GIA / PR Seen: Consistent?: Yes or No Est Repair: days Res.: Yes or No Lura Sunv: 1/4 3 Val.: Yes or No CA / REV / REP. / 24 HRS Data: Person Contacted: Vehicle: IN / OUT Data / Time Action / Instruction SHD 308/E - CCS/TU / 501/2584 / Rh/35XX DIGH: STM 3760Y X 12/12/5 Channel Cys 45550/ 2 My. CRED : THE Pass to? Preli. Report Days Of Repair: 2 Oeterfine, File Pass to? Preli. Report Days Of Repair: 2 Costrine, File Return to? Add Fee: Stile Insp (\$ 1.555.51) Interview (\$ 1.555.51) Photos	100	CMATRATA	7	
Type: M.Carl M.Cycle / Bus / Van / Lorry 10 Prima Morver Truck / Traillet or Tru		The state of the s	1	14.
TOOK! Trailer or Lake 1 took 1 trailer or Lake 1 trailer or L		Ven No:	SHO 308/E	_ Yr Regn; _ 'Ay, L.4
Note: Wherkeling miles If Workeling miles Spreading Street Acc. Insufaciation in the second of the color of the special street and the		1	STREET, STREET, TO SERVICE STREET, STR	rry T 🙆 Prime Mover
Colour STM 8960Y Insured: SFM 8960Y Policy No. S102905127 060888 0501514 Chemistry Record Thurinistate: Excess: Centrice Colour Strice Condition of Condition of Colours of		Truck / 7	11	
Spreading ITTY TRadio: har Delicit INI INA Policy No. 5107905171 0b0818 0b0519 Color: WTT/U23672-001 Tunineswith (Clentifectory) Make of Wax (Policy Londition) General Record) General Record Items of Inspection. Ball or Maket Volve: GA / PR Seen: Consistent: 'Yes or No Luni Sunc: A J Val: Yes or No Luni Sunc: A J Val: Yes or No Ca / REV / REP. / 24 HRS Vehicle: Ni J OUT Date: Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Action / Instruction Part of Ordination Person Contacted: Date / Time Back / Bunt of Date / Time Back / Bunt of Ordination Person Contacted: The U/C I Chassis frame Body Structure affected due to collide Person Contacted: Person Contacted: Date / Time Person Contacted: Date / Time Action / Instruction Person Contacted: Date / Time Action / Ti	4) - 스타 라마션 - 스타스에서 100 -	Make:	Munder	
Poky No. 51074 (St.) 200818 - 050519 Poky No. 51074 (St.) 2001 Turn Instituted: Excess: (Cient's Process) Mate of Wh. (Pokry Condition) Remark: The veh had commenced its (Epair at the time of Inspection. Ball or Market Value: (Consistent? 'Yes or No. 1001 (St.) 2001 (S			Blue	
Constitution of the control of the c		Sp.Reading	5 11754	T/Radio: Ins 10 d / Std / HI / MA
See. Cond: Good For Poor Sunt Steening: Inord: Jammed / Leaked / Burnt or Steening: Inord: Jammed / Leaked / Burnt or Mode of Yeh: (Policy Condition) Remark: The veh had commenced its inpair at the time of inspection. Ball or Maket Value: IDAC Accident Repri: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lura Sunc: A 3 Val: Yes or No Lura Sunc: A 3 Val: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction St. D. 30 SE - CCS (IL I SUUS St. / RNSXX DIA: St. James / Survey Fee: The UIC / Chassis frame / Body Structure affected due to collision RECEIVED 1 3 D-20 III Octoffine, File Pass to Octoffine, File Pass to Octoffine, File Pass to Included Fee: St. St. Inspection St. Days of Repair: A general of Survey Fee: Thouse of Trips Received 1 Survey Fee: Table 2 Typist Thouse Add Fee: St. Itale Inspection St. Days of Repair: Add Fee: St. Itale Inspection St. Days of Repair: Add Fee: St. Itale Inspection St. Days of Trips Thouse		Eng/No: -		
Steering: Inorgan Jammed / Leaked / Burnt or (Clent/secord) Mate of Veh: (Policy Condition) Romark: The veh had commenced its repair at the time of inspection. (Policy Condition) Romark: The veh had commenced its repair at the time of inspection. (Policy Condition) Romark: The veh had commenced its repair at the time of inspection. (Policy Condition) Road or Maket Value: (IDAC Acuderi Report: Consistent?: Yes or No Bust Toyol YOKO or Hank Leke Fitting Road		C/No:	KMHL	0×14AE40577798
Client's Record) Client's Record) Client's Record) Client's Record) Client's Record) Client's Record) Client's Record Client's Record) Client's Record Cli	Claims Ne M7/1023672-001	Gen. Cond: Gr		
Modi: NII SIRIM STQ AIR or Tyre Size; F: 205 66 RI 6 R: 305 66 RI 6 R: 305 67 RI 6 R: 305	170,000	Steering: Inor	G/ Jammed / Leaked	/ Burnt or
(Policy Condition) Remark: The veh had commenced its tepair at the time of inspection. Beat or Maket Value: IDAC Accident Rpert: Consistent?: Yes or No Best Repriet: days Res.: Yes or No Luna Sunx: My 3 Valt: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted; Vehicle: IN / OUT Date / Time Action / Instruction Str. 3 Str. 4 Str	1000 2000	Brake: Inor	Ger / Jammed / Leaked	/ Burnt or
