(98/1103) REF: NC /7N/191	CENTRAL CEIFOC
STORY TOWN	
ASS	SIGNMENT CUL OBSER O (8 th
From: Date:	Veh No: SHC 8854 P Yr Regn: 18 Mar, 2,76
Estimat Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tell / Prime Mover /
OD / TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To InspetiVehicle No:	Make: - Hpm Si Z40 c.c /685
at Work shop m/s	Colour Ble A/C: Instead / Std / NI / NA
of	Sp.Reading 37x339 T/Radio: Inseled / Std / NI / NA
Insured: SK() 3498K	Eng/No:
Policy Na 50 88 42 6069 071317 - 130519	
Claims No. MT 1099 0655 - 002	Gen. Cond: Good / Fair / Poor / Burnt
Sumin Sued: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Clenf's Record)	Brake: Inor er / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or  Tyre Size: F: 205/60/16
	7/ //
(Policy Condition)	R:
Remark: The veh had commenced its repair at the time of inspection.	TOYO/YOKO OF HEART KOOK
Ball or Market Value:	<u>Front</u> <u>Rear</u>
ID AC Acident Rport: Consistent? : Yes or No	R/Bal. + mm R/Bal. + mm
GIA /- PR Seen: Consistent? : Yes or No	L/Bal. + mm L/Bal. + mm
Est.Repairs: days Res.: Yes or No	D.O.A. 16/4/8 D.O.I. 17/4/8
LumSum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction   SWT 835HP - CCH/TLL 1:8007H69 / W	165 OCA: 160418 INC
SKG 3498KI- *	43.
18/4/18 Cohord 4/4 1250/ 2/9	,.
Red: \$ 1822.40, 591.	
RECEIVED 2:3 AI	F16: 7U1B
DateTime, File Pass to? : Prell. Report	Days Of Repair: 2
1) typus : Final Report	Resurvey No. of Trip: \ Survey Fee: 160
DateTime, File Return to?	
2) Add Fe	
719	: Interview (\$) Photos
7 6 3 1	



# National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





NTUC INCOME	INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800717	72/K1rb		
73 BRAS BASAI #05-01 NTUC TI 189556		D JNION HOUSESINGAPORE	Date:	18-04-2018			
			Code:	INC4			
	No.	Policy Particulars	THE RESERVE OF THE PERSON	the content of the co	Charles and the state of the st		
Insured V	eh.	SKG 3498K	Veh. II	nspected	SHC 8854P		
Policy No		5088426069	Cover	age (\$)	0.00		
Claim No.	8		Exces	s (\$)	0.00		
Assign Fr	ssign From Assign Date			17/04/2018			
2, 21, 11, 11, 12, 13		Vehicle Parti	culars 8	Condition			
Make & M	lodel		c.c		0		
Engine No	0.	HIDDEN	Year o	of Reg.			
Chassis N	Chassis No. Colour						
Odometer	Odometer -			Steering			
Brakes			Modification				
General							
3.		Condit	ions of	Tyres			
		Size	Make		Balance		
R/H Front	Tyre				mm		
L/H Front	Tyre		8 8		mm		
R/H Rear	Tyre				mm		
L/H Rear	Tyre				mm		
4. It as being		Descripti	on of D	amages			
5.		Genera	l Inform	nation			
Accident	Date	16/04/2018	Property leading to the	ction Date	18/04/2018		
Survey he	eld at	COMFORTDELGRO ENGINEE					
	59 LOYANG DRIVE SINGAPORE 508969						
5a.	Sign St	R	emarks				
A)THE INS	PECTIO	ON WAS CONDUCTED ON A"WI	THOUT F	REJUDICE" BASIS	). D REPAIRS.		

eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601					,	Change La	nguage	· Change Passwor	d • Log Out
My Desktop	Polic	y Query								- 3
Notice of Loss	of Loss Policy No.					Date of Acc	ident	16/04	/2018 14:31	
	Vehicle	No.(For Motor)	SKG3498K							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088426069	AMPP ENTERPRISE	53357507M	GCV	Comprehensive	SKG3498K	SKG3498K	07/03/2017	13/05/2018
						Continue				

100	Company O Comment	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
S/NO	income kelelelice	٠l	2000 0000	1000000	02/04/2018
	MAT / 0080727-007	SMRT TAXIS PTE LTD	SHB 606Y	PC 659U	03/04/5010
7	WII/0363232-002		Pecche City	MATOCHANA	26/03/2018
,	AAT /0088033-007	SMRT TAXIS PTE LTD	SHC 46221	3AA 3367 IVI	0103/00/03
7	INIT / DOGGOSS-COT		OCHOC COLO	וסבבראט	12/04/2018
,	500-5310000/TM	COMFORT TRANSPORTATION PTE LTD	SHC 30535	G1 77 131	12/04/2010
2	1411/0330102-005			Ca Court	0100/10/04
,	MAT /0000752 007	COMFORT TRANSPORTATION PTE LTD	SHA 7586E	SJE /264P	12/04/2010
4	100-CC30-CC0/11A1		- 100 日 100 日 100 日	1100000	9100/00/00
	MAT/000169A.003	SMRT TAXIS PTE LTD	SHD 6453X	PA 92230	00/02/2010
0	COO-HOOTOCO/IIAI			20000	10/1/2010
9	MT/0990655-002	COMFORT TRANSPORTATION PTE LTD	SHC 8854P	SKG 3498K	10/4/2010
0	TOO COOCCO / IM		110000	CINA 010GB	15/4/2018
1	MT/0990517-002	CITYCAB	SHC //BUH	SUN STORE	0107/1/01
,	TOO TEOCED LINE		00,000	75000 013	17/1/2018
0	700-375-007	COMFORT TRANSPORTATION PTE LTD	SH 6210D	2LB 9267L	11/4/5010

x 1, 5

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding 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

