

108/11/13
 Name: Kevin

REF: NS/INC18007464 / K1rbn2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost _____
 OD/TP / WS/TP RES / OD RES / EVA / INV / MV
 To Insp Vehicle No: _____
 at Workshop _____
 of _____
 Insured: SLS 1369M
 Policy No. 5094430631 090917 - 080918
 Claims No. M7/0991265-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHA 7627X Yr Regn: 7 May 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Z6 C.C. 168
 Colour: Blue A/C: Ins / Std / NI / NA
 Sp. Reading: 365514 T/Radio: Ins / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB41UMF4068862
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In / Jammed / Leaked / Burnt or _____
 Brake: In / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STO / Rim or _____
 Tyre Size: F: 205/60R16
 R: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wakita
 Front: R/Bal. 7 mm L/Bal. 7 mm
 Rear: R/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 21/4/8 D.O.I. 23/4/8
 Survey held at CDGE (Layang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

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
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	SHA 7627X - NS/INC18007464 / H1rbn2
	SLS 1369M - X
25/4/8	Confirmed L/S \$900 / 2tyr. Red: \$1342.38, 60% O/A: 060416 ZNC 42
RECEIVED 26 APR 2018	

Date/Time File Pass to? : Preli. Report
 1) typist : Final Report
 Date/Time File Return to?
 2) _____
 Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. _____
 : _____
 Survey Fee: 160
 Transportation: 35
 S + RS: \$ _____
 Photos: _____
 Other: _____
45 TP 900
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/INC18007464/K1rb			
73 BRAS BASAH ROAD		Date: 23-04-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4	
189556			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLS 1369M	Veh. Inspected	SHA 7627X
Policy No.	5094430631	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	23/04/2018
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	21/04/2018	Inspection Date	23/04/2018
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.			

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"/>	5094430631	THONG HSI	S6932179H	GPC	drive PREMIUM	SLS1369M	SLS1369M	09/09/2017	08/09/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0991171-002	Comfort Transportation	SHC 1863J	SLK 8879D	20/4/2018
2	MT/0991056-002	Comfort Transportation	SH 6314M	SHC 6794S	19/4/2018
3	MT/0991265-002	Comfort Transportation	SHA 7627X	SLS 1369M	21/4/2018
4	MT/0991375-002	Comfort Transportation	SHC 2164L	SJE 68K	21/4/2018
5	MT/0991583-002	Comfort Transportation	SHA 5984C	SFZ 1009L	21/4/2018
6	MT/0991278-002	Comfort Transportation	SH 6746A	SKW 2592T	21/4/2018
7	MT/0991262-002	Comfort Transportation	SHC 3572K	GBG 8101D	20/4/2018
8	MT/0991924-001	Comfort Transportation	SHD 4138U	SGY 5128T	19/4/2018
9	MT/0991927-001	Comfort Transportation	SHA 3460K	FQ 2735P	22/4/2018
10	MT/0991206-002	Comfort Transportation	SHD 3440C	GY 734B	20/4/2018

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	21/04/2018 11:59
Date Of Accident	21/04/2018 01:45
Exact Location Of Accident	SLIP RD FROM MOULMEIN RD TWDS CTE(SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7627X
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	CHEW CHAI SIONG
NRIC No	S0466476J
Date Of Birth	18/07/1951
Occupation	OUTDOOR
Date Of Driving Pass	24/06/1974
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 101 ALJUNIED CRESCENT
 #11-311
 Postcode 380101
 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) 3

Passenger 1 NAME: : -
 GENDER: : MALE
 Passenger 2 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

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 SLS1369M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MR TONG
 NRIC/Passport Number
 Contact Number 90225293
 Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

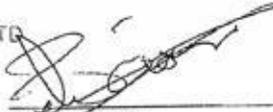
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. Any false reporting may be referred to the Police for investigation.
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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:

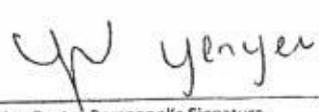
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

