

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	G8A 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

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 checked="" type="radio"/>	5101420914		PIERRE-YVES MARIE JEAN- CLAUDE RIGAUX	S77888333	GPC	drive CLASSIC	SKD3208Y	SKD3208Y	13/06/2018	12/06/2019

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	07/12/2018 08:26
Date Of Accident	05/12/2018 18:45
Exact Location Of Accident	ROBINSON SHOPPING CENTRE EXIT TO STAMFORD RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4128Z
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	SONATA-2.0 (A)

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	SABIRIN BIN KHAMIS
NRIC No	S1798115C
Date Of Birth	03/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/10/1987
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93712671
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 136 TECK WHYE LANE #02-299
Postcode	680136
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)	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

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	SKD3208Y
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
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.
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. 199303821R

Policyholder's Signature
Date & Time:

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

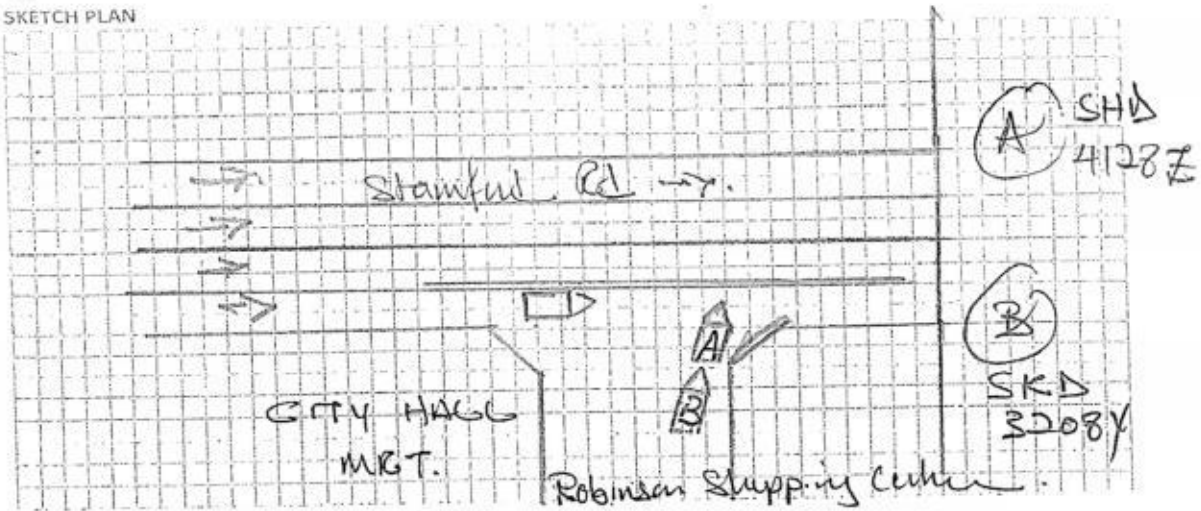
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/RC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 5 Dec @ 1845hr I, veh A was
 slow down and stop, to give way to
 vehicle on the left. Suddenly veh B
 from the rear hit veh A rear.
 at the point of accident veh A
 no. pre.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199003021R

Policyholder's Signature

Date & Time:

GIASMPC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

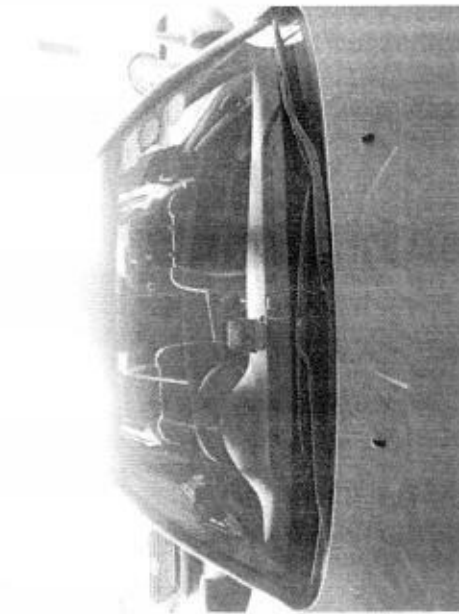
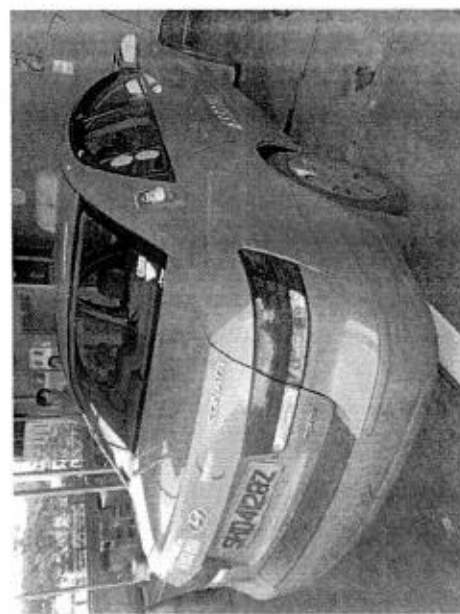
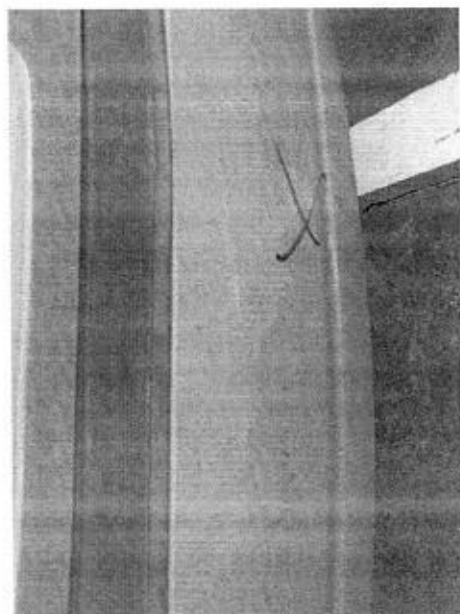
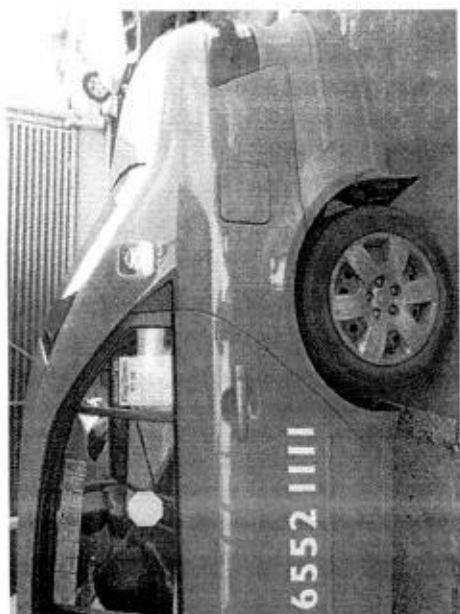
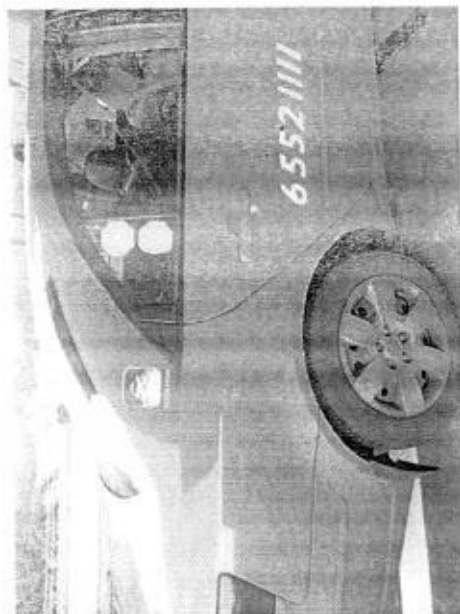
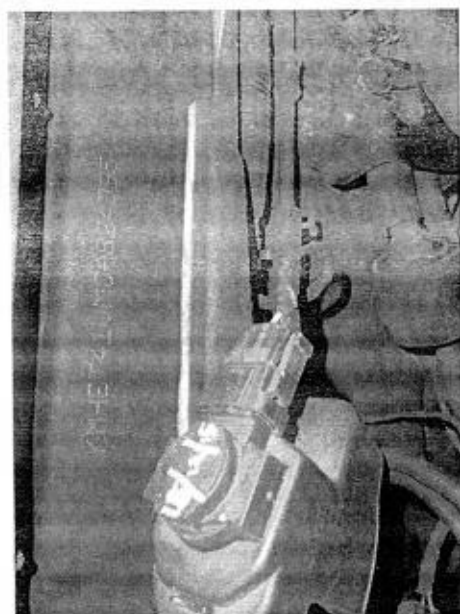
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

6/12



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4128Z

DA1

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type
-----	---------------------------	------

Rear Bumper X 1

Rear Bumper Clip X 4

SUB TOTAL

LESS 20%

DISCOUNTED TOTAL

Rear Bumper Rubber Mat X 1

Labour Charge

Panel Beating

Spray Painting Charge

Wiring Charge

Remove/Refix Reverse Sensor

TOTAL LABOUR

ESTIMATE TOTAL

13/12/20 200. +
200. +
400. 00

\$ 480.32

\$ 50.00 Nett

\$ 50.00

\$ 400.00

\$ 300.00

\$ 30.00

\$ 120.00

\$ 850.00

\$ 1,380.32

Kahin (VKE)

10/12/18 1520 hr

2 by

4/5

After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey auto element only painting
- To display damaged parts 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:

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.

