



# 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/1023682-001	COMFORT TRASPORTATION PTE LTD	SHD 3081E	SFM 8760Y	9/12/2018	5:45	\$ 2,267.88
2	MT/1022888-002	COMFORT TRASPORTATION PTE LTD	SHC 1360T	SHC 6034C	6/12/2018	18:05	\$ 5,324.90

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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## 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"/>	5102908122		WT LIMO PTE LTD	201632961K	GPC	drive CLASSIC	SFM8760Y	SFM8760Y	06/08/2018	05/05/2019

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order: 3881026

JC NO.: 305249683

OMER

IS COMFORT TRANSPORTATION PTE LTD  
OMER NO. 7010045  
IESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

OUNT CARD NO.

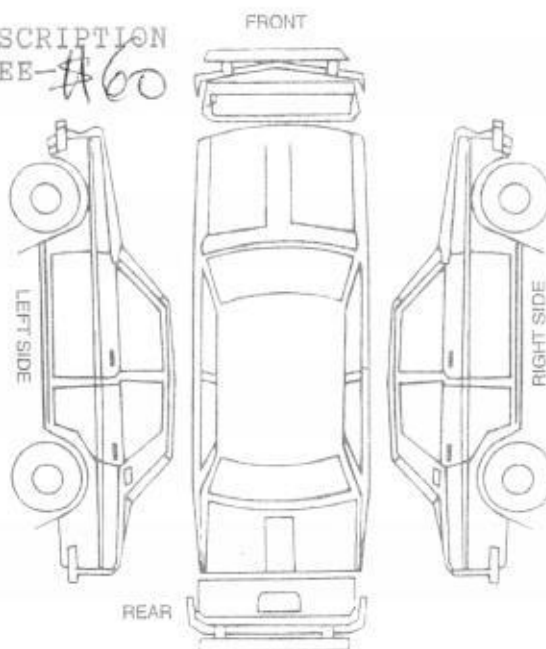
REGN NO.: SHD3081E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 09.12.2018 10:40
VR OF MANU 14.08.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU057798	COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 09.12.2018  
NATURE: 3P 09.12.2018

S/NO LABOR CODE  
000010 23-01

DESCRIPTION  
TOWING FEE-~~A60~~



OKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHD3081E

LARRY

Vehicle No.:

SHD3081E

if Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>9-12-18</u> Time Received: <u>10-40</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer :  Contact No. : <u>88381431</u> Vehicle No. : <u>SHP3081E</u> Make / Model / Colour : <u>140</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:

7. Location: <u>501 Yi Shun</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:	

10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
---	---

Job Attended		 # : Cracked X : Dented / : Scratched O : Missing Signature of Customer
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>Jun</u> Vehicle No. : <u>YN 4668C</u> Time Dispatch : <u>10-40</u> Time of Arrival : <u>11-10</u> Time Completed :		

Cash Invoice Details (if applicable)	
13. Cash Invoice No. : _____	

Customer Acknowledgement		
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.		
<u>9-12-18</u> Date	<u>11-40</u> Time	Signature of Customer

14. WORKSHOP		
Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard

## 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 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 aforesaid.

### ACCIDENT STATEMENT

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
<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	HYUNDAI
Model	I40
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	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 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)	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	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD JAFRI BIN LALKHAN
NRIC/Passport Number	S7729279I
Contact Number	83891510
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**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

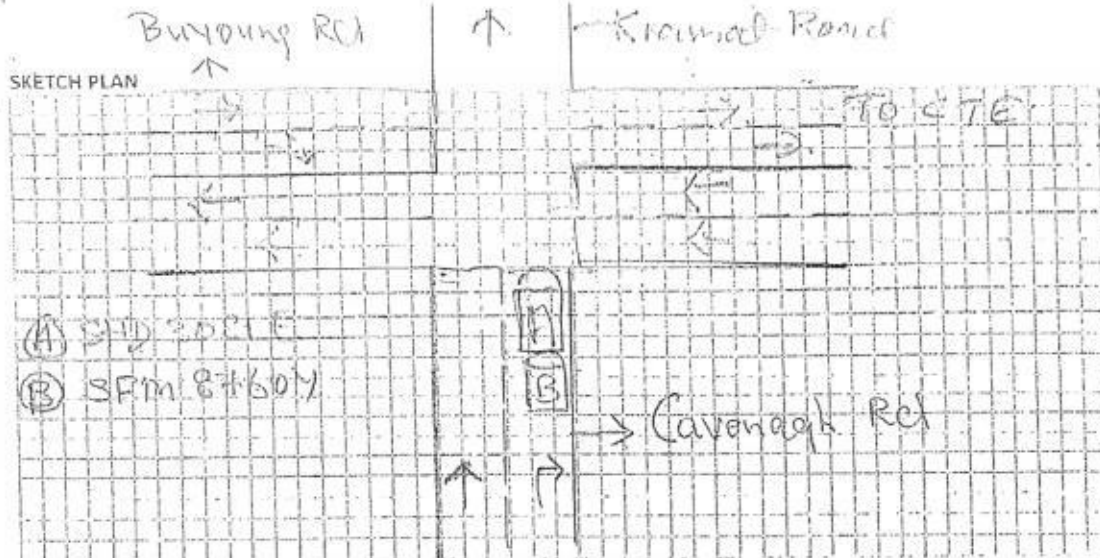
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