ACCI	DENT STA	TEMENT
------	----------	--------

17/04/2018 08:48 Date Of Report 16/04/2018 15:40 Date Of Accident

TELOK AYER STREET Exact Location Of Accident

SINGAPORE Country/State of Loss

### DETAILS OF OWN VEHICLE

SHC8854P Vehicle Registration Number

Insured/Policyholder

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

199303821R Co Reg No

FLEETSAFETY@CDGTAXI.COM.SG Email Address

Mobile Phone No.

OFFICE-65508768 Alternative Phone No.

Vehicle Particulars

HYUNDAI Manufacturer

140 Model

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

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

MCOM0015 Policy Number

Cover Note Number

Driver

HO SOON KIAT DOUGLAS Name of Driver

S1554674C NRIC No 01/08/1962 Date Of Birth OUTDOOR Occupation 29/11/1979

Date Of Driving Pass

38 YEARS AND 4 MONTHS Driving Experience

MALE Gender

Mobile Number Fax Number

Contact Number

1962DOUGLASHO@GMAIL.COM **EMail Address** 

BLK 371 TAMPINES STREET 34

Address #09-02

520371

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TAXI DRIVER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR

DRY Road Surface

Other Information

Weather Conditions

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

NO Was the accident reported to the police?

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:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKG3498K Vehicle Registration Number

Vehicle Make/Model/Colour

HONDA

**Details Of Properties** 

PRIVATE CAR Vehicle Category

CHANG JIN FAI ADRIAN Name of Driver

S8041307F NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

LH REAR Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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
- 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:

- 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
- 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.
- 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:

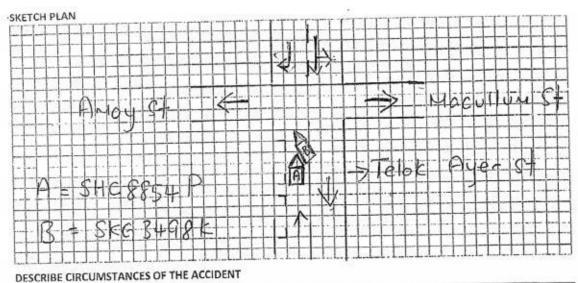
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARIAC SketchPlanForm\_V3

### Sketch Plan Pg. 2



On 16/4/18 @ 1540 hrs. | Veh A. druing

along Telok Ayer St twds Amoy St

In the Midst of just Move on, Veh

B dashed from Outer lane against

the traffic flow of cut into My

lane of hit My Veh A right front

portion No passenger on board of

no injury reported at the point

of accident.

#### DECLARATION

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

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

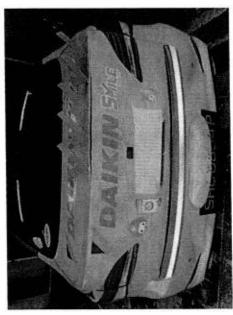
Name: NRIC/FIN No.:

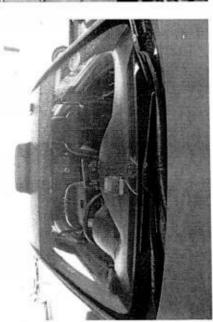
GIARMIC Sketch Plan Form \_\_ VS











Page : 1

JOB CARD Sales Order: JC NO305142754 ARC Repair TP(CLSO)1 Team: REGN NO. SHC8854P MILEAGE JSTOMER COMFORT TRANSPORTATION PTE LTD MAKE HYUNDAI FUEL R/MS 7010045 ...1/2.....F JSTOMER NO. 383 SIN MING DRIVE 16.04.2018 16:40 DRESS Singapore SINGAPORE 575717 65508755 YR OF MANU. 10.03.2016 TARGET DATE (0) L. (R) (P) CHASSIS CODE KMHLB41UMGU085563 COMPLETION DATE/TIME: SCOUNT CARD NO. Accident Date: 16.04.2018 NATURE: 3P 16.04.2018 S/NO LABOR CODE HECKED & PASSED OUT BY: CUSTOMER'S SIGNATURE SERVICE ADVISOR Exit Pass nowledgement Slip Vehicle No.: 10.: SHC8854P SHC8854P CHIANG cle No.: Name of Service Advisor Date

