

Kalin

REF:

NS/INC18010957/Klebr2

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop n/s

of

Insured: SJU 6166L

Policy No. 5087 568435 - 01 19.01.18-180119

Claims No. MT/09A8761-001

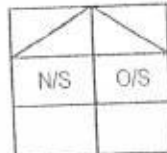
Sum Insured: Excess:

(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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 7883Y

Yr Regn:

16/24, 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hy-Li Z40

C.C.

1685

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

508641

T/Ratio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHL0414464075373

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size:

F:

205/60X16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

13/6/8

D.O.I.

14/6/8

Survey held at

CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front only

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

18/6/8

Action / Instruction

Checked 4/5 \$2000 / 2 Rpt.

INC 4.

SHA 7883Y - NGA / INC18010957 / KL

SJU 6166L - NGA / INC18010957 / Y

DUA: 13062018

DCA: 14032018

(\$3,026.76 Red - 60%)

RECEIVED 10 JUL 2018

Date/Time, File Pass to?

10/07/18



: Preli. Report



: Final Report

1) Typist
Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$

Survey Fee:

Transportation

) \$ + RS \$

) Photos

) Others

Report Format:

160



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/INC18010957/K1sb

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-06-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | SJU 6166L | Veh. Inspected | SHA 7883Y |
| Policy No. | 5087568433-01 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 14/06/2018 |

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 | 13/06/2018 | Inspection Date | 14/06/2018 |
| 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

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

13/06/2018 15:33

Vehicle No.(For Motor)

SJU6166L

Search

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|---------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5087568433-01 | NEXUSADZ | 53341483X | GPC | drive CLASSIC | SJU6166L | SJU6166L | 19/01/2018 | 18/01/2019 |

Continue

TP Claims against NTUC Income: Follow-Through Survey

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. |
|------|------------------|---------------------------------|----------------------|--------------------|
| 1 | MT/0998761-001 | COMFORT TRANSPORTATION PTE LTD | SHA 7883Y | SIU 6166L |
| 2 | MT/1000947-002 | COMFORT TRANSPORTATION PTE LTD | SHD 4765J | SIX 6074C |

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 | 13/06/2018 13:45 |
| Date Of Accident | 13/06/2018 10:10 |
| Exact Location Of Accident | RIVER VALLEY TWDS ZION RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA7883Y |
| 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 | LOW CHENG KEE |
| NRIC No | S0446637C |
| Date Of Birth | 05/07/1946 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/09/1966 |
| Driving Experience | 51 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97853294 |
| Fax Number | |
| Contact Number | |
| Email Address | CHENGKEELOW@YAHOO.COM |

Address BLK 414 HOUGANG AVENUE 10 #08-1248
 Postcode 530414
 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 ON COLLISION
 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: : 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 / Type Of Accident : HEAD TO SIDE

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 SJU6166L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver ANDREW LAU WENG WAH
 NRIC/Passport Number S1748000F
 Contact Number
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD

WHOLE LEFT SIDE

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.
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.

UNIVERSITY TRANSPORTATION PTE LTD
CO REG NO 199303821R

Policyholder's Signature
Date & Time:

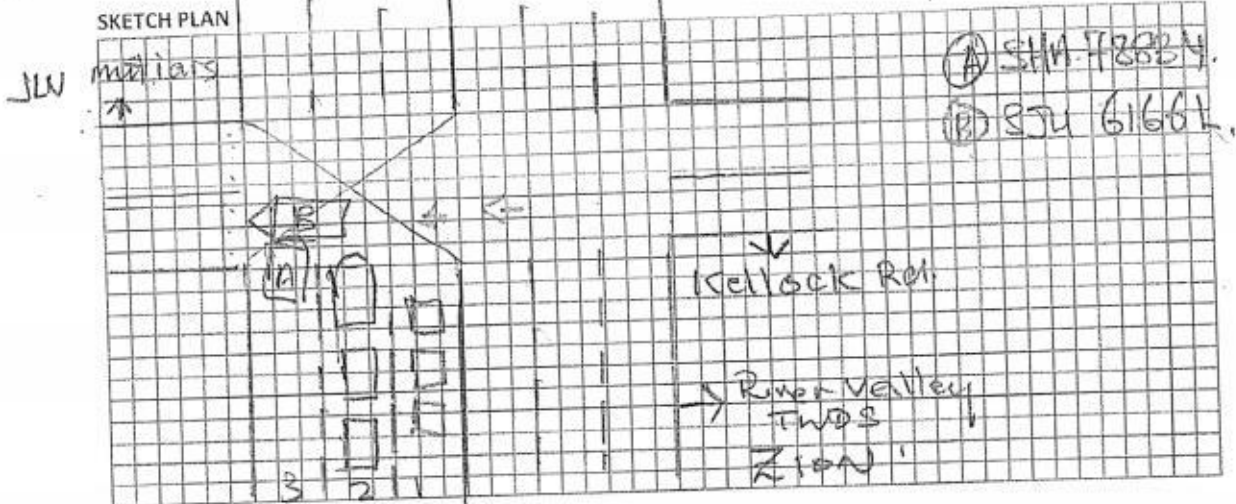
Driver's Signature
(If driver is not the policyholder)
Date & Time:

13/6/18
Jackson Hong
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA RMC SketchPlanForm_V3



Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/6/2018 at about 1010 hrs, I vehicle A was driving along River Valley road toward Zion road. (Opposite Boon Tong Kee). There was heavy traffic on first lane and second lane, As I was on the third lane and my lane was clear, while I approaching to the yellow box my view was block by right side lane. Suddenly vehicle B dash across and I could not stop in time bang onto his left side vehicle body.