# Sketch Plan Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer: Police Report attach T/2018/209/2070

## DECLARATION

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

UMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 102303218  
Policyholder's Signature: *[Signature]*  
Date & Time: \_\_\_\_\_  
Driver's Signature: \_\_\_\_\_  
(If driver is not the policyholder)

10/12/18  
Jackson Heng *[Signature]*  
CSO  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20181209/2070

1 of 3

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20181209/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/12/2018 18:56		Vide Report No.:	Station Diary No.: 67
<b>Informant's Particulars</b>			
Name of Informant: KEOW EDWARD		Address: APT BLK 318C YISHUN AVENUE 9 #11-146 SINGAPORE 763318	
ID Type / ID No.: NRIC NO / S7902051F		Contact No.: Home/Office:	Mobile: 88381431
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 06/01/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3      Date of Expiry:	

<b>General Information of the Accident</b>				
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 ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFM8760Y	Car	TOYOTA		Blue	Slightly Damaged	1
SHD3081E	Car			Blue	Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20181209/2070

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

2 of 3


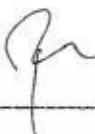
Report No. T/20181209/2070

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	KEOW EDWARD		ID No. S7902051F
Related Vehicle	SHD3081E (Car)		Contact No. 88381431
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	09/12/2018	Date Discharge	09/12/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	MUHAMMAD JAFRI BIN LALKHAN		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 Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**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.


