

Kalin

REF:

NS/INC18010998/Kleber

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: SGJ 9983T  
 Policy No. 5075301428-02 28.10.17  
 Claims No. MT/0999067-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SHD 3185P Yr Regn: 30 Jun / 2016  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai Z40 c.c. 1685  
 Colour: Blue A/C: Insu / Std / NI / NA  
 Sp. Reading: 274977 T/Radio: Insu / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHCB414MH4091578  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD / 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 Compton  
 Front 7 mm Rear 7 mm  
 R/Bal. 7 mm L/Bal. 7 mm  
 L/Bal. 7 mm D.O.A. 15/6/18 D.O.I. 18/6/18  
 Survey held at CDHE (Loyang)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Frt o/s  
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rport: \_\_\_\_\_ 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
	SHD 3185P - CS/TH/8008579/UTB DCA: 210718 INC PIP
	SGJ 9983T - X TP withdrawn claim <u>18/7</u>

RECEIVED 1-9 JUL 2018

Date/Time, File Pass to? 19/07/18  
 1) Tyast  
 Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_  
 Report Format: \_\_\_\_\_

Days Of Repair: 3  
 Resurvey No. of Trip: 1  
 Survey Fee: 160  
 Transportation: \_\_\_\_\_  
 ) S + RS, SI  
 ) Photos  
 ) Others

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

160

Hello, NAC\_PAYA\_UBI\_800601

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[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"/>	5075301428-02	SJ MOTOR ENTERPRISE	52838801X	GFT	drivo CLASSIC	SGJ9983T	SGJ9983T	28/10/2017	

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	<b>MT/1000750-002</b>	COMFORT TRANSPORTATION PTE LTD	SHC 8622S	XE 4105U	27/06/2018	\$ 7,856.76	\$ 5,341.16
2	<b>MT/0948554-002</b>	SMRT BUSES LTD	SMB 1362J	SJJ 2075A	04/06/2017	\$ 13,884.18	\$ 9,550.00
3	<b>MT/0999067-002</b>	COMFORT TRANSPORTATION PTE LTD	SHD 3185P	SGJ 9983T	15/6/2018	\$ 3,950.80	\$ 3,419.30

Claim received from LKK Auto

**Workshops**

A member of COMFORTDELGRO

Date/Time: 18.06.2018 08:34      Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

JC NO: 305176119

CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) COUNT CARD NO.	REGN NO: SHD3185P	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: I-40	DATE/TIME IN: 15.06.2018 22:45
	YR OF MANU: 30.06.2016	TARGET DATE
	CHASSIS CODE: KMHLB41UMGU091578	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.06.2018  
NATURE: ACCIDENT REPAIR (AR)

3/NO      LABOR CODE      DESCRIPTION

CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD3185P      CHIANG

Vehicle No.: SHD3185P

Signature/Date

Name of Service Advisor      Date

Returned to Service Reception upon collection

To be kept by Security Guard

## 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	16/06/2018 10:52
Date Of Accident	15/06/2018 22:00
Exact Location Of Accident	KITCHENER RD>RANGOON RD X JUNCTION OF SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3185P
<b>Insured/Policyholder</b>	
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	POON WAI YUEN
NRIC No	S1319653B
Date Of Birth	09/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1979
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96718312
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	527 HOUGANG AVENUE 6 #07-221
Postcode	S530527
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 - MAJOR/MINOR RD
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?	
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)	2
Passenger 1	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

HEAD TO SIDE. PLS SEE 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	SGJ9983T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAW YONG CHENG
NRIC/Passport Number	S7724536G
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT REAR

No. Of Passenger (Including Driver)

**IMPORTANT NOTICE**

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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

