(08/11/13)	
ameyo:	Kalvin

# REF: NSINC 18014480/Klsd3n2

Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tyll / Prime Mover / Type: M.Gar / M.Cycle / Bus / Tyll	ASS	IGNMENT	
Type: Moar if Moycle   Bus   Van   Lerry   Toll   Prime Mover   Truck   Trailer or Make:  Truck   Trailer or Make: Truck   Trailer or Make: Truck   Trailer or Make: Truck   Trailer or Make: Trailer or	From: Date:	Veh No: SH ( 88 2 3	P Yr Regn: Mar, 2006
To inspect valide No:  at Work step m/s  of  at Work step m/s  of  Spreading	EstimatedCost		
at Workstop mile of SIM 99577  of SIM 99577  Claims Na 508 35 391 78-01 (233 18-  Claims Na 7/ 1006434 - 202  Gan. Cond: Good 1 16 1 Poor 1 Burnt  Speeding 2 2 7 2 3 9 1 Redict instablish 1 NI NA  Engillo:  Claims Na 7/ 1006434 - 202  Gan. Cond: Good 1 16 1 Poor 1 Burnt  Steering: Inorgan I Jammed I Leaked I Burnt or Steering: Inorgan I Jammed I Leaked I Burnt or Steering: Inorgan I Jammed I Leaked I Burnt or Grad I steering: Inorgan I Jammed I Leaked I Burnt or Grad I steering: Inorgan I Jammed I Leaked I Burnt or Grad I steering: Inorgan I Jammed I Leaked I Burnt or Grad I steering: Inorgan I Jammed I Leaked I Burnt or Grad I steering: I Jammed I Leaked I Burnt or Grad I steering: Inorgan I Jammed I Leaked I Burnt or Grad I steering: I Jammed I Leaked I Burnt or Grad I steering: I Jammed I Leaked I Burnt or Grad I steering: I Jammed I Leaked I Burnt or Grad I steering: I Jammed I Leaked I Burnt or Grad I steering I Jammed I Leaked I Burnt or Grad I s	ODITP WS ITP RESIOD RESIEVA INVIMV	Truck / Trailer or	
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Sp. Reading 227	at Workstop m/s	- 1/-1	
Insured:    SJM 9977	of	So.Reading 2.2 7 2 3 9	T/Radio; Ins Ged / Std / NI / NA
Policy No. 508 35 341 8-01 (23 318-) Claims No. mt / 1006439 -002 Sum insure: Excess: (Clent's Record) Make of Veh: Steeds: (Inorgan') Jammed / Leaked / Burnt or Modi: Nill / Sirim / Sto Diritm or  Steeding: Inorgan') Jammed / Leaked / Burnt or Modi: Nill / Sirim / Sto Diritm or Modi: Nill / Sirim / Sto Diritm or  Modi: Nill / Sirim / Sto Diritm or  Steed / Sirim / Sto Diritm or  Steed / Sirim / Sto Diritm or  Modi: Nill / Sirim / Sto Diritm or  Steed / Sirim / Sto Diritm or  Modi: Nill / Sirim / Sto Diritm or  Modi: Nill / Sirim / Sto Diritm or  Bal or Maket Value: Bas / Diritm or  Bal or Maket Value: Bas / Diritm or  Read	Insured: SIM 99571	- Na Would Constitute	
Claims Na mT / 1006439 - 002  Sum in sured: Excess: (Cilent's Record)  Make of Veb:  (Policy Condition)  Remark: The veb had commenced its repair at the time of inspection.  Ball or Maket Value:  IDAC Accident Rport: Consistent? Yes or No  Est. Repairs: days Res.: Yes or No  Est. Repairs: days Res.: Yes or No  CA' I. REV / REP. / 24 HRS  Date: Person Contacted:  Date / Time Action / Instruction  SHCRO3D - CCC / TILE OLDS A KARL 2 De A 30   S list  SHCRO3D - CCC / TILE OLDS A KARL 2 De A 30   S list  Final Report  Date / Time Action / Instruction  SHCRO3D - CCC / TILE OLDS A KARL 2 De A 30   S list  The UIC / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  SHCRO3D - CCC / TILE OLDS A KARL 2 De A 30   S list  The UIC / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  SHCRO3D - CCC / TILE OLDS A KARL 2 De A 30   S list  The UIC / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  SHCRO3D - CCC / TILE OLDS A KARL 2 De A 30   S list  The UIC / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  SHCRO3D - CCC / TILE OLDS A KARL 2 De A 30   S list  The UIC / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  SHCRO3D - CCC / TILE OLDS A KARL 2 De A 30   S list  The UIC / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  SHCRO3D - CCC / TILE OLDS A KARL 2 De A 30   S list  Instruction	Policy No. 508 3539178-01 (23/3/18-	-	RXILMAUNP 67×9
Steering: Inorthe   Jammed   Leaked   Burnt or		-	
Considering	and the second of the second o	- 11 20 <del>5</del> 0 0	
Modit: NII / SRIM / STO WRIM or  Tyre Size; F: 20 / 60 / 6  R:	ASSESSED TO THE PROPERTY OF TH	-   "/	
Tyre Size: F: 20 F 60 R 16  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Roort  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  Action / Instruction  Date:  Person Contacted:  Person Contacted:  Vehicle: IN / OUT  Date / Time  Action / Instruction  SHC & C 3 D - C C / TE L & C ( US A / L)  Resurvey No. of Trip:  Date / Time  Action / Instruction  CF 1.333-30 Rd - 55/2)  RECEIVED 2 AUG 2018  Person Contacted:  Days Of Repair:  2 Survey Feet:  Transportation;  Transportation;  Days Of Repair:  2 Survey Feet:  Transportation;  Add Fee:  Site Insp (S ) S-RS_SI  Photos  Photos	and a second	^	1
Remark: The veh had commenced its repair at the time of inspection.    Ball or Market Value:	887988 2011 S. 1911		
Remark: The weh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Roort  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est Repairs:  days Res.: Yes or No  Lum Sum:  No Sold  Res.: Yes or No  CA / REV / REP. / 24 HRS  Date / Time  Action / Instruction  Days Of Repair:  2	(Policy Condition)	Tyle oze, Fr.	
TOYO / YOKO or Han Kock  Ball or Market Value:  IDAG Accident Roort: 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  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: TI 18010054 Kud3u 2 Deft 3015 14  SIMMAN YES Action / Instruction  SHC 8C 3D - CCC / TI 18010054 Kud3u 2 Deft 3015 14  RECEIVED 2 AUG 2018  Date: Site Insp (\$		BS I DIIN I EXNOVA I GV I ES I I IZ	A /-MIC LOHTSIL/ PIR LSIMI/
