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TP Claims against NTUC Income: Follow-Through Survey

Date: 10/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Es	Estimate
1	MT/1022385-002	COMFORT TRASPORTATION PTE LTD	SH 9198L	SLV 53P	1/12/2018	4:00	s	7,646.76
2	MT/1021903-002	COMFORT TRASPORTATION PTE LTD	M6669 DHS	GBG 5450R	29/11/2018	9:05	\$	10,450.46
8	MT/1022781-002	COMFORT TRASPORTATION PTE LTD	SHC 425Y	SKU 1146R	5/12/2018	19:15	s.	1,703.44
4	MT/1023217-001	COMFORT TRASPORTATION PTE LTD	SH 8330C	GBH 7474D	4/12/2018	18:25	s	5,995.36
2	MT/1022166-002	COMFORT TRASPORTATION PTE LTD	SHC 2722B	SJR 3837U	1/12/2018	14:40	s	3,436.52
9	MT/1022821-002	COMFORT TRASPORTATION PTE LTD	SHA 964T	SFZ 9845L	06/12/2018	12:20	s	3,115.23

eBaoTech										Genera	alClaim
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Notice of Loss	Policy N	lo.				Date o	f Accident		01/12/2018	18:54	
	Vehicle	No. (For Motor)	SLV53	o(Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	8	5078662213- 02		NG POH HONG	\$1695149H	GPC	drivo CLASSIC	SLV53P	SLV53P	10/05/2018	27/04/2019
					C	Continue					

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 witholding 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.

atoresaid,	
	ACCIDENT STATEMENT
Date Of Report	01/12/2018 09:25
Date Of Accident	01/12/2018 04:00
Exact Location Of Accident	PIE (TUAS) AFTER PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH9198L
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	HYUNDAI
Model	140
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	QUEK BENG TECK
NRIC No	S1072947E
Date Of Birth	25/01/1947
2 2	V-27/12/2006 - 200

OUTDOOR Occupation Date Of Driving Pass 15/06/1967

Driving Experience 51 YEARS AND 5 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-96197170

Fax Number Contact Number

EMail Address QUEKBENGTECK@GMAIL.COM Address

167 STIRLING ROAD #11-1213

Postcode

S140167

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 - MAJOR/MINOR RD

Weather Conditions

DRIZZLING

Road Surface

WET

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?

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

HEAD TO SIDE, PLS SEE 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

SLV53P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

REAR AND FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudlate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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 invoive 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:
 - 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

00. REG. NO. 199300021

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 .:

GIARIAC SketchPlanForm V3

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Page 3 of 25

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CO. REG. NO. 19930382	1R /41/~	38	LAGS [1.
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Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholde	10000000	ting Centre Personnel's Signature :
www.45 1 1111bar	Date & Time:		FIN No.:

GIASMC SketchPlanEgrov_V3







COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

MAKE

VEHICLE NO: SH 9198L

DATE: 01.12.2018

MIUC PZ ount ISUM

ty	: HYUNDAI i40 Parts Description/ Labour	Type	Unit Price	1 7	Amount
	Front Bumper Cover			\$	544.50
	Front Bumper Bracket Top (RH) 150			\$	22.40
	Front Bumper Retainer Mounting			\$	9.20
	Headlamp (RH)			S	1,388.00
	Front Fender (RH)			s	566.30
	Front Fender (RH)			S	175.90
	Front Fender Stileid (KH)			S	24.60
	Front Door (RH)			S	2,256.40
	Front Wheel Rim (RH)			S	325.30
	Front Wheel Hub Cap (RH)			S	107.10
	Front wheel Hub Cap (RH)			3	107.10
	Rear Lie 1 Hub (ap (100))				
	Rev Por (RH) X rept				
	Rea Finds (RH) X PT SUBTOTAL			\$	5,419.70
	Res Rome (RH X 17 LESS 20%)			\$	1,083.94
	Can Bout XTP DISCOUNTED TOTAL	1		S	4,335.76
	Front Wheel Hub Cap (RH) Rear Weel Hub Cap (RH) - ndf) Rear Pose (RH) × rept Rear Fonds (RH) × rept Rear Fonds (RH) × rept LESS 20% Front Rant × rept DISCOUNTED TOTAL Rocker Posel × rept				
	Front Door Comfort Logo (RH) Rear Door Comfortdelgro & Apps Sticker (RH) Front Tyre (RH)	M		s s s	75.00 80.00 216.00
	TOTAL			s	371.00
	Labour Charge				600
	Panel Beating			\$	800.00
	Spray Painting Charge			s	1,800.00
	Wiring Charge	nence novi	\	S	50.00
	Tuff Kote LKK Auto Consultation the Repairer of the facilities	-31 2 20167		S	4 19.75 (19.15 (19.15)
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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.

