



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/INC18007234/K1tb

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.	SLB 9287C	Veh. Inspected	SH 6210D
Policy No.	5089649146	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	18/04/2018

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	17/04/2018	Inspection Date	18/04/2018
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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eBaoTech

GeneralClaim

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"/>	5089649146	ANG ZHENMING	S8205598C	GPC	drive CLASSIC	SLB9287C	SLB9287C	27/04/2017	26/04/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0989232-002	SMRT TAXIS PTE LTD	SHB 606Y	PC 659U	03/04/2018
2	MT/0988033-002	SMRT TAXIS PTE LTD	SHC 4622T	SKK 5387M	26/03/2018
3	MT/0990162-002	COMFORT TRANSPORTATION PTE LTD	SHC 3053S	GY 2779J	12/04/2018
4	MT/0990253-002	COMFORT TRANSPORTATION PTE LTD	SHA 7586E	SJE 7264P	12/04/2018
5	MT/0981684-003	SMRT TAXIS PTE LTD	SHD 6453X	PA 9223U	08/02/2018
6	MT/0990655-002	COMFORT TRANSPORTATION PTE LTD	SHC 8854P	SKG 3498K	16/4/2018
7	MT/0990517-002	CITYCAB	SHC 7760H	SIM 9186B	15/4/2018
8	MT/0990876-002	COMFORT TRANSPORTATION PTE LTD	SH 6210D	SLB 9287C	17/4/2018

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	18/04/2018 09:21
Date Of Accident	17/04/2018 19:20
Exact Location Of Accident	ALONG TELOK AYER ST OUTSIDE THIAN HOCK KENG TEMPL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6210D
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	SIOH EK LIN
NRIC No	S1666812E
Date Of Birth	21/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1982
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	LOUISIOH@HOTMAIL.COM

Address	BLK 603 SENJA ROAD #13-63
Postcode	670603
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)	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 * TYPE OF ACCIDENT :- 3P REVERSED

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	SLB9287C
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR RH
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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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.
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.:

18/4/18

GIA/IMC SketchPlanForm_V3

1

Sketch Plan Pg. 2

SKETCH PLAN

A: SH 6210D
B: BLB 9387C

[Signature] X

Telok Ayer St.
Thian Hock
Keng Temple

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

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.:

GIAPAC SketchPlanForm_V3

18/4/18

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On 17 Apr 2018 at about 19:20 hrs I was driving along Telok Ayer St leading towards McCallum St.

Somewhere near the Chinese Temple I stopped my taxi to alight my passenger.

After the passenger alighted from my taxi, suddenly the car SLB9287G in front of my taxi reversed towards my stationary taxi. Upon seeing this, I immediately honked at the car repeatedly to alert the driver but to no avail.

In the process the rear right of the car hit the front right of my stationary taxi.

Enclosed is a video footage to support my claims.

No injury at the point of the accident.

Declaration

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

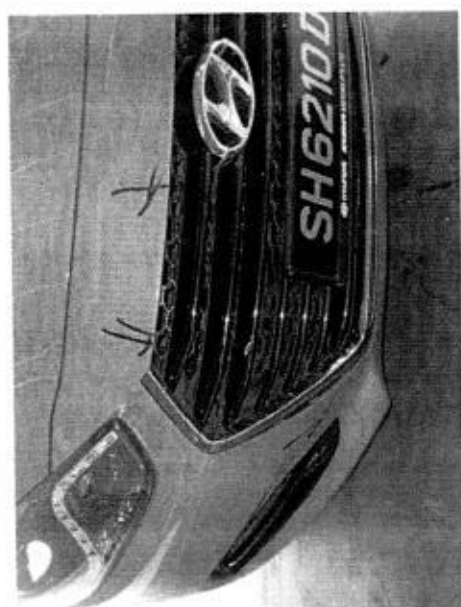
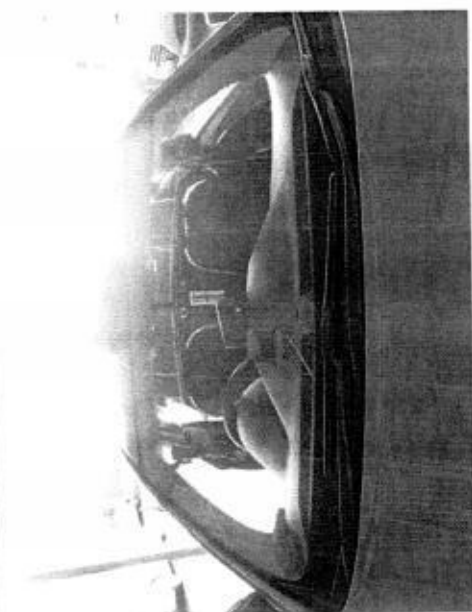
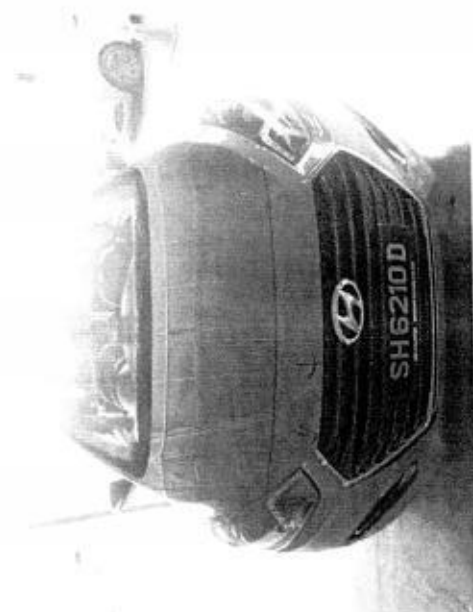
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel

