




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/INC18010415/K1sb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 07-06-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	PC 5963H	Veh. Inspected	SHA 4063S	
Policy No.	5085550657-02	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	07/06/2018	
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	06/06/2018	Inspection Date	07/06/2018	
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.				

eBaoTech

General Claim

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 type="radio"/>	5085550657-02	COMFORTDELGRO BUS PTE LTD	199607256W	GFT	Comprehensive	PC5963H	PC5963H	01/06/2018	

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/0997658-002	COMFORT TRANSPORTATION PTE LTD	SHA 4063S	PC 5963H	06/06/2018	\$ 7,206.74	\$ 3,421.04
2	MT/0997826-002	COMFORT TRANSPORTATION PTE LTD	SHA 7223C	SLZ 542Z	07/06/2018	\$ 5,862.58	\$ 2,025.12
3	MT/0997427-002	CITYCAB	SH 2987Y	SKE 6861K	05/06/2018	\$ 2,962.10	\$ 1,100.00
4	MT/0997579-002	COMFORT TRANSPORTATION PTE LTD	SH 7346P	SKG 739K	06/06/2018	\$ 2,086.68	\$ 580.00

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 13:52
Date Of Accident	06/06/2018 10:15
Exact Location Of Accident	RAFFLES QUAY X JUNCTION OF CROSS ST.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4063S
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	CHONG CHAU NGAU
NRIC No	S2107731C
Date Of Birth	02/09/1945
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1975
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91405257
Fax Number	
Contact Number	
Email Address	CHAUNGAUCHONG@YAHOO.COM

Address	625 07-194 CHOA CHU KANG STREET 62
Postcode	680625
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	
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: : MALE

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

SEE ATTACH.

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	PC5963H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

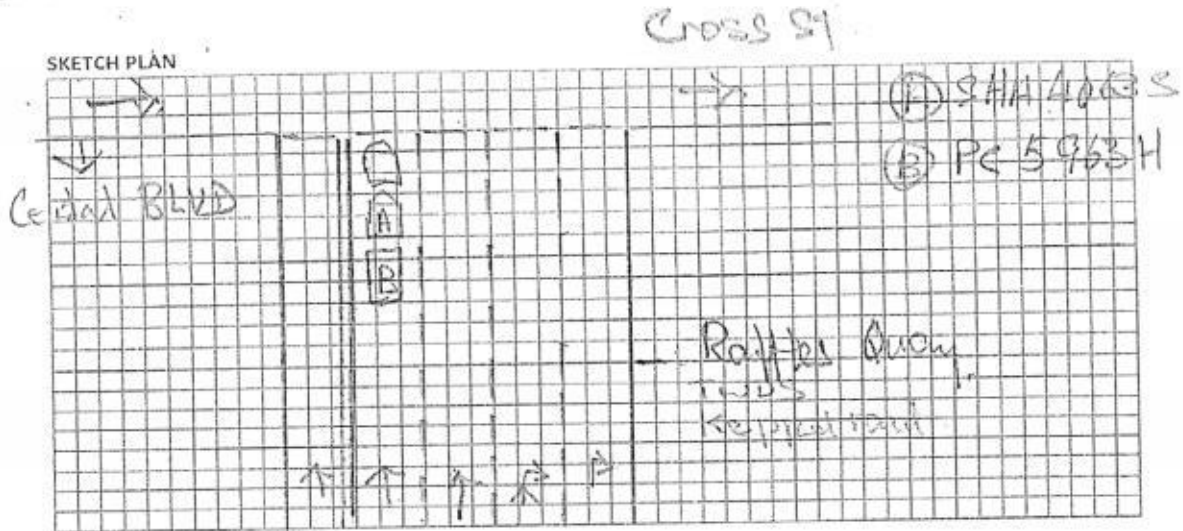
Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/06/2018 at about 1015 hrs, I vehicle A was stationary at the traffic light junction behind the front car. When traffic light turn green, the front car move, then I wanted to move, vehicle B came from my back hit onto my taxi rear portion.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CC REG NO 18200021R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

6/8/18
Jackson Hung
CSO Jackson

Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2

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.
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.