Ball or Market Value:  IDAC Accident Roort:  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  Date:  Person Contacted:  Vehicle: IN / OUT  Date / Time Action / Instruction  SHCKC3D - CCC / TELECLOSA / KACRY 2 De A 30/S lid  FIG. 1 Report  Date / Time Action / Instruction  SHCKC3D - CCC / TELECLOSA / KACRY 2 De A 30/S lid  FIG. 333-30 Red - 55/2)  RECEIVED 2 AUG 2018  Days Of Repair: 2  Resurvey No. of Trip:   Survey Fee:  Transportation  Add Fee: Site Insp (\$ s.r.s. si  Interview (\$ photos   Photos   160  Report Format:	*	- CONTRACTOR OF THE PERSON	51 C. S.
Date   Time   Action / Instruction   SHC86 38) - CCC   TE   8010054   Karbar   Consistent?   Yes or No   Consistent   Yes or No   Yes	Ral or Market Value	1 // // // // // // // // // // // // //	
Califfred File Return to?   Consistent? : Yes or No   UBal.   J mm   J mm	TORROW TO THE TO	- 1	2
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  SHC8623D-CC6 / TE 18010054 / Kursy 2 De A 30/8 / 4  SMC46571-X  20/8/8  CA / REV / REP. / 24 HRS  Description Action / Instruction  SHC8623D-CC6 / TE 18010054 / Kursy 2 De A 30/8 / 4  SMC46571-X  20/8/8  CA / REV / REP. / 24 HRS  Description Action / Instruction  SHC8623D-CC6 / TE 18010054 / Kursy 2 De A 30/8 / 4  SMC46571-X  20/8/8  CA / REV / REP. / 24 HRS  Date / Time Action / Instruction  SHC8623D-CC6 / TE 18010054 / Kursy 2 De A 30/8 / 4  SMC46571-X  20/8/8  CA / REV / REP. / 24 HRS  Date / Time Action / Instruction  SHC8623D-CC6 / TE 18010054 / Kursy 2 De A 30/8 / 4  SMC46571-X  20/8/8  CA / REV / REP. / 24 HRS  Date / Time Action / Instruction of the U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  SHC8623D-CC6 / TE 18010054 / Kursy 2 De A 30/8 / 4  SMC46571-X  20/8/8  CA / REV / REP. / 24 HRS  Date / Time / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  SHC8623D-CC6 / TE 18010054 / Kursy 2 De A 30/8 / 4  SMC46571-X  SMC46571-	ADMIT THE RESERVE AND THE PROPERTY OF THE PROP		1001
Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction  SHC 86 23 D - CCC / TE 1 80 (00 SA / Kur3 a) 2 De A 30   8   14 Turs  24 / 8	100 10 10 10 10 10 10 10 10 10 10 10 10	- 7	NAME OF TAXABLE PARTY.
Date Time Action / Instruction  Date Time Action / Instruction  SHCSC 33 N - CCC   TE 18010054   Kursay 2 Not 3018   If  CF 1,333.30 Red - 55%  RECEIVED 2 AUG 2018  Date Time, File Pass to?  Interview (S Photos Others  Person Contacted:  Des. of Damages : Fit / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  Date Time Pass to?  Interview (S Photos Others)  Report Format:  Des. of Damages : Fit / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  Date Time Pass to?  Interview (S Photos Others)  Report Format:  Days Of Repair: 2  Interview (S Photos Others)  Report Format:			
Date: Person Contacted: Vehicle: IN/OUT  Date / Time   Action / Instruction  SHC8623D - CCC   II 18010054   Kucky 2 DoA 30/8   Id  SIMGUSTI-X  20/8/8   Gudrand C/55 /row / 2/hz  Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction  SHC8623D - CCC   II 18010054   Kucky 2 DoA 30/8   Id  SIMGUSTI-X  20/8/8   Gudrand C/55 /row / 2/hz  PECFIVED 2   AUG 2018  Days Of Repair: 2  Interview   Survey Fee: Transportation: Transportation: Transportation: S+RS_SI   Photos   160    Report Format: Site Insp (S ) Photos   160    Report Format: Tech. Invs (S ) Others	Lungum, 70 3 val. 163 of No		1 3
Date / Time   Action / Instruction   SHC 86 23 N - CCC   TI 1801005   Kursu 2   Data 30   8   M   M   M   M   M   M   M   M   M	- 시장님들이는 - ( 4001911) - 이번 시간이 가장 - 이번 시간에 가장하다	VI.	
Date   Time   Action   Instruction   SHC 8E 23 D - CCE   TE   80 100 SA   Kuring 2   Da A   30   S   18   Time   SM 9   S   Time   SM 9   S   S   S   S   S   S   S   S   S	Date:Person Contacted:		
Date/Time, File Pass to?   Prell. Report   Days Of Repair:   Z	Date / Time   Action / Instruction		
Date/Time, File Pass to?   Prell. Report   Days Of Repair:   Z	SHC8823D-CC6/ ILL8010USA	/Kua3a 2 DOA: 30/8/18	INC
RECEIVED 2   AUG 2018		1	41.
RECEIVED 2   AUG 2018	20/8/8 Carboard 45\$ 1100 /2/2		
Date/Time, File Pass to?  I Prell. Report  Days Of Repair:  Prell. Report  Resurvey No. of Trip:  Survey Fee:  Transportation:  Add Fee:  Interview (\$\frac{5}{2}\$) Photos  Report Format:  Report Format:		: 7	
Date/Time, File Pass to?  2.	(\$1,333.30 Red-55%	2	
1)   Typist   : Final Report   Resurvey No. of Trip:     Survey Fee:	RECEIVED 2 1 AUG 2018		J E
1)   Typist   : Final Report   Resurvey No. of Trip:     Survey Fee:			
1)   Typist   : Final Report   Resurvey No. of Trip:     Survey Fee:		* *	
1) Typ.st : Final Report Resurvey No. of Trip: Survey Fee: Transportation:  2) Add Fee: :Site Insp (\$ ) _s+Rs_s   :Interview (\$ ) Photos 160  Report Format: Tech. Invs (\$ ) Others		Days Of Repair: 2	
Date/Time, File Return to?   Transportation:	21/02/18		Survey Fee:
2)       Add Fee: :Site Insp (\$ ) _s+Rs_s          :Interview (\$ ) Photos       160         :Tech. Invs (\$ ) Others		64.0.5.04	
: Interview (\$	A44 E	ee: :Site Insp (\$	- 82.00.600.0000
Report Format: :Tech. Invs (\$ ) Others			
	Report Format :	: Tech. Invs (\$	
	Lump Sum / I.B.I: (\$ 1,100/- 2/5)	:Weekend (\$	E00000011=50000