Remark: The veh had commenced its repair at the time of inspection. Bal or Market Value: IDAC Accident Report: Consistent?: Yes or No Est. Repairs: days Res: Yes or No Lura Suno: Vehicle: Ni Jour Date: Person Contacted: Person Contacted: Person Contacted: Vehicle: Ni Jour Date: Person Contacted: Date: Person Contacted: Date: Person Contacted: Person Contacted: Person Contacted: Person Contacted: The UIC I Chassis frame I Body Structure affected due to collision Structure Structure affected due to collision RECEIVED 1 3 Parson Oaterfire, File Pass to: Days Of Repair: RECEIVED 1 3 Parson Oaterfire, File Pass to: Days Of Repair: Resurvey No. of Trip: Transportation: The unit of Pass to: Survey fee: Transportation: Transportation: Survey fee: Transportation: Transportation: Survey fee: Transportation: Transportation: Survey fee: Transportation: Survey fee: Transportation: Survey fee: Transportation: Transportation: Survey fee: Transportation: Survey fee: Transportation: Transportation: Survey fee: Transportation: Transportation: Transportation: Transportation: Survey fee: Transportation: Transportation: Transportation: Survey fee: Transportation: Transportation: Transportation: Transportation: Transportation: Transportation: Transportation	Make of Wh:			
Remark: The veh had commenced its repair at the time of inspection. Bal or Market Value: IDAC Accident Report: Consistent?: Yes or No Est. Repairs: days Res: Yes or No Lura Surve: Vehicle: IN JOUT Date: Person Contacted: Des. of Damages: Fit I Rear JOIS I NIS I UIC I Rooftop or The UIC I Chassis frame I Body Structure affected due to collision Ship John Contacted: The UIC I Chassis frame I Body Structure affected due to collision Ship John Contacted: RECEIVED 1 3 Days Of Repair: RECEIVED 1 3 Days Of Repair: Resurvey No. of Trip: Transportation: Survey Fee: Transportation: Add Fee: Survey No. of Trip: Transportation: Survey Fee: Transp	91 B	Tyre Size;	. F:	05/60R16
Remark: The veh had commenced its repair at the time of inspection. Bal or Market Value: IDAC Accident Report: Consistent?: Yes or No Est. Repairs: days Res: Yes or No Lura Suno: Vehicle: Ni Jour Date: Person Contacted: Person Contacted: Person Contacted: Vehicle: Ni Jour Date: Person Contacted: Date: Person Contacted: Date: Person Contacted: Person Contacted: Person Contacted: Person Contacted: The UIC I Chassis frame I Body Structure affected due to collision Structure Structure affected due to collision RECEIVED 1 3 Parson Oaterfire, File Pass to: Days Of Repair: RECEIVED 1 3 Parson Oaterfire, File Pass to: Days Of Repair: Resurvey No. of Trip: Transportation: The unit of Pass to: Survey fee: Transportation: Transportation: Survey fee: Transportation: Transportation: Survey fee: Transportation: Transportation: Survey fee: Transportation: Survey fee: Transportation: Survey fee: Transportation: Transportation: Survey fee: Transportation: Survey fee: Transportation: Transportation: Survey fee: Transportation: Transportation: Transportation: Transportation: Survey fee: Transportation: Transportation: Transportation: Survey fee: Transportation: Transportation: Transportation: Transportation: Transportation: Transportation: Transportation			Ri ,	7
Bell or Maket Value: IDAC Accident Rpont: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Ett. Repair: days Res.: Yes or No Lura Sunx: V. 3 Valt: Yes or No Do.A. 9/LL/A. Do.O.D. 1/LL/A CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision SHO 304/E - (CS/ILI 501)384 / RNSXX DIA: 03(F) U/S SFM 37607 X 118/12 Typist Oaterline, File Rebun 107 Final Report Add Fee: Sile Insp (\$ Survey Fee: Inacportation: Add Fee: Sile Insp (\$ She sile) Interview (\$ Photos			XNOVA (GY / FS / LIZ	//MIC/OHTSU/PIR/SUMI/
Consistent? Yes or No Cons	repair at the time of inspection.	TOYOTYO	KO or	Tan Kark
GIA / PR Seen: Consistent?: Yes or No Est Repair: days Res.: Yes or No Livin Surve: y. 3 Val.: Yes or No CA / REV / REP. / 24 HRS Dela: Person Contacted: Vehicle: IN JOUT Date / Time Action / Instruction SHD 30ME - CCS / TILL BUILDS M. / Rhusxxx DIA- 03 FT UIS PRECEIVED 1 3 - 2010 RECEIVED 1 3 - 2010 Obtet firms, File Pass to? Prell. Report Days Of Repair: 2 Resurvey No. of Trip: Survey Fee: Transportation: Add Fee: Stille Insp (\$ She s	Bal. or Market Value;	Front		Rear
Est. Repair: days Res.: Yes or No Lum Sum: N. 3 Val.: Yes or No CA / REV / REP. / 24 HRS Dale: Person Contacted: Vehicle: Ni / OUT Dale / Time Action / instruction SHD 308/E - (CS/ TILL 1501)584 / R/GXXX DIF: (35H)	IDAC Accident Rport: Consistent? : Yes or No	R/Bal	7 mm	R/Bal. 3 mm
CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction SHD 3001E - (CS/III / 500.2581 / R) (350.00 C) SFM 37507 X IZ/IZ/IS CALLED 1 3 DEC 2010 RECEIVED 1 3 DEC 2010 Objectime, File Pass to? 11 B12 Typist Date (Imp. File Return to?) Add Fee: Site Insp. (S) Photos Photos Add Fee: Site Insp. (S) Photos	GIA / PR Seen: Consistent?: Yes or No	L/Bal.	+ The min	L/Bal. 🗡 mm
Date: Person Contacted: Vehicle: NI OUT Date: Person Contacted: The UIC I Chassis frame I Body Structure affected due to collision ShD 30stE - CCS/TILL 5012584/Rh33XX DIA: (33970)S The UIC I Chassis frame I Body Structure affected due to collision ShD 30stE - CCS/TILL 5012584/Rh33XX DIA: (33970)S The UIC I Chassis frame I Body Structure affected due to collision ShD 30stE - CCS/TILL 5012584/Rh33XX DIA: (33970)S The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision ShD 30stE - CCS/TILL 5012584/Rh33XX DIA: (33970)S The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The UIC I Chassis frame I Body Structure affected due to collision The U	Est. Repairs: days Res.: Yes or No	D.O.A 9		
Dale / Time Action / Instruction SHD 30b1E - (CS / Till 15012584 / Rho3XX DIA: (357) OS TIRL STM SHOW) X 4, IZAL STM SHOW X 4, IZAL STM SHOW Y STSO / 2 Rg., CRED: TATE 88 / Attillo) RECEIVED 1 3 DEC 2018 Deterfine, File Passe to? Prell, Report Days Of Repair: 2 118/12 Typist Strain Report Resurvey No. of Trip: Survey Fee: Transportation: 21 Add Fee: Stile Insp. (\$ Sheet Shee	Lum Sum:	Survey held	at C	DGE (Loyong)
Dale: Person Contacted: Vehicle: NI OUT The U/C I Chassis frame I Body Structure affected due to collision SAD 3001E - (CS/III 1 5012581/R)05XX STM 3760Y X 12/12/15 Chart cys \$550/2 Pz. Cled: 1717-88 1, 40060 RECEIVED 1 3 == 2018 Oaterfine, File Pass to? Prell. Report 11/18/12 Typist Final Report Prell. Report Prell. Report Prell. Resurvey No. of Trip: Survey Fee: Transportation: Sand Fee: Sile Insp. (Sand Fee: Photos Phot	CA / REV / REP / 24 HRS	Des, of Dan	nages: Frt / Rear / Oj	S N/S U/C Rooftop or
Dale / Time Action / Instruction SAD 3081E - CCS / ILL 150125811 / RNGSXX DIA: 03(F) US IM SEM 8760Y - X 41, 12/12/5 Chassis frame / Body Structure affected due to collision RECEIVED 1 3 DEC 26(F) US IM RECEIVED 1 3 DEC 26(F) US IM Obtention, File Pass to? Prell. Report Days Of Repair: 2 Obtention, File Return to? Add Fee: Stite Insp (\$ Survey Fee: Transportation; Interview (\$ S Photos) Photos	Vehicle: IN I C	TUC	P	en
SHD 3081E - (CS TILL 15012584 Rho3XX DIA: (359) 15 SFM 3760Y - X 41. 12/11/5 Charley 4550 2 /2 Cled: 1717-878 7478/0 RECEIVED 1 3 == 2010 OalerTime, File Pass 107 : Prell. Report Days Of Repair: 2 11/18/12 Typist : Final Report Resurvey No. of Trip: Survey Fee: Tansportation: Add Fee: : Site Insp (\$ 5+85_\$) 11/18/12 Typist Street	The state of the s	The U/C	I Chassis frame I B	ody Structure affected due to collision
Detertime, File Pass to? Prell, Report Days Of Repair: 2		al a cor	. Dib . ca.	T.0
Oaterline, File Pass to? Oaterline, File Pass to? Prell. Report Days Of Repair: Oaterline, File Return to? Add Fee: :Site Insp (\$	1540 30015 - (CS) (11 PO1:2587 / K	31763.77	OF CENT	US INC
Oaterfirms, File Pass to? Prefit. Report Days Of Repair: Prefit. Report Days Of Repair: Prefit. Report Resurvey No. of Trip: Transportation: Add Fee: Inlierview (S. Photos	12/2/18 What 41. \$ 550/ 20	1001.12	12021 140/2)	7%
OaterTime, File Pass to? 11 13 12 Typist OsterTime, File Return to? Add Fee: : Site Insp (\$	15 4339 219.	crea. 17	11.80 (-10) (0)	
OaterTime, File Passe to? 11 13 12 Typist 12 Survey Fee: OaterTime, File Return to? Add Fee: : Site Insp (\$		51.10	(50)	
Oate/Time, File Pass to? Prell. Report Days Of Repair: Survey Fee: Transportation: Add Fee: Interview (Sc.) Photos	RECI	EIVED 13	DEU 2618	
Outerlime, File Pass to? ITAIN TYPIST Survey Fee: Transportation: Add Fee: Interview (%) Photos			•	
1) 13/12 Typist : Final Report Resurvey No. of Trip: Survey Fee: Oate/Time, File Return to? Add Fee: : Site Insp (\$	77)			
1) 13/12 Typist : Final Report Resurvey No. of Trip: Survey Fee: Oate/Time, File Return to? Add Fee: : Site Insp (\$	Oate/Time, File Pass to?	The same areas	2	
OsterTime, File Return to? Add Fee: :Site Insp (\$	-1-7 II. Report		No. Alexander	Survey Fee
2) Add Fee: : Site Insp (\$		Resurvey	No. of Trip:	
:Interview (%) Photos	Optatima File Opins 1-2			Haraponeron,
710			7 76	V 2-00 0
			n was	
Luma Aun / LB F / S / SU -		: In	ech, Invs (\$_	