DECLARATION

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

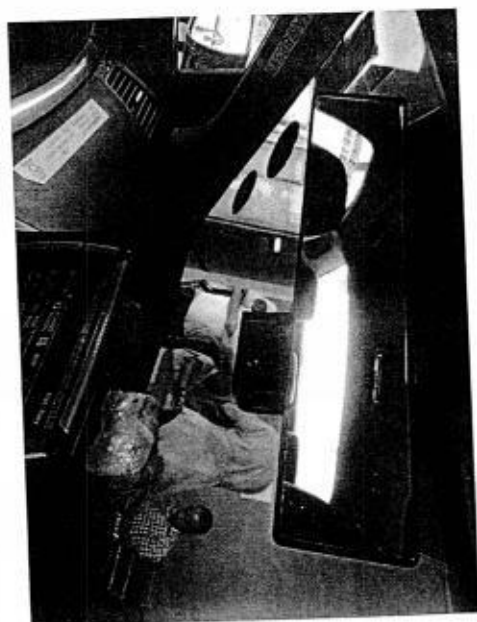
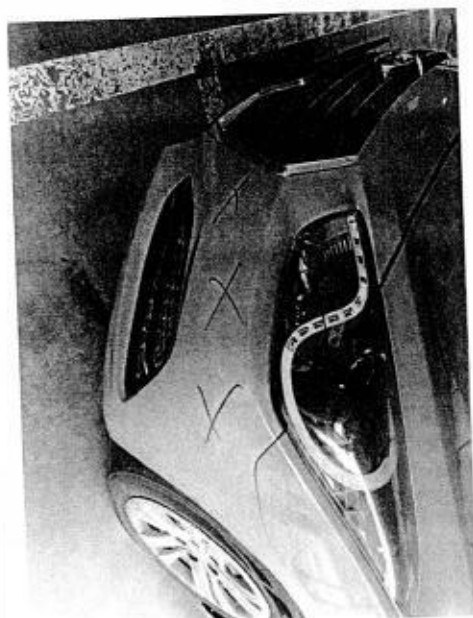
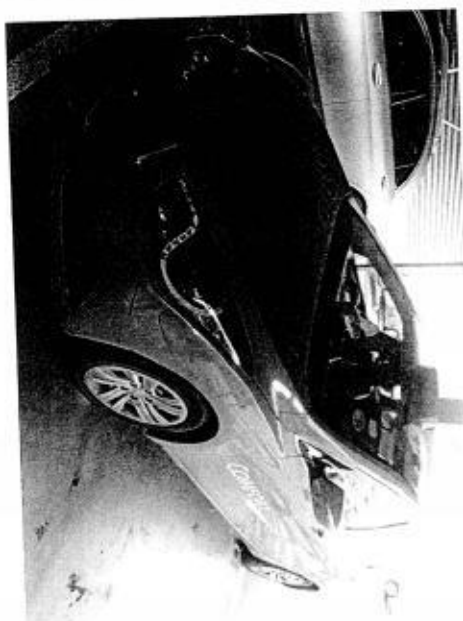
SHAWKAT TRANSPORTATION PTE LTD
CO REG NO 199303821R

