





# 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/INC18014648/K1rb	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 13-08-2018
Code: INC4	



### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SDM 9111M	Veh. Inspected	SHD 6654H
Policy No.	5049464356-07	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	13/08/2018

### 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

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### 5. General Information

Accident Date	09/08/2018	Inspection Date	13/08/2018
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

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5049464356-07		XU YIPING	S7177650F	GPC	Third Party, Fire & Theft	SDM9111M	SDM9111M	06/03/2018	05/03/2019

Continue

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/1006965-002	COMFORT TRANSPORTATION	SHC 8254X	SLS 8288S	13/08/2018	\$ 4,074.56	\$ 2,250.00
2	MT/1007237-002	CITYCAB PTE LTD	SHB 2334T	SJJ 2802T	13/08/2018	\$ 2,718.07	\$ 1,930.13
3	MT/1006666-002	COMFORT TRANSPORTATION	SHD 6654H	SDM 9111M	09/08/2018	\$ 5,938.92	\$ 4,450.00
4	MT/1007040-002	COMFORT TRANSPORTATION	SHD 3514Z	SJA 7725Z	13/08/2018	\$ 10,997.38	\$ 4,039.39
5	MT/1006499-002	CITYCAB PTE LTD	SHC 7177S	FR 7356L	05/08/2018	\$ 3,290.60	\$ 300.00
6	MT/1006972-002	COMFORT TRANSPORTATION	SHA 3174L	FBJ 2438G	08/08/2018	\$ 2,322.02	\$ 550.00
7	MT/1006547-002	CITYCAB PTE LTD	SHA 9457G	SLJ 9702D	09/08/2018	\$ 1,639.23	\$ 1,319.23
8	MT/1005643-002	COMFORT TRANSPORTATION	SHA 7917J	SDP 7075G	01/08/2018	\$ 3,936.00	\$ 1,600.00

Claim received from LKK Auto

A member of COMFORTDELGRO

Date/Time: 10.08.2018 16:23

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO., 305198354

CUSTOMER MS: COMFORT TRANSPORTATION PTE LTD 7010045 CUSTOMER NO: 383 SIN MING DRIVE ADDRESS: Singapore SINGAPORE 575717 (R) 65508755 (C) (F) COUNT CARD NO:	REGN NO:	SHD6654H	MILEAGE
	MAKE:	HYUNDAI	FUEL E.....1/2.....F
	MODEL:	I-40	DATE/TIME IN 10.08.2018 10:20
	YR OF MANU:	23.06.2016	TARGET DATE
	CHASSIS CODE:	KMHLB41UMGU091554	COMPLETION DATE/TIME

*NTUC*

JOB DESCRIPTION

Accident Date: 09.08.2018  
 NATURE: 3P 09.08.2018

S/NO	LABOR CODE	DESCRIPTION

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

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

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

Acknowledgement Slip

Vehicle No.: **SHD6654H**      LKE

Name of Service Advisor: \_\_\_\_\_  
 Signature/Date: \_\_\_\_\_

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: **SHD6654H**

Name of Service Advisor: \_\_\_\_\_  
 Date: \_\_\_\_\_

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	10/08/2018 12:04
Date Of Accident	09/08/2018 08:30
Exact Location Of Accident	CONDO CARIBBEAN AT KEPPEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6654H
<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	WONG TON TENG
NRIC No	S2565786A
Date Of Birth	19/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	07/08/1973
Driving Experience	45 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93360228
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	44 12-398 TEBAN GARDENS ROAD
Postcode	600044
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?	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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	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

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	SDM9111M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XU YIPING
NRIC/Passport Number	S7177650F

