

108/1113

Driver: Kalvin

REF:

NIS/INC18006271/Klvbn2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Insp Vehicle No: \_\_\_\_\_

at Workshop: \_\_\_\_\_

of \_\_\_\_\_

Insured: PC 578UPolicy No. 5098926665 16018-160319Claims No. MT/0988882-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA/PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA/REV/REP./24 HRS

Vehicle: IN/OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHA 4649C Yr Regn: 22 Mar 2011

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Humber Side C.C. 1991Colour: Blk A/C: Ins Std / NI / NASp. Reading: 224365 T/Radio: Ins Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 1CMHE741VM BABO 6989

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 2.5/60R16

R: \_\_\_\_\_

BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/

TOYO/YOKO or WestFront 7 mm Rear 7 mmR/Bal. 7 mm L/Bal. 7 mmL/Bal. 7 mm D.O.I. 4/4/8D.O.A. 3/4/8 D.O.I. 4/4/8Survey held at CDGE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S Ren

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 4649C - C3 / AEG 15013077 / Hly4322
	PC 578U - x
6/4/8	Control 4/5 & 900/284. (Red > 754.72, 757)
	RECEIVED 0.8 APR 2013

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 6/4- typistDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech Insp (\$ \_\_\_\_\_)Survey Fee: 160Transportation: 35

S + RS, SI

Photos

Other

TOTAL

195

Responsible:

TP

LS \$900/2



# 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/INC18006271/K1vb			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Date: 05-04-2018	
189556			
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	PC 578U	Veh. Inspected	SHA 4649C
Policy No.	5098926665	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/04/2018
<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	03/04/2018	Inspection Date	04/04/2018
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.			

TP Claims against NTUC Income: Follow-Through Survey

Date : 6/4/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0988962-002	COMFORT TRANSPORTATION PTE LTD	SHC 3965K	SJG 9715G	3/4/2018	9:30	\$ 1,528.21
2	MT/0988882-002	COMFORT TRANSPORTATION PTE LTD	SHA 4649C	PC 578U	3/4/2018	11:25	\$ 3,654.72
3	MT/0989096-002	COMFORT TRANSPORTATION PTE LTD	SHD 6517X	SLU 4720B	3/4/2018	8:30	\$ 2,580.10
4	MT/0988390-002	COMFORT TRANSPORTATION PTE LTD	SHA 1447M	GY 2769M	29/3/2018	21:00	\$ 5,554.10
5	MT/0988139-002	COMFORT TRANSPORTATION PTE LTD	SHA 2702U	SLS 2682B	27/3/2018	22:50	\$ 1,616.18
6			SHA 2066Y	SLX 8813A	31/3/2018	1:30	\$ 1,438.40
7	MT/0988602-002	CITY CAB	SHA 30M	GBF 1876C	1/4/2018	12:50	\$ 6,660.80

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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## 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 checked="" type="radio"/>	5098926665	SUNRISE TRAVEL (S)	52963542M	GBS	Comprehensive	PC578U	PC578U	16/03/2018	15/03/2019

## 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	03/04/2018 13:55
Date Of Accident	03/04/2018 11:25
Exact Location Of Accident	AH HOOD ROAD JUNCTION OF BALESTIER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4649C
<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
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	LIM KOK SENG
NRIC No	S1699796Z
Date Of Birth	29/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/02/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	847TOMAX@GMAIL.COM

Address	BLK 558 ANG MO KIO AVENUE 10 #05-1778
Postcode	560558
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	2
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

REFER ATTACHED

#### 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	PC578U
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR

No. Of Passenger (Including Driver)

**IMPORTANT NOTICE**

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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:

