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ASSIGNMENT  Veh No:  SHC 8573P Yr Regn:  Veh No:  Type: M.Car I M.Cycle I Bus I Van I Lorry I To Air Prime Mover I  Truck Trailer or  Make:  Werk Skip mis  Colour  Sp. Reading 30 (1)  Truck Trailer or  Make:  Werk Skip mis  Colour  Sp. Reading 30 (1)  Truck Trailer or  Make:  Werk Skip mis  Colour  Sp. Reading 30 (1)  Truck Trailer or  Make:  Werk Trailer or  Truck Trailer or  Make:  Werk Trailer or  Make:  Weh Clour Truck	
From:  Date:  SHC 8577P Yr Regn:  CODITP INS ITP RES / OD RES / EVA / INV / MV  Truck / Traillet or  Truck / Traillet or  Traillet or  Truck / Traillet or  Traillet or  Traillet or  Truck / Traillet or  Trailet or  Traillet or  Traillet or  Traillet or  Traillet or  Traile	
Estimated Cost  OD ITP INS ITP RES I OD RES I EVA LINV I MV  To Insped Vehicle No:  at Work shop m/s  of  SFR 7805 H  Policy No. 5018 777869 - II (0)2 18-1/2 19  Claims Na. MT / 1008820 - o p    Sum in sund:  (Cilient's Record)  Make of Veh:  (Pelicy Condition)  Remark: The veh had commenced its repair at the time of Inspection.  Ball, or Market Value:  IDAG Accident Rport:  GRA / PR Seen:  Consistent?: Yes or No  Est. Repails:  days Res.; Yes or No  Est. Repails:  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time  Action / Instruction  3 H (8577 b - x)  SIP 1805 H  Truck / Trailer or  Make:  Make:  Misc. Mis	415
Truck / Trailer or  Truck / Trailer or  Make: // L. Z xo / To deep the hole of the process of the proce	
To Inspedicie No:  at Workshop m/s  of  SPR 7805 H  Policy No. 5018 772869-11 (2)2)18-1/2 19  Claims No. MT /1008820-00    Sum Insured:  (Client/secord)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of Inspection.  Ball or Market Value:  IDAC Accident Rport:  Gran Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Est. Repairs:  Lum Sum:  % 3 Val.: Yes or No  CA' / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time  Action / Instruction  Since device:  ACCO OUT  Rhe Action / Instruction  Action / Instruction  She Res. Sec. Sec. Sec.  Colour  Rhe ACCID Rhe Action / Instruction  She Res. Yes or No  Date / Time  Action / Instruction  She Res. Sec. Sec. Sec.  Colour  Rhe ACCID Rhe Action / Instruction  The U/C / Chassis frame / Body Structure affected due to the colour of the	
at Workshop m/s  of  Sp. 7805 H  Policy No. Sp. 77805 H  Policy No. Sp. 77805 H  Policy No. MT / 1008820 - o v    Sum Instruct.  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of Inspection.  Ball or Market Value:  IDAC Accident Rport:  Gra / PR Seen:  Consistent?: Yes or No  Est Repairs:  days Res.: Yes or No  Est Repairs:  Lum Sum:  % 3 Val.: Yes or No  Dale:  Person Contacted:  Dale / Time  Action / Instruction  Str. 4805    Action / Instruction  The U/C / Chassis frame / Body Structure affected due to the control of the co	8r ".
Instruct:    Spr. Reading   Spr. Rea	
Replicy No.   Sol   FT   Sol	
Claims No. 1/1008820 - 00   Cl	MILLIO:
Gen. Cond: Good   Fag   Poor   Burnt    Sum in sured: Excess:   Steering:   Inorder   Jammed   Leaked   Burnt or    (Client's Record)   Brake:   Inorder   Jammed   Leaked   Burnt or    Make of Veh:   Modi:   Nil   Is   Is   Immed   Leaked   Burnt or    Modi:   Nil   Is   Is   Immed   Leaked   Burnt or    Modi:   Nil   Is   Is   Immed   Leaked   Burnt or    Tyre Size:   Inorder   Jammed   Leaked   Burnt or    Modi:   Nil   Is   Is   Immed   Leaked   Burnt or    Tyre Size:   Inorder   Jammed   Leaked   Burnt or    Modi:   Nil   Is   Is   Immed   Leaked   Burnt or    Tyre Size:   Inorder   Jammed   Leaked   Burnt or    Tyre Size:   Inorder   Jammed   Leaked   Burnt or    Tyre Size:   F:   205   6- Rec    R:    Bs / DUN / EXNOVA / GY / FS / LIZA / MICJ OHTSU / PIR / SUMNI / TOYO / YOKO or    Final   Toyo / YOKO or    Well of Pir   Nil   N	
Sum in sures: 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 Rport: 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  Steering: Inorder Jammed / Leaked / Burnt or  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-Ref  Brake: Inorder Jammed / Leaked / Burnt or  Tyre Size; F: 205/6-R	0
Brake: Inored Jammed / Leaked / Burnt or   Modi: Nil / S/Rim / StD A/Rim or   Tyre Size; F: 201/6-Ref	
