

108/11/13

Bureau: Kelvin

REF:

NS/INC18019173 / Klgbn2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SLZ 6731EPolicy No. 5096898757 15052018Claims No. MT/1016793-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: ✓ days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SH 82365 Yr Regn: 23 Jun, 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / T. Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: Blue A/C: Ins 0 / Std / NI / NASp. Reading: 253825 T/Radio: Ins 0 / Std / NI / NA

Eng/No: \_\_\_\_\_

Ch/No: KMHCB414AH409/482Gen. Cond: Good / 0 / Poor / BurntSteering: In 0 / Jammed / Leaked / Burnt orBrake: In 0 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / A/Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or HankookFront 7 mm Rear 7 mmR/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 20/10/8 D.O.I. 24/10/8Survey held at CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

o/s Ren

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SH 82365 - CS/FCL1 8012195 / Cnd3n2

DIA: 30062018

IM

SLZ 6731E - X

4s.

24/10/8 Contracted Lp \$750 / 20yrs. CRK &

RECEIVED 25 OCT 2018

Date/Time, File Past to?

☐ : Prel. Report1) 25/10 turnin☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B. / \$

7P

750

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## 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 type="radio"/>	5096898757		BIS MOTORING PTE. LTD.	201735055D	GFT	drive PREMIUM	SLZ6731E	SLZ6731E	15/05/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date 24/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1016793-002	COMFORT TRANSPORTATION PTE LTD	SH 8236S	SLZ 6731E	20/10/2018	\$4,600.88	\$750.00
2	MT/1016586-002	COMFORT TRANSPORTATION PTE LTD	SHA 7334R	SKA 392H	21/10/2018	\$1,592.40	\$900.00
3	MT/1016557-002	COMFORT TRANSPORTATION PTE LTD	SHD 4594K	SHC 612K	20/10/2018	\$3,385.38	\$1,800.00
4	MT/1016716-002	COMFORT TRANSPORTATION PTE LTD	SHD 3338R	SHB 8552R	23/10/2018	\$2,994.52	\$400.00
5	MT/1016525-002	COMFORT TRANSPORTATION PTE LTD	SHA 7625B	SJK 7256G	20/10/2018	\$1,529.12	\$958.72

Claim received from LKK Auto

## 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	21/10/2018 11:21
Date Of Accident	20/10/2018 23:15
Exact Location Of Accident	SIM AVE TWDS JLN EUNOS NEAR LOR 37
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8236S
<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	LIAO KOK HENG
NRIC No	S6929409Z
Date Of Birth	20/08/1969
Occupation	OUTDOOR
Date Of Driving Pass	20/02/1998
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94594444
Fax Number	
Contact Number	
EEmail Address	BETTYLIAOHUIXUAN@GMAIL.COM

Address	362 07-381 TAMPINES STREET 34
Postcode	520362
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	
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)	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

SEE ATTACH.

#### Attachment(s)

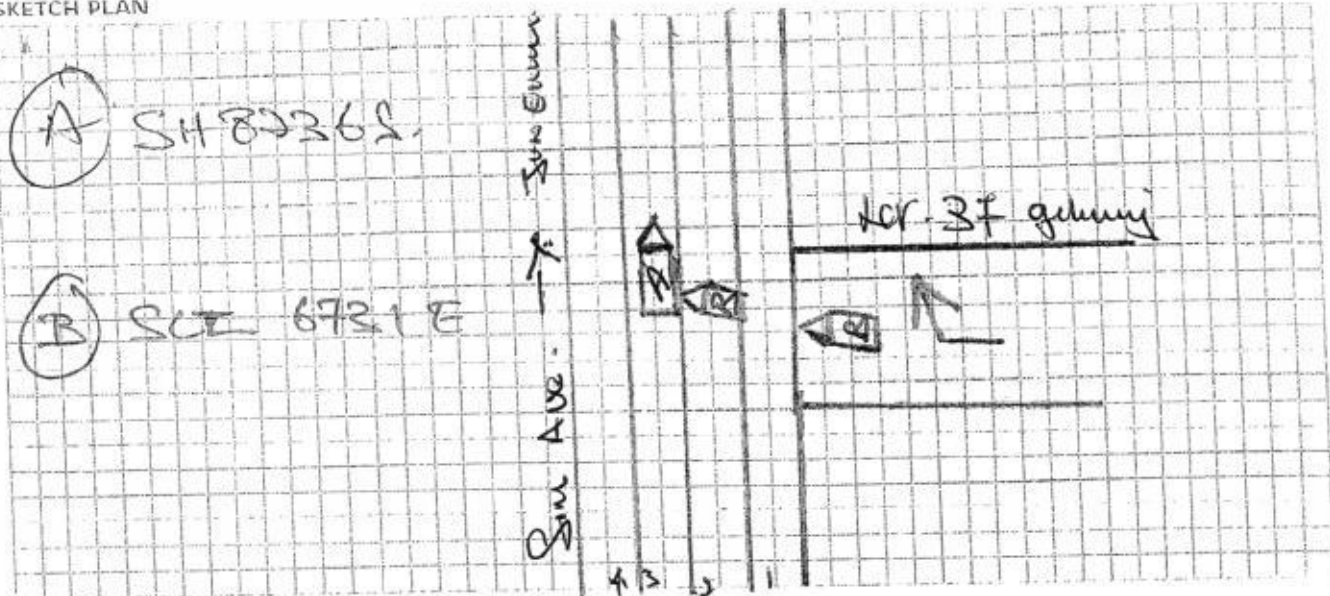
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ6731E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAJALINGAM KARTHIKEYAN
NRIC/Passport Number	S7467421F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 20 OCT 2018 @ 22.15 hrs I VEH A

were driving along the above location.

