

Director: Kelvin

REF:

NS/INC 18073015 / Klvb2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHD 2443B

Policy No: 5068045737 -04 09.10.13

Claims No: MT 1024913-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

NIS	O/S

Bal. or Market Value: _____

DIAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

SHD 7187H - NA / 471 8019816 / Z4

DWA: 2910-13

INC

SHD 2443B - X

4.

26/12/18 at 4/5 \$900 / 2 days. (Red 602.40, 4090)

RECEIVED 27 DEC 2018

Veh No: SHD 7187H Yr Regn: 17 Nov 2016

Type: M. Car / M. Cycle / Bus / Van / Lorry / T / Prime Mover /

Truck / Trailer or

Make: Hyundai-Ix c.c. 1600

Colour: Blue A/C: Ins 60 / Std / HI / NA

Sp. Reading: 275575 T/Radio: Ins 0 / Std / HI / NA

Eng/No: _____

C/No: KMHCBK16M4409640

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205 / 60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Hae Kue

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 21/12/18 D.O.I. 24/12/18

Survey held at C D G E (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooflop or

Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 27/12 - typist

Report Format:

TP

Lump Sum / L.B. /

900/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

160

TP Claims against NTUC Income: Follow-Through Survey

Date: 27/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1024821-002	COMFORT TRANSPORTATION PTE LTD	SHD 4885X	SLU 8399U	21/12/2018
2	MT/1024913-002	COMFORT TRANSPORTATION PTE LTD	SHD 7187H	SHD 2443B	21/12/2018
3	MT/1024979-002	CITYCAB PTE LTD	SHC 124R	SHD 2133X	23/12/2018

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5068045737-04		PRIME CAR RENTAL & TAXI SERVICES PTE. LTD.	199606293Z	GFT	Third Party, Fire & Theft	SHD2443B	SHD2443B	09/10/2018	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	22/12/2018 10:47
Date Of Accident	21/12/2018 22:00
Exact Location Of Accident	THOMSON RD TWDS BUKIT TIMAH B4 IRRAWADDY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7187H
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	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	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	SHAIK ALI B A S DAWOOD
NRIC No	S1299044H
Date Of Birth	20/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	23/10/1979
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90673164
Fax Number	
Contact Number	
Email Address	SHAIKBABUJAANBEGUM@GMAIL.COM

Address	224B 17-127 SUMANG LANE
Postcode	822224
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

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:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2443B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

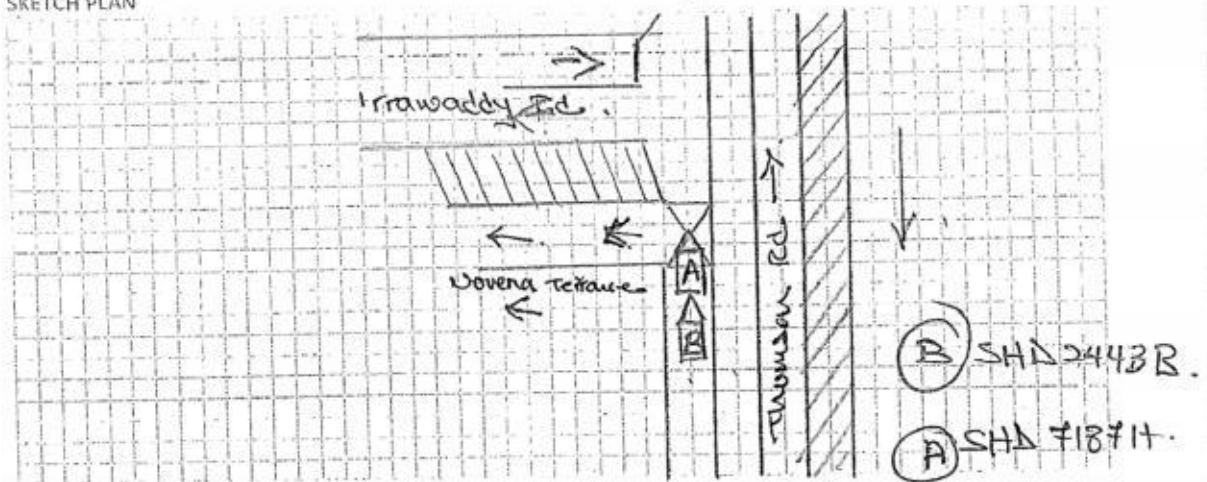
Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21 Dec 2018 @ 2300 hrs I, VEH (A)

was driving straight on the third lane.