To be kept by Security Guard

Signature/Date

ie of Service Advisor

e returned to Service Reception upon collection

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO: SHC 8854P

MAKE

DATE 17/4/2018 10:24

MODEL	: HYUNDAI i40		100	1		1
Qty	Parts Description/ Labour	Type	Unit Price	+	Amount	
	Front Bumper Cover Front Bumper Bracket (RH) Headlamp (RH)			S	1,052.20	
	Front Bumper Bracket (RH)			\$	24.60	
	Headlamp (RH)			\$	1,388.00	
	Frt Wheel Hub Cap, RH X			\$	150.70	
	Front (R4) Feath x tepts SUBTOTAL			s	2,615.50	
	LESS 20%			\$	523.10	
	DISCOUNTED TOTAL			s	2,092.40	1
	Frt Fender Advertisement Logo (RH)			s	100.00	Nett
	Tit Telider Advertisement Logo (1997)			3.0	52765189870	25.7306
				S	100.00	-
	Labour Charge			1,000=0	200	
	Panel Beating			\$	250.00	11-0
	Spray Painting Charge			\$	500.00	7
	Wiring Charge			\$		X
	Frt Wheel Alignment			\$	80,00	X1.
	TOTAL LABOUR			s	880.00	
	ESTIMATE TOTAL			s	3,072.40	
	Kahni Clay  1 7/4/18 113.6.  2 Ry 1  4/5  After Ryin ploto	the R To re To di Parti Third No iii	Auto Consultants hence epairer of the following: survey before/after spray pain splay damaged part(s) during a prices are subject to confirma party survey is on a "Without begal modification(s) is allowed ementary item(s) must be respect to final approval from Insufedged by Repairer re:	ting resurvey tion Prejudice	e" basis	

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305142754 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 16/04/18 FINALIZATION FORM LKK Fax: KALVIN Attn : 16/04/2018 Vehicle Reg No. : SHC8854P The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SKG3498K The repair job shall bill to: NTUC The finalized amount shall be: 2. (a) Spare Parts after List discount Labour Charges Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: \$1,250.00 Final Lumpsum Repair cost working days. 3. Estimated normal period for repairs: We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 4. working days We confirm the estimates and Thank you for your assistance. 5. finalized amount Signature: Signature : CHIANG Name Name : 62148314 Date Tel : 65468156 Fax For Official Use Only Document Confirm By Attached Remarks Item Amount (Signature) Yes or No YES 1. Rental Rate P/Day N Loss of Income Paid Survey Fees 7.49 4. LTA Search Fee 5. Medical Fees (on behalf of driver, if applicable) Overrun Remarks:



# **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



NTH	C INCOME INSUE	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1800717	72/K1rhn2
NIO	C INCOME INSOR	CANCE CO-OFERATIVE ETD	T.C.	143/1140 18007 17	ZIKIIDIIZ
		D UNION HOUSESINGAPORE	Date:	26-04-2018	
		Delias Perticulars	Code:	INC4	
1.	Insured Veh.	Policy Particulars SKG 3498K	_	nspected	SHC 8854P
_	Company of the Compan	5088426069	_		0.00
	Policy No.	MT/0990655-002	_	age (\$)	0.00
_		W170990000-002	Exces		17/04/2018
4	Assign From			n Date	17/04/2018
2.		Vehicle Parti	_	Condition	1005
	Make & Model	HYUNDAI 140	C.C		1685
_	Engine No.	HIDDEN	_	of Reg.	2016
	Chassis No.	KMHLB41UMGU085563	Colou		BLUE
	Odometer	354339	Steeri		IN ORDER
	Brakes	IN ORDER	Modification		STANDARD ALLOY RIM
	General	GOOD			
3.			ions of	Tyres	
		Size	Make		Balance
	R/H Front Tyre	205/60 R16	HANK	ООК	7 mm
	L/H Front Tyre	205/60 R16	HANK	567002513	7 mm
	R/H Rear Tyre	205/60 R16	HANK		7 mm
	L/H Rear Tyre	205/60 R16	HANK	оок	7 mm
4.		Descripti			
	THE VEHICLE SU	STAINED DAMAGES AT THE O/S	S FRON	PORTION.	
5.		Genera	I Inform	nation	
	Accident Date	16/04/2018	_	ction Date	17/04/2018
	Survey held at	COMFORTDELGRO ENGINEE	_		4 - 1/41 MA 102 MAC 1961
		59 LOYANG DRIVE SINGAPORE 508969			
5a.		R	emarks		
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			
5b.		Estimate	Days o	f Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:		2 Working Days	



### **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8854P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			8
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	
1	HEADLAMP (RH)	SERVICEABLE	1,388.00	
1	FRT WHEEL HUB CAP,RH	SERVICEABLE	150.70	
1	FRONT (RH) FENDER (NPA)	TO REPAIR		
	LESS 20% DISCOUNT		-523.10	-210.44
			2,092.40	841.76
	SPECIAL NETT ITEMS			
1	FRT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		380.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		500.00	400.00
			880.00	600.00
	GRAND TOTAL		3,072.40	1,541.76

RECOMMENDED COST OF LUMP SUM REPAIRS		1,250.00
(TO ITS PRE-ACCIDENT CONDITION)		
(CONFIRMED)	A SECTION OF THE SECT	

Report Ref No. NS/INC18007172/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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