

108
11133
Kalin

REF: NS/TNC18010326/KHbn2

ASSIGNMENT

Fr me Date:
 Es imate Cost:
 OD TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No:
 at Workshop m/s
 of
 Ins red: GBG 4353U
 Pol cy No: 5098768547 150318 - 140319
 Cla ms No: MT/0997574-102
 Sur Insured Excess:
 (Client's Record)
 Mak e of Veh:

(Policy Condition)

Rem ark: 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: 2 days Res.: Yes or No
 Lum Sum: % 3 Val.: Yes or No
 CA REV / REP. / 24 HRS
 Date: Person Contacted: Vehicle: IN / OUT

Veh No: SHA 3460K Yr Regn: 17 Apr, 2014
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /
 Truck / Trailer or
 Make: Hyundai 240 c.c.: 1600
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 461050 T/Radio: Insured / Std / NI / NA
 Eng/No:
 C/No: KM HLBK144E4053752
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / R/Rim or
 Tyre Size: F: 205/60R16
 R:
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front Rear
 R/Bal. 3 mm R/Bal. 3 mm
 L/Bal. 3 mm L/Bal. 3 mm
 D.O.A. 5/6/18 D.O.I. 6/6/18
 Survey held at CDE (Loring)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear m/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 3460K - NS/TNC18001473/KHbn2
	GBG 4353U - X
8/6/18	Insured 458900/20% (Paid 81857.02, 6796)

RECEIVED 08 JUN 2018

Date/Time, File Pass to? ☐ : Prell. Report
 1) 08/6/18 Final ☐ : Final Report

Days Of Repair: 2
 Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:
 Transportation:
 S + RS SI
 Photos
 Others
 TOTAL 160

Report Format: 7P
 Lump Sum / I.B.I. (\$ 900)



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/INC18010326/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 06-06-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBG 4353U	Veh. Inspected	SHA 3460K
Policy No.	5098768547	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/06/2018

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	05/06/2018	Inspection Date	06/06/2018
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 AGCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

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 NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5098768547	TAN LIM CHUE PORK DEALER	34080200J	GCV	Comprehensive	GBG4353U	GBG4353U	15/03/2018	14/03/2019

TP Claims against NTUC Income: Follow-Through Survey

S/Ns	Income Reference	Claimant (Owner / Taxpayers)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
2	MT/0997835-002	CITYCAB PTE LTD	SHA 8202G	SJF 5615T	01/06/2018	\$ 2,077.44	\$ 1,100.00
3	MT/0997835-001	CITYCAB PTE LTD	SHA 813B	SJH 3373X	30/05/2018	\$ 3,265.96	\$ 2,850.00
4	MT/0997835-002	SMRT TAXI PTE LTD	SHC 4536J	GJH 5167J	15/07/2018	\$ 6,170.40	\$ 2,240.23
5	MT/0997835-001	COMFORT TRANSPORTATION PTE LTD	SHD 447J	SJH 3373X	01/06/2018	\$ 26,521.34	\$ 8,100.00
6	MT/0997835-002	COMFORT TRANSPORTATION PTE LTD	SHC 4711T	SHC 4711T	11/05/2018	\$ 21,016.42	\$ 4,600.00
7	MT/0997835-001	SMRT TAXI PTE LTD	SHC 4536J	GJH 5167J	10/06/2018	\$ 1,449.70	\$ 300.00
8	MT/0997835-002	COMFORT TRANSPORTATION PTE LTD	SHD 4536J	GBD 5726L	14/05/2018	\$ 5,555.30	\$ 950.00
9	MT/0997835-001	COMFORT TRANSPORTATION PTE LTD	SHD 3230S	SJH 6185T	02/06/2018	\$ 2,736.58	\$ 1,302.98
10	MT/0997835-001	COMFORT TRANSPORTATION PTE LTD	SHC 1781L	SJT 1714T	03/06/2018	\$ 5,712.98	\$ 2,300.00
11	MT/0997835-002	COMFORT TRANSPORTATION PTE LTD	SHA 3460K	GBG 4353U	05/06/2018	\$ 2,752.02	\$ 900.00
12	MT/0997835-001	COMFORT TRANSPORTATION PTE LTD	SHC 2931P	GBC 3789Z	05/06/2018	\$ 2,751.20	\$ 1,250.00
13	MT/0997835-002	COMFORT TRANSPORTATION PTE LTD	SHA 3075P	FBE 3401G	01/06/2018	\$ 1,087.44	\$ 508.00
14	MT/0997835-001	COMFORT TRANSPORTATION PTE LTD	SHA 3514P	SJA 2496R	04/06/2018	\$ 2,836.58	\$ 800.00

Claim received from LKK Auto

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	06/06/2018 08:26
Date Of Accident	05/06/2018 16:15
Exact Location Of Accident	SERANGOON NORTH AVE 1 TWDS SLIP RD TO A M K AVE 3.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3460K
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	SIM KEE CHIANG
NRIC No	S1590760F
Date Of Birth	10/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	27/05/1981
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90709982
Fax Number	
Contact Number	
Email Address	KEECHIANG.SIM@GMAIL.COM

