

Give to: Kalvin

REF:

NS/INC18006541/KH602

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimate #/Post: \_\_\_\_\_  
 OD / TP / MS / TP RES / OD RES / EVA / INV / MV  
 To Insp. Vehicle No: \_\_\_\_\_  
 at Work slip m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: **FX 6972**  
 Policy No: **5059046944-05 280717 - 270718**  
 Claims No: **MT/0989480-002**  
 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 Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lun Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: **SHB 4161L** Yr Regn: **29 Oct 2015**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T.O. / Prime Mover /  
 Truck / Trailer or  
 Make: **Hyundai 240** C.C. **1685**  
 Colour: **Blue** A/C: Ins **0** / Std / NI / NA  
 Sp. Reading: **315713** T/Radio: Ins **0** / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **KM HLB414M64080219**  
 Gen. Cond: **G** / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: **205/6. R16**  
 R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Hubb**

Front		Rear	
R/Bal.	<b>7</b> mm	R/Bal.	<b>7</b> mm
L/Bal.	<b>7</b> mm	L/Bal.	<b>7</b> mm
D.O.A.	<b>8/4/8</b>	D.O.I.	<b>9/4/8</b>
Survey held at	<b>CD4E (Loyang)</b>		

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

**Rear o/s**

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

Date / Time	Action / Instruction
	SHB 4161L - 703/IV 15012243 / KH6302 DUA 16/7/15 INC 42
	FX 6972 - 11 X
10/4/8	Costed 45 \$ 250/2 By (Red: 370 156%)

RECEIVED 12 APR 2018

Date/Time, File Pass to?

☐ : Preli. Report  
☒ : Final Report

Days Of Repair: **2**

Resurvey No. of Trip: **1**

1) 12/4 Typist  
 Date/Time, File Return to?

Add Fee: ☐ : Site Insp (\$)  
☐ : Interview (\$)

Survey Fee: **160**  
 Transportation:  
 S + RS: \$  
 Phone: **35**

160
35

2)

4s 250/-

109



## 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/INC18006541/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 09-04-2018



Code: INC4

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

Insured Veh.	FX 6997L	Veh. Inspected	SHB 4161L
Policy No.	5055046944-05	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

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### 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.
--

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0961708-002	SMRT BUSES PTE LTD	SG5135A	XD5018L
2	MT/0989630-002	COMFORT TRANSPORTATION PTE LTD	SHC 8379U	GBD 7885Y
3	MT/0989480-002	COMFORT TRANSPORTATION PTE LTD	SHB 4161L	FX 6997L
4	MT/0989240-002	CITY CAB	SHB 3173J	SLW 3988S

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 NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5055046944-05	LOW YEU VOON	S7332744Z	GMC	Third Party	FX6997L	FX6997L	28/07/2017	27/07/2018

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO305139834

CUSTOMER		REGN NO: SHB4161L	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045		MAKE: HYUNDAI	FUEL E.....1/2.....F
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717		MODEL I-40	DATE/TIME IN 09.04.2018 10:00
L. (R) 65508755 (O)		YR OF MANU. 29.10.2015	TARGET DATE
(P)		CHASSIS CODE KMHLE41UMGU080219	COMPLETION DATE/TIME:
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 08.04.2018

NATURE: 3P 08.04.2018

C / NO	LABOR CODE	DESCRIPTION
	NTUC -	taxi Rear damage
	LICK /	

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB4161L LARRY

Vehicle No.: SHB4161L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned 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	09/04/2018 11:22
Date Of Accident	08/04/2018 17:20
Exact Location Of Accident	SLIP RD FROM ANG MO KIO AVE 3 TO ANF MO KIO AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4161L
<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	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	PEK KIOH THONG
NRIC No	S0207531H
Date Of Birth	26/06/1952
Occupation	OUTDOOR
Date Of Driving Pass	11/11/1972
Driving Experience	45 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	288A #11-807 PUNGGOL PLACE
Postcode	821288
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: : FEMALE