 SN 085  
 Signature: \_\_\_\_\_  
 Singapore Police Force

Sketch Plan Pg. 4



SINGAPORE  
POLICE FORCE



T/20181209/2070

3 of 3

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

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

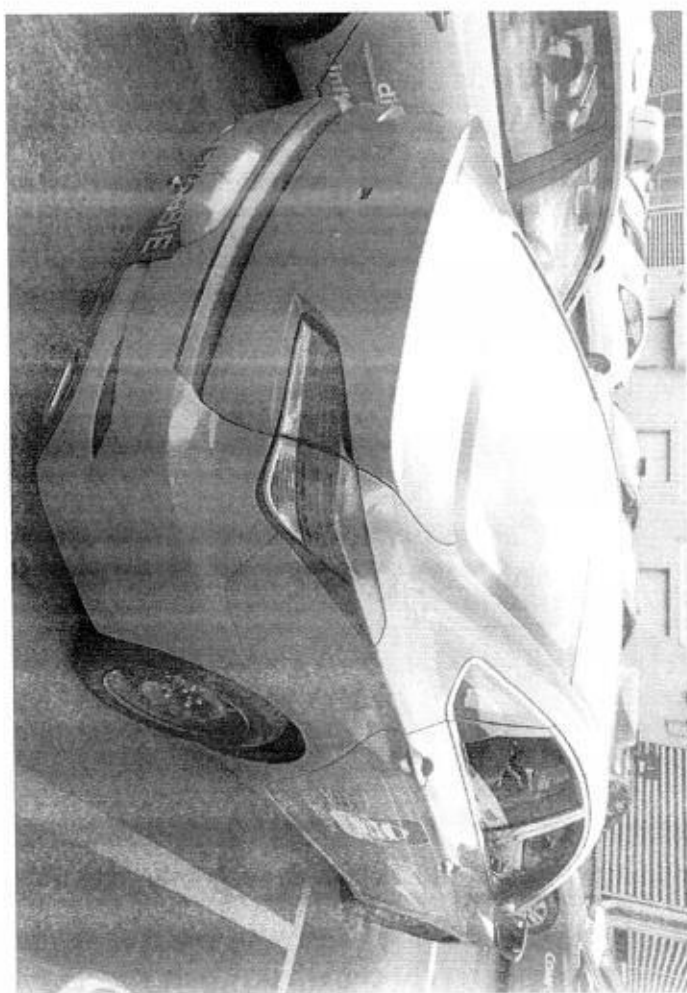
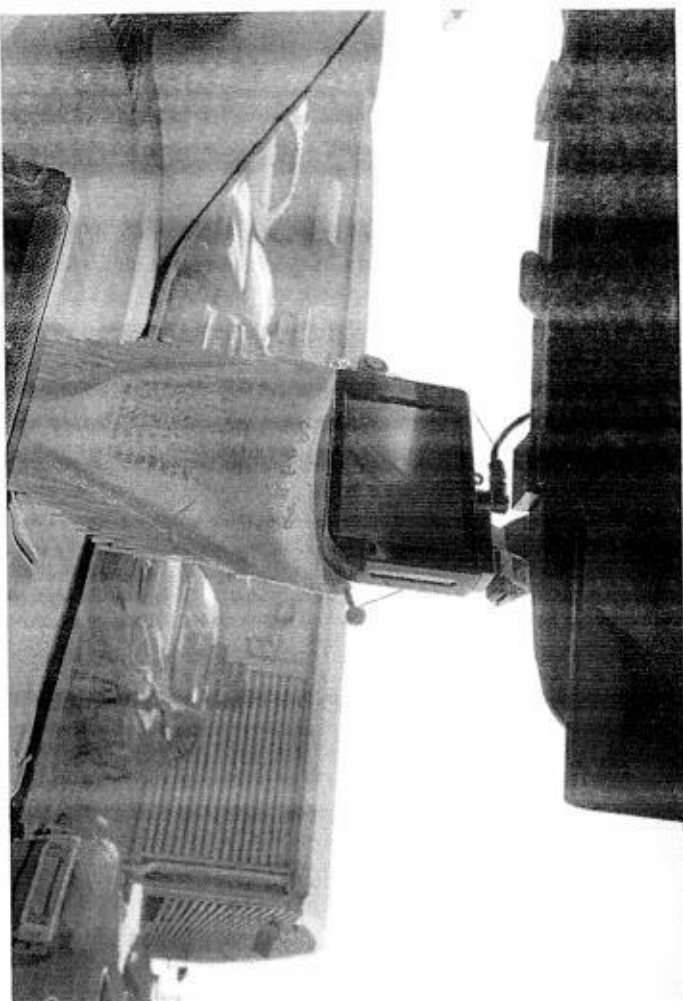
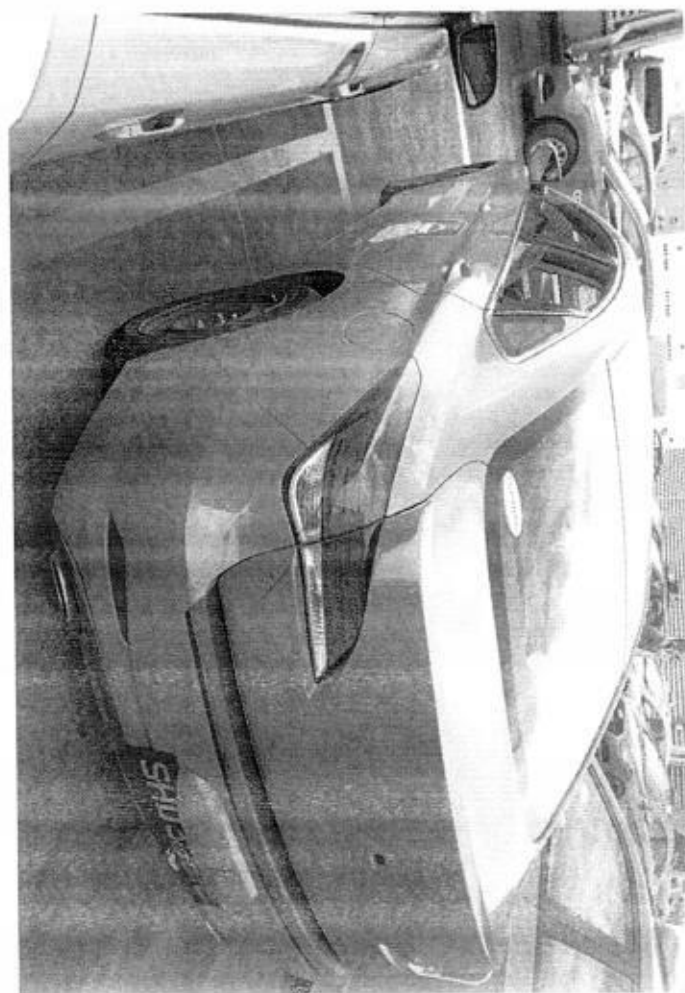
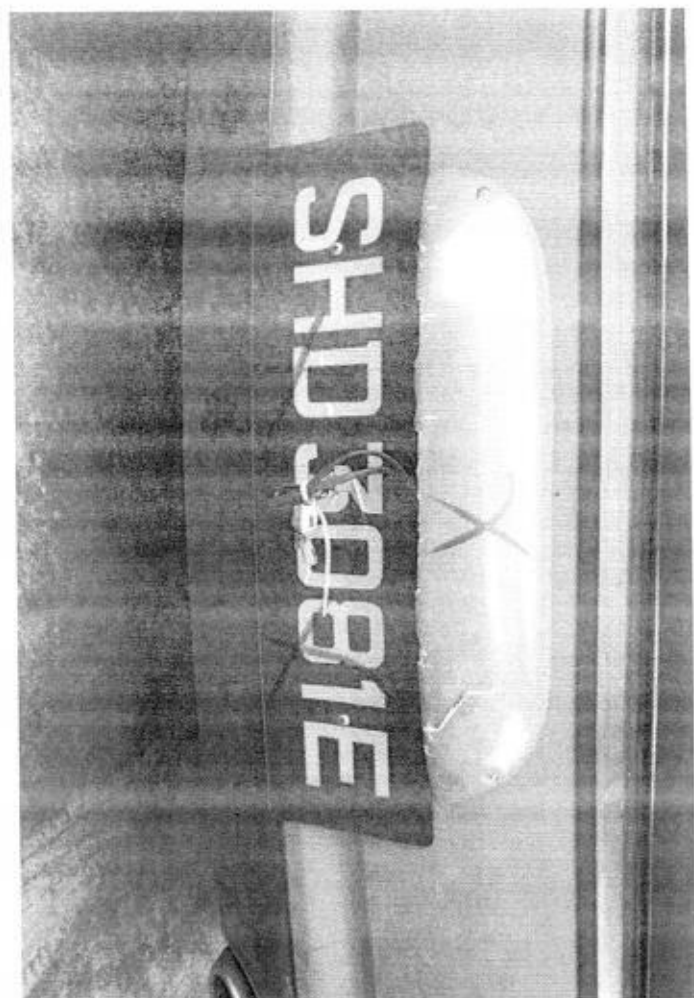
Contact No.: 65476151

