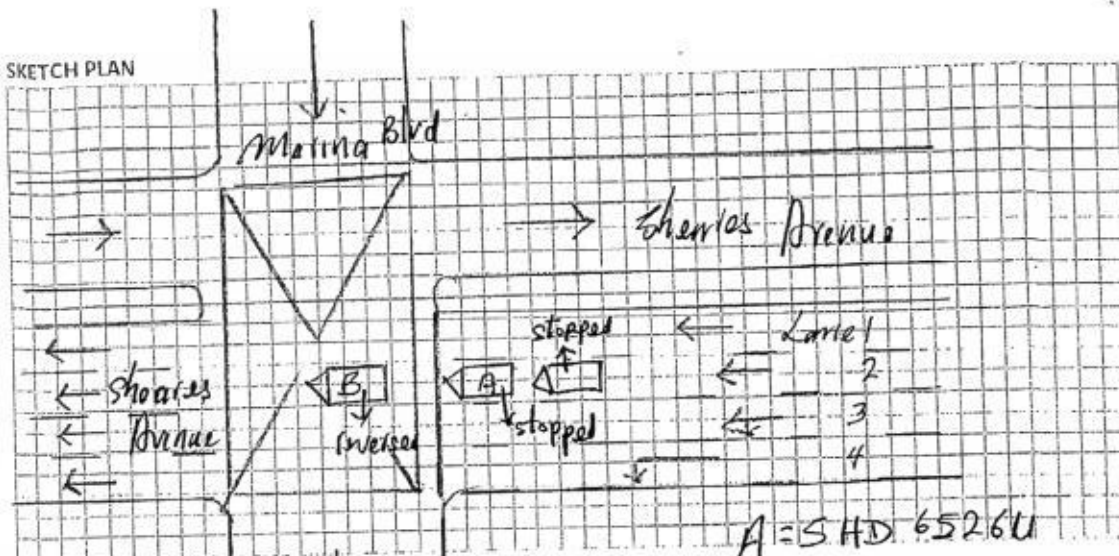
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Lim Ee Sqq
CSO

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

$A = \text{SHD } 6526 \text{ U}$

B: 5JJ9670K

DECLARATION

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

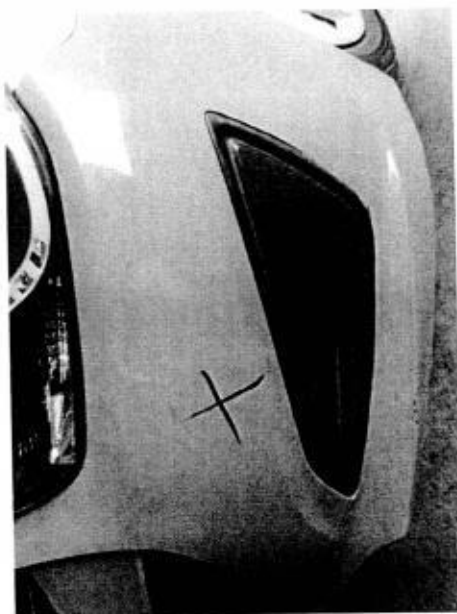
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature _____
(if driver is not the policyholder)
Date & Time: _____

Lim Ee Soon
CSO

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305117035

CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO	SHD6526U	MILEAGE
	MAKE	HYUNDAI	FUEL E.....1/2.....F
	MODEL	I-40	DATE/TIME IN 15.02.2018 07:40
	YR OF MANU	09.10.2014	TARGET DATE
	CHASSIS CODE	KMHLB41UMEU059818	COMPLETION DATE/TIME

JOB DESCRIPTION

ccident Date: 14.02.2018
ATURE: 3P 14.02.2018

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
No.: SHD6526U	LKE/KALVIN	Vehicle No.: SHD6526U	
Signature/Date		Name of Service Advisor	Date
returned to Service Reception upon collection		To be kept by Security Guard	

REPAIR ESTIMATE*

DATE 15/2/2018 9:27

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 562.30
	Front Bumper Sponge			\$ 142.20
	Front Bumper Reinforcement			\$ 526.10
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Retainer Mounting		\$ 9.20	\$ 18.40
	SUB TOTAL			\$ 1,293.80
	LESS 20%			\$ 258.76
	DISCOUNTED TOTAL			\$ 1,035.04
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge		280	\$ 200.00
	TOTAL LABOUR			\$ 550.00
	ESTIMATE TOTAL			\$ 1,585.04

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: _____
Date: _____

Handwritten: Rasul
Ap 90010068
2 days
4/5 @ 280
19/02/18 @ 1115
Revy after repair

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

REPAIR ESTIMATE*

VEHICLE NO : SHD 6526U

MAKE :

MODEL : HYUNDAI i40

DATE 15/2/2018 9:27

HK/kahvi • 2/sum

Like

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 562.30
	Front Bumper Sponge			\$ 142.20
	Front Bumper Reinforcement			\$ 526.10
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
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	DISCOUNTED TOTAL			\$ 1,035.04
	Labour Charge			
	Panel Beating			\$ 350.00
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- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: _____
Date: _____

Handwritten notes:

RASul
Ap 90010068
2 days
4/3
19/02/15 @ 1115
Rey after repair

Signature: [Signature]
20/2/15

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305117035
Date 28/02/18

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : Mr RASUL
Vehicle Reg No. SHD6526U CTPL

Fax :

14.02.18

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-


1. The repair job shall bill to: NTUC --- SJJ9670K
2. 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 \$280.00

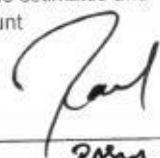
3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature: 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature: 
Name : Paul
Date : 16/03/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003184/R1qd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 23-03-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJJ 9670K	Veh. Inspected	SHD 6526U
Policy No.	5084698390-01	Coverage (\$)	0.00
Claim No.	MT/0986777-001	Excess (\$)	0.00
Assign From		Assign Date	19/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40 1.7	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU059818	Colour	BLUE
Odometer	490576	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	5 mm
L/H Front Tyre	205/60 R16	WEST LAKE	5 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	14/02/2018	Inspection Date	19/02/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6526U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	TO REPAIR	562.30	-
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER RETAINER MOUNTING @\$9.20	SERVICEABLE	18.40	-
	LESS 20% DISCOUNT		-258.76	-
			1,035.04	-
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		350.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			550.00	280.00
GRAND TOTAL			1,585.04	280.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				280.00

Report Ref No. NS/INC18003184/R1qd3n2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.