#### 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

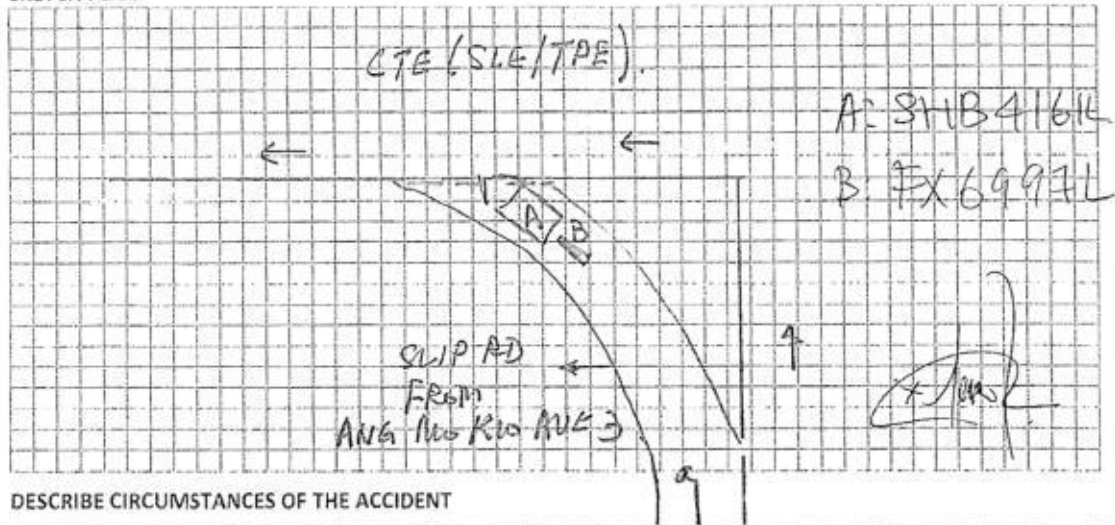
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FX6997L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHOW PUI YEE
NRIC/Passport Number	S7800275A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)



SKETCH PLAN



On 8/4/18 at about 17:20 hrs,  
I was driving on the slip road from Ang Mo Kio Ave 3 to CTE (Ang Mo Kio Ave 5)

My taxi stopped before the give way line waiting for the traffic clear from my right hand side. After a few seconds, I felt an impact from my behind. As a result, a motorcycle FX6997L collided onto the rear portion of my stationary taxi.

01 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.:

9/4/18

**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:

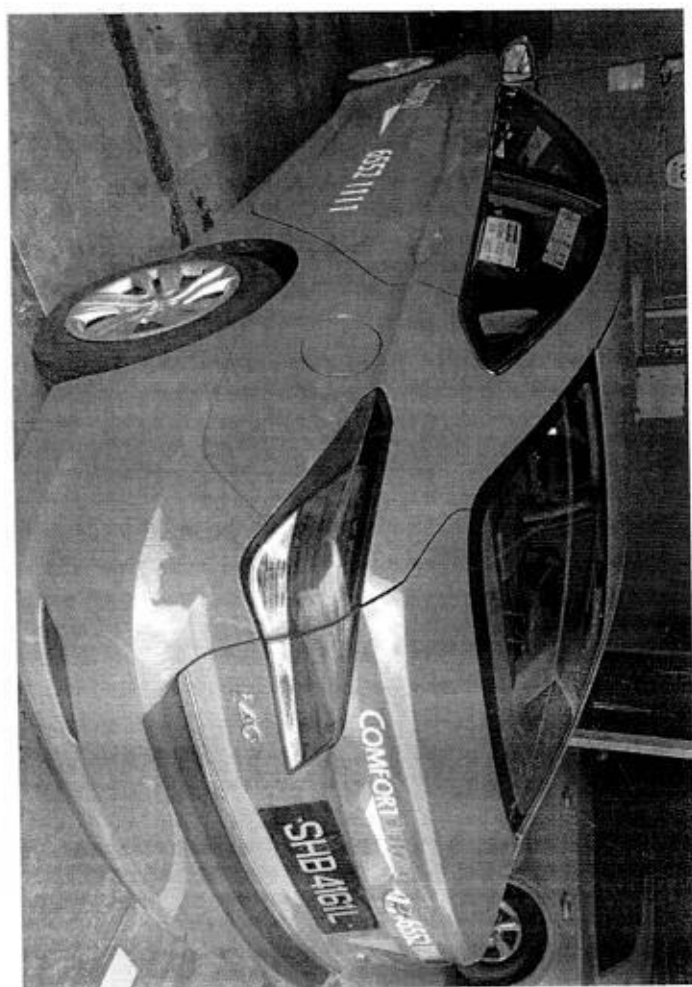
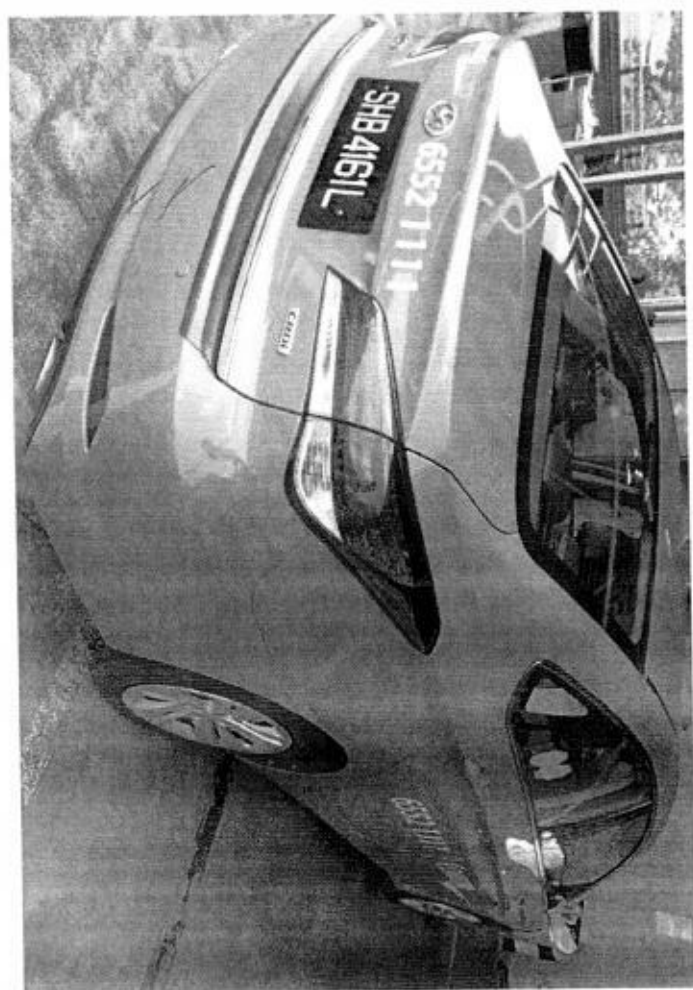
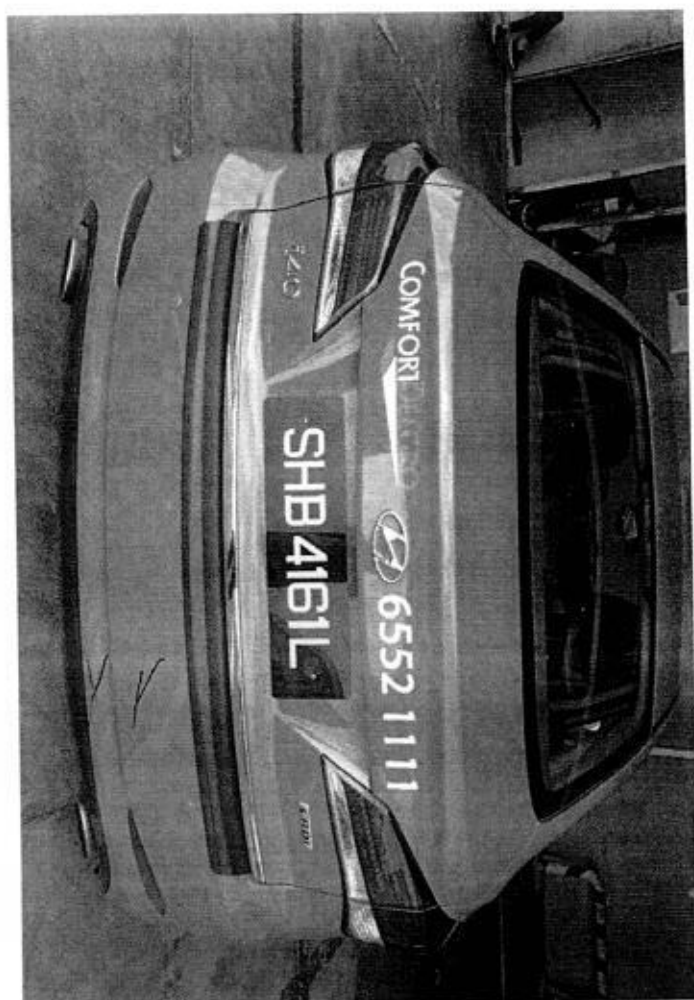
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