Classification Of Case:

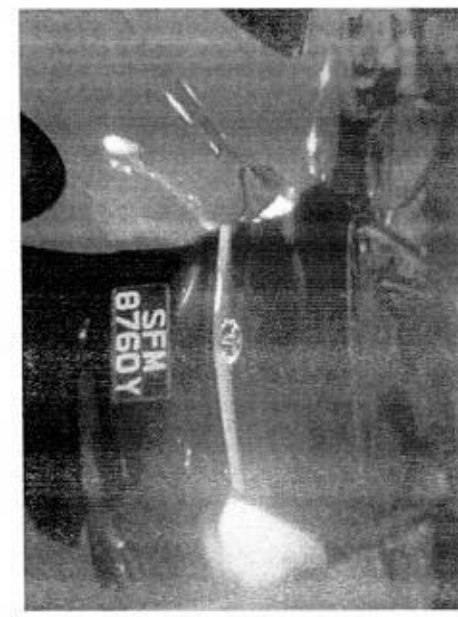
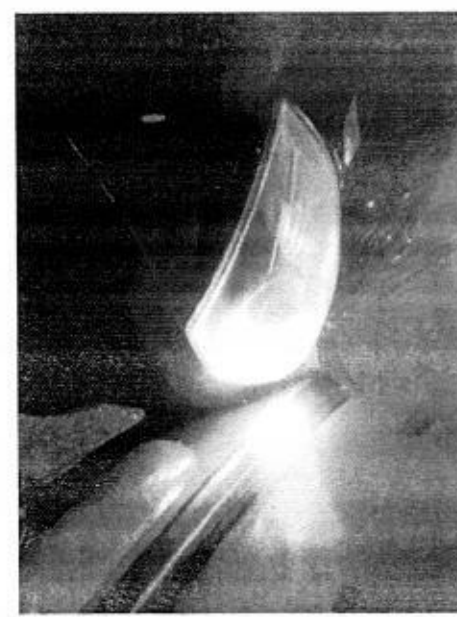
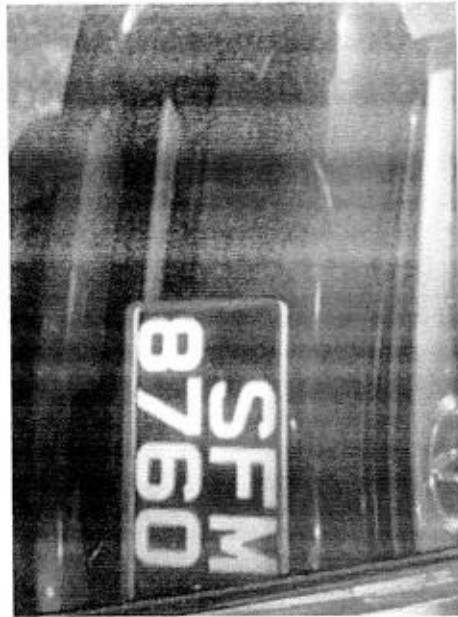
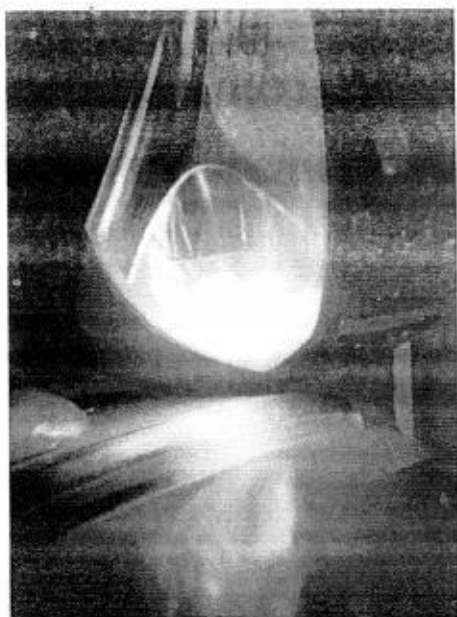
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Authentication Stamp











## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHD 3081E

DATE 11/12/2018 11:00

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Licence Lamp Garnish <del>X</del> cm			\$ 380.80	(5M)
	Rear Bumper X			\$ 553.00	
	Rear Bumper Clip 10 pcs X			\$ 22.00	
	Tail Lamp (LH) X 5M			\$ 697.80	
	Rear Bumper under cover of			\$ 125	
	<b>SUB TOTAL</b>			<b>\$ 1,653.60</b>	
	<b>LESS 20%</b>			<b>\$ 330.72</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,322.88</b>	
	Rear No. Plate / cm			\$ 25.00	Nett
	Rear Bumper Rubber Mat X			\$ 50.00	Nett
				<b>\$ 75.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 400.00	200
	Spray Painting Charge			\$ 300.00	200
	Wiring Charge			\$ 30.00	20
	Towing Charge			\$ 60.00	X 11
	Remove/Refix Reverse Sensor			\$ 80.00	X 11
	<b>TOTAL LABOUR</b>			<b>\$ 870.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,267.88</b>	
				2450.28	

LKK Auto Cons. limits hence notify the Repairer of the following:

- To resurvey before/after spray painting.
- To display damaged part(s) during resurvey.
- Parts prices are subject to confirmation.
- Third party survey is on a "Without Prejudice" basis.
- No illegal modification is allowed.
- Secondary damage must be resurveyed and is subject to final approval from Insurance Company.

Acknowledged by Repairer

Kahar (11/12/18)

11/12/18 11:20

2Ks,

4s

At the Repr, U

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.





## 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/INC18022309/K1tbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-12-2018

189556



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 Particulars & Condition

Make & Model	HYUNDAI I40	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. Conditions 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 of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	09/12/2018	Inspection Date	11/12/2018
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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**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 2

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3081E**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
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	-
			304.64	100.00
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR NO PLATE (SN)	CRACKED	25.00	25.00
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			75.00	25.00
	<b><u>LABOUR</u></b>			
	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	-
			-	-
			-	-
			-	-
			870.00	420.00
	<b>GRAND TOTAL</b>		<b>2,450.28</b>	<b>727.40</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>550.00</b>

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

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