TP Claims against NTUC Income: Follow-Through Survey

Date: 13/12/2018

oN/s	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	ite
1	MT/1023682-001	COMFORT TRASPORTATION PTE LTD	SHD 3081E	SFM 8760Y	9/12/2018	5:45	\$ 2,2	,267.88
2	MT/1022888-002	COMFORT TRASPORTATION PTE LTD	SHC 1360T	SHC 6034C	6/12/2018	18:05	\$ 5,3	5,324.90

uery				• Change	e Languag	e • Chan	ge Password	• Log Out
or Motor) SFM876	50Y			of Accident	1.0	09/12/2018	17:21	
cy No. Certificate Number	Policyholder Name	Policyholder NRIC		Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
908122	WT LIMO PTE LTD	201632961K	GPC	drivo CLASSIC		110000	06/08/2018	05/05/2019
	o No Certificate	y No. Certificate Policyholder Number Name	cy No. Certificate Policyholder Policyholder Number Name NRIC 908122 WT LIMO PTE 201632961K	Search Sy No. Certificate Policyholder Policyholder Product Number Name NRIC Product WT LIMO PTE	Search Search One of the control o	Search Sy No. Certificate Policyholder Policyholder Product Cover Type Vehicle No. WT LIMO PTE 201632961K GPC drivo CLASSIC SFM87601	Search Cy No. Certificate Policyholder Policyholder NRIC Product Cover Type Vehicle Insured No. Object WT LIMO PTE 201632961K GPC drivo CLASSIC SFM8760Y SFM8760Y	Search Cy No. Certificate Policyholder Name NRIC Product Cover Type Vehicle Insured Commence No. Object Date WT LIMO PTE 201632961K GPC CLASSIC SFM8760Y SFM8760Y 06/08/2018

