



Hello, NAC\_PAYA\_UBI\_800601

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Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NREC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5087619346-01		ST CARZ LEASING PTE LTD	201535819E	GFT	drive CLASSIC	SLR5667G	SLR5667G	19/01/2018	

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date : 13/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1023016-002	COMFORT TRASPORTATION PTE LTD	SHD 4870M	XD 1376D	7/12/2018	12:45	\$ 5,797.00
2	MT/1023382-002	COMFORT TRASPORTATION PTE LTD	SHC 1114M	SJR 4632L	9/12/2018	14:05	\$ 2,402.32
3	MT/1023692-001	COMFORT TRASPORTATION PTE LTD	SHC 7357P	SJU 416E	8/12/2018	6:40	\$ 1,940.16
4	MT/1023076-002	COMFORT TRASPORTATION PTE LTD	SH 6683Y	SJF 1671G	8/12/2018	11:15	\$ 2,094.23
5	MT/1023696-001	COMFORT TRASPORTATION PTE LTD	SHC 2729H	SLR 5667G	8/12/2018	20:50	\$ 2,752.46
6	MT/1023700-001	COMFORT TRASPORTATION PTE LTD	SHD 4128Z	SKD 3208Y	5/12/2018	18:45	\$ 1,380.32
7	MT/1022942-002	COMFORT TRASPORTATION PTE LTD	SHD 6822P	SHB 8780Z	6/12/2018	18:45	\$ 15,378.46
8	Duplicate Entry	COMFORT TRASPORTATION PTE LTD	SHD 4128Z	SKD 3208Y	6/12/2018	19:45	\$ 1,380.32
9	MT/1023712-001	COMFORT TRASPORTATION PTE LTD	SHC 3692Y	GBA 5648U	7/12/2018	15:30	\$ 4,503.68
10	MT/1023050-002	COMFORT TRASPORTATION PTE LTD	SHA 7526D	SMA 5171Y	7/12/2018	18:35	\$ 5,179.84
11	MT/1023032- 002	COMFORT TRASPORTATION PTE LTD	SH 7276A	SJA 3473A	8/12/2018	3:20	\$ 2,419.06

## 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	10/12/2018 11:43
Date Of Accident	08/12/2018 20:50
Exact Location Of Accident	ARTILLERY AVE TWDS ALLAN BROOKE RD(SENTOSA)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2729H
<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	MERCEDES-BENZ
Model	MERC

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	MOHAMED HANIFF BIN MOHAMED SHARIFF
NRIC No	S8029110H
Date Of Birth	02/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2002
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81169881
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address: 461 07-287 PASIR RIS DRIVE 4  
 Postcode: 510461  
 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: HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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?: YES  
 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**

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: SLR5667G  
 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: NOT SURE  
 No. Of Passenger (Including Driver):

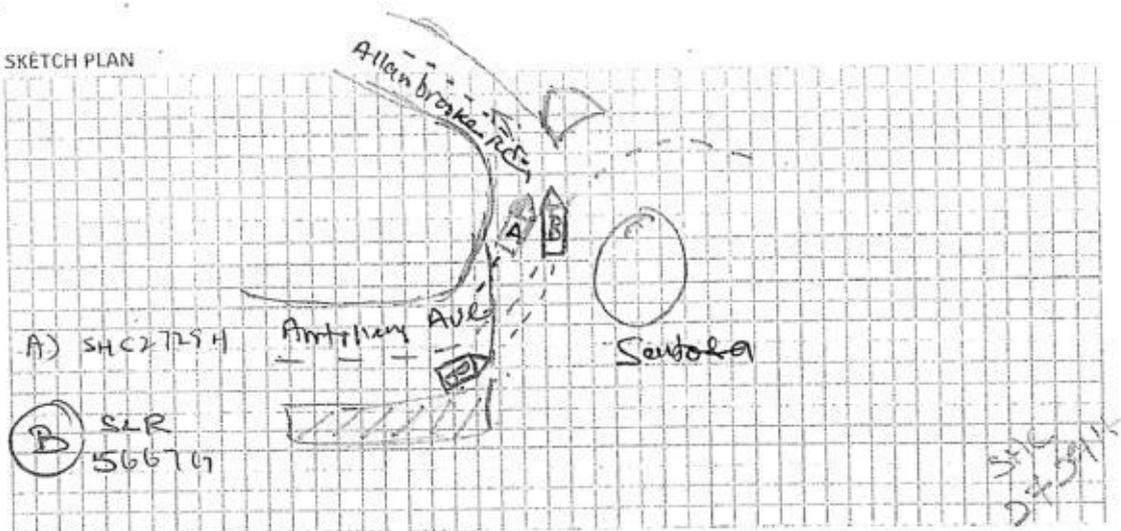
**DETAILS OF INJURED PERSON 1**

Name: MOHAMED HANIFF BIN MOHAMED SHARIFF

Approximate Age	38
Injuries Sustain	NECK TO RHT ARM
Injured person in which vehicle?	SHC2729H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 8 Dec 2018 @ 20:50 hrs I veit A  
 was driving along the above location .  
 I. veit was on 2nd lane B4 the Bank  
 ast. I veit A follow my lane and  
 ast- to turn left. Suddenly veit B from  
 2nd lane dash into my lane and hit veit  
 (A) Legit front and Run away .