Contact Number

Address

Postcode

Insurance Company Name

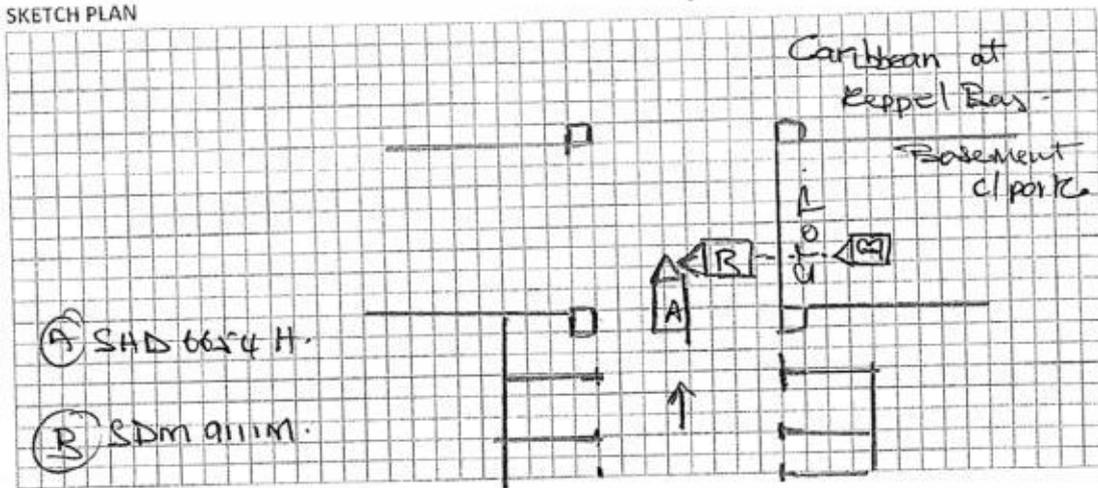
Nature Of Damage

No. Of Passenger (Including Driver)

FRT

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 9 Aug 2018 @ 08.20hr I VEH (H)  
 was driving inside the Roadement Car park  
 at the above location. I VEH (A) was  
 going straight twds. Exit Suddenly VEH (B)  
 fail to stop and go straight and hit VEH  
 (A) Right front. at the point of  
 accident VEH A ferry 3 pax. no body  
 was injured.

DECLARATION

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

COMFORT TRANSPORTATION PTE L.  
 CO REG. NO 199303821R

Policyholder's Signature  
 Date & Time:

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

Reporting Centre Personnel's Signature  
 Name:

*J. Namt* 10/8

## 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:

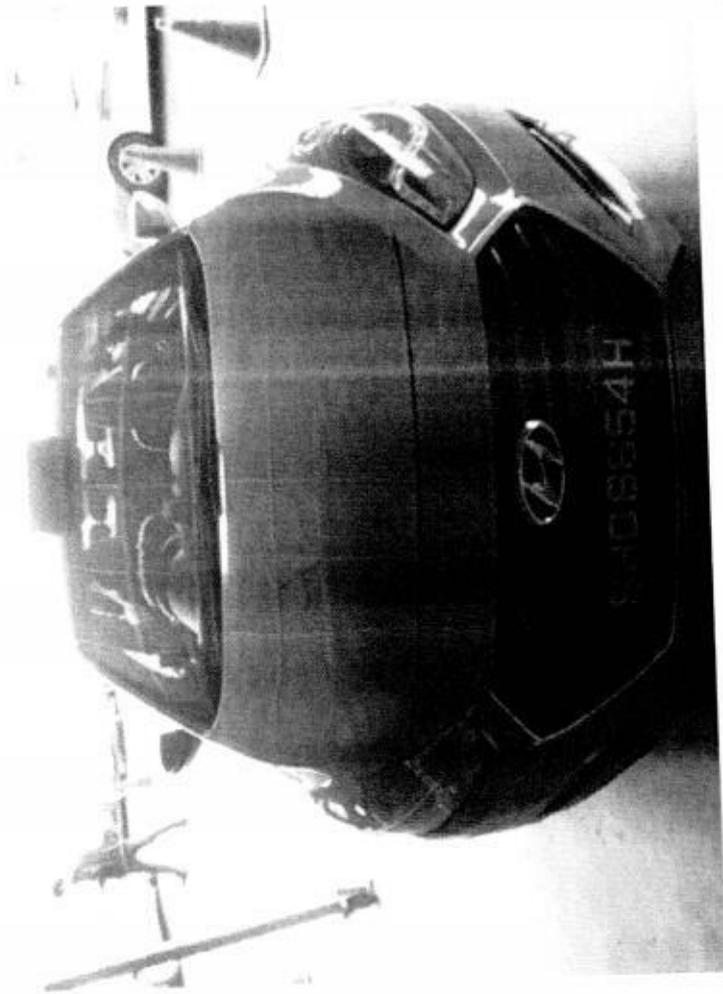
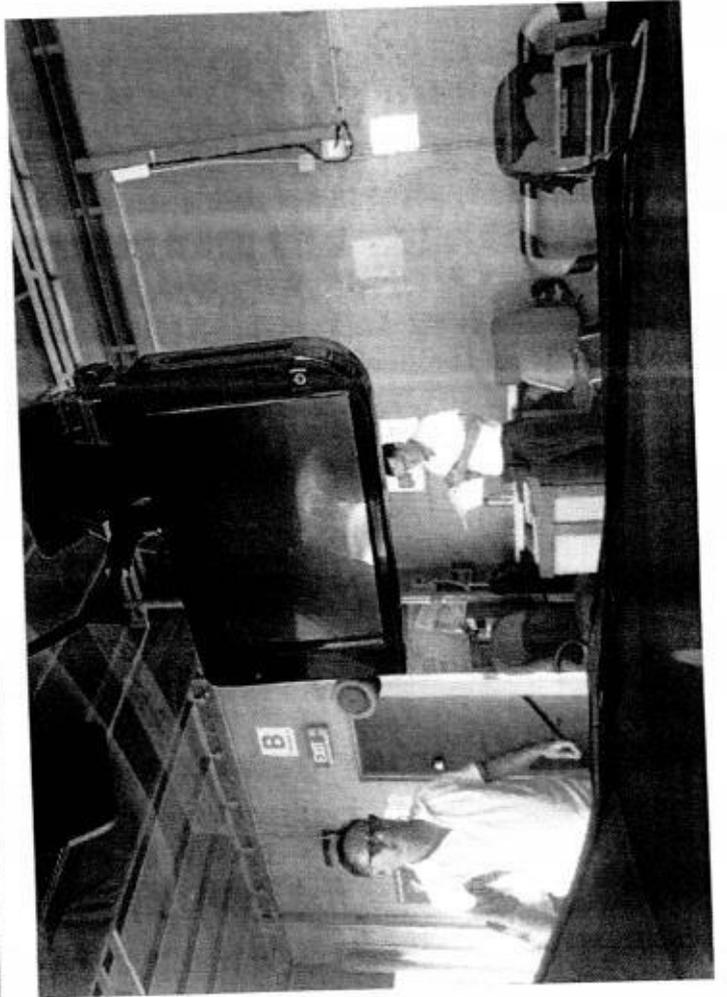
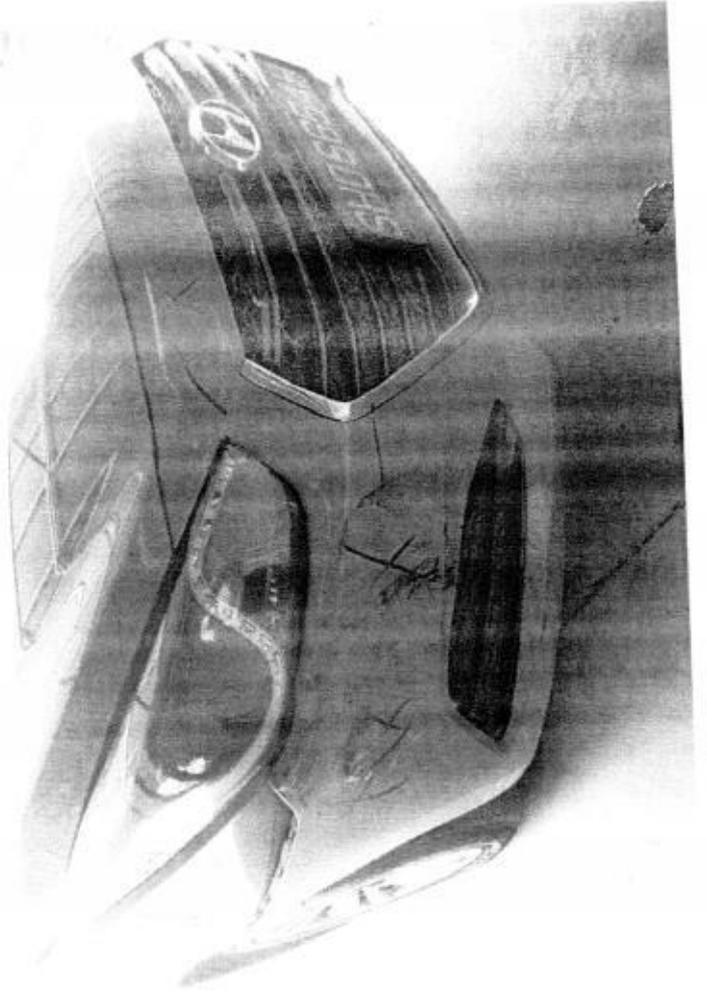
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