Address	BLK 218D BOON LAY AVE #03-307
Postcode	644218
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

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	GBG4353U
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
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.
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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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:

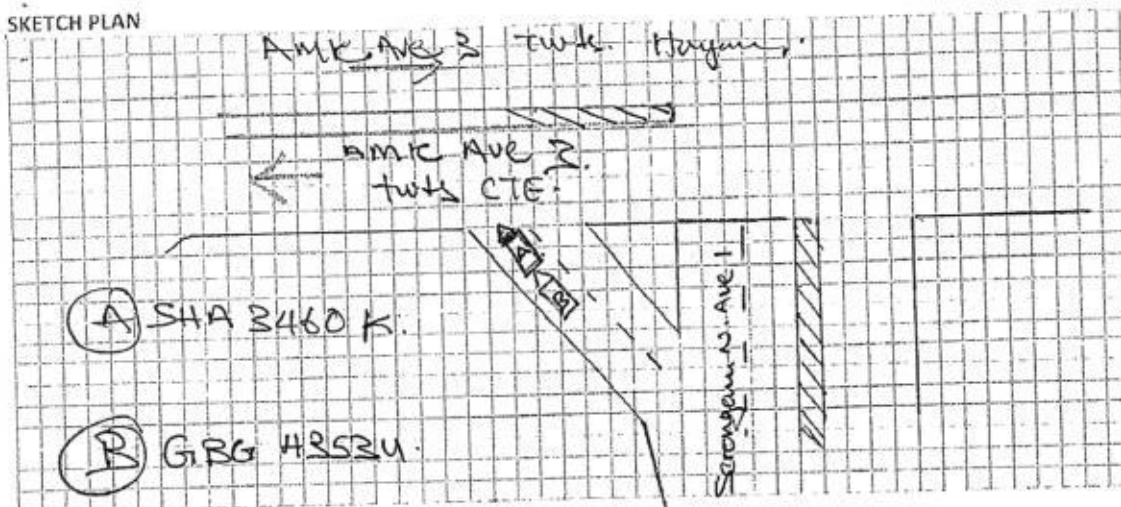
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IAIC SketchPlanForm_V03



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 5 JUNE 2018 @ 16.15 hr I VEH A

was driving along Serangem N. AVE 1. I UGH A

turning left to Ship Rd. towards AMK Ave.

Just GTE. I will A slow down and

Step to give way. Suddenly veh B from

Beer hit with a Beer. at the point

of accident UE4 A NO passengers.

DECLARATION

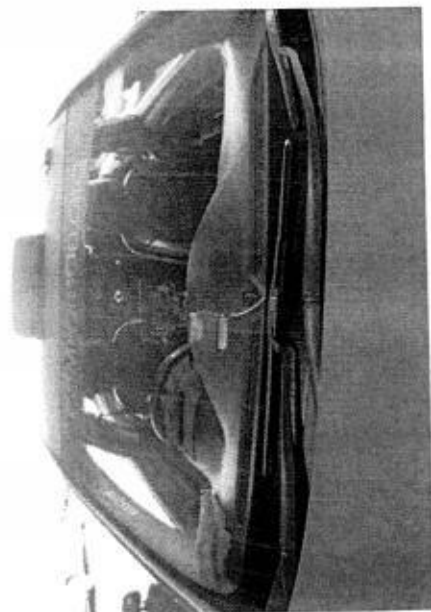
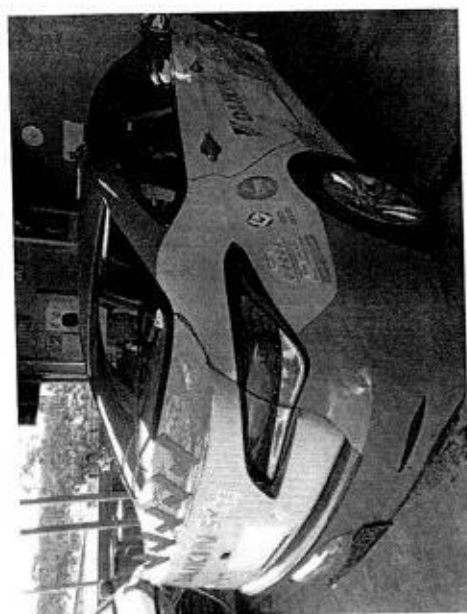
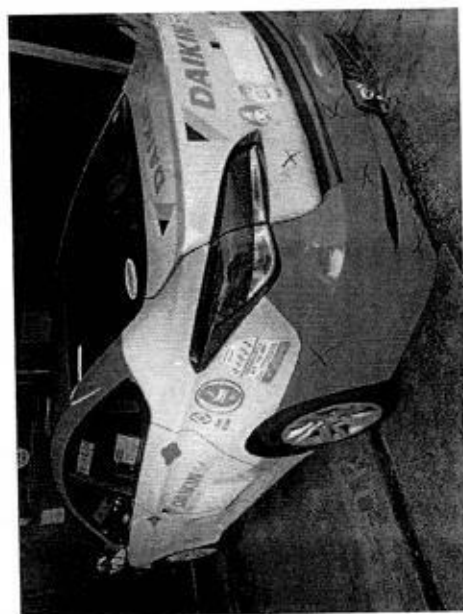
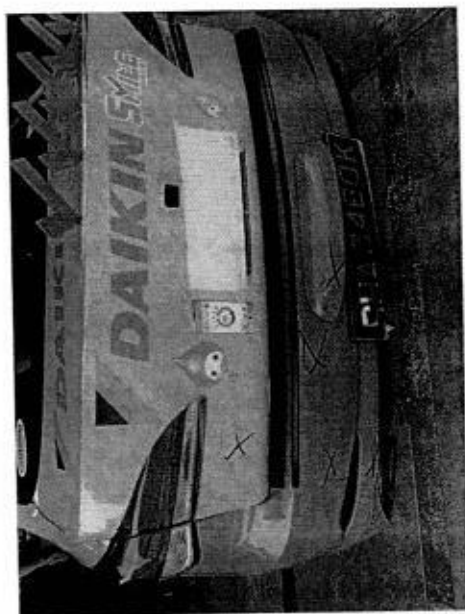
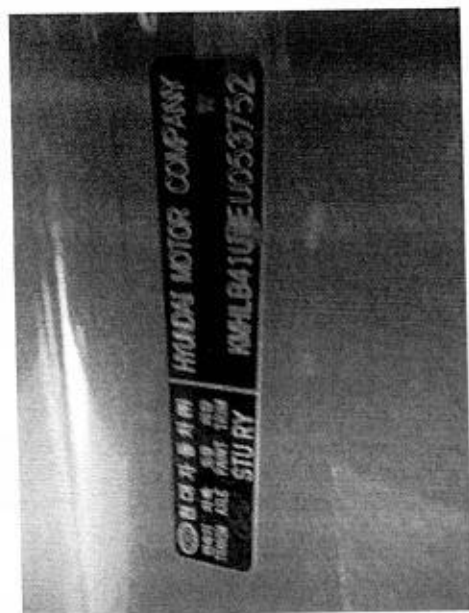
I/We declare the foregoing particulars are true in every respect.