Modi: Nil / S/Rim / StD A/Rim or Tyre Size: F: 205/6-Re(  Remark: The veh had commenced its repair at the time of inspection.  Bal, or Market Value: IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Lum Sum: % 3 Val.: Yes or No Date: Person Contacted:  Date / Time Action / Instruction  Date / Time Action / Inst	
Tyre Size; F: 205/6-RCC  Remark: The veh had commenced its repair at the time of Inspection.  Bal, or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  LumSum:  A 3 Val.: Yes or No  Date:  Person Contacted:  Date:  Person Contacted:  Tyre Size; F: 205/6-RCC  R:  BS / DUN / EXNOVA / GY / FS / LiZA / MIC / OHYSU / PIR / SUMN / TOYO / YOKO or  Fion!  Rear  R/Bal.  HR/Bal.  HR/Bal.  HR/Bal.  D.O.A. 14/8/8  D.O.I. 16/8/8  Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  Person Contacted:  Date / Time Action / Instruction  The U/C / Chassis frame / Body Structure affected due to  The U/C / Chassis frame / Body Structure affected due to  TACL  SPR + 805 + X  Pet : 8986.58, 357.	
Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  GIA / PR Seen:  Consistent? : Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  CA' / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time   Action / Instruction    Date / Time   Action / Instruction    Date / Time   Action / Instruction    Date / Seen:  R:  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or  Fton!  Rear  R/Bal.  R/Bal.  D.O.A. / F/B/-8  D.O.A. / F/B/-8  D.O.A. / F/B/-8  D.O.A. / F/B/-8  Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or  R:  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or  Fton!  Rear  R/Bal.  D.O.A. / F/B/-8  D.O.A. / F/B/-8  D.O.A. / F/B/-8  D.O.A. / F/B/-8  Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or  Fee  The U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to described in the U/C / Chassis frame / Body Structure affected due to descr	
Remark: The veh had commenced its repair at the time of Inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent? ; Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  Market Value:  Consistent? ; Yes or No  Est. Repairs:  Date:  Person Contacted:  Vehicle: IN / OUT  Date:  Date / Time Action / Instruction  Act	
repair at the time of Inspection.  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  Des. of Damages: Frt / Rear / O/S / NVS / U/C / Rooftop or Rear  Vehicle: IN / OUT  Date / Time Action / Instruction  3 HC 85 H p ->  PR + 805 H ->  PR - 805	
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  3 + 85+	(I
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: The U/C / Chassis frame / Body Structure affected due to SPR + 805 H - ×  24/8/8 Chiram C/S # 1800 / 2/2	
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  3 + (857) - ×  24/8/-8 Chiral C/S \$ 1800 / 2 / 2.  Ped: \$ 986.58, 35 1.	
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  3 +0 85+1  3 +0 85+1  24/8/-8 Chiral C/S \$ 1805 / 2/7  Ped: \$ 986.58, 35%.	mm
Lum Sum:  % 3 Val.: Yes or No  Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  Rear  Date:  Date / Time   Action / Instruction  3 HC 8577 - X  SPR 7805 H - X  24/8/8 Chiram C/S \$1800 / 2/7  Ped : \$986.58, 35%.	mm
Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction    SHC 8577 - X  24/8/-8   Chiral C/5 #1800/ 2/71  Ped: \$ 986.58, 35%.	- T
Date: Person Contacted: Vehicle: IN/OUT  Date / Time   Action / Instruction    SHC 85-17   - ×    24/8/-8   Chiral   C/5 \$1800 / 2 / 2 / 2    Ped: \$ 986.58, 35%.	manufician sile
Date: Person Contacted: Vehicle: IN/OUT  Date / Time   Action / Instruction  SHC 85-17   X   X   X   X   X   X   X   X   X	r
Date / Time   Action / Instruction	
3H(8577p-x INC SFR 7805H- x 41 24/8/8 Chiral c/s \$1800/2/22 Ped: 8986.58, 35%.	collision.
24/8/8 Chiral c/s \$1800/2/7,  Red: 8986.58, 35%.	
24/8/8 Chiral c/s \$1800/2/7.	
Red: \$ 986.58, 35%	
RECEIVED 2 1 AUG ZUIU	
* * * *	
Oale/Time, File Pass to? : Prell. Report Days Of Repair: 2	
1) typisf : Final Report Resurvey No. of Trip:   Survey Fee:	
Date/Time, File Return to?	
2) Add Fee: :Site Insp (\$)s+Rssi	
:Interview (\$) Photos	-1
Report Format: TP :Tech. Invs (\$) Others	160
Lump Sum / LB.1: (\$ \ \ \ \ \ \ \ ) : Weekend (\$)	

