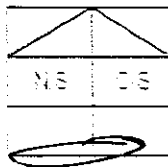


Konan

NS/INC18003490/R/rd3e2

3821R

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Estimated Cost \_\_\_\_\_  
OD TR (NS) TR RES OD RES (EVA) (M) (W) \_\_\_\_\_  
To inspect vehicle No \_\_\_\_\_  
at location No \_\_\_\_\_  
of \_\_\_\_\_  
Insured SLM 6012R  
Policy No 5091949795 (16/6/17-15/6/18)  
Claims No MT/0982575-002  
Submitted \_\_\_\_\_ Excess \_\_\_\_\_  
Claims Record \_\_\_\_\_  
Name of Van \_\_\_\_\_



Policy Condition \_\_\_\_\_  
Remarks: The van had commenced its repair at the time of inspection.  
Bail or Marked Value \_\_\_\_\_  
DAG Accident Report \_\_\_\_\_ Consistent? Yes or No \_\_\_\_\_  
DAG PR Seen \_\_\_\_\_ Consistent? Yes or No \_\_\_\_\_  
Est Repairs \_\_\_\_\_ days Repair Yes or No \_\_\_\_\_  
Lum Sum \_\_\_\_\_ \$ Valid Yes or No \_\_\_\_\_  
CA REP REP / 24 HRS \_\_\_\_\_  
Date \_\_\_\_\_ Person Contacted \_\_\_\_\_ Vehicle IN/OUT \_\_\_\_\_

SHC80376 2013 May  
Type ADAM 1000 cc Bus or Van C 2143  
Make MERCEDES Benz E220B.T  
Color WHITE  
No Parking 420023  
Engine WDD21200012B157376  
Gear Good 2 Pool Burnt  
Steering Good 2 Leaked Burnt  
Brake Good 2 Leaked Burnt  
Mod NS 2 STD AIR  
Tyre Size 225/55R16  
BS DUNLOP GYPS LIZA MICRO TSU PR SLV  
TONY YOKO WESTLAKE  
Right \_\_\_\_\_ Repair \_\_\_\_\_  
R.Ba 6 \_\_\_\_\_ R.Ba 6 \_\_\_\_\_  
L.Ba 6 \_\_\_\_\_ L.Ba 6 \_\_\_\_\_  
D.D. 15/02/18 \_\_\_\_\_ D.D. 19/02/18 \_\_\_\_\_  
Surveyed at COMFORT LOYANG  
Des of Damages PR 2 OS NS LO Repaired  
The L/O Chassis/frame Body Structure affected due to accident

Date Time Action Instruction  
SHC80376-003 17/01/18 KLW3 21/7/18  
SLM6012R - X

Confirm L/S \$3250, 4 days  
Red: \$2332, 42%.

RECEIVED 02/08/2018

Date Time File Pass  
Input ☐ Prelim. Report  
☒ Final Report

Days Of Repair 4  
Resurvey No of Trc 1

Date Time File Pass  
Records Form TP  
Cost \$250 = 3250

Add Fee ☐ Site fee 3  
☐ Night fee 3  
☐ Test 3  
☐ Rep 3

Surveys Fee 160  
Transportation 35  
Total 195




# 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/INC18003190/R1rd3				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 20-02-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLM 6012R	Veh. Inspected	SHC 8037G	
Policy No.	5091949795	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	20/02/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	15/02/2018	Inspection Date	19/02/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

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"/>	5091949795	UTHAYAKUMARAN S/O ARUMUGAM	S8434997F	GPC	drive CLASSIC	SLM6012R	SLM6012R	16/06/2017	15/06/2018

## COMFORTDELGRO ENGINEERING

Our Job Ref No : 305117409

Date : 22/02/2018

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

### FINALIZATION FORM

To : LKK

Fax :

Attn : RASUL

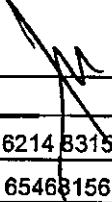
Vehicle Reg No. : SHC8037G


Date of Accident : 15/02/2018

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

1. The repair job shall bill to: NTUC — SLM6012R  
###
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% \$3,250.00  
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 4 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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : RASUL  
Date : 28/02/18

### 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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEMS:

COMFORT  
TRANSPORTATION

COMFORT

Date/Time: 19.02.2018 11:15 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305117409

TOMER

VS COMFORT TRANSPORTATION PTE LTD  
TOMER NO 7010045  
RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

(R) (O)  
(P)

OUNT CARD NO.