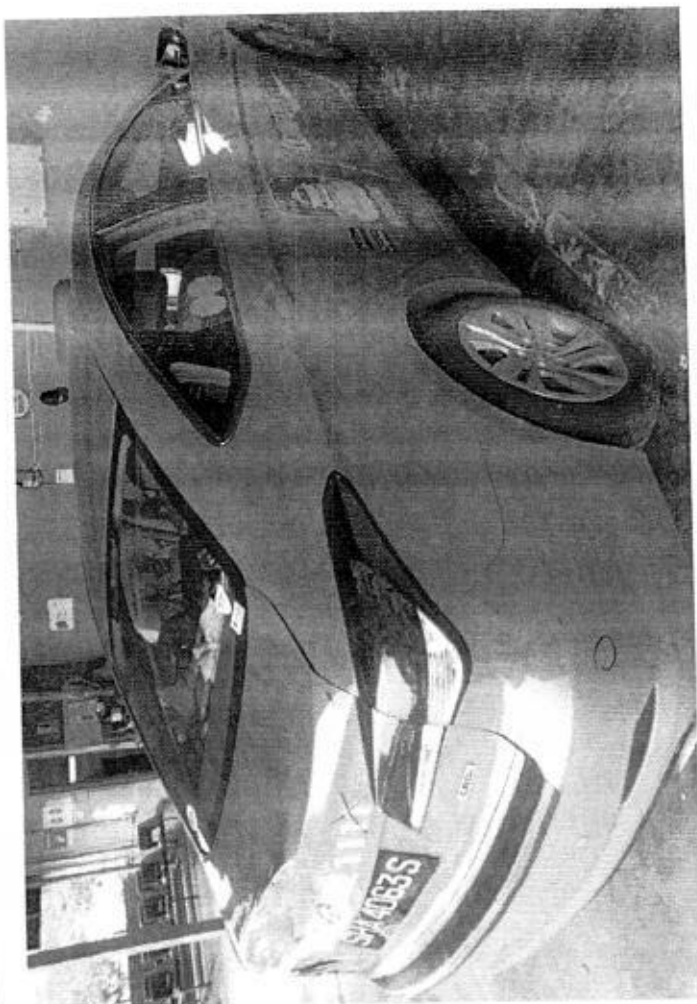
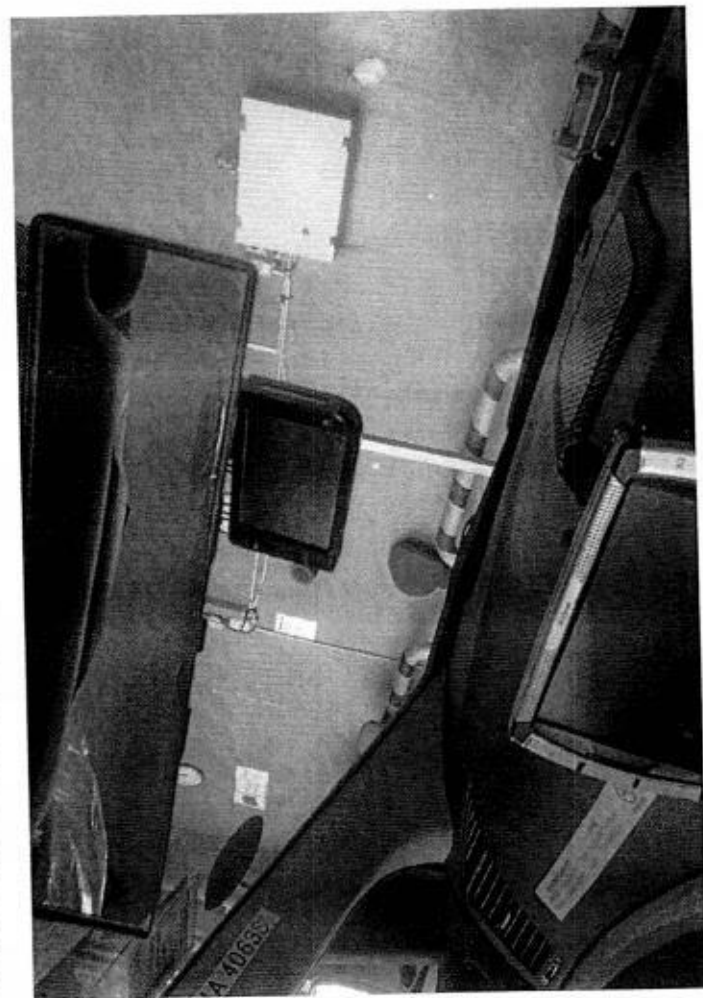
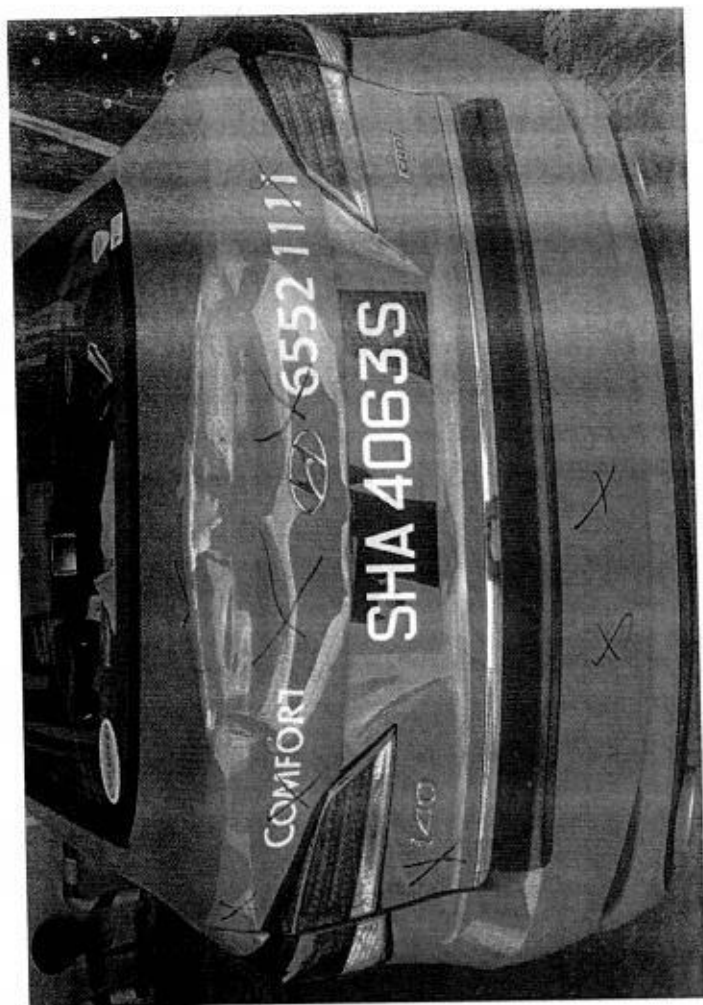