TOTAL



# **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



NTU	IC INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref: NS/INC18014983/K1rd3				
		D JNION HOUSESINGAPORE	Date: 17-08-2018 Code: INC4				
1.		Policy Particulars	:- THIRD PARTY CLA	AIM			
	Insured Veh.	SFR 7805H	Veh. Inspected	SHC 8577P			
	Policy No.	5018772869-11	Coverage (\$)	0.00			
	Claim No.		Excess (\$)	0.00			
3	Assign From		Assign Date	17/08/2018			
2.		Vehicle Parti	culars & Condition				
	Make & Model		c.c	0			
	Engine No.	HIDDEN	Year of Reg.				
	Chassis No.		Colour				
	Odometer	•	Steering				
	Brakes		Modification				
	General						
3.		Condit	ions of Tyres				
		Size	Make	Balance			
	R/H Front Tyre			mm			
1	L/H Front Tyre			mm			
	R/H Rear Tyre			mm			
	L/H Rear Tyre			mm			
4.		Descripti	on of Damages				
		2207	1-00 10 10 10 10 10 10 10 10 10 10 10 10 1				
5.	DESIGNATION TO		I Information				
	Accident Date	14/08/2018	Inspection Date	16/08/2018			
	Survey held at	COMFORTDELGRO ENGINEE	RING PTE LTD				
		59 LOYANG DRIVE SINGAPORE 508969					
5a.	THE PURE NAME OF THE PARTY OF T	R	emarks				
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WI	THOUT PREJUDICE" BA	ASIS.			

eBaoTech Log Out · Change Password Hello, NAC\_PAYA\_UBI\_800601 · Change Language My Desktop **Policy Query** Notice of Loss 14/08/2018 07:57 Date of Accident Policy No. Certificate Number Vehicle No.(For Motor) SFR7805H Search Policyholder Product Cover Type NRIC Commence Date Certificate Number Policyholder Name Expiry Date Policy No. No. Object WONG YEW Third Party, SFR7805H SFR7805H 02/02/2018 01/02/2019 Fire & Theft 5018772869-11 S3041641D GPC Continue