REGN NO	SHC8037G	MILEAGE
MAKE	MERCEDES BENZ	FUEL E.....1/2.....F
MODEL	E220CDI (E6)	DATE/TIME IN 15.02.2018 21:40
YR OF MANU	06.05.2015	TARGET DATE
CHASSIS CODE	WDD2120012B157376	COMPLETION DATE/TIME:

ccident Date: 15.02.2018  
ATURE: 3P 15.02.18

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION

Towing

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/edgement Slip

Exit Pass

No.: SHC8037G JU NTUC LKK

Vehicle No.: SHC8037G

if Service Advisor

Signature/Date

Name of Service Advisor

Date

sturned to Service Reception upon collection

To be kept by Security Guard

## 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	19/02/2018 09:42
Date Of Accident	15/02/2018 21:40
Exact Location Of Accident	LENTOR AVE TWDS ANG MO KIO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8037G
<b>Insured/Policyholder</b>	
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	MERCEDES-BENZ
Model	MERC

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	TAN KAY CHEW
NRIC No	S1662712G
Date Of Birth	14/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	10/12/1984
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	JUZPHIL@GMAIL.COM

Address	785 06-1509 YISHUN AVENUE 2
Postcode	760785
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?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TP HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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	SLM6012R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UTHAYAKUMARAN / ARUMUGAM
NRIC/Passport Number	S8434997F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

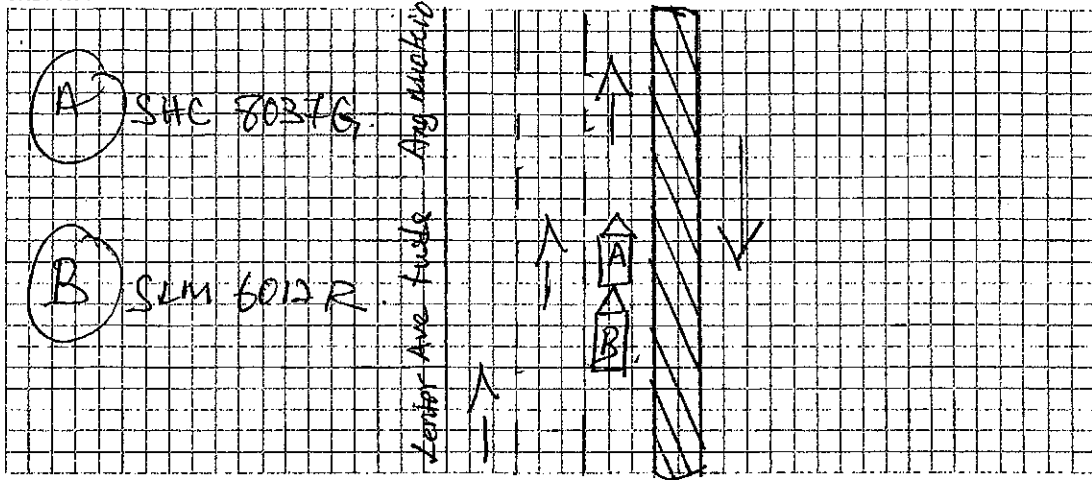
#### DETAILS OF INJURED PERSON 1

Name	TAN KAY CHEW
Approximate Age	54
Injuries Sustain	SHOULDER,RIBS
Injured person in which vehicle?	SHC8037G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police  
Report.  
T/20180217/7006

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:

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

## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180217/7006

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180217/7006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/02/2018 23:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN KAY CHEW			Address: APT BLK 785 YISHUN AVENUE 2 #06-1509 SINGAPORE 760785		
ID Type / ID No.: NRIC NO / S1662712G			Contact No.: Home/Office: Mobile: 97667666		
Nationality: SINGAPORE CITIZEN			Email: juzphil@gmail.com		
Sex: Male	Age: 54	Date of Birth: 14/02/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2018 21:45	Type of Location: Straight Road
Location:  Lentor Avenue  Before slip road to SLE (in the direction of AMK)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC8037G	Car	MERCEDES BENZ	E200 Bluetec	White	Slightly Damaged	4

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180217/7006

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20180217/7006

**CONTINUATION OF REPORT**

Driver			
Name	TAN KAY CHEW	ID No.	S1662712G
Related Vehicle	SHC8037G (Car)	Contact No.	97667666
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/02/2018	Date Discharge	16/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

I was travelling on Lane 1 of Lentor Avenue towards the direction of AMK, about 80-100m away from the slip road to SLE. Suddenly the car in front of me jammed braked, due to reasons unknown as my view was blocked and I was fortunate to be able to brake in time to avoid any collision. My car came to a complete stop and engine stalled, and my hazard lights were automatically on. As the cars in front moved off, I started my engine again but in split seconds, my car was hit from the rear, and the impact pushed my car forward for about 30-40m. I looked at my rear mirror and realised I was hit by another car behind.