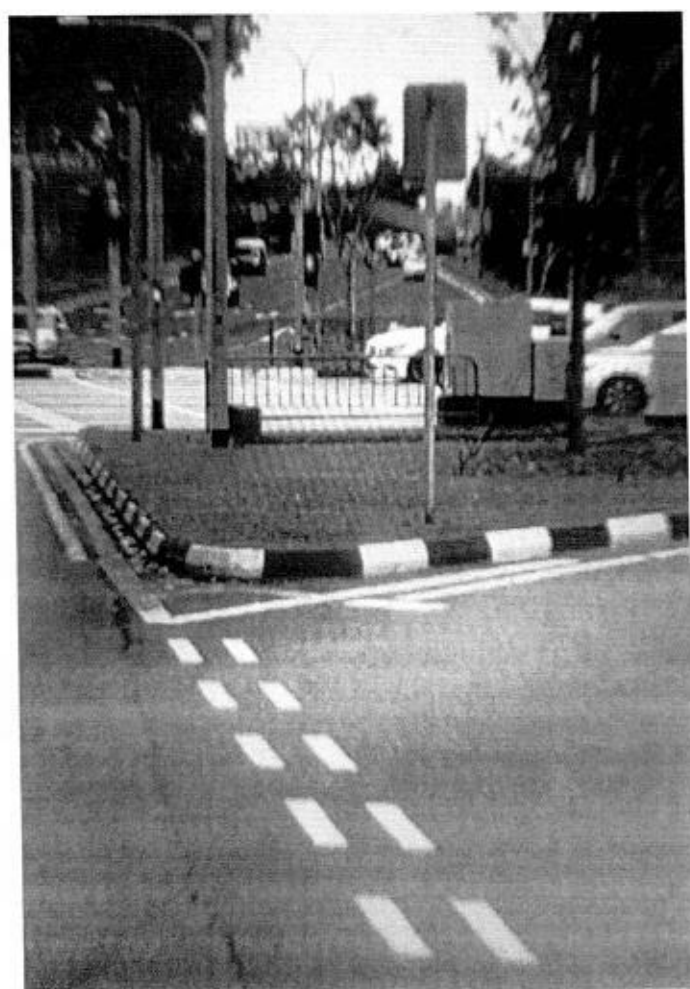
COMFORT TRANSPORTATION PTE LTD.  
CO. REG. NO. 199303821R

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.:





# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305139834

Date : 4. Oct. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB4161L

Date of Accident: 08/04/18

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

1. The repair job shall bill to: NTUC FX6997L

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:

**Final Lumpsum Repair cost**

**\$250.00**

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalvin

Name : Kalvin

Date : 10/4/18

### 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:



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHB4161L

MAKE : HYUNDAI

MODEL : i40

Date: 09.04.2018

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	Rear Bumper <i>X repair</i>			\$ 603.60
1	Rear Bumper Sponge <i>X su</i>			\$ 143.40
10	Rear Bumper clips @ \$2.20 <i>X an</i>			\$ 22.00
1	Rear Bumper Under Cover <i>X su</i>			\$ 225.00
SUB TOTAL				\$ 994.00
LESS 20%				198.80
DISCOUNTED TOTAL				\$ 795.20
1	Rear Bumper Rubber Mat <i>— all</i>			\$ 50.00 <b>Nett</b>
				\$ 50.00
Labour Charge				100
Panel Beating				\$ 200.00
Spray Painting Charge				\$ 200.00 <i>180</i>
Wiring Charge				\$ 50.00 <i>X an</i>
R/Refix Reverse Sensor				\$ 120.00 <i>X an</i>
TOTAL LABOUR				\$ 570.00
ESTIMATE TOTAL				\$ 1,415.20

Larry Ng

Kelvin 11/11/14  
 9/4/18 1126  
 2071

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.

LKK Auto Consultants hereby 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 on a "With Judice" basis

is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:

45  
 After Repair p 26



# 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/INC18006541/K1tbe2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-04-2018

189556



Code: INC4

1.

## Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FX 6997L	Veh. Inspected	SHB 4161L
Policy No.	5055046944-05	Coverage (\$)	0.00
Claim No.	MT/0989480-002	Excess (\$)	0.00
Assign From		Assign Date	09/04/2018

2.

## Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080219	Colour	BLUE
Odometer	315713	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

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 O/S PORTION. DAMAGES SEE DETAILS.
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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.
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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. SHB 4161L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	TO REPAIR	603.60	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
10	REAR BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-198.80	-
			795.20	-
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		370.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			570.00	280.00
<b>GRAND TOTAL</b>			<b>1,415.20</b>	<b>330.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>250.00</b>

Report Ref No. NS/INC18006541/K1tbe2

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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