



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/INC18006275/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 05-04-2018



Code: INC4

Policy Particulars :- THIRD PARTY CLAIM

1.	Insured Veh.	FBC 1025H	Veh. Inspected	SHC 8954J
	Policy No.	5095947920	Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From		Assign Date	04/04/2018

Vehicle Particulars & Condition

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

Conditions of Tyres

3.		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm

Description of Damages

4.

General Information

5.	Accident Date	30/03/2018	Inspection Date	04/04/2018
	Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 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.

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/03/2018 13:51"/>						
Vehicle No.(For Motor)	<input type="text" value="FBC1025H"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095947920	SNG JIA HAO, MAHAVIRA	S9202903D	GMC	Third Party	FBC1025H	FBC1025H	16/11/2017	15/11/2018
<input type="button" value="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	MT/0985342-003	SMRT TAXIS PTE LTD	SHD 6406H	SJQ 9722H	07/03/2018	\$ 4,631.00	\$ 1,300.00
2	MT/0979446-002	SMRT TAXIS PTE LTD	SHB 5536H	GZ 2813M	16/01/2018	\$ 5,461.90	\$ 1,414.18
3	MT/0989855-001	COMFORT TRANSPORTATION PTE LTD	SHC 3443A	FBH 582X	04/04/2018	\$ 5,347.80	\$ 3,338.43
4	MT/0989856-001	COMFORT TRANSPORTATION PTE LTD	SHC 8954J	FBC 1025H	30/03/2018	\$ 1,686.18	\$ 550.00

Claim received from LKK Auto

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 01/04/2018 07:03
 Date Of Accident 30/03/2018 14:00
 Exact Location Of Accident TAMPINES AVE 10 TWDS PASIR RIS
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8954J
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 INDIA INTERNATIONAL INSURANCE PTE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy YES
 Policy Number MCOM0015
 Cover Note Number
Driver
 Name of Driver KION CHER KHEONG
 NRIC No S0040671F
 Date Of Birth 14/12/1954
 Occupation OUTDOOR
 Date Of Driving Pass 17/05/1985
 Driving Experience 32 YEARS AND 10 MONTHS
 Gender MALE
 Mobile Number
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address 365A #05-1046 UPP SERANGOON ROAD
 Postcode 531365
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions RAINING
 Road Surface WET

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) 3
 Passenger 1 NAME: : -
 GENDER: : MALE

Passenger 2 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

SEE ATTACH.

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 FBC1025H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver
 NRIC/Passport Number
 Contact Number 86860145
 Address
 Postcode

Insurance Company Name

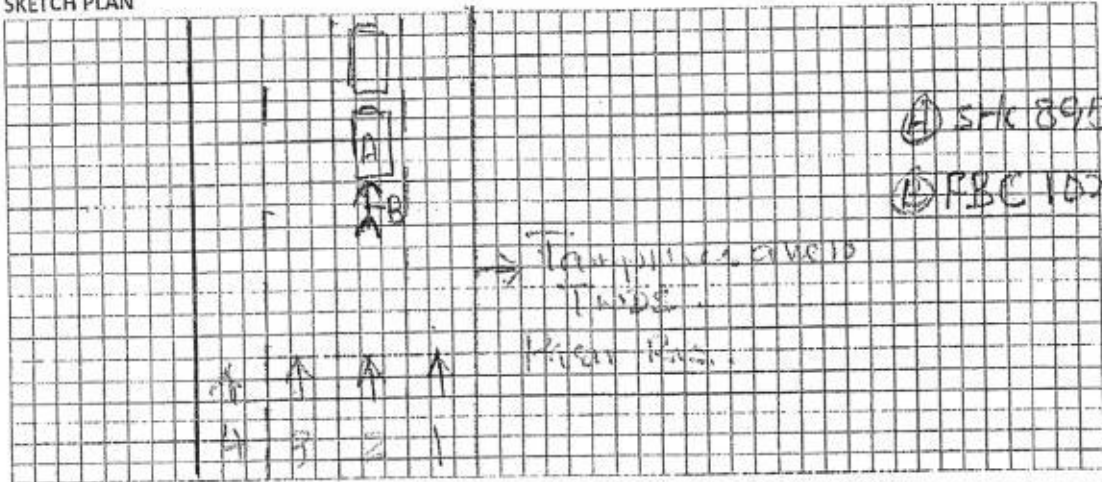
Nature Of Damage

FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/03/2018 at about 1450 hrs, I vehicle A was driving tampines ave 10 toward Pasir Ris. There was heavy rain. I was in second lane and the road surface was wet. As a car in front of me applied emergency brake and stop, I also applied my brakes and stop too. Vehicle B came from my taxi rear and bang into my taxi rear portion.