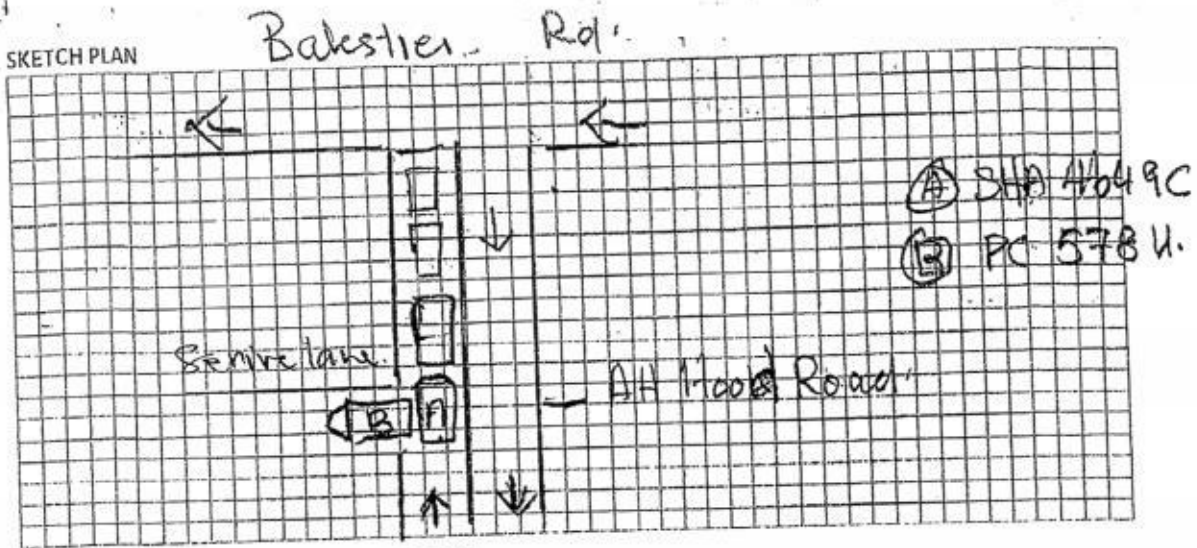
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Jackson Heng  
CSO

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/4/2018 at about 1125 hrs, I vehicle A was queue up at ah hood road junction of balestier Road. While I was queue up, vehicle B reverse his van and collided onto my taxi left rear portion. no one was injured at that time.

DECLARATION

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

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

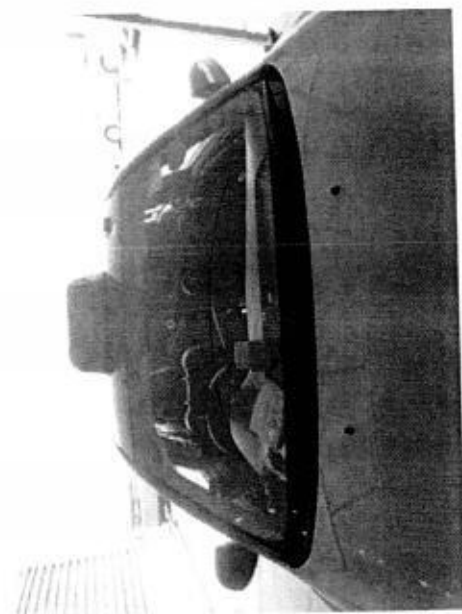
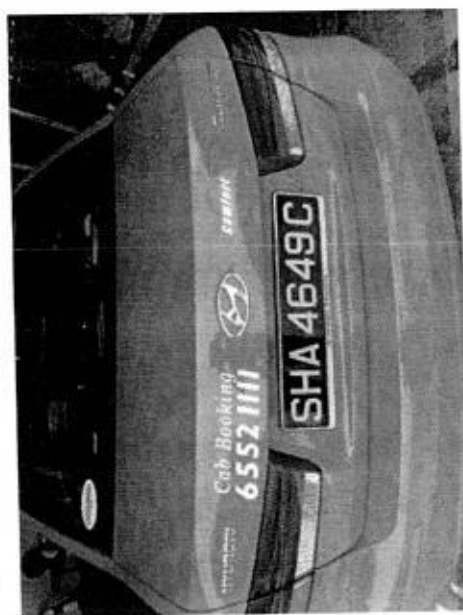
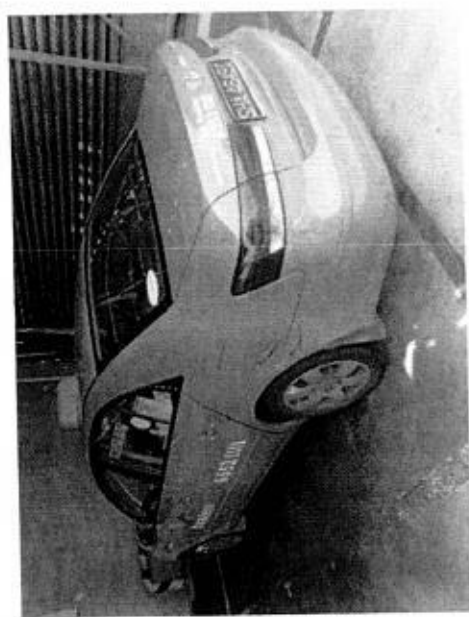
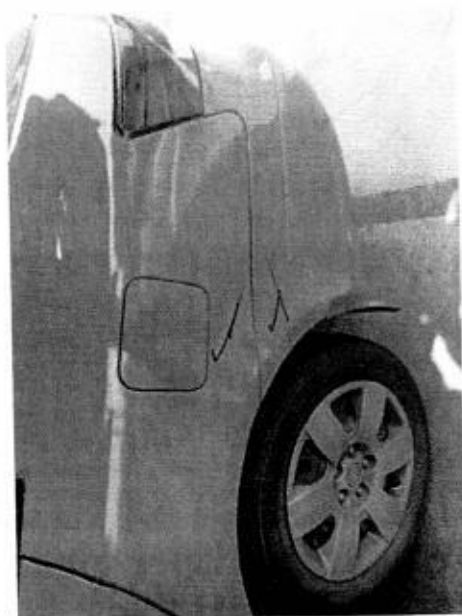
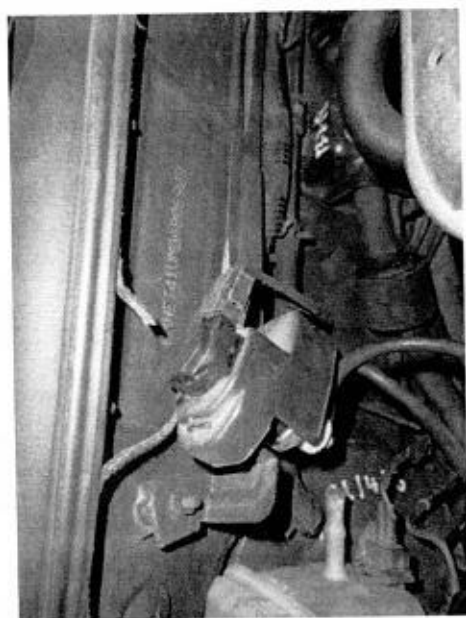
Policyholder's Signature  
Date & Time:

62821AC Sketch Plan Form 20

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

Jackson Heng  
CEO

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



COMFORT DELGRO  
ENGINEERING

A member of COMFORTDELGRO

Workshops  
55 Loring Drive Singapore 436935  
353 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609096  
24 Serangoon Road Singapore 556037  
24 Serangoon Road Singapore 556037  
1 Bunge Road Way Singapore 728753  
8 Delfi Avenue 1 Singapore 539337

Date/Time: 03.04.2018 16:05 Page : 1

Team: IN ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO305138116

CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R): 65508755 (O): (P): SCOUNT CARD NO.	REGN NO: SHA4649C	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: SONATA	DATE/TIME IN: 03.04.2018 12:20
	YR OF MANU: 22.03.2011	TARGET DATE
	CHASSIS CODE: KMHE141VMB806909	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 03.04.2018  
NATURE: 3P 03.04.2018

S/NO	LABOR CODE	DESCRIPTION
	NTUC - taxi	Left Rear Damage
	LCC/Kolm -	

CHECKED & PASSED OUT BY: _____		CUSTOMER'S SIGNATURE _____	
SERVICE ADVISOR _____			
Acknowledgement Slip To: _____ Job No.: SHA4649C Job Name: LARRY		Exit Pass Vehicle No.: SHA4649C	
Signature/Date _____ To be returned to Service Reception upon collection		Name of Service Advisor _____ Date _____ To be kept by Security Guard	

## REPAIR ESTIMATE\*

MAKE :

**MODEL : HYUNDAI SONATA**

DATE 3/4/2018 16:55

DOI: 03.04.18

Page 1 of 1

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

Date : 6. Apr. 2018

## Fax:

Vehicle Reg No. : SHA4649C

Date of Accident: 03/04/18

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

2. The finalized amount shall be:

- |     |                |  |  |
|-----|----------------|--|--|
| (b) | Labour Charges |  |  |
|-----|----------------|--|--|

**Total for Part-By-Part Repair Cost**

- Total for Lumpsum repair cost after Less: \_\_\_\_\_

Total for Lumpsum Repair cost after 2000:		
Final Lumpsum Repair cost		\$900.00

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

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Name : Kalvin

Date : 6/4/8

**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/INC18006271/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 11-04-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 578U	Veh. Inspected	SHA 4649C
Policy No.	5098926665	Coverage (\$)	0.00
Claim No.	MT/0988882-002	Excess (\$)	0.00
Assign From		Assign Date	04/04/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA806909	Colour	BLUE
Odometer	224365	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	03/04/2018	Inspection Date	04/04/2018
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.
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### 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. SHA 4649C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR FENDER (LH)	TO REPAIR	1,935.90	-
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	74.10	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
1	REAR BUMPER	CUT	578.40	578.40
	LESS 20% DISCOUNT		-529.68	-115.68
			2,118.72	462.72
<b>SPECIAL NETT ITEMS</b>				
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			46.00	-
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		940.00	270.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	400.00
			1,490.00	670.00
<b>GRAND TOTAL</b>			<b>3,654.72</b>	<b>1,132.72</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>900.00</b>

Report Ref No. NS/INC18006271/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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