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
 CO REG NO 19903821R

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)

Reporting Centre Personnel's Signature  
 Name:

W. Manj 10/12

**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.

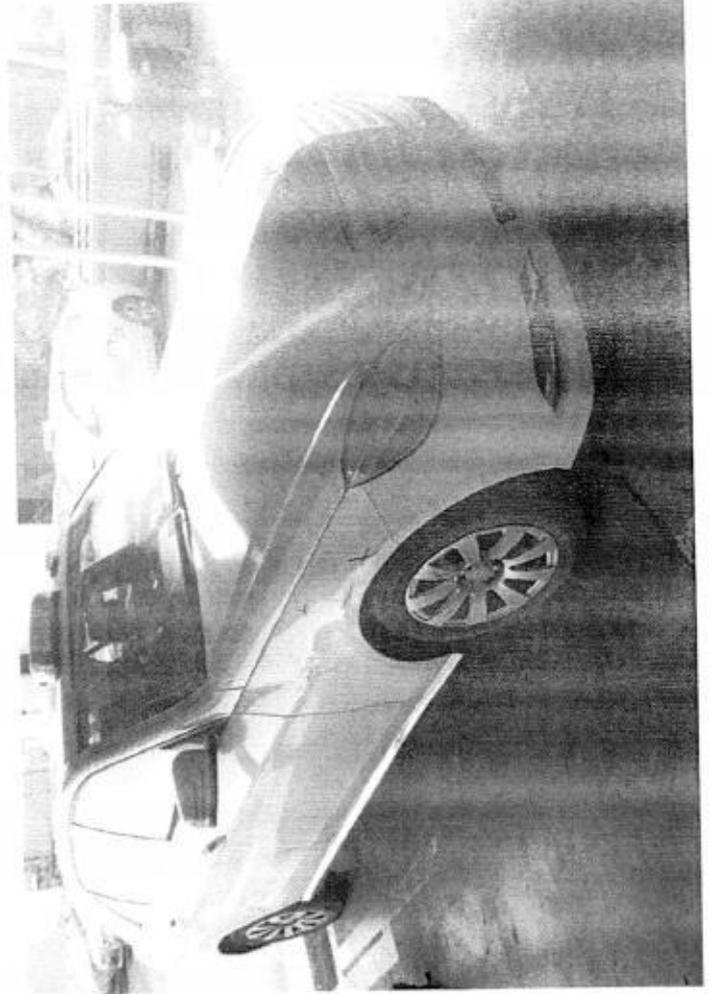
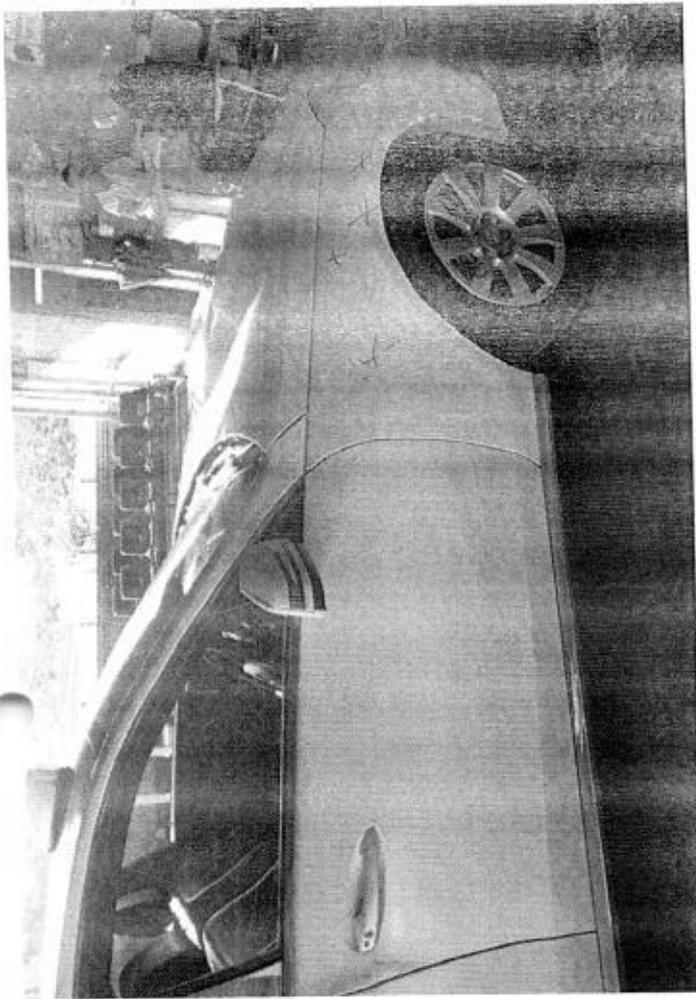
COMFORT TRANSPORTATION PTE L.  
CO REG NO. 199003821R

