

NA2

REF:

NS/TNC 18006534 / Nrbn2

Janice

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No. _____
 at Workshop no. _____
 of _____
 Insured: **EL 988C**
 Policy No. **5086196013-01** **21.11.17 - 20.11.18**
 Claims No. **MT/0989699-002**
 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 / FR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SHC 1324Z** Regn: **30 APR 2011**
 Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /

Truck / Trailer or

Make: **HYUNDAI SONATA** DO **1991**
 Colour: **BLUE** A/C **Insured** Std / NI / NA
 Sp. Reading: **138,078** Radio **Insured** Std / NI / NA
 Eng No: _____

C No: **KMHET41VMB810180**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: **215/60R16**R: **215/60R16**

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

TOYO / YOKO or **MAXXIS (FRONT) WEST LAKE (REAR)**

Front

Rear

R.Bal: **6** mm R.Bal: **6.5** mmL.Bal: **6** mm L.Bal: **6.5** mmD.O.A. **8/4/18** D.O.I. **9/4/18**Survey held at **CDGE LOYANG**

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

FRONT O/S.

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

Date / Time Action / Instruction

SHC 1324Z - NS / INC 18006534 / Gn

DFA: 12012011

NTUC

EL 988C - PU / AXA 17014908 / Ayb3q2

DFA: 131017

L/S

13/4/18 FINALIZED Lump Sum \$1,000 / 2 DAYS
Ed: \$736.88, 427.

RECEIVED 19 APR 2018

Date/Time File Pass to:



Prel. Report

by **typist**

Final Report

Date/Time File Return to:

Days Of Repair: **2**Resurvey No. of Trip: **1**

Survey Fee

Transaction

Add Fee:



Site Insp: \$



Interview: \$



Tech. Insp: \$



Misc. Fee: \$

Report Format:

Lump Sum / L.B.:

TP

\$1000

160
35

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/INC18006534/Nrb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 09-04-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	EL 988C	Veh. Inspected	SHC 1324Z
Policy No.	5086196013-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	09/04/2018

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	08/04/2018	Inspection Date	09/04/2018
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.
--

eBaoTech

GeneralClaim

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 checked="" type="radio"/>	5086196013-01	JKOH	53348965B	GCV	Comprehensive	EL988C	EL988C	21/11/2017	20/11/2018

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
2	MT/0989233-002	COMFORT TRANSPORTATION	SHC 2497B	SKA 3420R	04/04/2018	\$ 3,724.02	\$ 1,974.66
3	MT/0989699-002	COMFORT TRANSPORTATION	SHC 1324Z	EL 988C	08/04/2018	\$ 1,736.88	\$ 1,000.00
4	MT/0986875-002	SMRT BUSES LTD	SG 1137X	SLJ 5826G	17/03/2018	\$ 1,241.00	\$ 830.00
5	MT/0978573-003	SMRT AUTOMOTIVE	SHB 604C	YN 8091P	18/01/2018	\$ 2,700.00	\$ 2,700.00
6	MT/0987005-003	SMRT AUTOMOTIVE	SHB 741P	SKV 1989U	21/03/2018	\$ 8,763.86	\$ 2,052.20

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	09/04/2018 08:50
Date Of Accident	08/04/2018 08:15
Exact Location Of Accident	OPEN AIR CAR PARK AT BLK 11 JALAN BATU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1324Z
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	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
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	TAN CHIANG HUAT MICHAEL
NRIC No	S1649420H
Date Of Birth	14/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1992
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	MADELINETAN94@HOTMAIL.COM

Address	BLK 367 TAMPINES STREET 34 #10-83
Postcode	520367
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 - OPENING DOOR OF VEHICLE
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)	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

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	EL988C
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH REAR DOOR
No. Of Passenger (Including Driver)	

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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.