15/4/8



Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO305143341

CUSTOMER		REGN NO.: SH 6210D	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI	FUEL E.....1/2.....F
CUSTOMER NO. 7010045		MODEL I-40	DATE/TIME IN 17.04.2018 19:55
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717		YR OF MANU. 13.10.2016	TARGET DATE
L (R) 65508755 (O)		CHASSIS CODE KMHLE41UMGU093561	COMPLETION DATE/TIME:
(P)			
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 17.04.2018
NATURE: 3P 17.04.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 6210D CHIANG

Vehicle No.: SH 6210D

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE-18/4/2018 9:51

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille ✓			\$ 294.35
	Radiator Grille H Emblem ✓			\$ 113.65
	Front Bumper Cover ✓			\$ 562.30
	Front Bumper Sponge ✓			\$ 142.20
	Front Bumper Reinforcement ✓			\$ 526.10
	Front Bumper Bracket Top (LH) ✓			\$ 22.40
	Front Bumper Side Bracket ✓			\$ 14.30
	SUB TOTAL			\$ 1,675.30
	LESS 20%			\$ 335.06
	DISCOUNTED TOTAL			\$ 1,340.24
	Labour Charge			200
	Panel Beating			\$ 250.00
	Spray Painting Charge			\$ 250.00
	TOTAL LABOUR			\$ 500.00
	ESTIMATE TOTAL		3180.68	\$ 1,840.24
<p>Kahn (UK)</p> <p>18/4/8 146L</p> <p>2071</p> <p>4/5</p> <p>Atta Rep p 4</p>				
<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 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 surveyed and is subject to final approval from insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p>				
<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>				

Our Job Ref No : 305143341
Date : 18/04/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 6210D
Fax :
17/04/2018

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


1. The repair job shall bill to: NTUC SLB9287C
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$ 2025.76
 - (b) Labour Charges \$ 400.00
 - Total for Part-By-Part Repair Cost \$ 2425.76**
 - (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 : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : KALVIN
Date : 19/4/18

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. 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



Thatcham ecribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007234/K1tbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 26-04-2018	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLB 9287C	Veh. Inspected	SH 6210D	
Policy No.	5089649146	Coverage (\$)	0.00	
Claim No.	MT/0990876-002	Excess (\$)	0.00	
Assign From		Assign Date	18/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU093561	Colour	BLUE	
Odometer	214609	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 FRONT O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	17/04/2018	Inspection Date	18/04/2018	
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		



National Assessment Centre Services

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

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Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6210D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	RADIATOR GRILLE	CRACKED	1,480.00	1,480.00
1	RADIATOR GRILLE H EMBLEM	NOT NECESSARY	113.65	-
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER SIDE BRACKET	SERVICEABLE	14.30	-
	LESS 20% DISCOUNT		-670.17	-506.44
			2,680.68	2,025.76
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		250.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			500.00	400.00
GRAND TOTAL			3,180.68	2,425.76
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,425.76

Report Ref No. NS/INC18007234/K1tbn2

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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