# **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 INSU	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1801448	80/K1sd3
73 BRAS BASAH RO #05-01 NTUC TRADE 189556	AD UNION HOUSESINGAPORE	Date:	10-08-2018	
CONTROL OF THE SECOND		Code:	INC4	
1.	Policy Particulars	:- THIR	D PARTY CLAIM	
Insured Veh.	SJM 9957T	Veh. Ir	spected	SHC 8823D
Policy No.	5083539178-01	Cover	age (\$)	0.00
Claim No.		Exces	s (\$)	0.00
Assign From		Assign	n Date	10/08/2018
2.	Vehicle Parti	culars 8	Condition	
Make & Model		c.c		0
Engine No.	HIDDEN	Year o	f Reg.	
Chassis No.		Colou	r	
Odometer	-	Steeri	ng	
Brakes		Modifi	cation	
General				
3.	Condit	ions 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
	Descripti	on of Da	amages	
5.	Genera	l Inform	ation	
Accident Date	08/08/2018		tion Date	08/08/2018
Survey held at	COMFORTDELGRO ENGINEE	1		
	59 LOYANG DRIVE SINGAPORE 508969			
5a.	R	emarks		
A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A"WIT ICE TO YOUR INSTRUCTIONS, W	HOUT P	REJUDICE" BASIS NOT AUTHORISED	DREPAIRS.

