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From: Date:	4*		C Wr Regn: 227 3	16
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si Workshop m/s	Calour	Blue	A/C: Ins God / Std / N	
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		Kim / STQ ØRim	0T/60116	
(Policy Condition)	Tyre Size; . F	74.7 9	201 / 0010 0	
Remark: The veh had commenced its N/S		RL	A JAME I CHITCH I DID LOUR	n i
repair at the time of inspection.	TOYO YOKO	and the second of the second o	Walter OHTSU / PIR / SUM	11
Bal, or Market Value;		8 PE	1.	
IDAC Accident Roori: Consistent? : Yes or No	Front R/Bal. 4	-	R/Bal. 2	piide
GIA / PR Seen: Cansistent? ; Yes or No	L/Bal.	mm 13.3 1 mm	L/Bal.	mm .
Est Repairs: 7 days Res.: Yes or No	D.O.A. 17/	12/8	0.01. 18/12/	1000
Lum Sum: % 3 Val.: Yes or No	Survey held at	- (	DGE (Loya	
	DOCUMENT CHICAGO CC		IS I NIS I UIC I Rooftop	
CA / REV / REP. / 24 HRS ** Vehicle	E IN / OUT	earth I Real I o	As front.	275
Dale:Person Contacted:		Chassis frame / 8	ody Structure affected due	to collision.
Oale / Time   Action / Instruction		¥		
	010094/HVNL	DIA: W		
19/2/18 Cha / 1/6 d ===	1 2 1 10.0	\$ //12 ~ /	(me/) 4s	
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My Desktop Notice of Loss	80,57,540	y Query			_	Date of	f Accident	F	7/12/2018 1	9:07	,
	Policy N Vehicle	o. No.(For Mator)	SJU639	0E		Certific	ate Number	[			
					1	Search					
	Select	Policy No.	Certificate	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099991657		SWAMYVEL SENTHILKUMAR	S7261075Z	GPC	drivo CLASSIC	53063900	53U6390E	20/04/2018	17/06/2019
	-				C	ontinue					

TP Claims against NTUC Income: Follow-Through Survey

Date: 21/12/2018

					Time of Accident	FSTIMATE
	bearing that a contract	Claimant Vehicle No	Income Vehicle No.	Date of Accident	Tillie Of Accident	
C/No Income Reference	Claimant (Owner / Taxi Company)	Cigilliain Veillere IVO.			20.00	2 070 84
/NO IIICOILLE MELETINE		CUD 1703H	CR 7870M	18/9/2018	(:72	0,0,0,0
COO CC01101/ 444	SMRT TAXIS PTE LTD	DEE/T GHS	10000			00 010 0
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		75555	CILICAGNE	1//12/2018	10:50	1.000/1
COO COSTONIA	COMMEDIA TRANSPORTATION PIE LID	SHU 32/2A	30000000			
MI/1024193-002	COMICON INCIDENCE OF THE PROPERTY OF THE PROPE					

## SINGAPORE ACCIDENT STATEMENT

- Please report correctly the details of the accident to speed up the claims process. IMPORTANT NOTICE
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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

archiving and that copies of this report to the insurers, y	ou hereby consent to the archiving of	The same
aforesaid.	ACCIDENT STATEMENT	
	17/12/2018 15:25	
Date Of Report	17/12/2018 10:30	
Date Of Accident	ESPLANDADE DRIVE	
Exact Location Of Accident	SINGAPORE	aking sample
Country/State of Loss	DETAILS OF OWN VEHICLE	

Country/State of Loss	DETAILS OF OWN VEHICLE

SHD3272X Vehicle Registration Number

COMFORT TRANSPORTATION PTE LTD Insured/Policyholder Name Of Registered Owner

199303821R

FLEETSAFETY@CDGTAXI.COM.SG Co Reg No Email Address

Mobile Phone No

OFFICE-65508768 Alternative Phone No

Vehicle Particulars

HYUNDAI Manufacturer

140 Model

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?