OMFORTDELGRO ENGINEERING

member of COMPORTDELGRO

ComfortDelGro Engineering Pte Ltd

206 Binddell Road Singapore \$79701 Mainline + 65 6383 6280 Facsimin + 65 6760 9755

Workshops 59 Loyang Drive Singapore 508989 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 608286

24 Senoko Loop Singapore 768156 7 Sungei Kadur Way Singapore 726791 501 Yishun industrial Park A Singapore 756732

Date/Time29 Uniford 3 12:2018 10:23

Page : 1

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order: 3881026	JC NO.: 305249683
OMER		REGN NO.: SHD3081E	MILEAGE
s COMFORT TRANSPORTATION PTE	LTD	MAKE: HYUNDAI	FUELF
383 SIN MING DRIVE Singapore SINGAPORE 575717		MODEL I-40	DATE/TIME IN 09.12.2018 10:40
(P) 65508755 (O)	. Tuc	YR OF MANU. 14.08.2014	TARGET DATE
DUNT CARD NO.	Ninc	CHASSIS CODE KMHLB41UMEU05779	COMPLETION DATE/TIME:
Accident Date: 09.12.2018	JOB DESCRIPTION		

NATURE: 3P 09.12.2018

S/NO 000010 LABOR CODE

23-01

FRONT DESCRIPTION TOWING FEE-460 LEFT SIDE REAR

CKED & PASSED OUT BY:	6		
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
- GETTIGE ADVIOUR	1	*	
rladgement Slip	Valv	Exit Pass	
No.: SHD3081E	LARRY	Vehicle No.: SHD3081E	
if Service Advisor	Signature/Date	Name of Service Advisor	Date
rturned to Service Reception upon or		To be kept by Security Guard	



A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd





JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
Job Requisition 1. Date: 9 - 12 - 18 Time Received 2. New SPARK Kakis Name of Customer : Contact No. : \$838 / 43 Vehicle No. : SHD 308 1 Make/Model/Colour : 40 Email : 7. Location: SD SD SD Braddell V Loyang	Private Taxi (CTPL/ Fleet STK (Boon	CCPL) Lay) e: 6. P re / Battery 8. Vehicle Tow - In Smoky Exh Overheatin Brake Fault	g Steering Faulty ty Alternator Faulty
Sin Ming Sungei Kadut Senoko Komoco (UBI / Le	Ubi	PD) Starting Pro Accident Return Tax	Engine Stalled
10. Odometer Reading :	11. Radio	o / CD Player OK	
Fuel Level : F 1/4	1/2 3/4 E	Faulty Not tested	ABA
Job Attended			
12. Tow Truck / Recovery Van : VRS Name of Driver : Vehicle No. : Time Dispatch :	YN 4668C	HUN OTHERS	#: Cracked X: Dented /: Scatched O: Missing
Time of Arrival :	(1, 10		Signature of Customer
Time Completed :			Orginator of Oddiomor
Cash Invoice Details (if applicable) 13. Cash Invoice No. :			
Customer Acknowledgement	MESSA WESSAN MESSAN		
a. I have been advised to remove all valuable item cash cards, spectacles, pen, etc. b. I understand that any items left behind are at n c. Surcharge: Towing fee will be levied if the customatic feet and the customatic fee	ny own risk and SPARK Car Care™ will not be comer decides neither to tow nor proceed with	e held liable for such losses h the repairs in SPARK Car (CareTM.
Date	Time	Signatu	re of Customer
14. WORKSHOP	(6)		
Name of Attending Staff/Guard	Date & Time of Arrival	Signature of	Attending Staff/Guard

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 11/12/2018 07:49

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 6. This report will be forwarded by the insurers of the CIA 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

ACCID	I HATE	CATA	TEM	IENT
ACCIL				

Date Of Report

11/12/2018 07:41

Date Of Accident

09/12/2018 05:45

Exact Location Of Accident

CAVENAGH ROAD TWDS KRAMAT RD.

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD3081E

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

Are you claiming under your own insurance policy

time of accident

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

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

KEOW EDWARD

NRIC No

S7902051F

Date Of Birth

06/01/1979

Occupation

OUTDOOR

Date Of Driving Pass

20/06/2001

Driving Experience

17 YEARS AND 5 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-88381431

Fax Number

Contact Number

EMail Address

EDWARDKW1979@GMAIL.COM

Address

318C 11-146 YISHUN AVE 9

Postcode

763318

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?