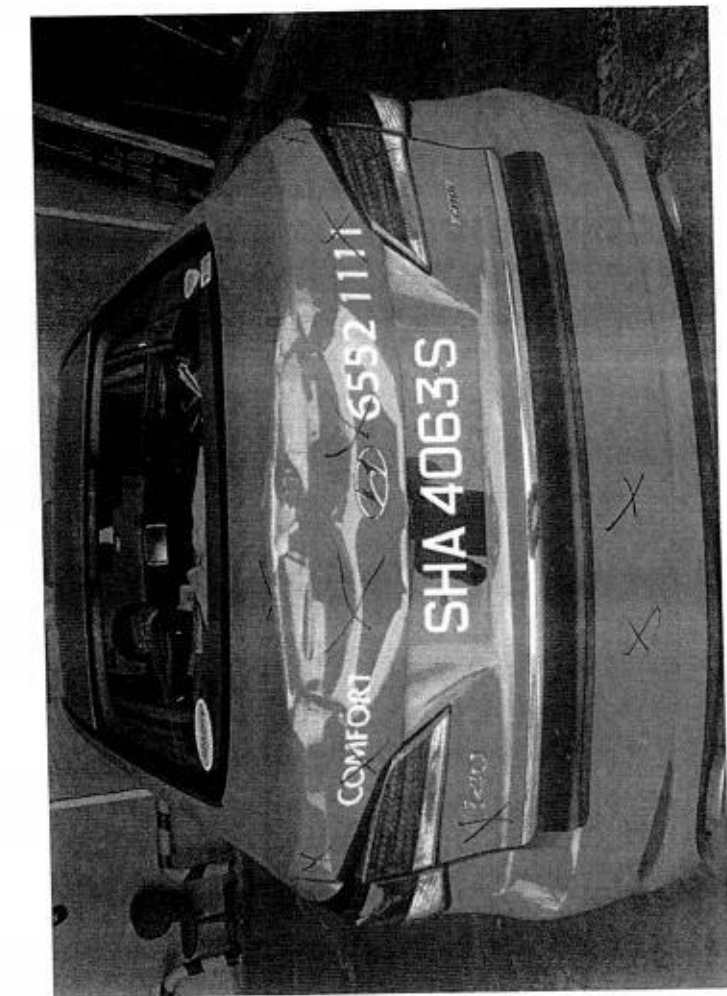
COMFORT TRANSPORTATION PTE LTD
CC REG NO. 199303821R