Helle, NAC_PAYA_UBI_	800601						• Change La	nguage	· Change P	assword ,	Log Ou
' My Desktop	Poli	cy Query							- 5		
Notice of Loss	Policy N	lo.				Date of	Accident	08/0	8/2018 07:59	9	
	Vehicle	No.(For Motor)	SJM995	7T		Certifica	te Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
	0	5083539178- 01		AC CAR RENTAL PTE, LTD.	201613097D	GFT	drivo CLASSIC	SJM9957T	S3M9957T	23/03/2018	

TP Claims against NTUC Income: Follow-Through Survey

		Change / Tayi Company	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	lentative repair cost
S/NO	Income Reference	Claimant (Owner / Taxi Company)			a contrat of	CO. C.	4
	100 0010001	CAART RUSES LTD	SMB 5893S	YN 7842X	13/7/2018	\$ 10,403.	31.00.00
-	IMI/INDOION-DOI	JUNIO DOSES FILE			O section of		
-	ANT /1006/39-002	COMFORT TRANSPORTATION PTE LTD	SHC 8823D	SJM 9957T	8/8/7018	5 2,433.30	
7	MI/1000433-004				0.000,000	4	
	AAT /1005711 003	COMEON TRANSPORTATION PTF LTD	SH 2201G	GBH 1995G	8/8/5018	5 3,392.	20.00/
2	WII/1000/11-002	COMPANIENCE COMPAN			0 100000	2007	*
	MT/1006359.002	CITYCAB PTE LTD	SHC 239T	FW 822C	8107/8//	2,007	,

Claim received from LKK Auto

# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

SHC8823D

HYUNDAI

Date/Time: 08.08.2018 14:51

Page: 1

Team:

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

REGN NO.

JO NO: 305197711

**ITOMER** 

COMFORT TRANSPORTATION PTE LTD

MAKE

MILEAGE

MS

7010045

STOMER NO. IRESS

383 SIN MING DRIVE Singapore SINGAPORE 575717

MODEL I - 40 08.08.2018 11:35

65508755

(F)

YR OF MANU 24.03.2016

KMHLB41UMGU086749

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 08.08.2018 NATURE: 3P 08.08.2018

S/NO

LABOR CODE

DESCRIPTION

REAR

ECKED & PASSED OUT BY:

SERVICE ADVISOR

wiedgement Slip

a No.

SHC8823D

LKE

Vehicle No.:

SHC8823D

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

- 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.
- 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	08/08/2018 13:41	
Date Of Accident	08/08/2018 09:05	
Exact Location Of Accident	K P E TUNNEL TWDS E C P	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
	01100000D	

Valida Davistration Number SHC8823D		DETAILS OF OWN VEHICLE	
Venicle Registration Number S17000235	Vehicle Registration Number	SHC8823D	
Insured/Policyholder	Insured/Policyholder		

Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No. 199303821R

 Co Reg No
 199303821R

 Email Address
 FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No

OFFICE-65508768

Vehicle Particulars

Manufacturer HYUNDAI

Model 140

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?

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
LEOW CHEE YEONG

 NRIC No
 \$1743719D

 Date Of Birth
 16/04/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/03/1990

Driving Experience 28 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81187333

Fax Number Contact Number

EMail Address ALFREDLCY@YAHOO.COM

Address

BLK 587 ANG MO KIO AVENUE 3 #08-3017

Postcode

560587

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Silioto

-

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

at

Number of vehicles involved in the accident Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?

...