THIRD PARTY

TAXI

If No, Please state action to be taken

Vehicle Category

INDIA INTERNATIONAL INSURANCE PTE LTD Insurance Company

THIRD PARTY FIRE AND/OR THEFT Name of Insurance Company

Type Of Coverage

Fleet Policy MCOM0015

Policy Number

Cover Note Number

Driver

LEONG SHEE FUN Name of Driver

S1556613B NRIC No 04/06/1962 Date Of Birth OUTDOOR Occupation 06/08/1990

28 YEARS AND 4 MONTHS Date Of Driving Pass

Driving Experience MALE

(LOCAL) +65-98977922 Gender

Mobile Number

Fax Number

ANDREWLEONG62@GMAIL.COM Contact Number EMail Address

Page 1 of 14

Address

220A #14-87 SUMANG LANE

Postcode

821220

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

SIDE SWIPE

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?

YES

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

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

NAME:

Passenger 1

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJU6390E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

SWAMYVELSENTHILKUMAR

Name of Driver NRIC/Passport Number

Contact Number

S7201075Z

Address

Postcode Insurance Company Name

Nature Of Damage

REAR RHT DOOR

# No. Of Passenger (Including Driver)

## DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LEONG SHEE FUN

56

NECK, BACK, SHOULDER

#### Sketch Plan Pg. 1

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DECLARATION  I/We declare the for  OMFORT THA  CO MEG	regoing particulars are tr PECCATATION PTE ENO 1993/93821R	- V		Specializa Co	1 /1/12
DECLARATION  I/We declare the for  UNIFORT TTA  CO HEG  Policyholder's Signatu	Driv	ue in every respect.	older)	Reporting Co	Moocuny CSO 17 12

#### Sketch Plan Pg. 2

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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) 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")
- 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.
- (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.

Policyholder's Signature Date & Time:

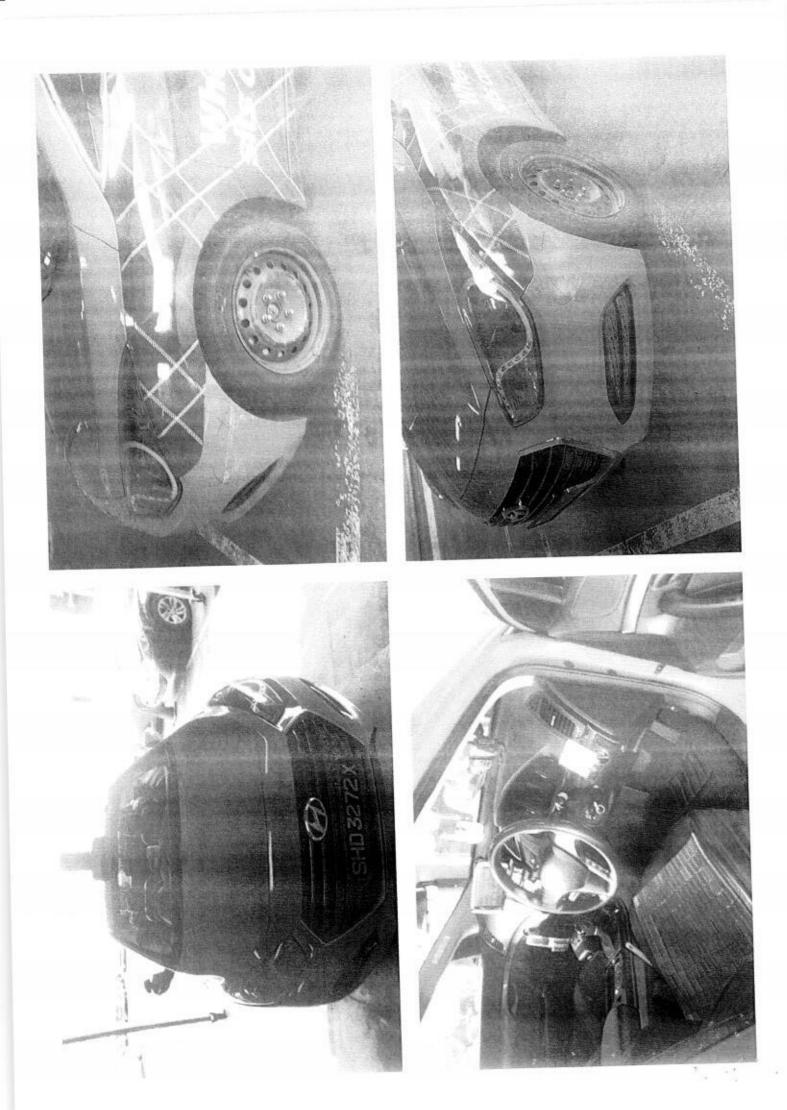
JUNE OF THE RESERVATION PTEL ... 0. 10 199003821R