Workshops

59 Luyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
220 Ubi Road 3 Singapore 408699

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

A member of COMFORTDELGRO

Date/Time: 10.12.2018 10:54 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3880595

JC NO.: 305249111

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

65508755

JOB DESCRIPTION

Accident Date: 05.12.2018

NATURE: 3P 05.12.18/B

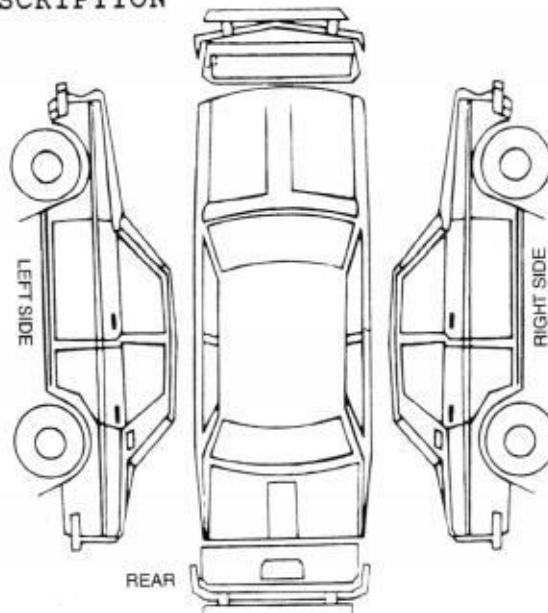
S/NO

LABOR CODE

REAR

DESCRIPTION

FRONT



REAR

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHD4128Z FZ (NTUC)

Vehicle No.: SHD4128Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.12.2018

REPAIR ESTIMATE

Time: 17:46:30

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305249111
REGN NO : SHD4128Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 27.04.2012
DATE/TIME IN : 10.12.2018 10:10
ACCIDENT DATE : 05.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 L	SPRAY PAINTING CHARGE	200.00

SUB-TOTAL : 400.00

TOTAL : 400.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305249111

Date : 12.12.2018

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD4128Z

Date of Accident : 05.12.2018

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

1. The repair job shall bill to: NTUC --- SKD4128Z
2. The finalized amount shall 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 (if applicable) 20% \$400.00
 - Total for Lumpsum repair cost after Less:** \$400.00
 - Final Lumpsum Repair cost** \$400.00

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 : 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/INC18022207/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 Date: 21-12-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKD 3208Y	Veh. Inspected	SHD 4128Z
Policy No.	5101420914	Coverage (\$)	0.00
Claim No.	MT/1023700-001	Excess (\$)	0.00
Assign From		Assign Date	10/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA824395	Colour	BLUE
Odometer	385950	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	05/12/2018	Inspection Date	10/12/2018
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.

5b. Estimate Days of Repair

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. SHD 4128Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	578.40	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-120.08	-
			480.32	-
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
<u>LABOUR</u>				
	PANEL BETAING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			850.00	400.00
GRAND TOTAL			1,380.32	400.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				400.00

Report Ref No. NS/INC18022207/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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4128Z

DATE 10/12/2018 12:51

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X <i>Repair</i>			\$ 578.40
	Rear Bumper Clip X <i>11</i>			\$ 22.00
	SUB TOTAL			\$ 600.40
	LESS 20%			\$ 120.08
	DISCOUNTED TOTAL			\$ 480.32
	Rear Bumper Rubber Mat X <i>11</i>			\$ 50.00
				\$ 50.00
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 30.00 X <i>11</i>
	Remove/Refix Reverse Sensor			\$ 120.00 X <i>11</i>
	TOTAL LABOUR			\$ 850.00
	ESTIMATE TOTAL			\$ 1,380.32
<p><i>Kahin (Ukey)</i> <i>10/12/18 1520 hr</i> <i>2 by,</i> <i>4/3</i> <i>After Repair photo</i></p> <p>LKK Auto Consultants hereby notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey and claimant by painting To display damaged parts during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification is allowed Supplementary detail must be retrieved and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p>				
<p>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.</p>				