X *Boon*

*N.S. NARAYAN 2014/6*  
*W. W. Wang*

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

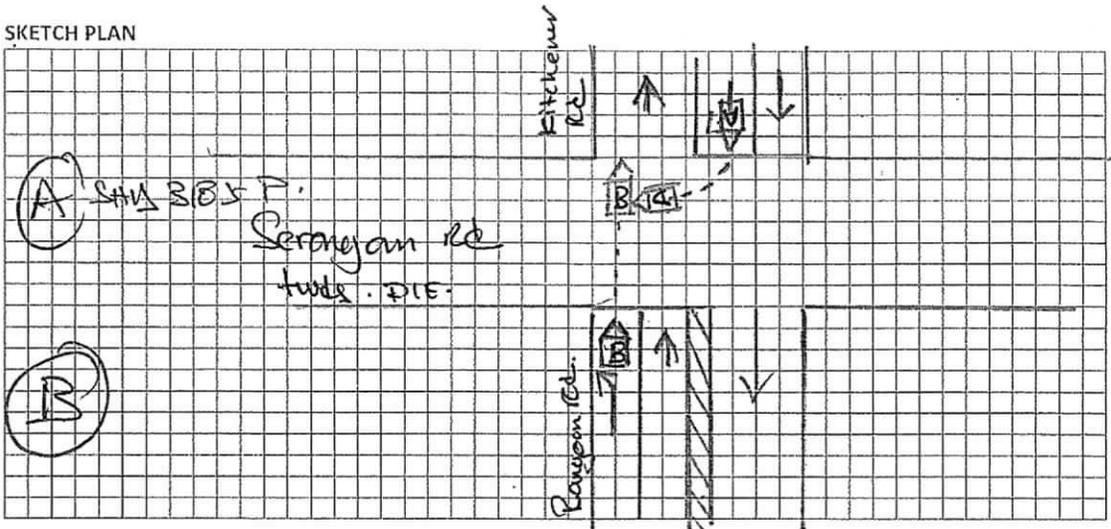
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 15 June 2018 @ 2200 hr. I VEH  
 A was driving along from Kitchener Rd towards Serongom Rd. I VEH A was on 1st lane of Kitchener Rd turning right towards Serongom Rd. I VEH A about to turn right I VEH A. CHK my opposite Road there was NO car on the first lane. So veh A turn right suddenly veh B supposed to turn left suddenly go straight and hit veh A right front. at point of accident veh A ferry a female passenger was OK and open door and left the scene.

DECLARATION

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

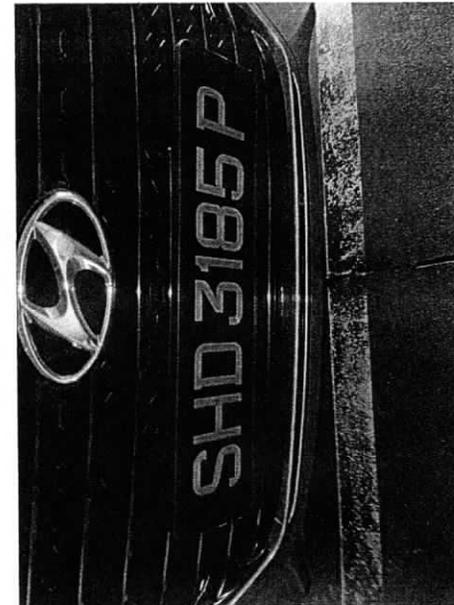
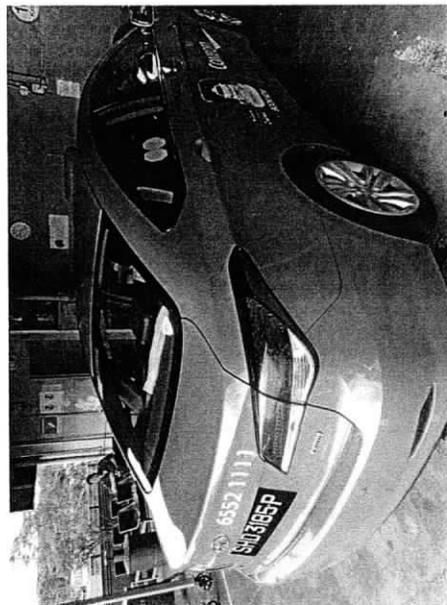
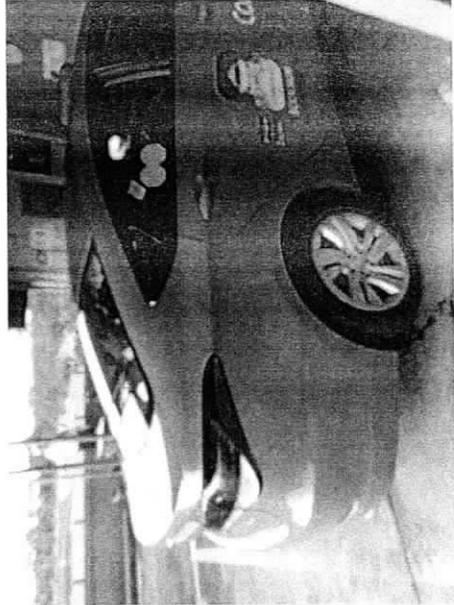
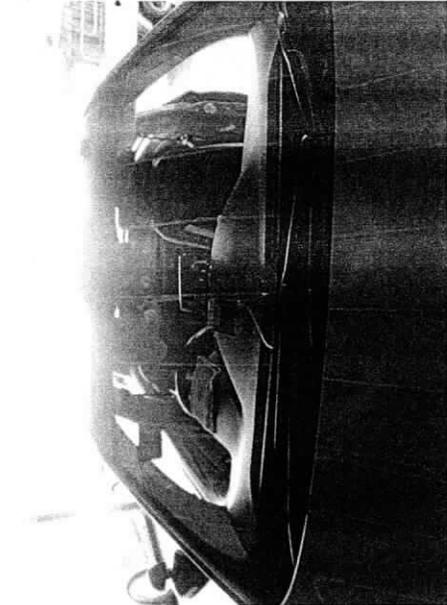
COMFORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 199303821R x. Poon.