YES

Was any injured conveyed to hospital by

NO

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)

2

Passenger 1

NAME:

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

TECK GHEE NPP

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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

SFM8760Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

MUHAMMAD JAFRI BIN LALKHAN

NRIC/Passport Number

S77292791

Contact Number

83891510

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

No. Of Fassenger (including briver)	· · · · · · · · · · · · · · · · · · ·
新工程院可以企业的工作的	DETAILS OF INJURED PERSON 1
Name	KEOW EDWARD
Approximate Age	39
Injuries Sustain	NECK,LEG
Injured person in which vehicle?	SHD3081E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

. .

Risiani	. Pr 1	A 1	Krowno	6. 12na -	
1	d wa	10	W. Let holes	y none	
B SFM 846	0)	VT	Cave		
DECLARATION I/We declare the foregoing and the foregoing of the foregoing	STATION PTE A	dumer		JO 12 Lt Jackson Hong CSO Reporting Centre Personnel's S	





Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 Tel No: 1800-4599999 1 of 3 Report No. T/20181209/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2018 18:56		fade:	Vide Report No.:	Station Diary No.: 67	
Informa	nt's Partic	ulars			
	Informant: DWARD		Address: APT BLK 318C YISHUN AVE 763318	ENUE 9 #11-146 SINGAPORE	
ID Type / ID No.: NRIC NO / S7902051F		51F	Contact No.: Home/Office:	Mobile: 88381431	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 39	Date of Birth: 06/01/1979	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Nan		
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2018 05:45	Type of Location: Straight Road
Location: Along Road 1 CAVENAGH		5:	P	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SFM8760Y	Car	ТОУОТА		Blue	Slightly Damaged	1		
SHD3081E	Car			Blue	Slightly Damaged	1		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20181209/2070

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 2 of 3 Report No. T/20181209/2070

Tel No: 1800-4599999

CONTINUATION OF REPORT

Driver	Business of the con-	4	国际发现的	Name of		The same was the same and	
Name	KEOW EDWARD			ID No.		S7902051F	
Related Vehicle	SHD3081E (Car)			Contact No.		88381431	
Hospital/Clinic	MOUNT ALVERNIA	HOSPITAL		Class Drivin Licens Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	09/12/2018 Date D		Date Disc	charge 09/12		/2018	
No. of Days granted Medical Leave 05		Degree of	f Injury Slight		*1		
Driver		VOTE IN THE C	7.5	alticutor.		(200年) 200年(日本) (200年) (2004	
Name	MUHAMMAD JAFRI	BIN LALKH	IAN	ID No		S7729279I	
Related Vehicle	NIL			Contact No.		83891510	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	narge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of				

Brief Details.

On 09.12.2018 at about 5.45am, I was on a stationary position in my taxi bearing plate number SHD3081E along Cavenagh Rd when one blue Toyota bearing plate number SFM8760Y collided onto the rear of my vehicle. There is one passenger in taxi at the point of time. The incident caused pain on the right side of my body, my neck and my leg.

Signature:
Singapore Police Force





20 1

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 Tel No: 1800-4599999 3 of 3 Report No. T/20181209/2070

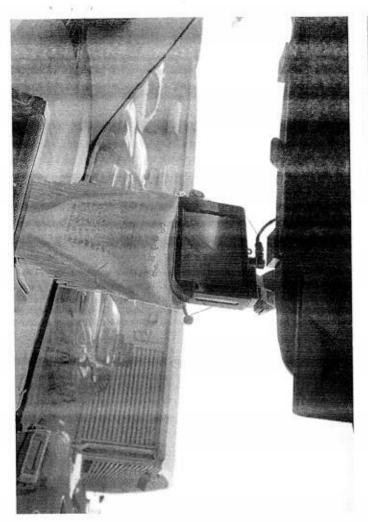
CONTINUATION OF REPORT

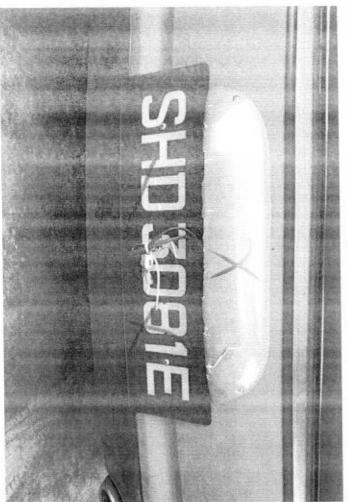
Sketch Plan

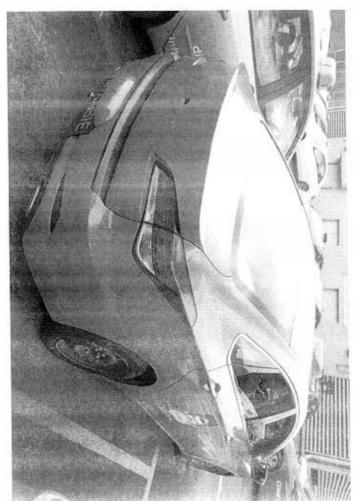
Informant is not able to provide sketch plan