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.:

6/6/18
Jackson Hong
CSO



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305170326

ISTOMER

3/MS COMFORT TRANSPORTATION PTE LTD
7010045

ISTOMER NO. 383 SIN MING DRIVE

IDRESS Singapore SINGAPORE 575717

L. (R) 65508755

(O)

(P)

SCOUNT CARD NO.

REGN NO.

SHA4063S

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN 06.06.2018 11:55

YR OF MANU.

12.05.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU088713

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.06.2018

NATURE: 3P 06.06.2018

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

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

to:

to:

File No.:

SHA4063S

CHIANG

Vehicle No.:

SHA4063S

Name 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* 63

VEHICLE NO : SHA 4036S

DATE 6/6/2018 15:09

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid			\$ 1,681.40	
	Boot Lid Rubber			\$ 115.80	
	Boot Lid Lock Upper			\$ 137.90	
	Boot Lid Lock Lower			\$ 31.70	
	Boot Lid 'H' Emblem			\$ 27.20	
	Boot Lid CRDI Plate			\$ 41.00	
	Boot Lid Lamp (LH/RH)		\$ 556.80	\$ 1,113.60	
	Licence Lamp (LH/RH)		\$ 33.95	\$ 67.90	
	Boot Lid Trimboard			\$ 172.70	
	Boot Lid Trimboard Clips (10pcs)			\$ 11.00	
	Bootlid Moulding			\$ 85.00	
	Bootlid i40 Emblem			\$ 41.00	
	Bootlid Lower Garnish			\$ 398.00	
	Rear Bumper			\$ 603.60	
	Rear Bumper Reinforcement			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00	
	Rear Bumper Clips 10 pcs			\$ 22.00	
	Rear Bumper Sponge			\$ 143.40	
	Rear Bumper Under Cover			\$ 225.00	
	Rear Panel			\$ 592.30	
	Rear Panel Garnish			\$ 57.70	
	Post lid hinges (LH/RH)		\$ 284.60		
	SUB TOTAL			\$ 6,432.55	
	LESS 20%			\$ 1,286.51	
	DISCOUNTED TOTAL			\$ 5,146.04	
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00	Nett
	Rear No. Plate			\$ 25.00	Nett
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Labour Charge			\$ 240.70	
	Panel Beating			\$ 850.00	
	Spray Painting Charge			\$ 730.00	400
	Wiring Charge			\$ 50.00	20
	Tuff Kote			\$ 50.00	20
	Remove/Refix Reverse Sensor			\$ 120.00	X 100
	TOTAL LABOUR			\$ 1,820.00	
	ESTIMATE TOTAL		7434.42	\$ 7,206.74	
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.					

LKK Auto Consultants hence notify the Repairer of the following:

- 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 resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:
Signature:
Date:

Kahin (UCC)
7/6/18 1000hrs
3 days
After Repair

Our Job Ref No : 305170326
Date : 08/06/18

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA4063S

Fax:

06/06/18

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

1. The repair job shall bill to: NTUC PC5963H
2. The finalized amount shall be:
- (a) Spare Parts after List discount _____
- (b) Labour Charges _____
- Total for Part-By-Part Repair Cost** _____
- (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$2,750.00
3. Estimated normal period for repairs: 3 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
Total amount

We confirm the estimates and finalized amount

Signature : _____
Name : **CHIANG** _____
Tel : **62148314** _____
Fax : **65468156** _____

Signature: _____
Name: Kalvin
Date: 11/6/18

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

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NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18010415/K1sbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 20-06-2018	
Code: INC4				
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Policy No.	5085550657-02	Coverage (\$)	0.00	
Claim No.	MT/0997658-002	Excess (\$)	0.00	
Assign From		Assign Date	07/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU088713	Colour	BLUE	
Odometer	247495	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 PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/06/2018	Inspection Date	07/06/2018	
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:		3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4063S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	DENTED	1,681.40	1,681.40
1	BOOT LID RUBBER	SERVICEABLE	115.80	-
1	BOOT LID LOCK UPPER	SERVICEABLE	137.90	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NECESSARY	27.20	27.20
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
2	BOOT LID LAMP (LH/RH) @\$556.80	CRACKED	1,113.60	1,113.60
2	LICENCE LAMP (LH/RH) @\$33.95	SERVICEABLE	67.90	-
1	BOOT LID TRIMBOARD	SERVICEABLE	172.70	-
10	BOOT LID TRIMBOARD CLIPS	NOT NECESSARY	11.00	-
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	TO REPAIR SEE LABOUR	398.00	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	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	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
1	REAR PANEL	SERVICEABLE	592.30	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
2	BOOTLID HINGE (LH/RH)	BENT	284.60	284.60
	LESS 20% DISCOUNT		-1,343.43	-637.76
			5,373.72	2,551.04
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR NO PLATE (SN)	SERVICEABLE	25.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BUMPER RUBBER MAT (SN) LABOUR PANEL BEATING, INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH AND REAR BUMPER. SPRAY PAINTING CHARGE. WIRING CHARGE. TUFF KOTE. REMOVE/REFIX REVERSE SENSOR.	SERVICEABLE	50.00	-
			240.70	30.00
			850.00	400.00
		NOT NECESSARY	750.00	400.00
			50.00	20.00
			50.00	20.00
			120.00	-
			1,820.00	840.00
GRAND TOTAL		7,434.42	3,421.04	
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,750.00	

Report Ref No. NS/INC18010415/K1sbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
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.