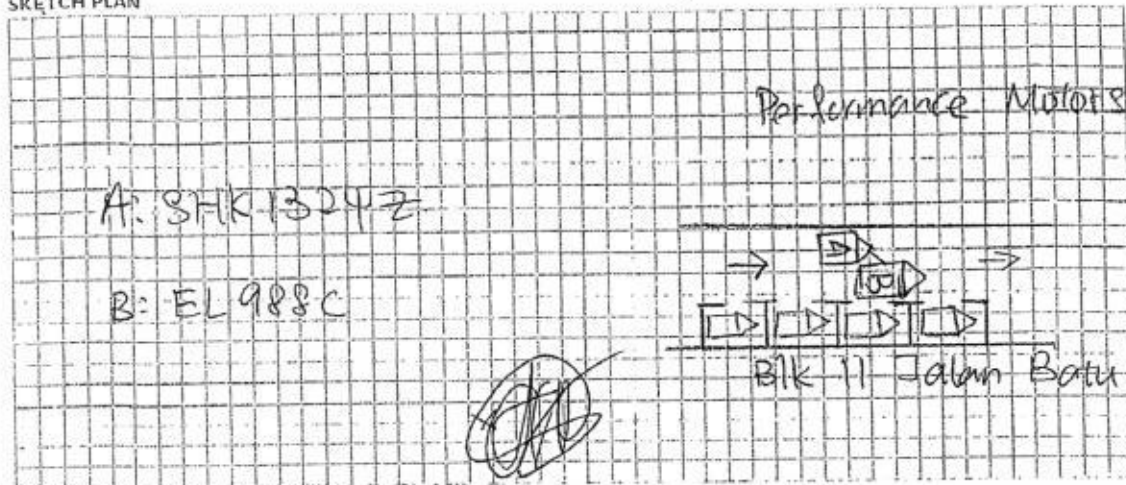
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/4/18 at about 08:15 hrs, I was driving straight on a one way lane in the open air car park of Blk 11 Jalan Batu.

While I drove pass a car EL 988C, suddenly the passenger of the car open left rear door for alighting. Due to this cause, the car left rear door grazed onto the right front portion of my taxi.

No passenger in my taxi. No injury.

DECLARATION

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

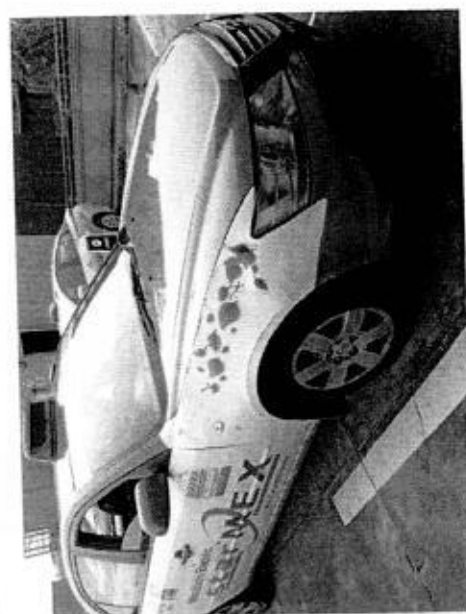
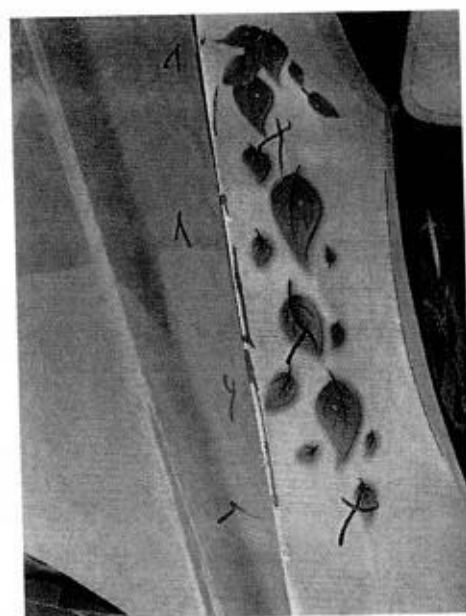
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

8/4/18



member of COMFORTDELGRO

Date/Time: 09.04.2018 10:00

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3816194

JC NO305139659

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

DUNT CARD NO.

REGN NO.:

SHC1324Z

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

SONATA

DATE/TIME IN
09.04.2018 08:10

YR OF MANU.