on the above direction. I VEH A slow down

to make a left turn suddenly VEH (B)

from the rear hit VEH A Rear. at the

point of accident VEH (A) ferry 3 pax.

not injured.

DECLARATION

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

JMPORT TRANSPORTATION PTE LTD
CO. REG. NO. 12900121R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

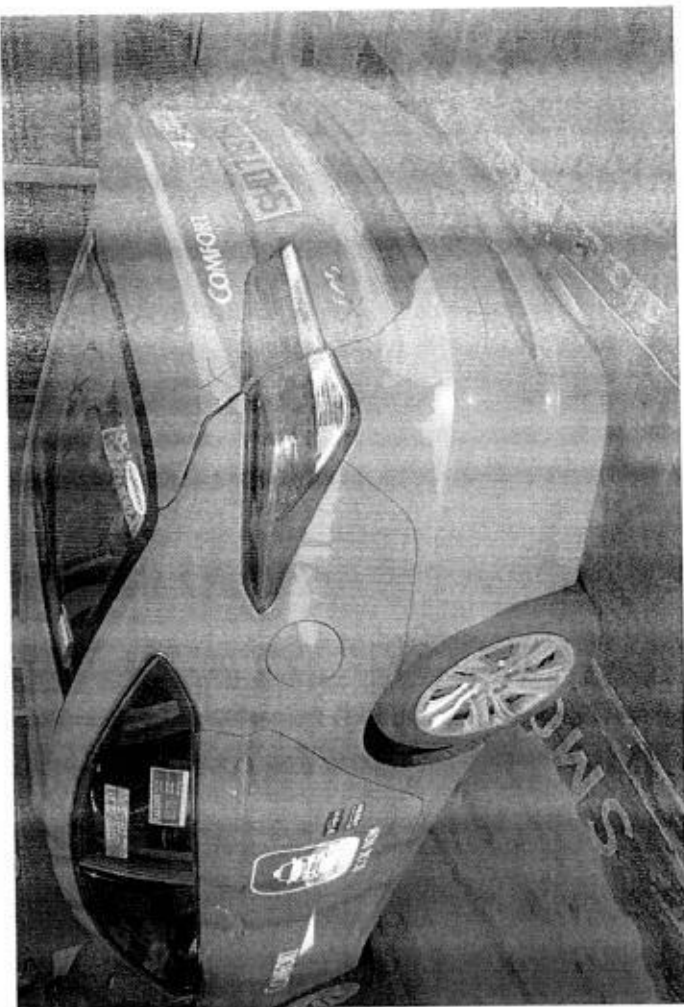
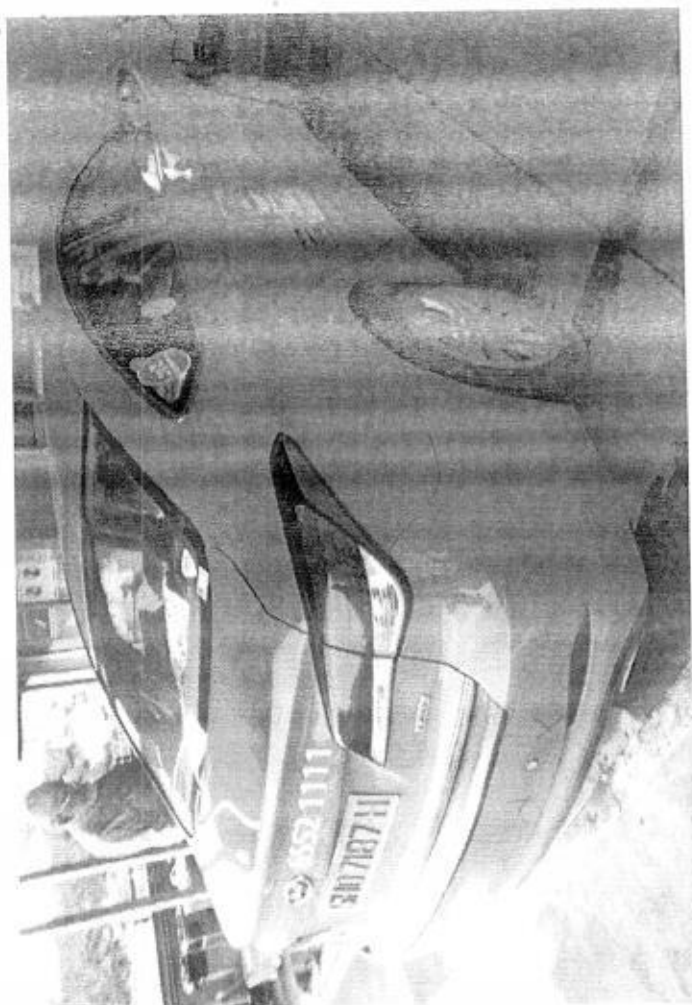
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