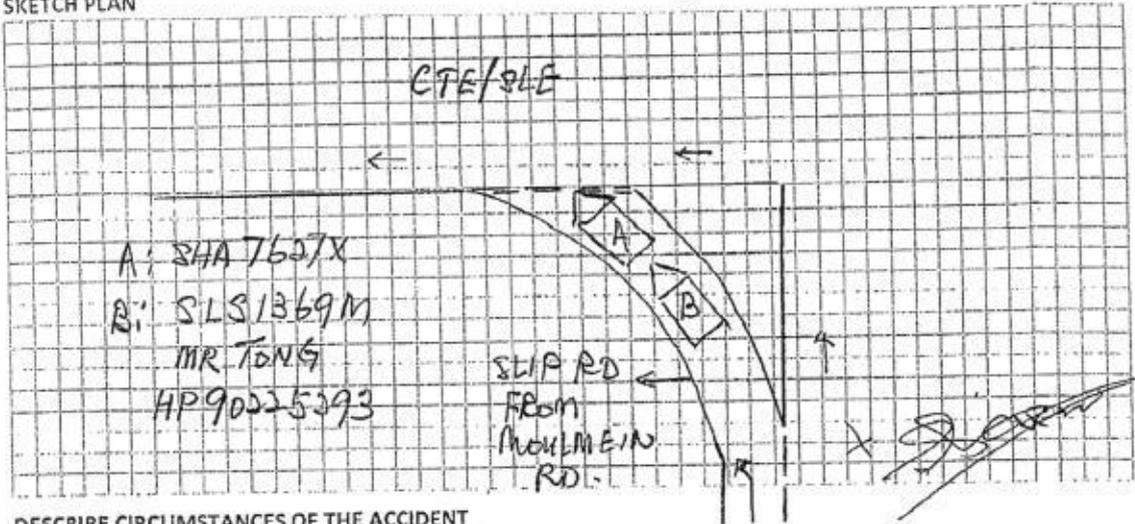


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

1 2 3 4 5 6 7 8 9 10 11 12

Sketch Plan Pg. 2

SKETCH PLAN



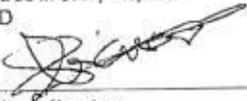
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

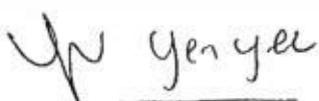
AS per attached

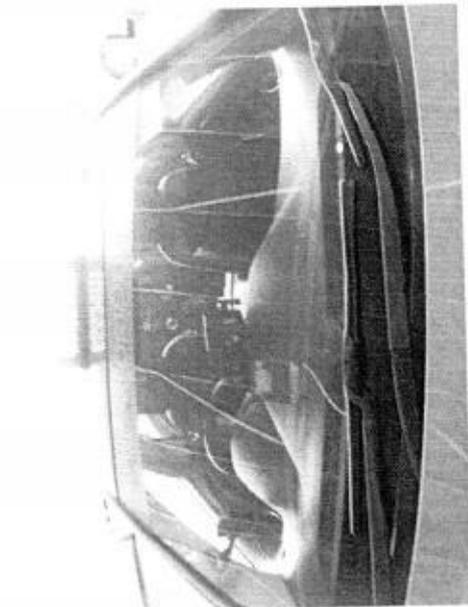
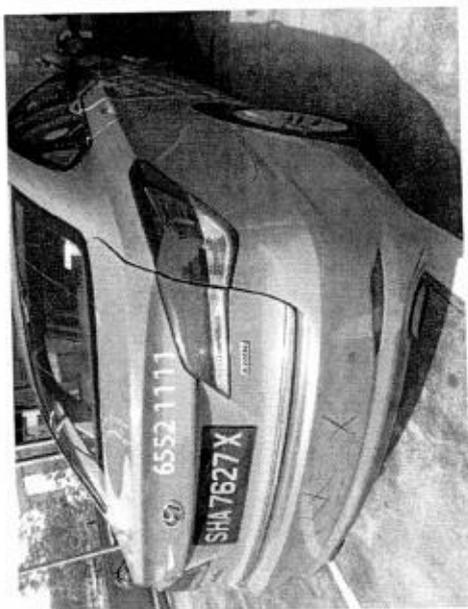
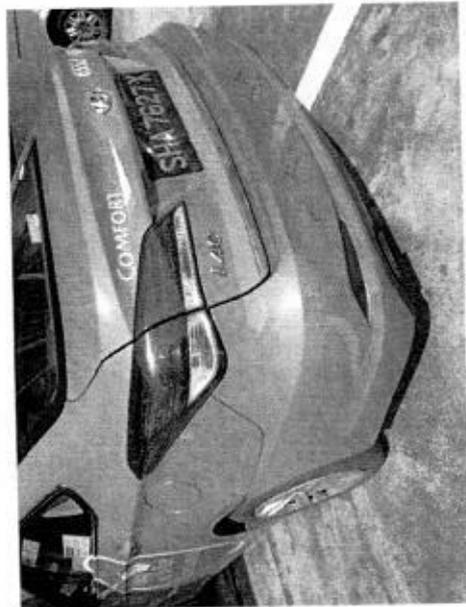
DECLARATION