TP Claims against NTUC Income: Follow-Through Survey

	The second secon		Comment of the Commen	Annual of the latest at the la	Date of Accident	Ectimate	Pentative repair cost
140	Contracto Contracto	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	income venicle No.	Date of Accident	Formittee	
NO	Income Reference	Claimailt (Owner) Tayl Componit			0100/00/11	5 3705 CO	
	100 0000001 144	COMMEDIA TRANSPORTATION PTE LTD	SHC 8577P	SFR /805H	14/08/2019	\$ 4,100.30	00:000'4
1	INI / TOOOSTO-OOT			200000	0100/00/00	S 6 A6A 38 6	7
-	MT/1008255-002	COMFORT TRANSPORTATION PTE LTD	SH 8554Z	CB 6966C	50/09/50/02	07:404:00	

Claim received from LKK Auto

### 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	15/08/2018 13:39
Date Of Accident	14/08/2018 16:45
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT BEFORE EUNOS EXIT

SINGAPORE Country/State of Loss DETAILS OF OWN VEHICLE

# SHC8577P

Vehicle Registration Number

Insured/Policyholder

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

199303821R Co Reg No.

FLEETSAFETY@CDGTAXI.COM.SG Email Address

Mobile Phone No

OFFICE-65508768 Alternative Phone No

Vehicle Particulars

HYUNDAI Manufacturer

140 Model

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?

THIRD PARTY If No, Please state action to be taken

TAXI Vehicle Category

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO

YES Fleet Policy

D-18088936MFSH Policy Number

Cover Note Number

Driver

TAN YEW LEE Name of Driver S1203943C NRIC No 15/09/1956 Date Of Birth OUTDOOR Occupation

14/09/1978 Date Of Driving Pass

39 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-94824157 Mobile Number

Fax Number Contact Number

NOFMAIL EMail Address

BLK 628 BEDOK RESERVOIR ROAD Address

#08-1670

470628 Postcode

Was driver an employee of the Insured's Company NO

OTHER - TAXI DRIVER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

Passenger 2

NAME:

NAME:

NO

NO

YES

NO

3

GENDER:

: MALE

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER 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

SFR7805H

Vehicle Make/Model/Colour **Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

WONG JUN YING

NRIC/Passport Number

S9722747J

Contact Number

Address

Posicode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

FRONT

### Sketch Plan Pg. 1

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 ladgment 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)
  - (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
  - 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
- 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.
- 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.

COMPOST TRANSPORTATION PTE LTO

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time: (5 · 08 · 18

Reporting Centre Personnel's Signature Larry Ng

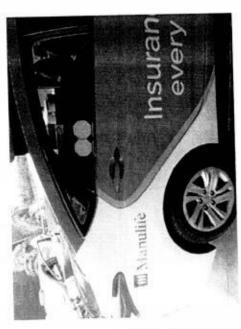
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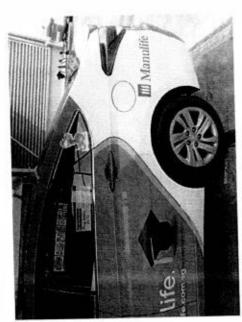
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GIARMC SketchPlanForm\_V3

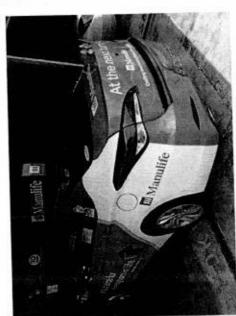
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	DECLARATION						
	I/We declare the foregoing particu		respect.				
CON	FORT TRANSPORTATION P CO. REG. NO. 199303821	R	7			4.5	
	1-02/0	Driver's Signatu			Reporting C	entre Personnel's S	ignature
	Policyholder's Signature Date & Time:	(If driver is not	he policyholder)	0	Name:		
		Date & Time:	15.08.1	8	NRIC/FIN N	15.08	
	GIARRAC SketchPlanForm_V3						3 000