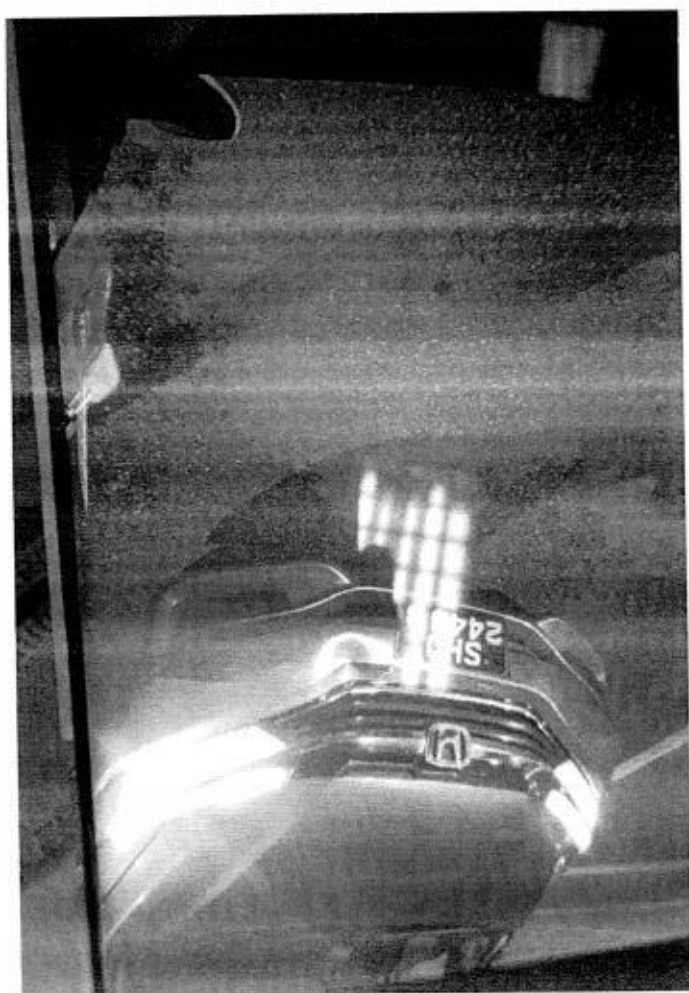
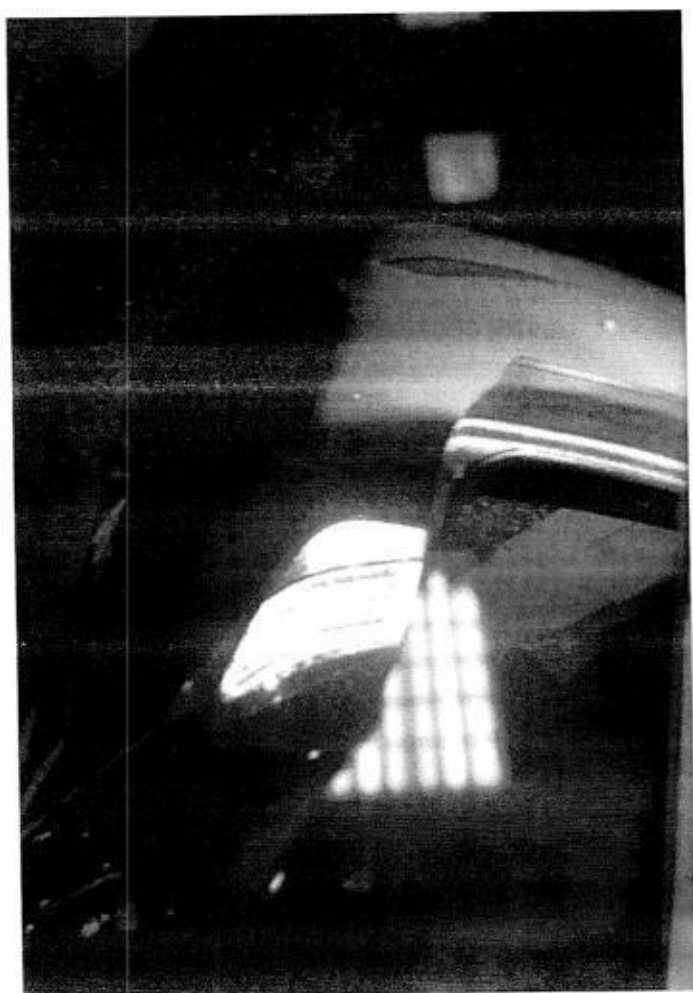