DIMFORTDELGRO ENGINEERING

nember of ComfortDeLGRO

ComfortDelGro Engineering Pte Ltd

205 Brasidell Road Singspore 579701 Maniline + 55 6383 6280 Facsimile + 65 6280 9755

Workshops
59 Libyang Drive Singapore 506988
383 Sin Ming Drive Singapore 575717
45 Pendan Road Singapore 609288
501 Yishuri Industrial Park A Singapore 785732

Date/Time 9 050 0 2 3 12 2 2 3 12 12 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 12 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2 3 12 2

JC NO.: 305245845 JOB CARD Sales Order: ARC Repair TP(CLSO)1 Team: REGN NO.: SH 9198L MER COMFORT TRANSPORTATION PTE LTD FUEL MAKE: HYUNDAI E.....1/2... 7010045 MERNO 383 SIN MING DRIVE MODEL I-40 01:80 8197.3E.10 :55 Singapore SINGAPORE 575717 YR OF MANU 14.05.2015 TARGET DATE 65508755 (0) (R) COMPLETION DATE/TIME: CHASSIS CODE KMHLB41UMFU068991 UNT CARD NO.

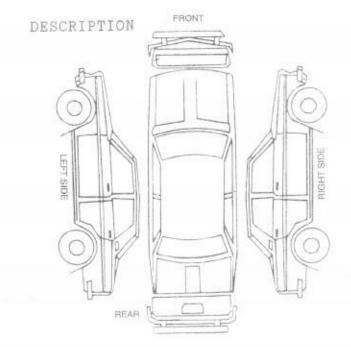
JOB DESCRIPTION

Accident Date: 01.12.2018

NATURE: 3P 01.12.18

S/NO

LABOR CODE



			19		
OKED & PASSED OUT BY:		_			
SERVICE ADVISOR			1.00	CUSTOMER'S SIGNATURE	
wledgement Siip		Exit Pass			
: :No.: SH 9198L	FZ NTUC	Vehicle No.:	SH 9198I	i.	
of Service Advisor	Signature/Date	Name of Service Adviso	or	Date	
returned to Service Reception upon colle	ction	To be kept by Security (Guard	erennum munum m	стт
THE PROPERTY OF THE PARTY OF TH			111111111111		111111

COMFORTDELGRO

Our J	Job Ref	No : 3	05245845		10	
Date		:0	8.12.2018		ComfortDelGro Engi 59 Loyang Drive Si	
FINA	LIZAT	ION FORM			Fax: 65	46 8156
То			LKK		Fax:	
Attn	:		KALVIN			
Vehic	de Reg	No. : SH 919	8L	Date	e of Accident : _	01.12.2018
The:	survey	and estimates of the	repairs of the above-me	ntioned vehicle a	re as follows:-	
1.	The	repair job shall bill to	1	NTUC		SLV 53P
2.	The f	inalized amount sha	all be:			
	(a)	Spare Parts after	List discount			\$0.00
	(b)	Labour Charges				\$0.00
		Total for Part-By	-Part Repair Cost			\$0.00
	(c.)	Lumpsum Repair Total for Lumpsum Final Lumpsum	n repair cost after Less:	20%		\$4800.00
3. 4.	We s	rking days	re amount as Correct a	nd Confirmed if		
4.	We s 7 wo Than	shall treat the abov	re amount as Correct a	nd Confirmed if W		timates and
4.	We s 7 wo Than	shall treat the aboverking days Ik you for your assis ature:	tance.	nd Confirmed it W fin	f there is no rep e confirm the es alized amount	timates and
4.	We s 7 wo Than	shall treat the aboverking days Ik you for your assis ature:	atance. MOKHTAR	nd Confirmed if W fin	f there is no rep e confirm the es alized amount gnature :	timates and
4.	We s 7 wo Than Signa Nam Tel Fax	shall treat the aboverking days ak you for your assis ature: FAUZY BIN 62148319	tance.	nd Confirmed if W fin	e confirm the es alized amount	timates and
4.	We s 7 wo Than Signa Nam Tel Fax	thall treat the aboverking days ak you for your assistature: FAUZY BIN 62148319 65468156	tance.	nd Confirmed if W fin	e confirm the es alized amount	timates and
4. 5.	We s 7 wo Than Signa Nam Tel Fax Official	shall treat the aboverking days It you for your assistature: E : FAUZY BIN : 62148319 : 65468156	tance.	nd Confirmed if W fin Si Na Da Document Attached	e confirm the es alized amount gnature :	Kalm ID/IL/IB
4. 5.	We s 7 wo Than Signa Nam Tel Fax Official	shall treat the aboverking days ak you for your assis ature: ature: 62148319 65468156	tance.	Document Attached Yes or No	e confirm the es alized amount gnature :	Kalm ID/IL/8
4. 5. For (We s 7 wo Than Signa Nam Tel Fax Official	shall treat the aboverking days alk you for your assis ature : ature : 62148319 65468156 I Use Only Item Rate P/Day Income Paid	tance.	Document Attached YES	e confirm the es alized amount gnature :	Kalm ID/IL/IB
1. R 2. L 3. S 4. L	We s 7 wo Than Signa Nam Tel Fax Official Cental F coss of Survey F TA Sea Medical	shall treat the aboverking days ak you for your assis ature : e : FAUZY BIN : 62148319 : 65468156 I Use Only Item Rate P/Day Income Paid Fees arch Fee Fees (on behalf , if applicable)	tance.	Document Attached YES	e confirm the es alized amount gnature :	Kalm ID/IL/IB