> Driver's Signat olicyholder) (If driver is not th

Date & Time:

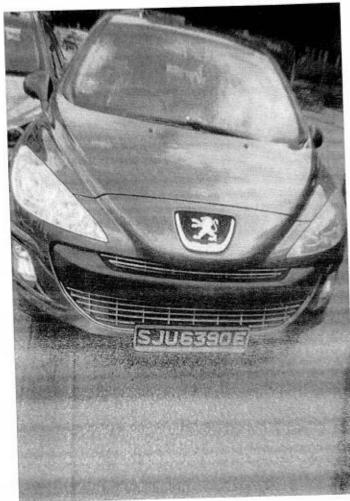
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:











## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO: SHD 3272X

DATE 18/12/2018 9:57

MAKE

DEL	: HYUNDAI i40  Parts Description/ Labour	Type	Unit Price		mount	
Qty	In the man Court to part			\$	544.50	
	Front Bumper Cover X 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			\$	22.40	
	Front Bumper Bracket (LH)	1		S	24.60	
	Front Bumper Bracket (E11)					
	Front Fee In (LH) XHAT SUBTOTAL	- 1		\$	591.50	
	LESS 20%			S	118.30	
				S	473.20	1
	DISCOUNTED TOTAL					
	Front Fender Advertisement Logo (LH)			s	100.00	N
	Labour Charge Panel Beating Spray Painting Charge-Fender/Bumper Tuff Kote			\$ \$ \$	400.00 600.00 50.00	- 5
	Tuli Kote		1			
	TOTAL LABOUR			\$	1,050.00	4
	ESTIMATE TOTAL			s	1,623.20	
	1 (8/2/5 1220 h			notify eog		
	18/2/3 12204		1 1 50	BOOM STORY		
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	Alle Regar ple		Dansille			
	Med Kles at ple	Acktes	Vieogod by Rapaillar		1	
	If we '	Signat	27.4			
	/	Data:				
	This is an initial estimate based on a visual inspection of	the above	vehicle. The final re	epair qua	intum will	
	be prepared after the vehicle is surveyed by a motor Surv	evor appoi	inted by the insuran	ce comp	any.	

#### **COMFORTDELGRO** ENGINEERING

A member of COMFORTDELGRO

#### ComfortDelGro Engineering Pte Ltd

Workshops 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 569286

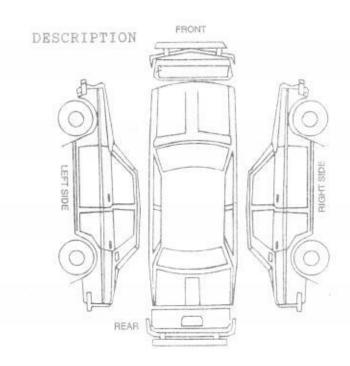
24 Senovo Loop Singapore 758156 7 Sungel Kadut Way Singapore 725791 501 Yahur Industrial Park A Singapore 766732

Date/Time: Uniford 122 2018 16:44 Page: 1

JOB CARD JC NO.: 305251943 Sales Order: ARC Repair TP(CLSO)1 Team: MILEAGE REGN NO .: TOMER SHD3272X COMFORT TRANSPORTATION PTE LTD FUEL MAKE: MS. HYUNDAI 7010045 E.....F TOMERNO. 383 SIN MING DRIVE DATE/TIME IN MODEL 7.12.2018 12:25 Singapore SINGAPORE 575717 I - 4065508755 YR OF MANU. 28.07,2016 TARGET DATE (B) (P) CHASSIS CODE KMHLB41UMGU092273 COMPLETION DATE/TIME: COUNT CARD NO.