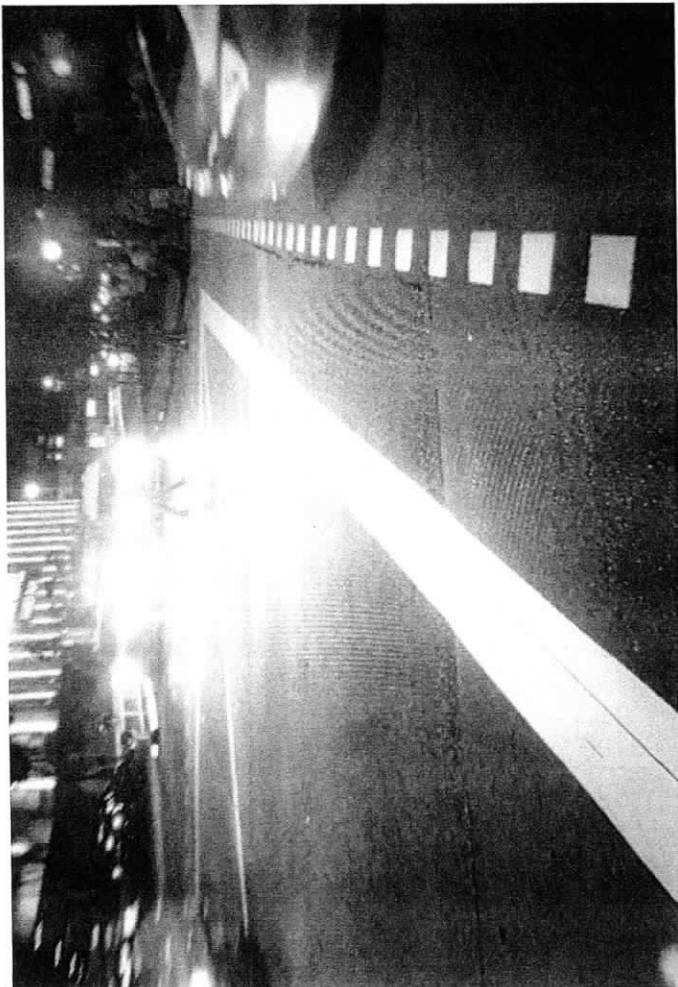
*J. S. Maniam (ISO)* 16/6.