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	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1802173	39/K1vbn2
		D UNION HOUSESINGAPORE	Date:	17-12-2018 INC4	
1.	Strandard Co.	Policy Particulars	:- THIR	D PARTY CLAIM	
1	Insured Veh.	SLV 53P	Veh. I	nspected	SH 9198L
	Policy No.	5078662213-02	Cover	rage (\$)	0.00
	Claim No.	MT/1022385-002	Exces	ss (\$)	0.00
	Assign From		Assig	n Date	03/12/2018
2.		Vehicle Parti	culars &	& Condition	
	Make & Model	HYUNDAI 140	c.c		1685
	Engine No.	HIDDEN	Year	of Reg.	2015
	Chassis No.	KMHLB41UMFU068991	Colou	ır	BLUE
	Odometer	446219	Steeri	ing	IN ORDER
	Brakes	IN ORDER	Modif	ication	STANDARD ALLOY RIM
	General	FAIR			
3.		Condit	ions of	Tyres	
		Size	Make	Ú.	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.		Descripti	on of D	amages	
	THE VEHICLE SU	STAINED DAMAGES AT THE OR ETAILS.	S FRON	T PORTION.	
5.		Genera	I Inform	nation	
	Accident Date	01/12/2018	Inspe	ction Date	03/12/2018
	Survey held at	COMFORTDELGRO ENGINEE	RING PT	E LTD	
	-	59 LOYANG DRIVE SINGAPORE 508969			
5a.		R	emarks		
		ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V			
5b.		Estimate	Days o	f Repair	在一位的 特殊性,而是是
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:		4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9198L

ty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	HEADLAMP (RH)	CUT	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT DOOR (RH)	DENTED	2,256.40	2,256.40
1	FRONT WHEEL RIM (RH)	SERVICEABLE	325.30	_
1	FRONT WHEEL HUB CAP (RH)	CRACKED	107.10	107.10
1	REAR WHEEL HUB CAP (RH)(NPA)	MISSING	8.4	-
1	REAR DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	85	-
1	REAR FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	8-	-
1	REAR BUMPER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT BONNET (NPA)	TO REPAIR SEE LABOUR		
1	ROCKER PANEL (NPA)	TO REPAIR SEE LABOUR		
	LESS 20% DISCOUNT	a province of the control of the con	-1,083.94	-972.46
			4,335.76	3,889.84
	NETT ITEMS			
1	FRONT DOOR COMFORT LOGO (RH)(N)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (N)	NECESSARY	80.00	80.00
1	FRONT TYRE (RH)(N)	SERVICEABLE	216.00	
	LESS 10% DISCOUNT			-15.50
			371.00	139.50

Report Ref No. NS/INC18021739/K1vbn2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR DOOR (RH), REAR FENDER (RH), REAR BUMPER (RH), FRONT BONNET AND ROCKER PANEL.		800.00	600.00
	SPRAY PAINTING CHARGE.		1,800.00	1,600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR.		120.00	50.00
	FRT WHEEL ALIGNMENT.		120.00	60.00
	\$ 100 miles (100 miles		2,940.00	2,350.00
	GRAND TOTAL		7,646.76	6,379.34

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	4,800.00

Report Ref No. NS/INC18021739/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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