DECLARATION

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

OMFORT TRANSPORTATION PTE LTD
Policyholder's Signature: [Signature] O. 199303821 Driver's Signature
Date & Time: (If driver is not the policyholder)

31/3/18
Jackson Heng [Signature]
CSO
Reporting Centre Personnel's Signature
Name:

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.
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. The 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 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.

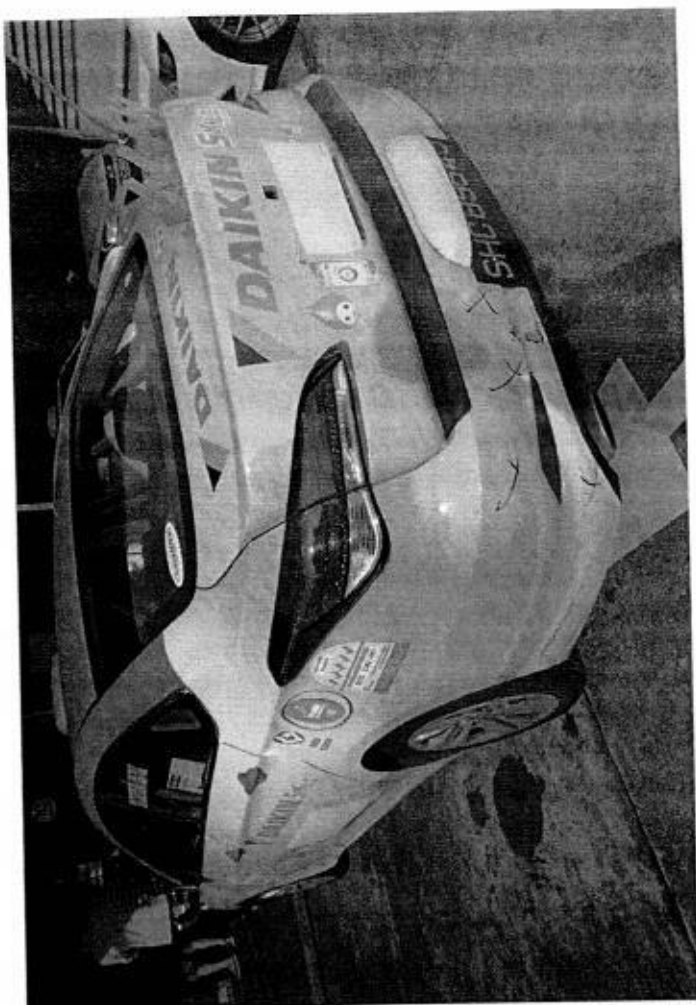
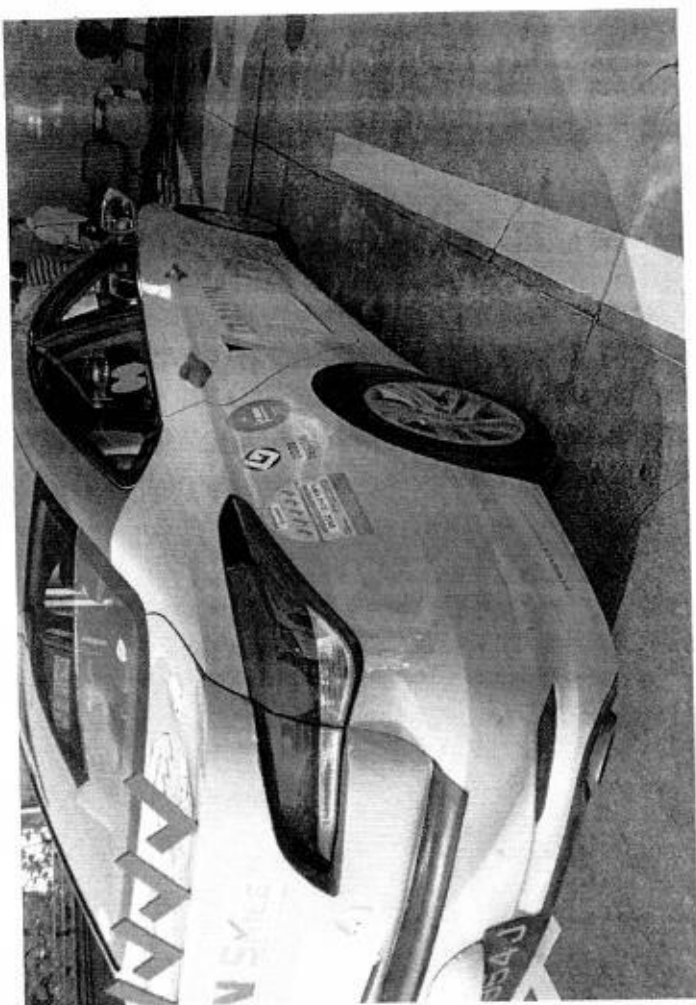
COMFORT TRANSPORTATION PTB L
CO REG. NO. 199303821R

