

eBaoTech

General/Claim

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Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) 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="radio"/>	5100578466		LING JOEY PHIAU	S20830048	GPC	Third Party, Fire & Theft	SKM2919M	SKM2919M	09/05/2018	20/05/2019

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1015177-001	CITYCAB PTE LTD	SHC 723L	GV 3791G
2	MT/1015178-001	COMFORT TRANSPORTATION PTE LTD	SHC 1333Y	SGJ 8130U
3	MT/1014417-002	COMFORT TRANSPORTATION PTE LTD	SHA 3242Z	SLK 5081H
4	MT/1014910-002	COMFORT TRANSPORTATION PTE LTD	SHC 8770Y	SHD 1759Y
5	MT/1014705-002	COMFORT TRANSPORTATION PTE LTD	SHB 6388L	SKM 2919M

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 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. 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	08/10/2018 09:51
Date Of Accident	06/10/2018 22:30
Exact Location Of Accident	SUMERSET RD TWDS GRANGE RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6388L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	TAN BOON THIA
NRIC No	S0030377A
Date Of Birth	17/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1972
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99061100
Fax Number	
Contact Number	
E-Mail Address	BENARDBTTAN@GMAIL.COM

Address	BLK 22 SIN MING ROAD #09-250
Postcode	570022
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	1

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

REFER ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM2919M
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LING JINJIE BANSTON
NRIC/Passport Number	S9414532E
Contact Number	96280975
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH CENTRE
No. Of Passenger (Including Driver)	

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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. 199503821R

7/10/18
 Jackson Ho
 CSO

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 6/10/2018 at about 2220 hrs, I vehicle A was driving along Sunset road toward Grange road on the extreme right lane. Vehicle B on the second lane suddenly come into my lane, but I couldn't stop in time hit against vehicle B right centre body. NO one injured at that time

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

7/10/18
Jackson Henry *[Signature]*
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 6388L

DATE 8/10/2018

MAKE :

MODEL : MERCEDES

NTUC-4S

TS

LKK kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt ✓ <i>Return</i>			\$ 1,890.50
	Bumper Bracket, Frt/LH ✓ <i>Beam</i>			\$ 95.00
	Head Lamp Assy (LH) ✓ <i>Bracket</i>			\$ 2,380.00
	Head Lamp Bracket (LH) <i>Fix</i>			\$ 300.00
	Fender, Frt/LH <i>x repair</i>			\$ 966.00
	Fender Splashshield , Frt/LH(Front) <i>x su</i>			\$ 257.00
	SUB TOTAL			\$ 5,888.50
	LESS 20%			\$ 1,177.70
	DISCOUNTED TOTAL			\$ 4,710.80
	Labour Charge			
	Panel Beating			\$ 440.00 <i>300</i>
	Spray Painting Charge			\$ 440.00 <i>400</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>x 20</i>
	TOTAL LABOUR			\$ 960.00
	ESTIMATE TOTAL			\$ 5,670.80

Kalvin LKK
8/10/18 1300h
3 Days
4s
After Repair photo

LKK Auto Centre (Pte) Ltd
 the Repairer shall be responsible for:
 • To return the vehicle to the insurance company
 • To display damaged parts to the insurance company
 • Parts and any accessories to be replaced
 • Third party surveyor to inspect and approve the repair
 • No illegal modifications to be made
 • Supplemental items must be approved and is subject to final 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.

Team: ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: JC NO.: 305222937

OMER IS: COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (C) (P)	REGN NO.: SHB6388L	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL: E220CDI(E5)	DATE/TIME IN: 07.10.2018 09:35
	YR OF MANU: 20.03.2014	TARGET DATE
	CHASSIS CODE: WDD2120022A761151	COMPLETION DATE/TIME:
	DUPLICATE CARD NO.	

JOB DESCRIPTION

Accident Date: 06.10.2018
 NATURE: 3P 06.10.18

S/NO	LABOR CODE	DESCRIPTION

RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Exit Pass

Exit Pass

No.: SHB6388L LIMTS

Vehicle No.: SHB6388L

Signature/Date

Name of Service Advisor Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305222937
Date : 10/10/18

FINALIZATION FORM

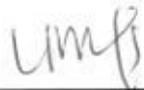
To : LKK Fax : _____
Attn : KALVIN ANG
Vehicle Reg No. : SHB6388L Date of Accident : 06-Oct-18

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

1. The repair job shall bill to: NTUC --- SKM2919M
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% \$3,300.00
Final Lumpsum Repair cost \$3,300.00

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 T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 10/10/18

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/INC18018239/K1vbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 23-10-2018
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKM 2919M	Veh. Inspected	SHB 6388L
Policy No.	5100578466	Coverage (\$)	0.00
Claim No.	MT/1014705-002	Excess (\$)	0.00
Assign From		Assign Date	08/10/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	WDD2120022A761151	Colour	WHITE
Odometer	790617	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	06/10/2018	Inspection Date	08/10/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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National Assessment Centre Services

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

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 6388L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER ASSY,FRT	DEFORMED	1,890.50	1,890.50
1	BUMPER BRACKET,FRT/LH	BENT	95.00	95.00
1	HEAD LAMP ASSY (LH)	GRAZED	2,380.00	2,380.00
1	HEAD LAMP BRACKET (LH)	SERVICEABLE	300.00	-
1	FENDER,FRT/LH	TO REPAIR SEE LABOUR	966.00	-
1	FENDER SPLASHSHIELD,FRT/LH FRONT LESS 20% DISCOUNT	SERVICEABLE	257.00	-
			-1,177.70	-873.10
			4,710.80	3,492.40
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FENDER,FRT/LH.		440.00	300.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			960.00	720.00
GRAND TOTAL			5,670.80	4,212.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,300.00

Report Ref No. NS/INC18018239/K1vbn2

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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