

## ASSIGNMENT

From:

Date:

Veh No:

SH8375Z

Yr Regn:

19 May 2016

Estimated Cost:

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

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

Truck / Trailer or

To inspect Vehicle No:

Make:

Hyundai

140

c.c 1685

at Workshop m/s

Comfort

Colour:

Blue

A/C:

Insured / Std / NI / NA

of

Sp/Reading:

392258

T/Radio:

Insured / Std / NI / NA

Insured:

SHC 6288L

Eng/No:

Policy No:

5095103893

20-10-17

C/No:

KNHLCB41UM-674089680

Claims No:

MT/1017270-002

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

Tyre Size:

F:

205/60R16

R:

11

(Policy Condition)

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

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

TOYO / YOKO or

Hankook

Bal. or Market Value:

Front

Rear

IDAC Accident Report:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

2

days

Res.:

Yes or No

D.O.A.

D.O.I.

26-10-18

Lum Sum:

%

3 Val.:

Yes or No

Survey held at

w/s

4:30pm

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction

\$1200

SH 8375Z - NS/INC 16015405 / Hicbn2

SHC 6288L - CS/RAA 13015722 / Hicbn2

DGA: 160816

DGA: 290713

22/04/19 Confirmed P/P \$1,200 @ 2 days with XGQ  
(\$370.00 Red - 24%)

RECEIVED 24 APR 2019

22/4/2019

Date/Time, File Pass to?

24/04/19



: Preli. Report



: Final Report

1)

Typist

Date/Time, File Return to?

2)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

160

Transportation

) S + RS, \$

) Photos

) Others

TOTAL

160

Report Format :

Lump Sum / I.B.I. (\$

1,200/- P/P)

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/10/2018 14:27"/>
Vehicle No.(For Motor)	<input type="text" value="SHC6288L"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095103893		PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6288L	SHC6288L	20/10/2017	

## Denise Tay (LKKAUTO)

**From:** MTCL@income.com.sg  
**Sent:** Wednesday, 24 April 2019 8:41 AM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** REQUEST CLAIM MNUMBER

Hi,

All claims created.

With Regards

Samsia  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.  
**Find out more at [Income.com.sg/careers](http://Income.com.sg/careers)**

**in** with you

**From:** Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]  
**Sent:** Tuesday, 23 April 2019 10:49 AM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST CLAIM MNUMBER

### TP Claims against NTUC Income: Follow-Through Survey

Date : 23/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative
1	MT/1040312-002	COMFORT TRANSPORTATION PTE LTD	SH 8958S	SHD 1213E	15/4/2019	8:45	\$ 4,808.58	\$
2	MT/1017270-002	COMFORT TRANSPORTATION PTE LTD	SH 8375Z	SHC 6288L	25/10/2018	21:20	\$ 1,570.00	\$
3	MT/1040480-002	COMFORT TRANSPORTATION PTE LTD	SHC 8571E	PC 4249T	15/4/2019	8:30	\$ 5,600.64	\$

Page : 1

JC NO.: 305230909

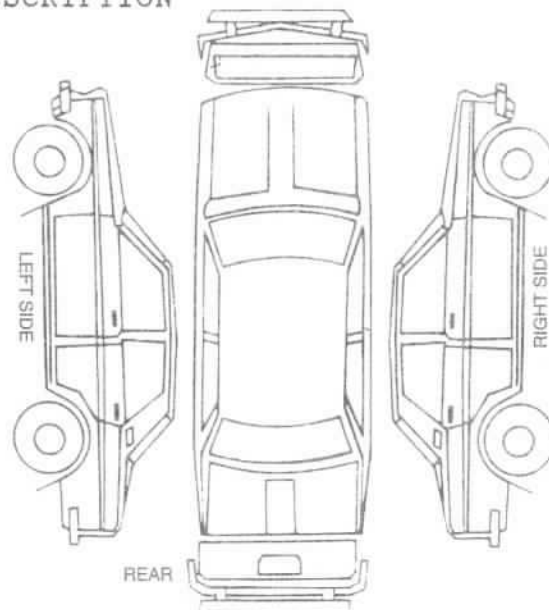
COMPLETION DATE/TIME:

### JOB DESCRIPTION

S/NO	LABOR CODE
------	------------

DESCRIPTION

FRONT



KEED & PASSED OUT BY:

## SERVICE ADVISOR

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

edgement Slip

Exit Pass

SH 8375Z JU NTUC

Vehicle No.:

SH 8375Z

Service Advisor

Signature/Date \_\_\_\_\_

Name of Service Advisor

Date \_\_\_\_\_

Returned to Service Reception upon collection

To be kept by Security Guard

[➤ Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3821R
Vehicle Details	
Vehicle No.:	SH8375Z
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Oct 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDGU621277
Chassis No.:	KMHLB41UMGU089680
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,033.00
Original Registration Date:	19 May 2016
First Registration Date:	19 May 2016
Transfer Count:	0
Actual ARF Paid:	\$20,047.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 May 2024
PARF Rebate Amount:	\$15,035.00
Intended COE Rebate Details	
COE Expiry Date:	18 May 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,463.00
COE Rebate Amount:	\$25,301.00
<b>Total Rebate Amount:</b>	<b>\$40,336.00</b>
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 29 Oct 2018

OK

## 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	26/10/2018 14:10
Date Of Accident	25/10/2018 21:20
Exact Location Of Accident	BAYFRONT AVE > TEMASEK AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8375Z
<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	TAN KEE HOCK
NRIC No	S1377527C
Date Of Birth	16/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91917300
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 58 DAKOTA CRESCENT #09-267
Postcode	390058
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)	2
Passenger 1	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