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.:



A member of COMFORTDELGRO

Date/Time: 21.04.2018 12:15 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305144391

CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65508755 (O) (P) ACCOUNT CARD NO:	REGN NO: SHA7627X MAKE: HYUNDAI MODEL: I-40 YR OF MANU: 07.05.2015 CHASSIS CODE: KMHLB41UMFU068862	MILEAGE FUEL E.....1/2.....F DATE/TIME IN: 21.04.2018 10:45 TARGET DATE COMPLETION DATE/TIME:
	<i>VARIS</i>	
	<i>(B)</i>	

JOB DESCRIPTION

Accident Date: 21.04.2018
NATURE: 3P 21.04.2018

S/NO	LABOR CODE	DESCRIPTION
		<i>NTUC - taxi rear damage</i>
		<i>LKK/</i>

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA7627X**
Name: **LARRY**

Vehicle No.: **SHA7627X**

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 : SHA7627X
 MAKE : HYUNDAI
 MODEL : i40

NOTE

DOA: 21.04.2018

Date: 23.04.2018

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	Rear Bumper <i>Return</i>			\$ 603.60
1	Rear Bumper Reinforcement <i>75m</i>			\$ 504.35
1	Rear Bumper Sponge <i>75m</i>			\$ 143.40
10	Rear Bumper clips @ \$2.20 <i>20</i>			\$ 22.00
1	Rear Bumper Under Cover <i>cl</i>			\$ 225.00
1	Rear Bumper Stay - RH <i>X 50</i>			\$ 180.00
1	Rear Bumper Stay - LH <i>X 50</i>			\$ 180.00
SUB TOTAL				\$ 1,858.35
LESS 20%				371.67
DISCOUNTED TOTAL				\$ 1,486.68
1	Rear Bumper Reverse Sensor <i>X 50</i>			\$ 135.70 Nett
				\$ 135.70
Labour Charge				
1	Panel Beating			\$ 250.00 ²⁰⁰
1	Spray Painting Charge			\$ 250.00 ²⁰⁰
1	R/Refix Reverse Sensor			\$ 120.00 ²⁰
TOTAL LABOUR				\$ 620.00
ESTIMATE TOTAL				\$ 2,242.38

LKK Auto Centre hence notify the Repairer of the following:
 • To resurvey before after spray painting
 • 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: _____

Ka Lu CC/14
23/4/18 1140hrs
200
40
After Repair p Loto

Larry Ng

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 : 305144391
Date : 25. Apr, 2018

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

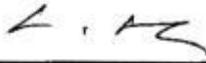
FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHA7627X Date of Accident: 21.04.2018

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

- The repair job shall bill to: NTUC SLS1369M
- The finalized amount shall be:
 - Spare Parts after List discount _____
 - Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$900.00
- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Calvin
Date : 25/4/18

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:



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/INC18007464/K1rbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 03-05-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLS 1369M	Veh. Inspected	SHA 7627X
Policy No.	5094430631	Coverage (\$)	0.00
Claim No.	MT/0991265-002	Excess (\$)	0.00
Assign From		Assign Date	23/04/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068862	Colour	BLUE
Odometer	365514	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	21/04/2018	Inspection Date	23/04/2018
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	

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7627X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	REAR BUMPER STAY-RH	SERVICEABLE	180.00	-
1	REAR BUMPER STAY-LH	SERVICEABLE	180.00	-
	LESS 20% DISCOUNT		-371.67	-170.12
			1,486.68	680.48
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		370.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			620.00	420.00
GRAND TOTAL			2,242.38	1,100.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC18007464/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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