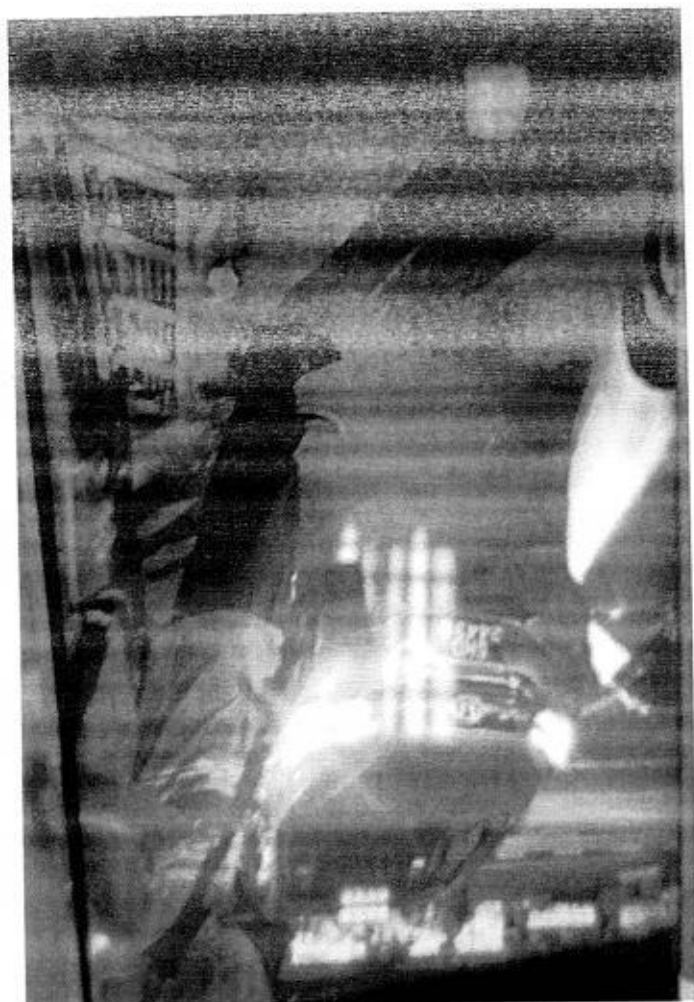
COMFORT TRANSPORTATION PTE LTD
CC REG NO. 199503821R