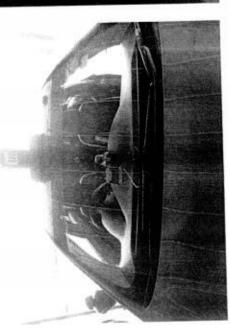


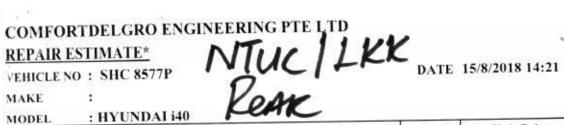












Qty	: HYUNDAI i40 Parts Description/ Labour	Type	Unit Price	A	mount	
44	Rear Bumper / Patrick			S	603.60	
	Page Pumper Painforcement 914			\$	504.35	
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$	360.00	
	Rear Bumper Side Bracket */*			\$	49.00	
	Dear Dumper Cline	0		\$	22.00	
	David Burnar Spange &			S	143.40	
	Rear Bumper Under Cover			S	225.00	
	License Lamp Cover		27 <b>4</b> 102 104 105	S	100.00	
	Rear Bumper Under Cover License Lamp Cover  Rear LH Exhant Pip Mull - Dad  SUB TOTAL		\$ 954			
	SUB TOTAL			\$	2,007.35	
	LESS 20%			\$	401.47	
	DISCOUNTED TOTAL			S	1,605.88	
	Rear Bumper Reverse Sensor X 23 Rear Bumper Rubber Mat Rear No. Plate			\$ \$ \$	135.70 50.00 25.00	Ne
	Rear Fender Advertisement Logo (LH/RH)	-	s 100.00	\$	200.00	Ne
	Real Telluci Advertisement Logo (212141)					
				S	410.70	-
	Labour Charge				200	
	Panel Beating			S	380.00 250.00	_
	Spray Painting Charge			\$		1
	Wiring Charge			\$	59.00	
	R/Refix Reverse Sensor			S	120.00	1×
	R/Refix Exhant Pipe				\$501	
	TOTAL LABOU	sultants !	nence notify	S	770.00	1
	the Repaire	r of the follo	owing: ray painting			4
	ESTIMATE TOTAL	acod parts	during resurvey	\$	2,786.58	
	v 1. 11/ki Parts proces		confirmation Without Prejudice" basis	2	3599.78	
	Kelmi (CKH) - Third party	- In the state	in allowed	1	011.10	
	M //-/ Supplement	tal contain	ost be resurveyed <u>and</u> I from Insurance Company			
	16/8/cd 1100h 15 Subject to		1			
	2. Azknowledg	ed by Repaire				
	Affer Repair p Lto					
	43					
	After Repair o Loto					
	/ (/ / / /					

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

# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

# ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508988
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 602866

Date/Time 1 193 36 8 20 18 14:12

Page: 1

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order: 3848151	JC NO.: 305200394
TOMER	Allo Ropert 11 (4154)		REGN NO.: SHC8577P	MILEAGE
MS	COMFORT TRANSPORTATION PTE 7010045	LTD	MAKE: HYUNDAI	FUEL EF
STOMER NO DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717		MODEL I-40	DATE/TIME IN 15.08.2018 11:40
. (R)	65508755 (O)		YR OF MANU. 10.12.2015	TARGET DATE
(P)			CHASSIS CODE KMHT.B41UMGU08289	COMPLETION DATE/TIME:
COUNT CAF	RD NO.			