JOB DESCRIPTION

cident Date: 17.12.2018 TURE: 3P 17.12.2018 NO LABOR CODE



					-
KED & P	ASSED OUT BY:		_		
			1	OLISTOMESIS SIGNATURE	
	SERVICE ADVISOR		31	CUSTOMER'S SIGNATURE	_
edgeme	nt Silp		Exit Pass		
No.:	SHD3272X	CHIANG	Vehicle No.: SHD3272X		
	A.L.	Clouds on Date	Name of Service Advisor	Date	
	Advisor	Signature/Date	CONTRACTOR OF STREET	Date	
turned to	Service Reception upon c	ollection	To be kept by Security Guard		

#### COMFORTDELGRO ENGINEERING

305251943 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 19/12/18 FINALIZATION FORM Fax: LKK KALVIN Attn 17/12/2018 : SHD3272X Vehicle Reg No. The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SJU6390E NTUC The repair job shall bill to: The finalized amount shall be: 2. Spare Parts after List discount (a) Labour Charges (b) Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: \$500.00 Final Lumpsum Repair cost working days. Estimated normal period for repairs: 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 4. working days We confirm the estimates and Thank you for your assistance. 5. finalized amount Signature: Signature: Name : CHIANG Name Date 62148314 Tel : 65468156 Fax For Official Use Only Document Confirm By Remarks Attached Amount Item (Signature) Yes or No YES Rental Rate P/Day N Loss of Income Paid Survey Fees 7.49 4. LTA Search Fee Medical Fees (on behalf of driver, if applicable) Overrun

Remarks:



## **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





TUC	INCOME INSURA	NCE CO-OPERATIVE LTD	Ref:	NS/INC1802273	3/K1qbn2
2 DD	AS BASAH ROAD 1 NTUC TRADE U	NION HOUSESINGAPORE	Date:	27-12-2018 INC4	
		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SJU 6390E		nspected	SHD 3272X
	Policy No.	5099991657	Cove	rage (\$)	0.00
	Claim No.	MT/1024193-002	Exces	ss (\$)	0.00
	Assign From		Assig	n Date	18/12/2018
		Vehicle Part	iculars	& Condition	A STATE OF THE STA
•	Make & Model	HYUNDAI 140	c.c		1685
	Engine No.	HIDDEN	Year	of Reg.	2016
	Chassis No.	KMHLB41UMGU092273	Colo	ur	BLUE
_	Odometer	453364	Steer	ring	IN ORDER
-	Brakes	IN ORDER	Modi	fication	STANDARD ALLOY RIM
	General	FAIR			
3.	General	Condi	tions of	Tyres	
٥.		Size	Make	)	Balance
	R/H Front Tyre	205/60 R16	HANK	KOOK	7 mm
	L/H Front Tyre	205/60 R16	HANK	KOOK	7 mm
_	R/H Rear Tyre	205/60 R16	HAN	KOOK	7 mm
	L/H Rear Tyre	205/60 R16	HAN	KOOK	7 mm
4.	Dirikou. Iyio	Descrip	tion of	Damages	
	THE VEHICLE SU	ISTAINED DAMAGES AT THE N	/S FROM	NT PORTION.	
5.	DAWAGES SEE E	Gene	ral Info	rmation	
J.	Accident Date	17/12/2018	Insp	ection Date	18/12/2018
	Survey held at	COMFORTDELGRO ENGINE	ERING	PTE LTD	
	Surrey mana ar	59 LOYANG DRIVE SINGAPORE 508969			
5a.	Estimate Males		Remar		
	A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A"VICE TO YOUR INSTRUCTIONS	VVE HA	VE NOT AUTHORIC	IS. SED REPAIRS.
5b.		Estima	te Days	of Repair	
		RMAL PERIOD FOR REPAIR:		2 Working Day	/S



### **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 3272X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1000000	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
4	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	
	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
	FRONT FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	
	LESS 20% DISCOUNT		-118.30	-
	LESS 20 % DIOCONT		473.20	
	SPECIAL NETT ITEMS		100.00	100.00
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	71444
	LABOUR PANEL BEATING INCLUSIVE OF THE REPAIR OF FRONT		400.00	200.00
	BUMPER COVER AND FRONT FENDER (LH).		600.00	400.00
	SPRAY PAINTING CHARGE-FENDER/BUMPER.	NOT NECESSARY	50.0	0
	TUFF KOTE.	NOT NECESORIE	1,050.0	0 600.00
	GRAND TOTAL		1,623.2	0 700.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			500.00

Report Ref No. NS/INC18022733/K1qbn2

KALVIN ANG WEI KUN

(CONFIRMED)

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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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.