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.:



Date/Time: 06.06.2018 09:04

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3829766

JC NQ305170120

CUSTOMER		REGN NO:	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SHA3460K	
MR/MS	7010045	MAKE:	FUEL
CUSTOMER NO.		HYUNDAI	E.....1/2.....
ADDRESS	383 SIN MING DRIVE	MODEL	DATE/TIME IN
	Singapore SINGAPORE 575717	I-40	05.06.2018 17:00
TEL. (R)	65508755	YR OF MANU.	TARGET DATE
(P)		17.04.2014	
DISCOUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHLB41UMEU053752	

Accident Date: 05.06.2018
NATURE: 3P 05.06.18/B

JOB DESCRIPTION

REAR

NTUC
GBG43534

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

re:

No.:

icle No.:

SHA3460K

FZ NTUC LKK

Vehicle No.:

SHA3460K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

ie returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 3460K

DATE 6/6/2018 10:18

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Licence Lamp Garnish <i>x 1</i>			\$ 380.80
	Rear Bumper <i>1</i>			\$ 603.60
	Rear Bumper Reinforcement <i>1</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>2</i>		\$ 180.00	\$ 360.00
	Rear Bumper Clips 10 pcs <i>1</i>			\$ 22.00
	Rear Bumper Sponge <i>1</i>			\$ 143.40
	Rear Bumper Under Cover <i>1</i>			\$ 225.00
				</

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305170120
Date : 07.06.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN

Fax :

Vehicle Reg No. : SHA3460K Date of Accident : 05.06.2018

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

1. The repair job shall bill to: NTUC — GBG4353U
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost \$0.00
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$900.00
Final Lumpsum Repair cost \$900.00

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: 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature: 

Name : Kalvin

Date : 8/6/18

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18010326/K1tbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 18-06-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBG 4353U	Veh. Inspected	SHA 3460K
Policy No.	5098768547	Coverage (\$)	0.00
Claim No.	MT/0997524-002	Excess (\$)	0.00
Assign From		Assign Date	06/06/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41U053752	Colour	BLUE
Odometer	461050	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
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 N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	05/06/2018	Inspection Date	06/06/2018
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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3460K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	LICENCE LAMP GARNISH	TO REPAIR SEE LABOUR	380.80	-
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-447.83	-170.12
			1,791.32	680.48
<u>SPECIAL NETT ITEMS</u>				
1	REAR NO PLATE (SN)	CRACKED	25.00	25.00
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			210.70	75.00
<u>LABOUR</u>				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF LICENCE LAMP GARNISH.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	-		-	-
	-		-	-
	-		-	-
			750.00	400.00
GRAND TOTAL			2,752.02	1,155.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC18010326/K1tbn2



Page No.:2 of 2

Report Ref No. NS/INC18010326/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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.