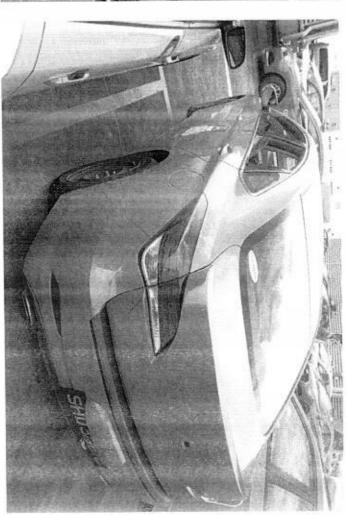
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Staff Sgt NOOR RAMDAN BIN JOBRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2018 18:56
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI	Classification Of Case:
Contact No.: 65476151	SN 085
Authentication Stamp	8 190











COMFORTDELGRO ENGINEERING

Our Job Ref No305249683							
Date : 12. Dec. 2018				ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969			
INA	LIZATI	ION FORM			Fax: 65	546 8156	
То	1		LKK		Fax:		
Attn			KALVIN				
/ehi	cle Reg	No. ; SHE	3081E	D	ate of Accident:	9. Dec. 2018	
The:	survey	and estimates o	f the repairs of the	above-mention	ed vehicle are as	follows:-	
	The r	repair job shall b	ill to:	NTUC		SFM8760Y	
	The f	finalized amount	shall be				
	(a)		fter List discount				
	(b)	Labour Charge					
	1975	D BYD / DOBS V CO.	-By-Part Repair C	ost			
	(c.)	Total for Lump	pair (if applicable) psum repair cost af um Repair cost	ter Less:	_	\$550.00	
			riod for repairs:		working days.		
	We s		bove amount as 0			s no reply from you	
١.	We s	shall treat the a	bove amount as C	Correct and Co			
١.	We s	shall treat the a in 7 working da	bove amount as C	Correct and Co	nfirmed if there i		
	We s with	shall treat the a in 7 working da nk you for your a	bove amount as C	Correct and Co	nfirmed if there i	stimates and	
	We s with	shall treat the a in 7 working da nk you for your a	bove amount as C	Correct and Co	nfirmed if there i We confirm the es finalized amount	Stimates and	
S .	We s with	shall treat the alin 7 working dank you for your allature:	bove amount as C	Correct and Co	nfirmed if there in the estimation of the estima	stimates and	
	We s with Than Sign Nam	shall treat the alin 7 working dank you for your all ature :	bove amount as Crys ssistance. Larry Ng	Correct and Co	nfirmed if there in the estimation of the estima	Stimates and	
5.	We s with Than Sign Nam Tel Fax	shall treat the alin 7 working dank you for your all ature :	bove amount as Crys ssistance. Larry Ng	Correct and Co	nfirmed if there in the estimation of the estima	Stimates and	
	We s with Than Sign Nam Tel Fax	shall treat the alin 7 working data the you for your all ature : the think the aline is the second of the second o	bove amount as Crys ssistance. Larry Ng	Correct and Co	we confirm the estimalized amount Signature: Name: Date:	Stimates and	
or	We s with Than Sign Nam Tel Fax	shall treat the alin 7 working data the state : in 6214 8 in 6546 81	bove amount as Crys ssistance. Larry Ng 316	Documer Attache	we confirm the estimalized amount Signature: Name: Date:	Calun 12/12/-8	
or .	We s within Than Sign Nam Tel Fax Officia	shall treat the alin 7 working data his you for your all ature : ie : 6214.8 6546.81	bove amount as Crys ssistance. Larry Ng 316	Documer Attache Yes or N	we confirm the estimalized amount Signature: Name: Date:	Cabr 12/12/-8	
For 1. F	We s within Than Sign Nam Tel Fax Officia	shall treat the alin 7 working data the state : : 6214 8 : 6546 81 I Use Only Item Rate P/Day Income Paid	bove amount as Crys ssistance. Larry Ng 316	Documer Attache Yes or N	we confirm the estimalized amount Signature: Name: Date:	Cabr 12/12/-8	
1. F 2. L 3. S 4. L	We s with Than Sign Nam Tel Fax Officia	shall treat the alin 7 working data the state : : 6214 8 : 6546 81 I Use Only Item Rate P/Day Income Paid	bove amount as Crys ssistance. Larry Ng 316 Amount	Documer Attache Yes or N	we confirm the estimalized amount Signature: Name: Date:	Calun 12/12/-8	