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.:





REPAIR ESTIMATE*

DATE 24/12/2018 9:43

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper under cover			\$ 228
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL			\$ 460.00
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 50.00
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,320.00
				1502.40
	Ka Ine 16/11/14 24/12/15 1150L. 2 Apr. U/S Atta Repingth			
	Lik Air Consultants hereby notify the Repairer of the following: • To resurvey before water spray painting • To disclose damaged parts during resurvey • Parts prices are subject to confirmation • Third party survey is on a "without Prejudice" basis • No illegal modifications is allowed • Supplementary items must be resurveyed and is subject to final approval from Insurance Company Acknowledged by Repairer Signature: Date:			
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

Date/Time: 22.12.2018 11:46

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305253431

STOMER

COMFORT TRANSPORTATION PTE LTD

/MS 7010045

STOMER NO. 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

COUNT CARD NO.

REGN NO.: SHD7187H

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 22.12.2018 09:05

YR OF MANU. 17.11.2016

TARGET DATE

CHASSIS CODE KMHLB41UMHU096420

COMPLETION DATE/TIME:

JOB DESCRIPTION

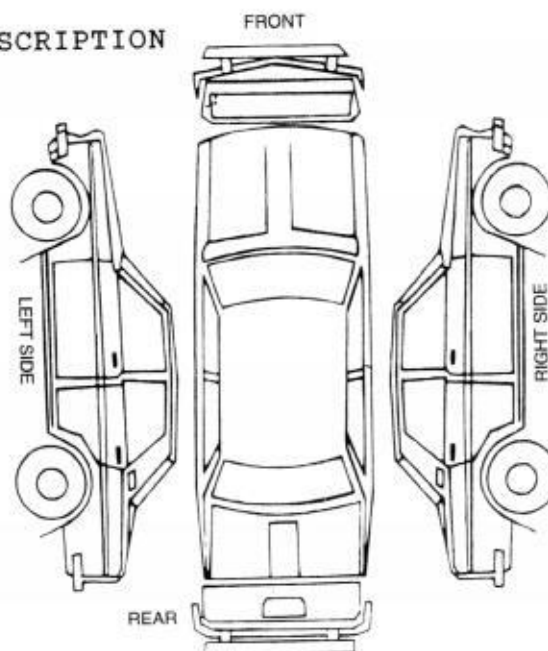
Accident Date: 21.12.2018

NATURE: 3P 21.12.18

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

By: SHD7187H CHIANG

Vehicle No.: SHD7187H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305253431
Date : 26/12/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD7187H

Fax :

21/12/2018

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

1. The repair job shall bill to: NTUC SHD2443B
2. The finalized amount shall be:
- (a) Spare Parts after List discount
- (b) Labour Charges
- Total for Part-By-Part Repair Cost
- (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost \$900.00

3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature :
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name : Kalvin
Date : 26/12/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING

VEHICLE # SHD7187H

LKK

305253431

TYPE OF C: TP

SURVEY B': KALVIN

DATE : 30/11/2018

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

[illegible]




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/INC18023015/K1vbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 31-12-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 2443B	Veh. Inspected	SHD 7187H
Policy No.	5068045737-04	Coverage (\$)	0.00
Claim No.	MT/1024913-002	Excess (\$)	0.00
Assign From		Assign Date	24/12/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU096420	Colour	BLUE
Odometer	275575	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	21/12/2018	Inspection Date	24/12/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 7187H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-160.60	-160.60
			642.40	642.40
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
GRAND TOTAL			1,502.40	1,122.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC18023015/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

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