30.04.2011

TARGET DATE

CHASSIS CODE

KMHET41VMB810180

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.04.2018

NATURE: 3P 08.04.18/B-

/NO

LABOR CODE

DESCRIPTION

NTUC

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC1324Z

FZ NTUC LKK

Vehicle No.:

SHC1324Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHC 1324Z

DATE 9/4/2018 10:57

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (RH)			\$ 593.00
	Front Fender Shield (RH)			\$ 86.00
	Front Fender Signal Lamp (RH)			\$ 45.40
	Front Fender Retainer			\$ 9.20
	SUB TOTAL			\$ 733.60
	LESS 20%			\$ 146.72
	DISCOUNTED TOTAL			\$ 586.88
	Front Fender Advertisement Logo (RH)			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 500.00
	Spray Painting Charge-Bonnet/Fender			\$ 500.00
	Tuff Kote			\$ 50.00
	TOTAL LABOUR			\$ 1,050.00
	ESTIMATE TOTAL			\$ 1,736.88
	<p>Naz</p> <p>LKC 9/4/18 1100 hrs</p> <p>L/S</p> <p>2 days</p> <p>After repair photo</p>			

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:

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.

COM FORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 1324Z

DATE 9/4/2018 10:57

MAKE :

MODEL : HYUNDAI SONATA

RIGHT FRONT

L/S

MODEL	: HYUNDAI SONATA				
Qty	Parts Description/ Labour		Type	Unit Price	Amount
	Front Fender (RH)				\$ 593.00
	Front Fender Shield (RH)				\$ 86.00
	Front Fender Signal Lamp (RH)				\$ 45.40
	Front Fender Retainer				\$ 9.20
	SUB TOTAL				\$ 733.60
	LESS 20%				\$ 146.72
	DISCOUNTED TOTAL				\$ 586.88
	Front Fender Advertisement Logo (RH)				\$ 100.00
					\$ 100.00
	Labour Charge				\$ 500.00
	Panel Beating				\$ 500.00
	Spray Painting Charge-Bonnet/Fender				\$ 50.00
	Tuff Kote				\$ 1,050.00
	TOTAL LABOUR				\$ 1,736.88
	ESTIMATE TOTAL				
	Naz				
	LKK 9/4/18 1100 hrs				
	L/S				
	2 days				
	After repair photo				
	Naz@lkkauto.com 98804220 (He)				
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 : 305139659
Date : 10.04.2018

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

FINALIZATION FORM

To : LKK
Attn : NAZ
Vehicle Reg No. : SHC1324Z

Fax :

Date of Accident : 08.04.2018

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


1. The repair job shall bill to: NTUC EL 988C
2. The finalized amount shall be:
- | | |
|--|-------------------|
| (a) Spare Parts after List discount | <u>\$0.00</u> |
| (b) Labour Charges | <u>\$0.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$0.00</u> |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: <u>20%</u> | <u>\$1,000.00</u> |
| 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 : 
Name : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : NAZ
Date :

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:



Thatcham describe

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/INC18006534/Nrbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 20-04-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	EL 988C	Veh. Inspected	SHC 1324Z
Policy No.	5086196013-01	Coverage (\$)	0.00
Claim No.	MT/0989699-002	Excess (\$)	0.00
Assign From		Assign Date	09/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMB810180	Colour	BLUE
Odometer	138078	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	MAXXIS	6 mm
L/H Front Tyre	215/60 R16	MAXXIS	6 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	5 mm

4. Description of Damages

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

5. General Information

Accident Date	08/04/2018	Inspection Date	09/04/2018
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.
--

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. SHC 1324Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT FENDER (RH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (RH)	NOT NECESSARY	86.00	-
1	FRONT FENDER SIGNAL LAMP (RH)	BROKEN	45.40	45.40
1	FRONT FENDER RETAINER	NECESSARY	9.20	9.20
	LESS 20% DISCOUNT		-146.72	-129.52
			586.88	518.08
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		500.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	420.00
			1,050.00	620.00
	GRAND TOTAL		1,736.88	1,238.08
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,000.00

Report Ref No. NS/INC18006534/Nrhn2

MUHAMMAD NAZRIL BIN ABDULLAH

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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