COMFORTDELGRO ENGINEERING PTE LTD

EPAIRE	STIMATE*			1 (-0)		9	71. 531
EĤICLE N	o: SHD 3081E		DATE 1	1/12/2018 11:00			Bum
AKE	3		/	avvy		K	TUC
ODEL	: HYUNDAI i40		4			14	
Qty	Parts Description/		Type	Unit Price	A	mount	
	Licence Lamp Garnish				S	380.80	10. (J
	Rear Bumper				S	553.00	
	Rear Bumper Clip 10 pcs X				S	22.00	
	Pen Ruse who as	11			8	697.80 128	
	Pen Ruse with a	SUB TOTAL			9		4
		LESS 20%			S	1,653.60 330.72	
	DIS	COUNTED TOTAL			S	1,322.88	1
	Rear No.Plate	رم دم			s	25.00	
	Rear Bumper Rubber Mat 🗶	7			\$	50.00	Nett
					\$	75.00	
	Labour Charge Panel Beating	LKK Auto C	ons tollow	ind;	s	400.00	
	Spray Painting Charge	the Kepan	Colored Williams	THINT ISSUMBY	\ s	300.00	200
	Wiring Charge	• To Oishing	se are subject	with all produces	S	30,00	20
	Towing Charge Remove/Refix Reverse Sensor	_ Pass v	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00000 0000	1/2	60.00	× 22
	Kellove/Kellx Reverse Sellsor	• No. 111-15	ectary period	s slices of the second section and the second section and the second section and the section and the second section and the se	1	80.00	×11
			AND ASSESSMENT OF THE PARTY OF		s	870.00	
		Acknow	Hedrad by Resalt		10	070.00	
	10. ha 106K/	ESTIMATE TOTAL				2,267.88	
	Kahr (164) 11/12/15 2/3, 45	112.6			24	50-28	
	26,						

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.



National Assessment Centre Services

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





NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref: NS/INC180223	09/K1tbs2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 20-12-2018 Code: INC4		
1.	Policy Particulars	:- THIRD PARTY CLAIM		
Insured Veh.	SFM 8760Y	Veh. Inspected	SHD 3081E	
Policy No.	5102908122	Coverage (\$)	0.00	
Claim No.	MT/1023682-001	Excess (\$)	0.00	
Assign From		Assign Date	11/12/2018	
2.	Vehicle Parti	culars & Condition		
Make & Model	HYUNDAI 140	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU057798	Colour	BLUE	
Odometer	531754	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3.	Conditi	ons of Tyres		
	Size	Make	Balance	
R/H Front Tyre	205/60R16	HANKOOK	7 mm	
L/H Front Tyre	205/60R16	HANKOOK	7 mm	
R/H Rear Tyre	205/60R16	HANKOOK	7 mm	
L/H Rear Tyre	205/60R16	HANKOOK	7 mm	
4.	Description	on of Damages		
THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE REA ETAILS.	AR PORTION.		
5.	Genera	Information		
Accident Date	09/12/2018	Inspection Date	11/12/2018	
Survey held at	COMFORTDELGRO ENGINEER			
	59 LOYANG DRIVE SINGAPORE 508969			
5a.		emarks		
A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, WI	HOUT PREJUDICE" BASIS.	REPAIRS	
5b.		Days of Repair		
ESTIMATED NOR	MAL 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





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3081E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	
1	TAIL LAMP (LH)	SERVICEABLE	697.80	
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-300.16	-45.60
			1,200.64	182.40
1	LICENCE LAMP GARNISH (SN)	CRACKED	380.80	100.00
	LESS 20% DISCOUNT		-76.16	
	Particular Control (Control Provider Control		304.64	100.00
	SPECIAL NETT ITEMS			
1	REAR NO PLATE (SN)	CRACKED	25.00	25.00
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	
			75.00	25.00
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		30.00	20.00
	TOWING CHARGE.		60.00	
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			-	
			8	-
				-
			870.00	420.00
	GRAND TOTAL		2,450.28	727.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			550.00

Report Ref No. NS/INC18022309/K1tbs2





Report Ref No. NS/INC18022309/K1tbs2

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.