going straight. Suddenly VEH B dash out

from minor rd without stopping. and hit

VEH A Right rear. at the point of

accident VEH A carry a female PAX

she was OK.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CO. REG NO. 199503821R

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.:

*[Signature]* 20/10

## 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)**

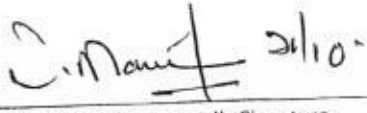
I understand, acknowledge, agree and consent that:

- (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  
CO. REG. NO. 199303821R

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 : SH 8236S

DATE 22/10/2018

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X 1/2</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>X 44</i>			\$ 22.00
	Rear Fender (RH) <i>X 1/2</i>			\$ 2,171.40
	Rear Fender Inner Lining (RH) <i>X 50</i>			\$ 169.30
	Rear Windscreen Moulding <i>X 22</i>			\$ 28.30
	Rear Wheel Hub Cap, RH <i>1/2</i>			\$ 107.10
	<b>SUB TOTAL</b>			<b>\$ 3,051.10</b>
	<b>LESS 20%</b>			<b>\$ 610.22</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,440.88</b>
	Rear Bumper Rubber Mat <i>X 44</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>X 2</i>			\$ 200.00
				<b>\$ 250.00</b>
	<b>Labour Charge</b>			<b>\$ 400</b>
	Panel Beating			<del>\$ 800.00</del>
	Spray Painting Charge			<del>\$ 600.00</del>
	Wiring Charge			<del>\$ 30.00</del>
	Tuff Kote			<del>\$ 50.00</del>
	Remove/Refix Cushion & Upholstery Rear			<del>\$ 150.00</del>
	Remove/Refix Rear Windscreen Glass			<del>\$ 120.00</del>
	Remove/Refix Reverse Sensor			<del>\$ 80.00</del>
	Rear Wheel Alignment			<del>\$ 80.00</del>
	<b>TOTAL LABOUR</b>			<b>\$ 1,910.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 4,600.88</b>

LKK Auto Consultants henceforth the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- 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:

1/ Calvin 1/10/18

24/10/18 1505 hrs.

2 days

4/1

After Repair photo

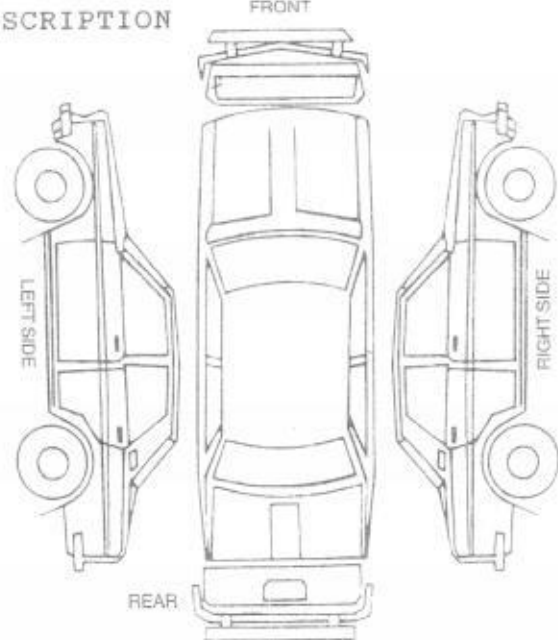
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305228792

OMER	REGN NO.: SH 8236S	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO. 7010045	MODEL I-40	DATE/TIME IN 22.10.2018 10:30
IESS 383 SIN MING DRIVE	YR OF MANU 23.06.2016	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE RMHLB41UMGU091482	COMPLETION DATE/TIME:
65508755 (R) (O) (P)		
JUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 20.10.2018  
NATURE: 3P 20.10.18

S/NO	LABOR CODE	DESCRIPTION
		

WORKED & PASSED OUT BY: _____		_____	
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
No.: SH 8236S	LIMITS	Vehicle No.: SH 8236S	
Signature/Date	Signature/Date	Name of Service Advisor	Date
turned to Service Reception upon collection		To be kept by Security Guard	

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305228792  
Date : 24/10/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 8236S

Date of Accident : 20-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 --- SLZ6731E
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% \$750.00  
**Final Lumpsum Repair cost \$750.00**

3. Estimated normal period for repairs: 2 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 : 24/10/18

### 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/INC18019173/K1qbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 01-11-2018	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLZ 6731E	Veh. Inspected	SH 8236S	
Policy No.	5096898757	Coverage (\$)	0.00	
Claim No.	MT/1016793-002	Excess (\$)	0.00	
Assign From		Assign Date	22/10/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU091482	Colour	BLUE	
Odometer	253825	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	HANKOOK	7 mm	
L/H Front Tyre	205/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	20/10/2018	Inspection Date	22/10/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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

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



Page No.:1 of 2

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8236S**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR FENDER (RH)	TO REPAIR SEE LABOUR	2,171.40	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	169.30	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.30	-
1	REAR WHEEL HUB CAP, RH	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-610.22	-21.42
			<b>2,440.88</b>	<b>85.68</b>
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NOT NECESSARY	200.00	-
			<b>250.00</b>	<b>-</b>
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR FENDER (RH).		800.00	400.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			<b>1,910.00</b>	<b>850.00</b>
<b>GRAND TOTAL</b>			<b>4,600.88</b>	<b>935.68</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>750.00</b>

Report Ref No. NS/INC18019173/K1qbn2

Report Ref No. NS/INC18019173/K1qbn2

A handwritten signature in black ink, appearing to be "KALVIN ANG WEI KUN".

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be "K.K. LAU".

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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