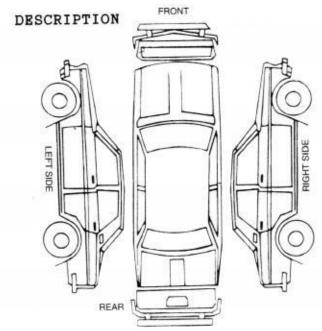
Accident Date: 14.08.2018 NATURE: 3P 14.08.18/B

S/NO

LABOR CODE

JOB DESCRIPTION





			7 9-	S	
ECKED & P	ASSED OUT BY:				
	SERVICE ADVISOR			CUSTOMER'S SIGNATURE	
owledgeme	nt Slip		Exit Pass		
e: o.: :le No.:	SHC8577P	FZ NTUC LKK	Vehicle No.;	SHC8577P	
e of Service	Advisor o Service Reception upon a	Signature/Date collection	Name of Service Advisor To be kept by Security Go	Date	
s returned t	o Service Reception upon	ANIGOROFT	1		

COMFORTDELGRO ENGINEERING

305200394 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 23.08.2018 Date 59 Loyang Drive Singapore 508969 Fax: 6546 8156 FINALIZATION FORM LKK Fax: To : KALVIN Attn : 14.08.2018 Vehicle Reg No. : SHC8577P Date of Accident : The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SFR7805H NTUC The repair job shall bill to: The finalized amount shall be: \$0.00 Spare Parts after List discount (a) \$0.00 Labour Charges (b) \$0.00 Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) \$1,800.00 20% Total for Lumpsum repair cost after Less: \$1,800.00 Final Lumpsum Repair cost Estimated normal period for repairs: working days. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days We confirm the estimates and Thank you for your assistance. finalized amount Signature: Signature: Name : FAUZY BIN MOKHTAR Name Date : 62148319 Tel : 65468156 Fax For Official Use Only Document Confirm By Remarks Attached Item Amount (Signature) Yes or No YES Rental Rate P/Day Loss of Income Paid N Survey Fees 7.49 LTA Search Fee 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





NS/INC18014983/K1rd3n2 NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: 73 BRAS BASAH ROAD 28-08-2018 #05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 189556 Code: INC4 Policy Particulars :- THIRD PARTY CLAIM 1. SHC 8577P Veh. Inspected SFR 7805H Insured Veh. 0.00 5018772869-11 Coverage (\$) Policy No. 0.00 MT/1008820-001 Excess (\$) Claim No. 16/08/2018 Assign Date Assign From Vehicle Particulars & Condition 2. 1685 HYUNDAI 140 C.C Make & Model 2015 HIDDEN Year of Reg. Engine No. BLUE KMHLB41UMGU082890 Colour Chassis No. IN ORDER 303191 Steering Odometer STANDARD ALLOY RIM IN ORDER Modification Brakes General FAIR **Conditions of Tyres** 3. Balance Make Size 7 mm WEST LAKE 205/60 R16 R/H Front Tyre WEST LAKE 7 mm 205/60 R16 L/H Front Tyre 7 mm 205/60 R16 WEST LAKE R/H Rear Tyre WEST LAKE 7 mm 205/60 R16 L/H Rear Tyre **Description of Damages** 4. THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS **General Information** 5. 16/08/2018 Inspection Date **Accident Date** 14/08/2018 COMFORTDELGRO ENGINEERING PTE LTD Survey held at 59 LOYANG DRIVE SINGAPORE 508969 Remarks 5a. A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. **Estimate Days of Repair** 5b.

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





# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8577P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	1.0
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	9-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
-1	LICENSE LAMP COVER	CRACKED	100.00	100.00
1	REAR LH EXHAUST PIPE MUFFLER	BENT	954.00	954.00
	LESS 20% DISCOUNT		-592.27	-380.92
	specialistic control and the control c		2,369.08	1,523.68
	SPECIAL NETT ITEMS			
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR NO PLATE (SN)	CRACKED	25.00	25.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	National Property of the Control of
			410.70	275.00
	LABOUR			
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	
	R/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	)
	R/REFIX EXHAUST PIPE.		50.00	
			820.00	450.00
	GRAND TOTAL		3,599.78	2,248.6
	RECOMMENDED COST OF LUMP SUM REPAIRS			1,800.00
	(TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			

Report Ref No. NS/INC18014983/K1rd3n2





Report Ref No. NS/INC18014983/K1rd3n2

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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