



eBaoTech

GeneralClaim

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## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5080991032-02		ZHUO XIANHUI, JENNIFER	S8725936F	GPC	drivo CLASSIC	SLD19925	SLD19925	07/06/2018	06/06/2019

# TP Claims against NTUC Income: Follow-Through Survey

Date : 19/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	NOT OI	COMFORT TRANSPORTATION PTE LTD	SHA 3856C	SMA 8193P	13/10/2018	23:55	\$ 1,442.40
2	MT/1016467-001	CITYCAB PTE LTD	SHC 601E	SIW 6035X	17/10/2018	00:50	\$ 2,399.76
3	MT/1015196-002	COMFORT TRANSPORTATION PTE LTD	SHB 4037M	SLD 1992S	11/10/2018	7:45	\$ 1,060.00

## 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	12/10/2018 10:26
Date Of Accident	11/10/2018 07:45
Exact Location Of Accident	GAMBAS AVE TWDS WOODLANDS BEFORE WOODLANDS AVE 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4037M
<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	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	SHAW BERNARD
NRIC No	S7935309D
Date Of Birth	13/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91880584
Fax Number	
Contact Number	
Email Address	BERSHAW@HOTMAIL.COM

Address	BLK 513C YISHUN ST 51 #06-357
Postcode	763513
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	CHAIN COLLISION
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE

#### 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	SLD1992S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHUO XIANHUI JENNIFER
NRIC/Passport Number	S8725936F
Contact Number	
Address	
Postcode	

Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ4855S
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)	

# IMPORTANT NOTICE

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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. 199203321R

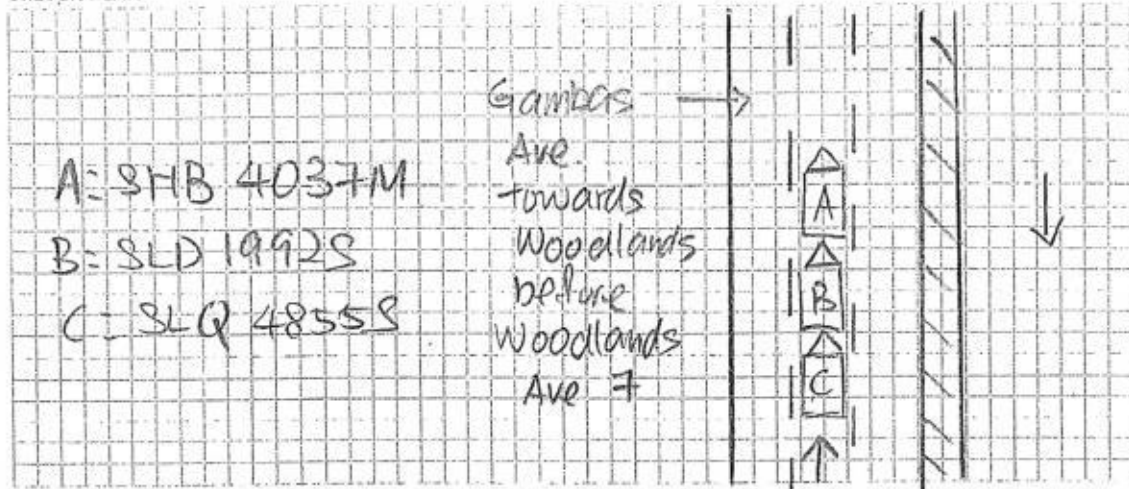
Policyholder's Signature  
Date & Time:

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 11/10/18 at about 07:45 hrs, I was driving along Gambas Ave towards Woodlands before Woodlands Ave 7. with 02 passengers onboard. Shortly after, traffic ahead braked to stopped and I doing so. A few second later, I felt an impact from my taxi behind. I stepped out to have a check and found veh B it front portion collided onto the rear portion of my stationary taxi. There was another veh C also involved in this chain collision.

No injury reported in this accident.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 192102351R

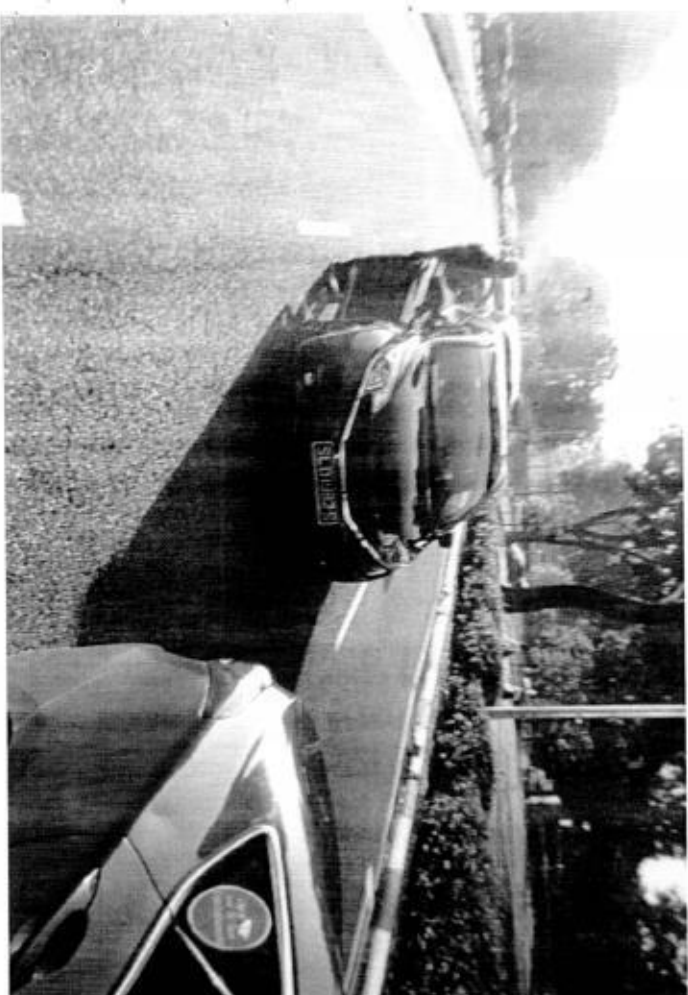
Policyholder's Signature  
Date & Time:

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

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







## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 4037M

DATE 12/10/2018 9:49

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	<b>SUB TOTAL</b>			<b>\$ 575.00</b>
	<b>LESS 20%</b>			<b>\$ 115.00</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 460.00</b>
	Rear Bumper Rubber Mat			\$ 50.00
				<b>\$ 50.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>220.00</del> <sup>200</sup>
	Spray Painting Charge			\$ <del>220.00</del> <sup>200</sup>
	Wiring Charge			\$ <del>30.00</del> <sup>X 17</sup>
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> <sup>X 25</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 550.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,060.00</b>
<p>Nett</p> <p>200</p> <p>200</p> <p>X 17</p> <p>X 25</p>				

Kali 11/11/18

16/10/18 10204

200

45

After Repair

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to "Market Price"
- Third party survey is on a "Market Price" basis
- No illegal modification is allowed
- Supplementary repair work is subject to final approval from Insurance Co.

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.: 305226483

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

MR/MS

CUSTOMER NO.

ADDRESS

TEL (R)

(P)

(O)

DISCOUNT CARD NO.

REGN NO.:

SHB4037M

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....

MODEL

I-40

DATE/TIME IN

16.10.2018 08:15

YR OF MANU

10.09.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU077485

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.10.2018

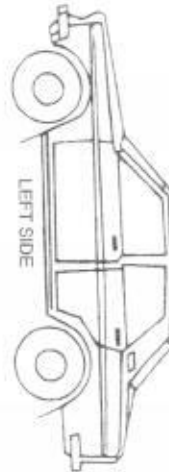
NATURE: 3P 11.10.2018

S/NO

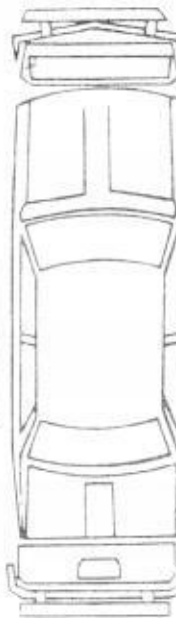
LABOR CODE

DESCRIPTION

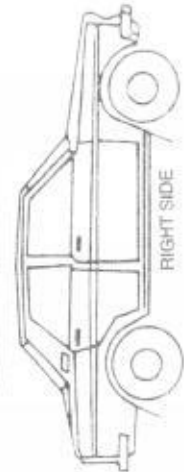
FRONT



LEFT SIDE



REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Name:

C No.:

Vehicle No.:

SHB4037M

CHIANG

Vehicle No.:

SHB4037M

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305226483

Date : 18/10/18

COMFORTDELGRO  
ENGINEERING

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

## FINALIZATION FORM

To : LKK



Fax:

Attn: KALVIN

Vehicle Reg No. : SHB4037M

11/10/18

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

- |    |   |   |               |
|----|---|---|---------------|
| 1. | The repair job shall bill to:   | NTUC  | SLD1992S      |
| 2. | The finalized amount shall be:  |   |               |
|    | (a) Spare Parts after List discount   |   |               |
|    | (b) Labour Charges  |   |               |
|    | <b>Total for Part-By-Part Repair Cost</b>   |   |               |
|    | (c.) Lumpsum Repair (if applicable)   |   |               |
|    | Total for Lumpsum repair cost after Less:   |   |               |
|    | <b>Final Lumpsum Repair cost</b>  |   | \$700.00      |
| 3. | Estimated normal period for repairs:  | 2   | working days. |
| 4. | <b>We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days</b> |   |               |
| 5. | Thank you for your assistance.  | We confirm the estimates and finalized amount   |               |
|    |                                  |  |               |
|    | Signature :   |   |               |
|    | Name : <b>CHIANG</b>  | Kaka  |               |
|    | Tel : <b>62148314</b>   | Date : 19/10/18   |               |
|    | Fax : <b>65468156</b>   |   |               |

**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		N		
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/INC18018773/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-10-2018

189556



Code: INC4

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

Insured Veh.	SLD 1992S	Veh. Inspected	SHB 4037M
Policy No.	5080991032-02	Coverage (\$)	0.00
Claim No.	MT/1015196-002	Excess (\$)	0.00
Assign From		Assign Date	16/10/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU077485	Colour	BLUE
Odometer	256324	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 REAR O/S PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	11/10/2018	Inspection Date	16/10/2018
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4037M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-115.00	-115.00
			460.00	460.00
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.		220.00	200.00
	SPRAY PAINTING CHARGE.		220.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			550.00	400.00
	<b>GRAND TOTAL</b>		<b>1,060.00</b>	<b>910.00</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>700.00</b>

Report Ref No. NS/INC18018773/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

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