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.:





## Kalvin Ang (LKKAuto)

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**From:** Chiang Liat Choon <chianglc@cdge.com.sg>  
**Sent:** Monday, 16 July 2018 2:51 PM  
**To:** Calvin Ang (LKKAuto)  
**Subject:** Fw: SHD 3185P

Hi Calvin,

For your necessary action.

Best Regards  
Chiang Liat Choon  
Taxi Crash Repair ComfortDelGro Engineering Pte Ltd  
Off: 62148314 Fax: 65468156

---

**From:** Roger How Keen Meng  
**Sent:** Monday, 16 July 2018 2:45 PM  
**To:** Chiang Liat Choon  
**Subject:** Re: SHD 3185P

Dear Chiang,

The driver had opted for reporting only- he had not acknowledged any contribution of liability. At this junction, we would ~~continue~~ with recovery claims against the 3P.

Regards

Roger How  
Taxi Crash Repair | ComfortDelGro Engineering Pte Ltd  
Off: 62148406 / Fax:65468161

---

**From:** Chiang Liat Choon  
**Sent:** Friday, 13 July 2018 6:07:06 PM  
**To:** Roger How Keen Meng  
**Subject:** Fw: SHD 3185P

Hi ROGER,

Please advise for this case ,is revert from 3P to OD.

Best Regards  
Chiang Liat Choon  
Taxi Crash Repair ComfortDelGro Engineering Pte Ltd  
Off: 62148314 Fax: 65468156

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHD 3185P

DATE 18/6/2018 8:42

MAKE :

*Chuang* *Nhu*

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>— ca</i>			\$ 562.30
	Front Bumper Sponge <i>X 500</i>			\$ 142.20
	Front Bumper Reinforcement <i>X 500</i>			\$ 526.10
	Front Bumper Grille (RH) <i>X 500</i>			\$ 40.30
	Front Bumper Bracket Top (RH) <i>X 500</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>X 500</i>			\$ 9.20
	Headlamp (RH) <i>— ca</i>			\$ 1,388.00
	Front Fender (RH) <i>— Bent</i>			\$ 619.00
	Front Fender Shield (RH) <i>X 500</i>			\$ 169.80
	Front Fender Retainer <i>X 500</i>			\$ 9.20
	<b>SUB TOTAL</b>			<b>\$ 3,488.50</b>
	<b>LESS 20%</b>			<b>\$ 697.70</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,790.80</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>560.00</del> <i>400</i>
	Spray Painting Charge			\$ <del>500.00</del> <i>400</i>
	Wiring Charge			\$ <del>50.00</del> <i>30</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,160.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,950.80</b>

*Katun 10/10/18*  
*M 18/6/18 1005hs*  
*3 Pys*  
*PIP*  
*Before Part p Lts*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts before resurvey
- Parts prices are subject to confirmation
- Third party survey on a "Without Prejudice" basis
- No illegal modifications. There is a list of illegal modifications on the website.
- Supplementary work is subject to approval from insurance Company.

Acknowledged by Repairer  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

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.



# 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/INC18010998/K1sbe2	
73 BRAS BASAH ROAD		Date:	30-07-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE				
189556				
		Code:	INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SGJ 9983T	Veh. Inspected	SHD 3185P	
Policy No.	5075301428-02	Coverage (\$)	0.00	
Claim No.	MT/0999067-002	Excess (\$)	0.00	
Assign From		Assign Date	18/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU091578	Colour	BLUE	
Odometer	294977	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	CAMPEON	7 mm	
L/H Front Tyre	205/60 R16	CAMPEON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	15/06/2018	Inspection Date	18/06/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>3 Working Days</b>		



# 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 3185P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER COVER	CRACKED	562.30	562.30
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	40.30	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
	LESS 20% DISCOUNT		-697.70	-513.86
			<b>2,790.80</b>	<b>2,055.44</b>
<b><u>LABOUR</u></b>				
	PANEL BEATING.		560.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	20.00
			<b>1,160.00</b>	<b>850.00</b>
<b>GRAND TOTAL</b>			<b>3,950.80</b>	<b>2,905.44</b>
<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)</b>				<b>2,905.44</b>

Report Ref No. NS/INC18010998/K1sbe2

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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