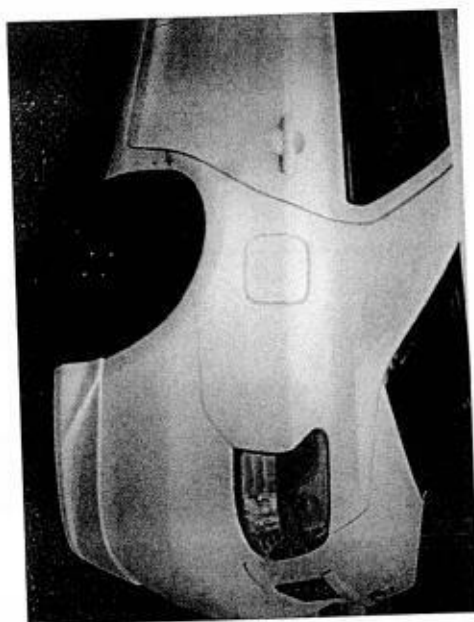
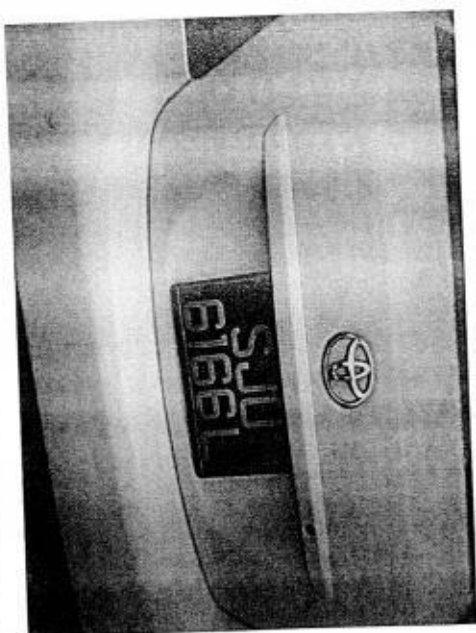
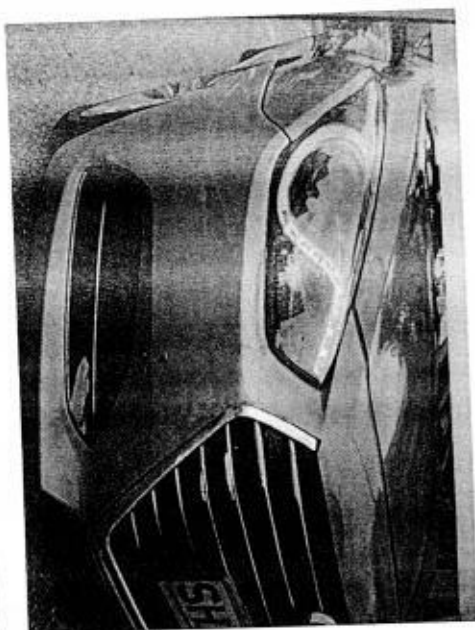
Policyholder's Signature
Date & Time:

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

13/6/18
Jackson Henry
CEO

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





Date/Time: 13.06.2018 16:17

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC No305175065

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

| | |
|-----------------------------------|----------------------------------|
| REGN NO: SHA7883Y | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL I-40 | DATE/TIME IN 13.06.2018 11:35 |
| YR OF MANU 16.07.2015 | TARGET DATE |
| CHASSIS CODE KMHLB41UMGU075373 | COMPLETION DATE/TIME: |

ARD NO.

JOB DESCRIPTION

ent Date: 13.06.2018
E: 3P 13.06.18

LABOR CODE

DESCRIPTION

PASSED OUT BY:

CUSTOMER'S SIGNATURE

SERVICE ADVISOR

ent Slip

Exit Pass

SHA7883Y

JU NTUC

Vehicle No.:

SHA7883Y

e Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 13/6/2018 15:16

MAKE :

MODEL : HYUNDAI i40

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 : 305175065
Date : 16/06/2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHA7883Y

Fax :

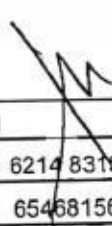
Date of Accident : 13/06/2018


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

1. The repair job shall bill to: NTUC --- SJU6166L
###
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: 20% \$2,000.00
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 : JUMANI
Tel : 6214 8315
Fax : 6546 8156

Signature : 
Name : K. Kalvin
Date : 18/6/18

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/INC18010957/K1sbn2 | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 11-07-2018 | |
| | | Code: INC4 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SJU 6166L | Veh. Inspected | SHA 7883Y |
| Policy No. | 5087568433-01 | Coverage (\$) | 0.00 |
| Claim No. | MT/0998761-001 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 14/06/2018 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2015 |
| Chassis No. | KMHLB41UMGU075373 | Colour | BLUE |
| Odometer | 508641 | 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 FRONT O/S PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 13/06/2018 | Inspection Date | 14/06/2018 |
| 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7883Y

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|-------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | RADIATOR GRILLE | CRACKED | 1,480.00 | 1,480.00 |
| 1 | FRONT BUMPER COVER | DEFORMED | 1,052.20 | 1,052.20 |
| 2 | FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40 | SERVICEABLE | 44.80 | - |
| 2 | FRONT BUMPER BRACKET (LH/RH) @\$24.60 | SERVICEABLE | 49.20 | - |
| 2 | HEADLAMP (LH/RH) @\$1388.00 | SERVICEABLE | 2,776.00 | - |
| | LESS 20% DISCOUNT | | -1,080.44 | -506.44 |
| | | | 4,321.76 | 2,025.76 |
| SPECIAL NETT ITEMS | | | | |
| 1 | FRONT NUMBER PLATE (SN) | BENT | 25.00 | 25.00 |
| 1 | FRONT NO PLATE TRIM COVER (SN) | CRACKED | 30.00 | 30.00 |
| | | | 55.00 | 55.00 |
| LABOUR | | | | |
| | PANEL BEATING. | | 350.00 | 200.00 |
| | SPRAY PAINTING CHARGE. | | 250.00 | 200.00 |
| | WIRING CHARGE. | | 50.00 | 30.00 |
| | | | 650.00 | 430.00 |
| | | | 5,026.76 | 2,510.76 |
| GRAND TOTAL | | | | |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 2,000.00 |

Report Ref No. NS/INC18010957/K1sbn2

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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