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	SHC6288L
Vehicle Make/Model/Colour	PREMIER TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN HONG
NRIC/Passport Number	S0054690I
Contact Number	92370692
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)



# **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.
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5. Any false reporting may be referred to the Police for investigation.
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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. 199303821R

Policyholder's Signature  
Date & Time:

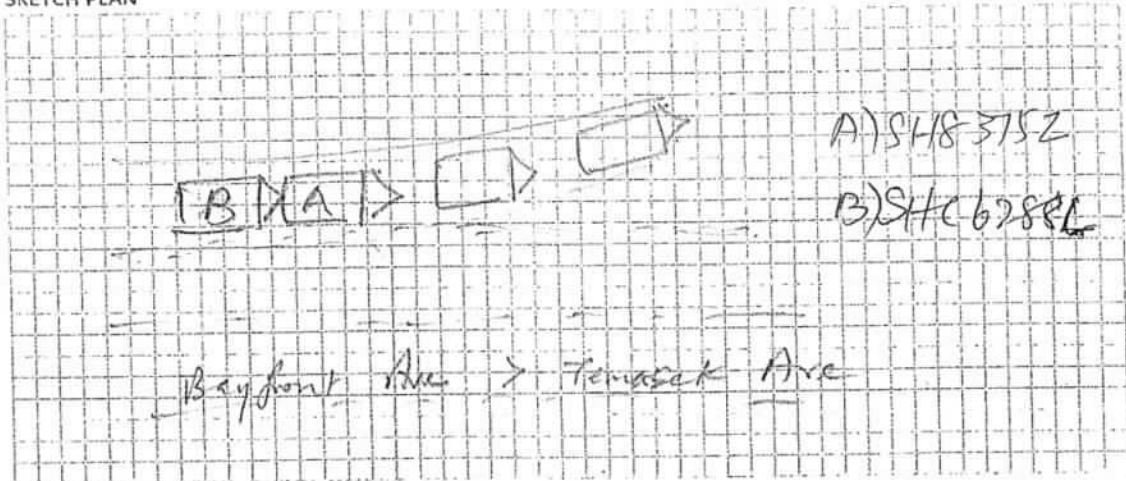
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GIA/IMC SketchPlanForm\_V9



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/10/18 at about 2120 hrs while I Veh A stopped behind other vehicles in front and just moved. Veh B collided on the rear of my vehicle.

DECLARATION

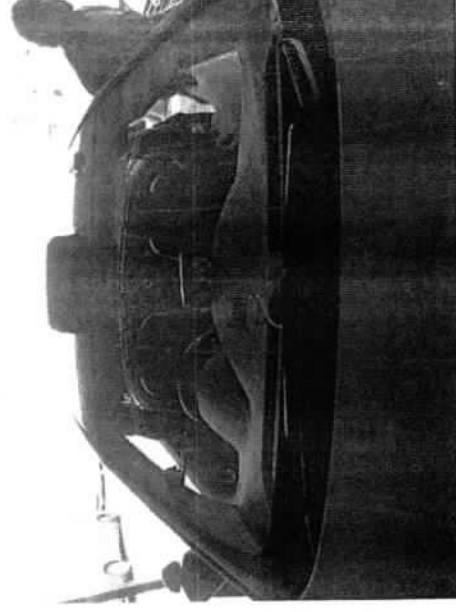
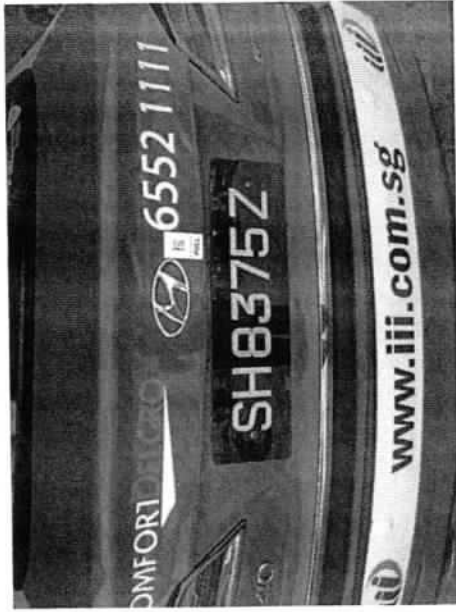
I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature  
Date & Time:

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 8375Z

DATE 26/10/2018 14:59

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>ll</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>mc</i>			\$ 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 <i>/</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>/</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>/</i>		\$ 100.00	\$ 200.00	Nett
				<b>\$ 300.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 400.00	200
	Spray Painting Charge			\$ 300.00	200
	Wiring Charge			\$ 30.00	X NN
	Remove/Refix Reverse Sensor			\$ 80.00	40
	<b>TOTAL LABOUR</b>			<b>\$ 810.00</b>	440
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,570.00</b>	1200

Auto Insurers 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 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:

2 Days.

GuaKup - 82880282

~~2 Days.~~

Partly put.

before paint photos.

26/10/18.



## 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/INC18019612/Gsbe2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 08-05-2019



Code: INC4

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

Insured Veh.	SHC 6288L	Veh. Inspected	SH 8375Z
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/1017270-002	Excess (\$)	0.00
Assign From		Assign Date	26/10/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU089680	Colour	BLUE
Odometer	392258	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	25/10/2018	Inspection Date	26/10/2018
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



Page No.:1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8375Z**

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
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @ \$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.	NOT NECESSARY	400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		30.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	40.00
			810.00	440.00
<b>GRAND TOTAL</b>			<b>1,570.00</b>	<b>1,200.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,200.00</b>

Report Ref No. NS/INC18019612/Gsbe2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

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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