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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

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

SJM9957T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR AND FRT

### No. Of Passenger (Including Driver)

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLH882L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- 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:
  - 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")
- 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:
  - 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 192202321R

Policyholder's Signature Date & Time: Oriver's Signature

(If driver is not the policyhole

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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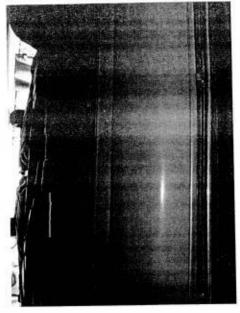
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Date & Time:	Uf driver is not	the polic holder		Name:			

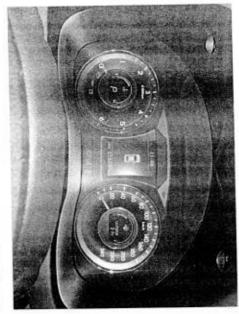
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Page 5 of 21

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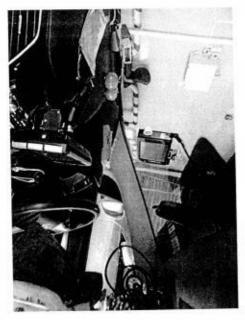


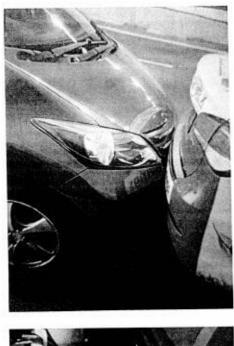


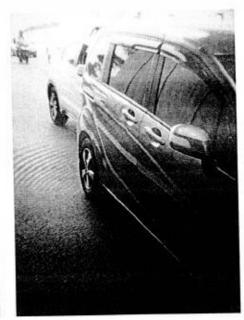


























## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO: SHC 8823D

MAKE

DATE: 08.08.2018

Like NTUC

Rear Bumper Reinforcement Rear Bumper Reinforcement Bracket (LH/RH) Rear Bumper Clip 10 pcs Rear Bumper Sponge Rear Bumper Under Cover Rear Bumper Reflector Lamp (LH/RH)  SUB TOTAL LESS 20%		s	80.30 32.00	\$ \$ \$ \$ \$ \$	553.00 428.40 160.60 22.00 103.50 228.00 64.00
DISCOUNTED TOTAL				\$ \$	1,559.50 311.90 1,247.60
Rear Bumper Reverse Sensor  Rear Bumper Advertisement Logo  Rear Bumper Rubber Mat  Rear Fender Advertisement Logo (LH/RH)  TOTA	L	\$	100.00	\$ \$ \$ \$	135.70 50.00 50.00 200.00 435.70
Labour Charge Panel Beating Spray Painting Charge Wiring Charge Remove/Refix Reverse Sensor  Kaluh (CKK)  LKK Auto Consultar the Repairer of the To resurvey beforerant To display damaged per Parts prices are subject to median appropriately identification. Supplementary identification and the subject to final appropriate to	on owners, or spray painting and a without P is a showed in a "Without P is a showed in the country of the coun	g survey or rejudice" b	d	\$ \$ \$ \$	2 ° 8 250.00 250.00 30.00 120.00
1/ 1/9/8 TOTAL LABOU	R			S	750.00
estimate total	1			S	2,433.30
45 A Her Rope	2 1/4	4		3	2,100,00

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Dur J	ob Ref	No : 30	05197711			
Date		5	17/08/18			DelGro Engineering Pte Lt ng Drive Singapore 50896 6.8156
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Attn	; M	r h	KALVIN ANG			
/ehic	le Reg	No. : SHC88	23D CTPL			08.08.18
he s	survey	and estimates of the	e repairs of the above-ment	ioned vehicle ar	e as follows:-	
	Ther	epair job shall bill to	. <u> </u>	NTUC		SJM9957T
ŝ	The f	inalized amount sha	all be:			
	(a)	Spare Parts after	List discount			
	(b)	Labour Charges				
			y-Part Repair Cost			
		0 (40 10				
	(c.)	Lumpsum Repair		20%		\$1,100.00
	Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost		Repair cost after Less:	20%		\$1,100.00
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## **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8823D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	7-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	13-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	
1	REAR BUMPER UNDER COVER	сит	228.00	228.00
2	REAR BUMPER REFLECTOR LAMP (LH/RH) @\$32.00	SERVICEABLE	64.00	
	LESS 20% DISCOUNT		-311.90	-160.60
			1,247.60	642.40
	SPECIAL NETT ITEMS			
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			435.70	300.00
	LABOUR			
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
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	E8		1	1
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			750.00	5070000
	GRAND TOTAL		2,433.30	1,372.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,100.00

Report Ref No. NS/INC18014480/K1sd3n2





Report Ref No. NS/INC18014480/K1sd3n2

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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