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.:

W. N. Tauf 10/12





### Workshops

member of COMFORTDELGRO

Date/Time: 10.12.2018 13:37 Page : 1

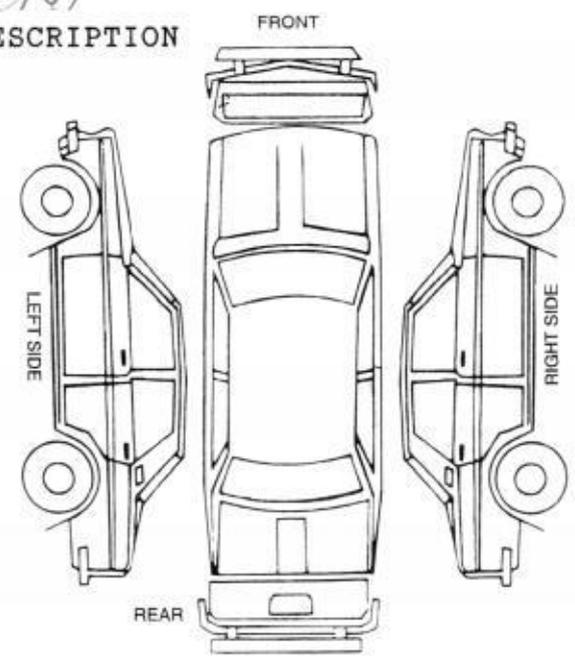
<b>Team:</b> ARC Repair TP(CLSO)1 <b>JOB CARD</b> OMER IS COMFORT TRANSPORTATION PTE LTD 7010045 OMER NO. 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65508755 (R) (O) (P) JUNT CARD NO.	<b>Sales Order:</b> 3880779 <b>JC NO.:</b> 305249181	REGN NO.: SHC2729H MILEAGE MAKE: MERCEDES BENZ FUEL E.....1/2.....F MODEL E220CDI (E5) 10.12.2018 08:50 DATE/TIME IN YR OF MANU 06.06.2013 TARGET DATE CHASSIS CODE WDD2120022A757945 COMPLETION DATE/TIME:
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Accident Date: 08.12.2018  
NATURE: 3P 08.12.18/B

JOB DESCRIPTION

*RIGHT FRONT*  
DESCRIPTION

S/NO                      LABOR CODE



BOOKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR

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

Checklist / Acknowledgement Slip

No.: SHC2729H      FZ (NTUC)

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

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC2729H

Name of Service Advisor \_\_\_\_\_ Date \_\_\_\_\_

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305249181

Date : 12.12.2018

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC2729H

Date of Accident : 08.12.2018

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

1. The repair job shall bill to: NTUC --- SLR5667G
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<u>\$0.00</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$1,750.00</u>
<b>Final Lumpsum Repair cost</b>	<u>\$1,750.00</u>

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalvin

Date : 13/12/18

### 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		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/INC18022186/K1vbn2			
73 BRAS BASAH ROAD		Date: 18-12-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SLR 5667G	Veh. Inspected	SHC 2729H
Policy No.	5087619346-01	Coverage (\$)	0.00
Claim No.	MT/1023696-001	Excess (\$)	0.00
Assign From		Assign Date	10/12/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A757945	Colour	WHITE
Odometer	667991	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	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	08/12/2018	Inspection Date	10/12/2018
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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2729H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FENDER,FRT/RH	DENTED	996.08	996.08
1	FENDER SPLASHSHIELD,FRT/RH (FRONT)	SERVICEABLE	257.00	-
1	WHEEL RIM,RH	GRAZED	1,250.00	1,250.00
	LESS 20% DISCOUNT		-500.62	-449.22
			<b>2,002.46</b>	<b>1,796.86</b>
<b><u>LABOUR</u></b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	TUFF KOTE.		50.00	20.00
			<b>750.00</b>	<b>420.00</b>
<b>GRAND TOTAL</b>			<b>2,752.46</b>	<b>2,216.86</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,750.00</b>

Report Ref No. NS/INC18022186/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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