

Dirrec: Mr: Kelvin

REF: NS/21C18007476/Klrbez

ASSIGNMENT

From: _____ Date: _____
 Estimated Coa _____
 OD / TP / INS / TP RES / OD RES / EVA / INV / MV
 To Insp: TP Vehicle No: _____
 at Work: Shop no: _____
 of _____
 Insured: YP 64407
 Policy No: 5089331608 27047 - 260418
 Claims No: MT/0990960-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

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

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repair: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

N/S	O/S

Veh No: SHD 49286 Yr Regt: 19 Mar 2014
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Ix0 c.c. 1600
 Colour: Blue A/C: Ins Std / NI / NA
 Sp. Reading: 315269 Tr/Radio: Ins Std / NI / NA
 Eng/No: _____
 C/No: KMHLB414M4E4052837
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Ins / Jammed / Leaked / Burnt or _____
 Brake: Ins / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD / Rim or _____
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wet LK
 Front R/Bal: 7 mm Rear R/Bal: 7 mm
 L/Bal: 7 mm L/Bal: 7 mm
 D.O.A. 17/4/18 D.O.I. 23/4/18
 Survey held at CDGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Long term
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SHD 49286 - X</u>
	<u>TP 64407 - X</u>
<u>24/4/18</u>	<u>Contract L/S \$800 / 1 Day. (Red 184.40, 1910)</u>
	<u>Car seen</u>
	<u>24/04/18</u>
	RECEIVED 24 APR 2018

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) 24/4 - typist
 TP
 LS \$800/2

Days Of Repair: 1
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Test (\$ _____)

Survey Fee:	<u>160</u>
Transportation:	_____
S + RS \$I	_____
Photos	<u>35</u>
Chart	_____



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/INC18007476/K1vb			
73 BRAS BASAH ROAD		Date: 23-04-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	YP 6440T	Veh. Inspected	SHD 4928G
Policy No.	5089831608	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	17/04/2018	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.			

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0991340-002	COMFORT TRANSPORTATION PTE LTD	SH 7013A	SJL 3277S
2	MT/0990420-002	COMFORT TRANSPORTATION PTE LTD	SHC 1833X	GBG 6935C
3	MT/0991001-002	COMFORT TRANSPORTATION PTE LTD	SHB 4181D	SJF 4165G
4	MT/0987576-002	SMRT TAXIS	SHB 5490E	SGN 2724A
5	MT/0988974-002	SMRT TAXIS	SHF 474P	SKP 1761R
6	MT/0988606-002	SMRT TAXIS	SHF 287M	SHD 1850R
7	MT/0988375-002	SMRT TAXIS	SHB 5737U	SKZ 9804X
8	MT/0991050-002	COMFORT TRANSPORTATION PTE LTD	SHD 6647D	SLM 4176P
9	MT/0991603-001	COMFORT TRANSPORTATION PTE LTD	SH 9594B	SJF 8421R
10	MT/0989297-002	SMRT TAXIS	SHB 5445L	GZ 8719M
11	MT/0989010-002	SMRT TAXIS	SHB 668T	SLV 3014H
12	MT/0988555-002	SMRT TAXIS	SHB 5515T	SLS 2028R
13	MT/0981124-002	SMRT BUSES	SMB 8039Y	SJC 8146B
14	MT/0991610-001	COMFORT TRANSPORTATION PTE LTD	SHC 8728X	GBG 2031L
15	MT/0991074-002	COMFORT TRANSPORTATION PTE LTD	SHC 2948S	GZ 1977E
16	MT/0990979-002	COMFORT TRANSPORTATION PTE LTD	SHD 6658Y	FBK 791T
17	MT/0990696-002	COMFORT TRANSPORTATION PTE LTD	SHD 4138U	PC 2948Y
18	MT/0990960-002	COMFORT TRANSPORTATION PTE LTD	SHD 4928G	YP 6440T

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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[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"/>	5089831608	TDH FLORICULTURE SUPPLIES	49686800D	GCV	Preferred Workshop Plan	YP6440T	YP6440T	27/04/2017	26/04/2018

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 14:41
Date Of Accident	17/04/2018 16:15
Exact Location Of Accident	JALAN TOA PAYOH TWDS MACPHERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4928G
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	LIM SONG HENG
NRIC No	S1790177Z
Date Of Birth	16/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	29/01/1988
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 96 GEYLANG BAHRU #05-3154
Postcode	330096
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
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

PLS REFER TO 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	YP6440T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YUSOP BIN SANIM
NRIC/Passport Number	S1187725G
Contact Number	
Address	
Postcode	

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

NO DAMAGE

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised 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:

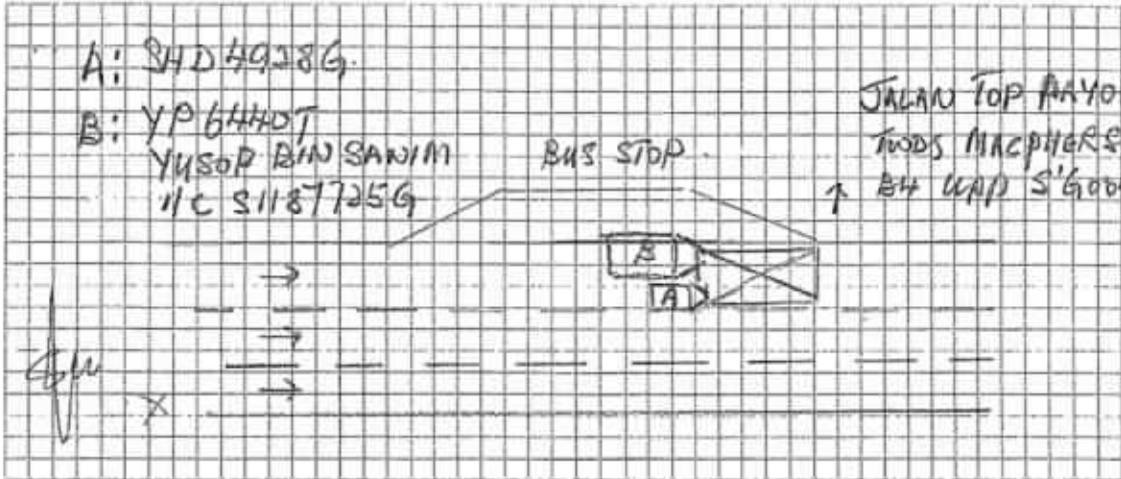

Reporting Centre Personnel's Signature
Name: 18/4/18
NRIC/FIN No.:

GIA/RMC Sketch Plan Form_V2



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

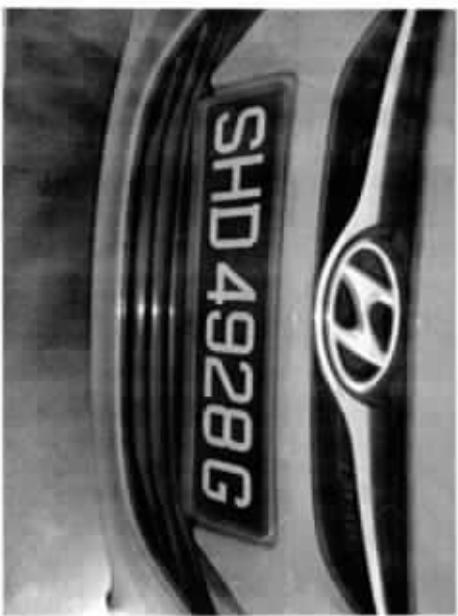
Policyholder's Signature
Date & Time:

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

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

SIATAC SketchPlanForm_v3


 Name: _____
 NRIC/FIN No. 18/4/18
 . . .
 . . .





member of COMFORTDELGRO

Date/Time: 23.04.2018 12:02 Page : 1

Unit: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO:305144757

MER NO: 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO: SHD4928G	MILEAGE
	MAKE: HYUNDAI	FUEL E: 1/2 F
	MODEL: I-40	DATE/TIME IN: 23.04.2018 11:00
	YR OF MANU: 19.03.2014	TARGET DATE
	CHASSIS CODE: KMHLB41UMEU052837	COMPLETION DATE/TIME
	UNIT CARD NO.	

JOB DESCRIPTION

cident Date: 17.04.2018
 TURE: 3P 17.04.18 *lc*

NTUC

NO LABOR CODE DESCRIPTION

LED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Exit Pass Vehicle No.: SHD4928G	Signature/Date Date
To be kept by Security Guard	To be kept by Security Guard

Service Advisor
 returned to Service Reception upon collection

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305144757
 REGN NO : SHD4928G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 19.03.2014
 DATE/TIME IN : 23.04.2018 11:00
 ACCIDENT DATE : 17.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0600-G I40VC MIRROR ASSY-^{nb (LH)} S REA 1 980.50 20.00 784.40

SUB-TOTAL : 784.40

JOB NATURE

0000 L PANEL BEATING 50.00 ✓

0001 L SPRAY PAINTING CHARGE 50.00 ✓

0002 20-05 RENEW ADVERTISEMENT FRT DOOR LH 100.00 ✓

SUB-TOTAL : 200.00

TOTAL : 984.40

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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:

K. K. (LKK)
 23/4/18 14:15h
 1 Pp.
 4/5
 After Repair

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305144757

Date : 23.04.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD4928G

Date of Accident : 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 — YP 6440T
2. The finalized amount shall be:

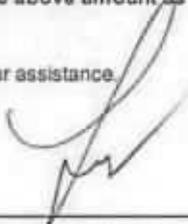
(a) Spare Parts after List discount		<u>\$0.00</u>
(b) Labour Charges		<u>\$0.00</u>
Total for Part-By-Part Repair Cost		<u>\$0.00</u>
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:	<u>20%</u>	<u>\$800.00</u>
Final Lumpsum Repair cost		<u>\$800.00</u>

3. Estimated normal period for repairs: 1 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 : Kaha

Date : 24/4/18

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 escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007476/K1vbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 27-04-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	YP 6440T	Veh. Inspected	SHD 4928G
Policy No.	5089831608	Coverage (\$)	0.00
Claim No.	MT/0990960-002	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.	2014
Chassis No.	KMHLB41UMEU052837	Colour	BLUE
Odometer	315269	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 N/S WING MIRROR. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	17/04/2018	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:		1 Working Days	



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. SHD 4928G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	I40VC MIRROR ASSY N/S REA LESS 20% DISCOUNT	BROKEN	980.50 -196.10	980.50 -196.10
			784.40	784.40
	SPECIAL NETT ITEMS			
1	RENEW ADVERTISEMENT FRT DOOR LH (SN)	NECESSARY	100.00	100.00
			100.00	100.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		50.00	50.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		50.00	50.00
			100.00	100.00
	GRAND TOTAL		984.40	984.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			800.00

Report Ref No. NS/INC18007476/K1vbe2

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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