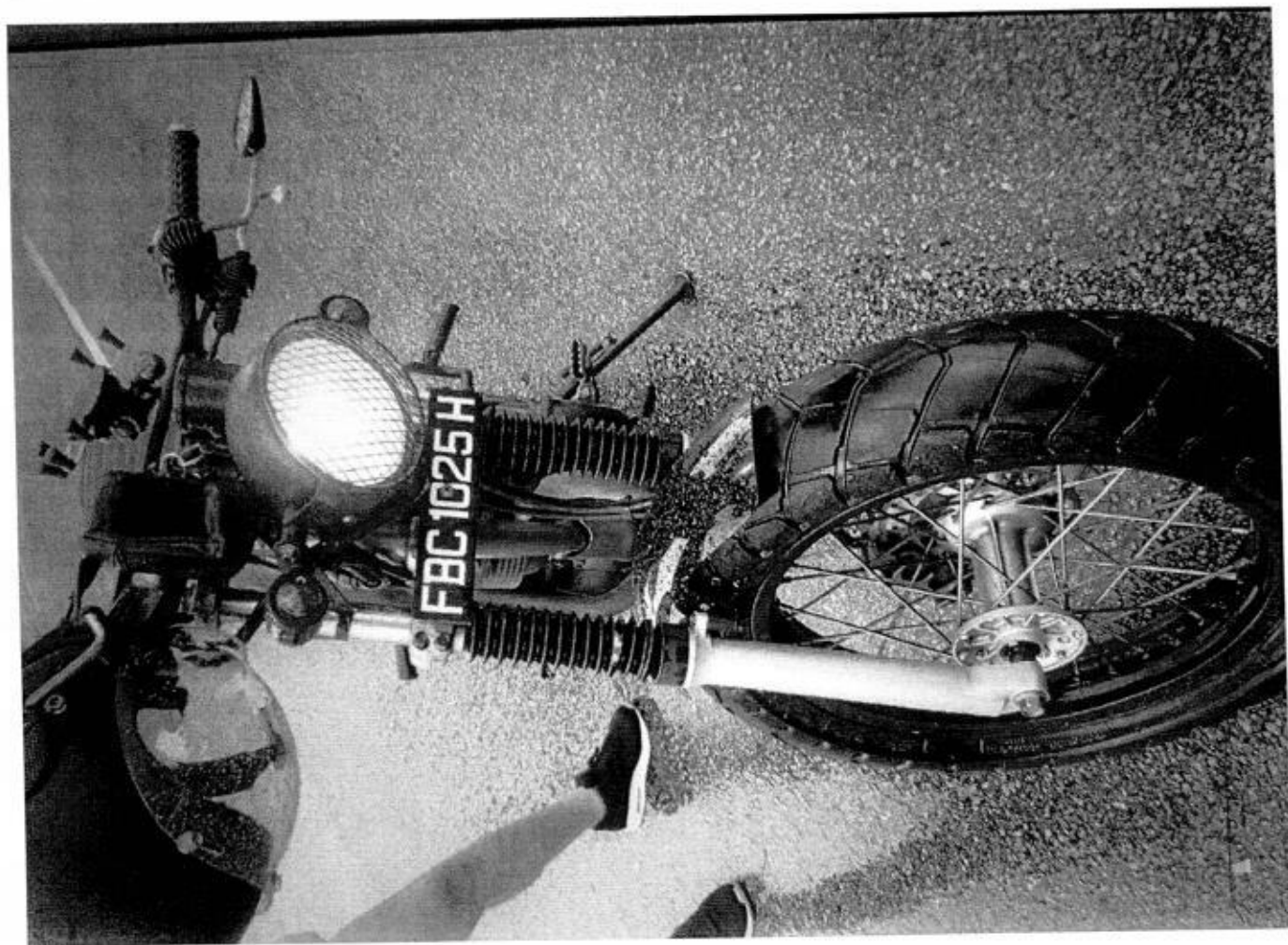
