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TP Claims against NTUC Income: Follow-Through Survey

Date: 13/12/2018

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

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					ontinue					

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/12/2018 08:31

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.
- Any false reporting may be referred to the Police for investigation.
- 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.

ACCI	DENT	CTA:	TEM	IEM)	т.
ACC	DEN.	SIA		-	н

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.

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD4128Z

Insured/Policyholder

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

199303821R

Co Reg No **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

NO

for repair to your vehicle? 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 Date Of Birth S1798115C 03/06/1967

Occupation

OUTDOOR

Date Of Driving Pass

23/10/1987

Driving Experience

31 YEARS AND 1 MONTH

Gender

Mobile Number

(LOCAL) +65-93712671

Fax Number

Contact Number

EMail Address

NOEMAIL

Page 1 of 18

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

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

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)

Page 2 of 19

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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")
- 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
- 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.
- 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
 - (iii) for complying with requirements under any regulations, laws or court orders.

COMPORT TRANSPORTATION PTS L

GO. 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 .:

GIARIAC SketchPlanForm_V3

Sketch Plan Pg. 2

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CO. REG. NO. 199303821R	V3/11/1/	No land
	Driver's Signature	Reporting Centre Personne 's Signature
Policyholder's Signature	(If driver is not the policyholder)	Name:
Date & Time:	Date & Time:	NRIC/FIN No.:

GIASIWC Stetch#lanForth_V3



REPAIR ESTIMATE* VEHICLE NO: SHD 4128Z DAT MAKE MODEL : HYUNDAI SONATA Qty Parts Description/ Labour Турс Rear Bumper X Many Rear Bumper Clip X 44 00 SUB TOTAL 40 LESS 20% 08 DISCOUNTED TOTAL 480.32 Rear Bumper Rubber Mat × 12 50.00 Nett 50.00 Labour Charge 200 Panel Beating Spray Painting Charge Wiring Charge Remove/Refix Reverse Sensor 120.00 TOTAL LABOUR 850.00 \$ ESTIMATE TOTAL 1,380.32 Kahu (Ukry M 10/12/18 1520 hr. \ 2 by, Us Aller Report photo Signa/J 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.

Page 1 of 1

COMFORTDELGRO ENGINEERING PTE LTD

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

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

Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286

Date/Time 20 Ubi 10 d 3 f 2 ap 2 0 4 5 8 10 : 5 4

Page : 1

JOB CARD JC NO.: 305249111 Sales Order: 3880595 ARC Repair TP(CLSO)1 Team: REGN NO.: SHD4128Z MILEAGE STOMER COMFORT TRANSPORTATION PTE LTD FUEL MAKE: HYUNDAI 7010045 ..1/2. STOMER NO. 383 SIN MING DRIVE 10.12.2018 10:10 MODEL DRESS Singapore SINGAPORE 575717 SONATA 65508755 TARGET DATE YR OF MANU 27.04.2012 (0) .. (R) (P) CHASSIS CODE KMHET41VMCA824395 COMPLETION DATE/TIME: COUNT CARD NO.

Accident Date: 05.12.2018 NATURE: 3P 05.12.18/B

S/NO

LABOR CODE

JOB DESCRIPTION

FRONT DESCRIPTION LEFT SIDE REAR

CKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
wledgement Slip	Exit Pass
SHD4128Z FZ (NTUC)	Vehicle No.: SHD4128Z
of Service Advisor Signature/Date returned to Service Reception upon collection	Name of Service Advisor Date To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.12.2018

Time: 17:46:30

REPAIR ESTIMATE

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 REGN NO : 305249111 : SHD4128Z

MILEAGE : 0000000000 MAKE : HYUNDAI MODEL : SONATA

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

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE:

DATE:

COMFORTDELGRO ENGINEERING

ur Jo	b Ref	No :	3052491				ComfortDe	elGro Engineering Pte Ltd
ate		_	12.12.20)18			59 Loyang Fax: 6546	Drive Singapore 508969
INAL	IZATI	ON FORM	Λ					
o	:		LKK	l			Fax:	
Attn	;		KAL	VIN				
/ehic	le Reg	No. :	SHD4128Z			Date o	f Accident :	05.12.2018
he s	urvey	and estim	ates of the repair	s of the above-me	ntioned	vehicle are	as follows:-	
			shall bill to:		NTUC			SKD4128Z
			mount shall be:					
2.	(a)		arts after List dis	count				\$0.00
	(b)		Charges	ood n				\$0.00
	(0)		or Part-By-Part	Repair Cost				\$0.00
		Total II	. uni oj i uli	THE PARTY OF THE PARTY OF				
	(c,)	Total fo	ım Repair (if appi r Lumpsum repai umpsum Repai	ir cost after Less:		20%		\$400.00 \$400.00
	We				2 and Cor		king days. there is no rep	oly from you within
	We 7 we Tha	shall trea orking da nk you for nature:	at the above amonys	ount as Correct		we fina	there is no rep confirm the es alized amount	
4.	We 7 we	shall trea orking da nk you for nature:	it the above am	ount as Correct		ofirmed if We final Sig	confirm the es elized amount enature :	Kaluh
4.	We 7 we Tha	shall trea orking da nk you for nature:	at the above amonys	ount as Correct		we fina	confirm the es elized amount enature :	timates and
4.	We : 7 wo	shall trea orking da nk you for nature: _ me : _	t the above amonys your assistance	ount as Correct		ofirmed if We final Sig	confirm the es elized amount enature :	Kaluh
4.	We 7 we That Sign Narr Tel Fax	shall trea orking da nk you for nature: _ me : _	FAUZY BIN MOK	ount as Correct		ofirmed if We final Sig	confirm the es elized amount enature :	Kaluh
4.	We 7 we That Sign Narr Tel Fax	shall trea orking da nk you for nature: _ me : _	FAUZY BIN MOK	ount as Correct	and Cor	ofirmed if We final Sig	confirm the es elized amount enature :	Kaluh
4. 5.	We 7 ww Tha Sign Nar Tel Fax	shall trea orking da nk you for nature : me :	FAUZY BIN MOK 62148319 65468156	ount as Correct	and Cor	ofirmed if We fina Sig Na Da	confirm the estalized amount mature: me: Confirm By	Kalun (3/12/R
For 1.	We 7 we That Sign Narr Tel Fax Official Rental	shall trea orking da nk you for nature: _ me : _ al Use Or	FAUZY BIN MOK 62148319 65468156	ount as Correct	and Cor	ofirmed if We final Sig Na Da Document Attached Yes or No	confirm the estalized amount mature: me: Confirm By	Kalun (3/12/R
5. For	We 7 we That Sign Narr Tel Fax Official Rental Loss of	shall trea orking da nk you for nature: _ me : _ al Use Or Item	FAUZY BIN MOK 62148319 65468156	ount as Correct	and Cor	ofirmed if We final Sig Na Da Document Attached Yes or No YES	confirm the estalized amount mature: me: Confirm By	Kalun (3/12/R
1. 2. 3.	We : 7 ww Tha Sign Nar Tel Fax Offici Rental Loss of Surve LTA S Medic	shall trea orking da nk you for nature: me : al Use Or Item Rate P/D of Income	FAUZY BIN MOK 62148319 65468156 nly Paid	ount as Correct	and Cor	ofirmed if We final Sig Na Da Document Attached Yes or No YES	confirm the estalized amount mature: me: Confirm By	Kalun (3/12/R



ESTIMATED NORMAL PERIOD FOR REPAIR:

National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





UTV	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1802220	07/K1vbn2
		O JINION HOUSESINGAPORE	Date:	21-12-2018 INC4	
1.		Policy Particulars	0.000.00.000.00		
•	Insured Veh.	SKD 3208Y		nspected	SHD 4128Z
	Policy No.	5101420914	Cover	rage (\$)	0.00
	Claim No.	MT/1023700-001	Exces	ss (\$)	0.00
	Assign From	Broghton was creatives a	Assig	n Date	10/12/2018
2.		Vehicle Parti	culars	& Condition	
	Make & Model	HYUNDAI SONATA	c.c		1991
	Engine No.	HIDDEN	Year	of Reg.	2012
	Chassis No.	KMHET41VMCA824395	Colou	ır	BLUE
	Odometer	385950	Steer	ing	IN ORDER
	Brakes	IN ORDER	Modif	fication	STANDARD ALLOY RIN
	General	GOOD			
3.	DESCRIPTION OF SERVICE	Condit	ions 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.		Descript		Control of the Contro	
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	EAR POP	RTION.	
5.		The control of the co	al Inforr	mation	
	Accident Date	05/12/2018	Inspe	ection Date	10/12/2018
	Survey held at	COMFORTDELGRO ENGINEE	RING P	TE LTD	
	5.	59 LOYANG DRIVE SINGAPORE 508969			
5a.			Remark		
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WI	THOUT WE HAV	PREJUDICE" BASI E NOT AUTHORISE	S. ED REPAIRS.
5b.				of 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





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4128Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	TO REPAIR SEE LABOUR	578.40	2
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	
	LESS 20% DISCOUNT		-120.08	-
	De Visitable Statistica (Control of the Astronomy Control of the Astron		480.32	-
	SPECIAL NETT ITEMS			
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			50.00	134
	LABOUR			
	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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying 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

HTUC/LKK REAK

DATE 10/12/2018 12:51

MAKE

Qty	Parts Description/ Labour	Type	Unit Price	A	mount	1
	Rear Bumper X	-31-		\$	578.40	╡.
	Rear Bumper Clip × 44			S	22.00	
				-	22.00	
	SUB TOTAL			\$	600.40	+
						- 1
	LESS 20%			\$	120.08	-
	DISCOUNTED TOTAL			\$	480.32	
	Rear Bumper Rubber Mat 🗶 😘			\$	50.00	1
				\$	50.00	+
						1
	Labour Charge Panel Beating				200	-
				S	400.00	
	Spray Painting Charge			S	300.00	ľ
	Wiring Charge			S	30.00	P
	Remove/Refix Reverse Sensor			S	120.00	7
	TOTAL LABOUR			S	850.00	1
	ESTIMATE TOTAL			S	1,380.32	
	10/2/18	o resurvey do To display dame Parts prices no Third party ser No lifegal mac Supplements	acts honce notify he following: elameracy suring sea notis: senio trauned sybert to review and invision a subject repulse invision a subject repulse in a senio recent in almost recent invision and recent invitation and recent invision and recent	Wasis Sompani		

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.

Page 1 of 1