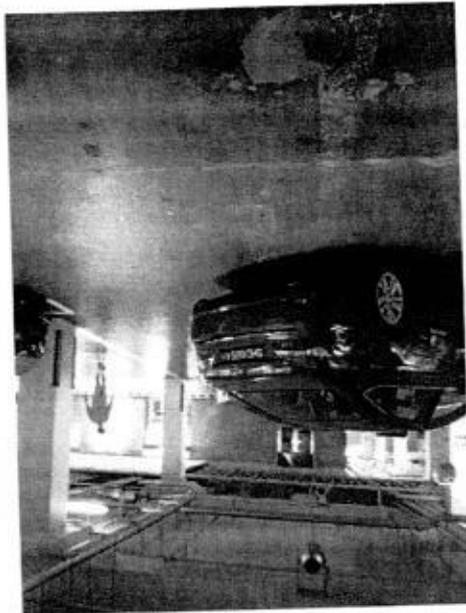
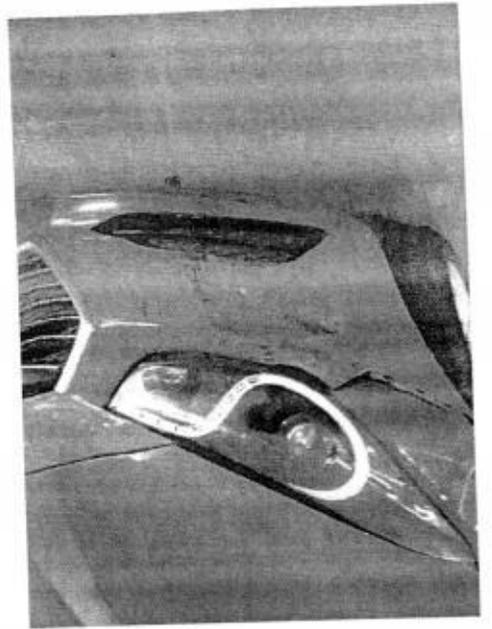
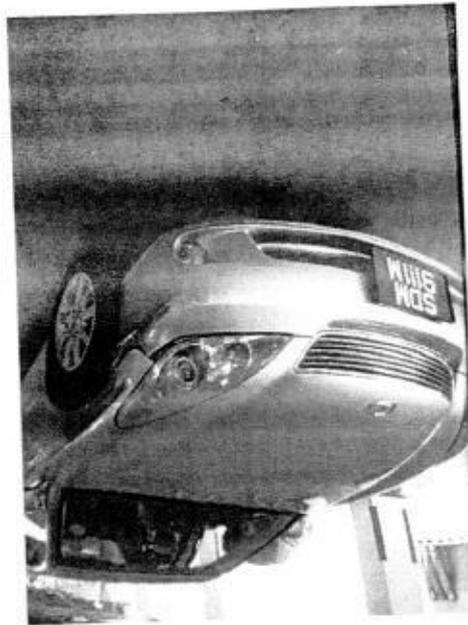
COMFORT TRANSPORTATION PTE. LTD.  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

W. Taufik 16/8.  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**COMFORTDELGRO ENGINEERING PTE LTD**  
**REPAIR ESTIMATE\***