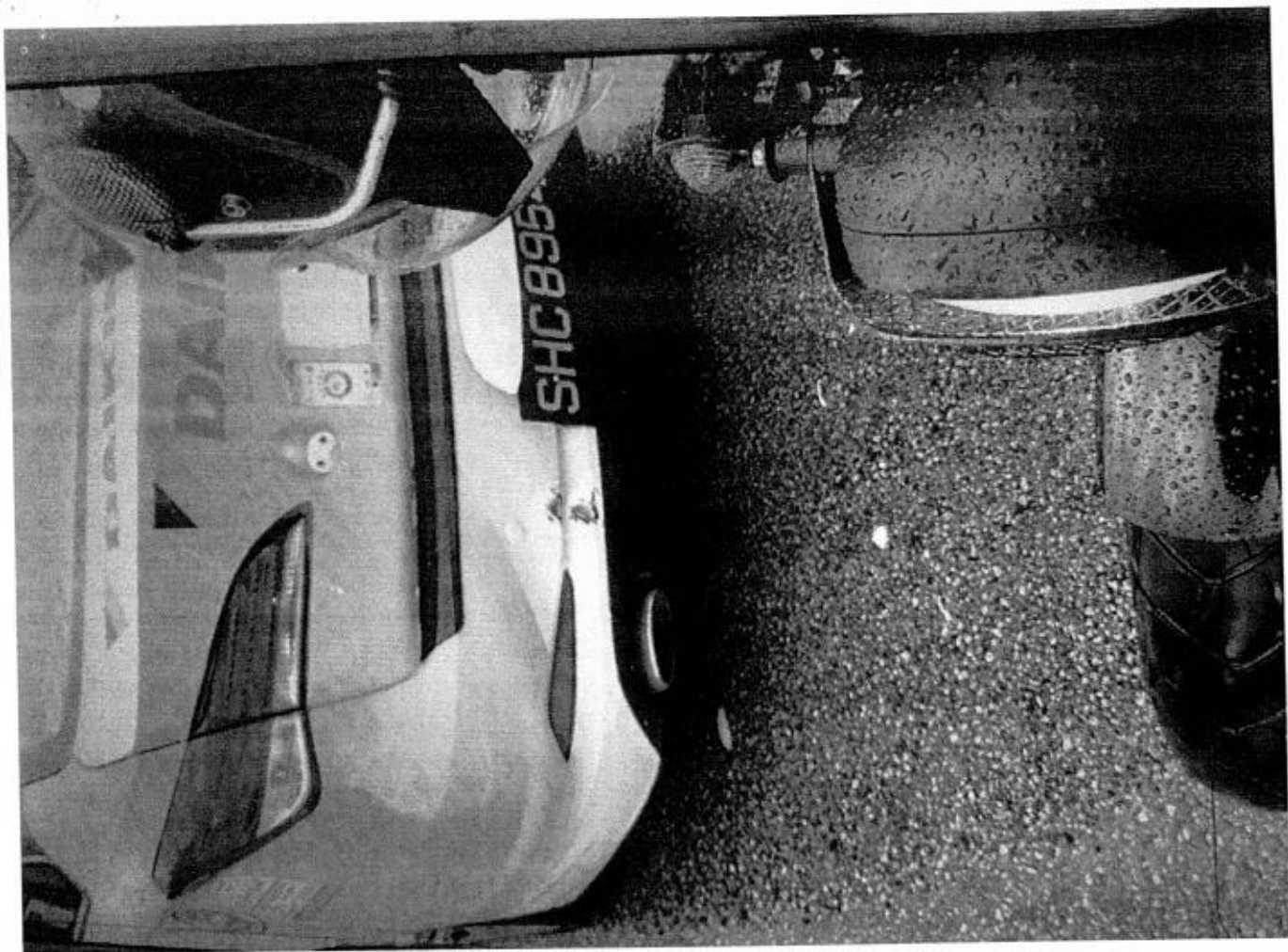
Policyholder's Signature
Date & Time:

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

31/3/18
Jackson Henry
CEO

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





Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305138242

CUSTOMER

R/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L (R) 65508755 (O)
(P)

VARS

REGN NO: SHC8954J	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 04.04.2018 09:35
YR OF MANU 21.04.2016	TARGET DATE
CHASSIS CODE KMHLE41UMGU087824	COMPLETION DATE/TIME:

SCOUT CARD NO.

JOB DESCRIPTION

Accident Date: 30.03.2018

NATURE: 3P 30.03.2018

S/NO LABOR CODE DESCRIPTION

NTUC - taxi Rear damage
LKR/Kalmin -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8954J
LARRY

Vehicle No.: SHC8954J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8954J

DATE 4/4/2018 10:56

MAKE :

DUA: 30.03.18

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X 1402</i>			\$ 603.60
	Rear Bumper Clips <i>X 22</i>			\$ 22.00
	License Plate Holder <i>X 500</i>			\$ 100.00
	SUB TOTAL			\$ 725.60
	LESS 20%			\$ 145.12
	DISCOUNTED TOTAL			\$ 580.48
	Rear Bumper Reverse Sensor <i>X 500</i>			\$ 135.70 Nett
	Rear Bumper Rubber Mat <i>X 22</i>			\$ 50.00 Nett
	Rear Bumper Advertisement Logo <i>— 200</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>— 200</i>	\$	100.00	\$ 200.00 Nett
				\$ 435.70
	Labour Charge			
	Panel Beating			\$ 250.00 <i>100</i>
	Spray Painting Charge			\$ 250.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>X 22</i>
	R/Refix Reverse Sensor			\$ 120.00 <i>X 22</i>
	TOTAL LABOUR			\$ 670.00
	ESTIMATE TOTAL			\$ 1,686.18
	<i>Calvin (LKK)</i> <i>4/4/18 1315 hrs</i> <i>2075.</i> <i>P/P</i> <i>After Repair photo.</i>			
	<div> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged parts during resurvey • Parts prices are subject to confirmation • Third party survey is on "Without Prejudice" basis • No illegal modification is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from insurance Company <p>Acknowledged by Repairer Signature: _____ Date: _____</p> </div>			
	<p>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.</p>			

Larry Ng

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305138242
REGN NO : SHC8954J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 21.04.2016
DATE/TIME IN : 04.04.2018 09:35
ACCIDENT DATE : 30.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	Advetisement - Rear Bumper	50.00
0001 L	Advetisement - Rear Fender - RH/LH	200.00
0002 L	PANEL BEATING	100.00
0003 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
		SUB-TOTAL : 550.00
		TOTAL : 550.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE :

DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305138242

Date : 6. Apr. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8954J

Date of Accident: 30.03.2018

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

1. The repair job shall bill to: NTUC FBC1025H
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$250.00
 - (b) Labour Charges \$300.00
 - Total for Part-By-Part Repair Cost** \$550.00
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kelvin

Name : Kelvin

Date : 6/4/18

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/INC18006275/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-04-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBC 1025H	Veh. Inspected	SHC 8954J
Policy No.	5095947920	Coverage (\$)	0.00
Claim No.	MT/0989856-001	Excess (\$)	0.00
Assign From		Assign Date	04/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087824	Colour	BLUE
Odometer	209450	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	30/03/2018	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

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Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8954J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR	603.60	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	LICENSE PLATE HOLDER	SERVICEABLE	100.00	-
	LESS 20% DISCOUNT		-145.12	-
			580.48	-
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			435.70	250.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		420.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			670.00	300.00
GRAND TOTAL			1,686.18	550.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				550.00

Report Ref No. NS/INC18006275/K1rbn2

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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