Manage to get out of my car to check on the damage and also walked slowly to the car behind (SLM 6012R) to make sure the driver was ok. He came out of his car, together with a passenger seated in front. His car was badly damaged on the front while mine was damage on the rear. He claimed they were ok while i felt some pain on my left shoulders and ribs section. Did not call for the ambulance as I felt it wasn't that serious.



**SINGAPORE  
POLICE FORCE**



T/20180217/7006

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3  
Report No. T/20180217/7006

**CONTINUATION OF REPORT**

Sketch Plan

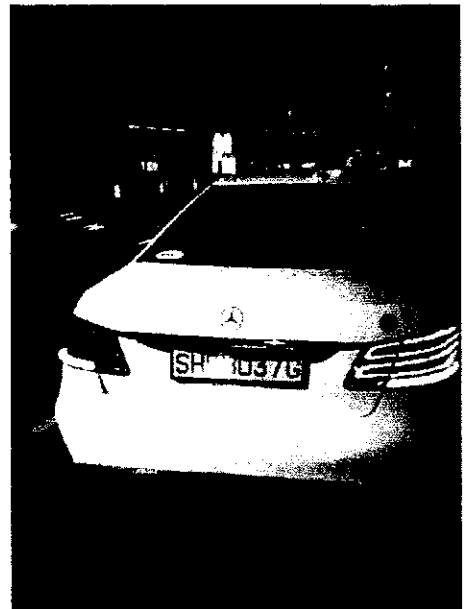
Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 17/02/2018 23:53
Classification Of Case:

Authentication Stamp  
NP168





## REPAIR ESTIMATE\*

**DATE 19/2/2018 23:31 .**

**MAKE :**

**MODEL : MERCEDES BENZ**

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.


**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

Thatcham *escribe*

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003190/R1rd3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 07-03-2018	
			Code: INC4	
<b>1. Policy Particulars - Third Party Claim</b>				
Insured Veh.	SLM 6012R	Veh. Inspected	SHC 8037G	
Policy No.	5091949795	Coverage (\$)	0.00	
Claim No.	MT/0982572-002	Excess (\$)	0.00	
Assign From		Assign Date	19/02/2018	
<b>2. Vehicle Particulars &amp; Conditions</b>				
Make & Model	MERCEDES BENZ E220 B.T	c.c	2143	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	WDD2120012B157376	Colour	WHITE	
Odometer	420023	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	225/55 R16	WEST LAKE	6 mm	
L/H Front Tyre	225/55 R16	WEST LAKE	6 mm	
R/H Rear Tyre	225/55 R16	WEST LAKE	6 mm	
L/H Rear Tyre	225/55 R16	WEST LAKE	6 mm	
<b>4. Description of Damage</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	15/02/2018	Inspection Date	19/02/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Day of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		



**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. SHC 8037G**

Qty	Description of Parts	Condition	Estimated Repair Works (RM)	Recommended (RM)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	1,150.00	-
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	NECESSARY	270.00	270.00
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	NECESSARY	250.00	250.00
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	NECESSARY	230.00	230.00
1	REAR PANEL END	BENT	1,380.00	1,380.00
1	REAR PANEL INNER GARNISH	SERVICEABLE	240.00	-
	LESS 20% DISCOUNT		-1,006.00	-728.00
			4,024.00	2,912.00
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER SENSOR (SN)	CRACKED	388.00	388.00
			388.00	388.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		670.00	460.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		500.00	360.00
			1,170.00	820.00
<b>GRAND TOTAL</b>			<b>5,582.00</b>	<b>4,120.00</b>

<b>RECOMMENDED COST OF REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONSUMER)</b>	
---	--

Report Ref No. NS/INC18003190/R1rd3e2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.