DATE : 10.08.2018

LKK/kalvin 4/sum  
 Like NTUC

VEHICLE NO : SHD 6654H

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	<b>Radiator Grille</b> — <i>cr</i>			\$ 1,480.00
	Radiator Grille H Emblem / <i>me</i>			\$ 39.50
	Radiator Grille Chrome Moulding <i>x 00</i>			\$ 395.50
	Front Bumper Cover — <i>Repl</i>			\$ 1,052.20
	Front Bumper Sponge <i>3 su</i>			\$ 99.20
	Front Bumper Reinforcement <i>3 su</i>			\$ 402.10
	Front Bumper Bracket Top (RH) / <i>cr</i>			\$ 22.40
	Front Bumper Retainer Mounting (RH) <i>3 su</i>			\$ 9.20
	Headlamp (RH) — <i>cr</i>			\$ 1,388.00
	Front Fender (RH) / <i>ht</i>			\$ 566.30
	Front Fender Shield (RH) <i>x su</i>			\$ 175.90
	Front Fender Retainer (RH) <i>3 su</i>			\$ 24.60
	<i>Front Bumper x repair</i>			
	<b>SUB TOTAL</b>			\$ 5,654.90
	<b>LESS 20%</b>			\$ 1,130.98
	<b>DISCOUNTED TOTAL</b>			\$ 4,523.92
	Front Number Plate <i>x su</i>			\$ 25.00 <b>Nett</b>
	<b>TOTAL</b>			\$ 25.00
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>560.00</del> <sup>400</sup>
	Spray Painting Charge			\$ <del>250.00</del> <sup>60</sup>
	Wiring Charge			\$ <del>30.00</del> <sup>20</sup>
	Tuff Kote			\$ <del>50.00</del> <sup>20</sup>
	<b>TOTAL LABOUR</b>			\$ 1,390.00
	<b>ESTIMATE TOTAL</b>			\$ 5,938.92
				6842.44

LKK Auto Consultants hence notify the Repairer of the following:  
 • To resurvey before after spray painting  
 • 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: 10/20/18

*Kalvin Loke*  
*13/8/18*  
*3 Pp.*  
*4/5*  
*Allen Popping Lk*

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 : 305198354  
Date : 17/08/18

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

## FINALIZATION FORM

To : LKK  
Attn : Mr KALVIN ANG  
Vehicle Reg No. : SHD6654H CTPL

Fax : \_\_\_\_\_  
09.08.18

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

1. The repair job shall bill to: NTUC -- SDM9111M
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% \_\_\_\_\_
  - Final Lumpsum Repair cost** \$4450.00

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 finalized amount

Signature :   
Name : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156

Signature :   
Name : Kelvin  
Date : 20/8/18

### 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		NO		
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/INC18014648/K1rbn2
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 29-08-2018
		Code: INC4



### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SDM 9111M	Veh. Inspected	SHD 6654H
Policy No.	5049464356-07	Coverage (\$)	0.00
Claim No.	MT/1006666-002	Excess (\$)	0.00
Assign From		Assign Date	13/08/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU091554	Colour	BLUE
Odometer	366322	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	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

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	09/08/2018	Inspection Date	13/08/2018
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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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

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



Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6654H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	RADIATOR GRILLE	CRACKED	1,480.00	1,480.00
1	RADIATOR GRILLE H EMBLEM	NECESSARY	39.50	39.50
1	RADIATOR GRILLE CHROME MOULDING	NOT NECESSARY	395.50	-
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	99.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	402.10	-
1	FRONT BUMPER BRACKET TOP (RH)	CRACKED	22.40	22.40
1	FRONT BUMPER RETAINER MOUNTING (RH)	SERVICEABLE	9.20	-
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER (RH)	SERVICEABLE	24.60	-
1	FRONT BONNET (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRT SUPPORT PANEL	CRACKED	1,067.50	1,067.50
1	WIPER WASHER TANK	CRACKED	61.90	61.90
	LESS 20% DISCOUNT		-1,356.86	-1,135.56
			<b>5,427.44</b>	<b>4,542.24</b>
<b>SPECIAL NETT ITEMS</b>				
1	FRONT NUMBER PLATE (SN)	SERVICEABLE	25.00	-
			25.00	-
<b>LABOUR</b>				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF FRONT BONNET.		560.00	400.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
			<b>1,390.00</b>	<b>1,040.00</b>
<b>GRAND TOTAL</b>			<b>6,842.44</b>	<b>5,582.24</b>

Report Ref No. NS/INC18014648/K1rbn2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,450.00
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Report Ref No. NS/INC18014648/K1rbn2

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

**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.