NSI mc19002424/Nsd3ez

REF: EN	,	chiang
Simeline: NAZ		
<u>ASSI</u>	<u>GNMENT</u>	
From: . Date: .	Veh No: 54 < 3695 P	Yr Regn: 30 74 6 201
Eslimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry	/ Taxl / Prime Movor /
OD THE WS ITP RES I OD RES I EVA I INV I MV	Truck / Traller or	
To Inspect Vehicle No:	Make: 17 ywoAl son	ATA 6.6. 1, 491
at Workshop m/s	COIOUI	A/C: Unsur.dlsdd/NI/NA
,	Sp.Reading 263,633	T/Radip:(insured Std / NI / NA
Insured: SGI 7315K		COD 4
Policy No. 508 207 (051-02 (19/7/18-18/7/19)	C/No: KMHET41	1WBUS 12047
,	Gen. Cond: Good / Rair / Poor / Burnt	
Claims No. MT/1031360-002	Steering: Inorder Jammed / Leaked / Bi	urnt or
Sum Insured: Excess:	Brake: (norder Jammed / Leaked / Br	urnt or
(Client's Record) Make of Veh;	Modl: NII / S/Rim / STD A/Rim or	*******
Make Of you,	Tyre Sizo: F: 215	1601R16
	R:	11
(Policy Condition) Remark: The veh had commenced its N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / M	
Fremanc The ven had commenced its	KTOYO/YOKO OF WESTL	AKE.
×	Front	Rear
Bal, or Market Value:	R/Bal. 6 mm	R/Bal. 6 mm
DAC Accident reports	UBal, 6 mm	L/Bal6mn
A Ross Ves or No.	D.O.A. 7(2(19	U.O.I. 812/19
	Survey hold at CDGE (04904
Lum Sum: % 3 Val.: Yes of No	Des. of Damages ; Frt / Rear / O/S / N	
CA / REV / REP. / 24 HRS Vehicle: IN/OUT	FEAR OIS	
Dale:Person Contacted:	The U/C / Chassis frame / Body St	TNC L/.
Date / Time Action / Instruction	1301 DOP: 15/	
8HC3695P-NSI INC1602 9169/HJ9	h314	
SGJ-13.15K-X		
26/2/19 FINALIZED. LUMP SUM CEPA	18 \$ 3,000 / 4 DAYS	
(\$ 1,342.96 Red - 38%)		
RECEIVEL	0 2 8 FEB 2019	
Dute/lime, File Pass tu? Prell: Report	Days Of Repair:	<u> </u>
	Resurvey No. of Trip:	*Survey Fee: 160
Oale/line, File Roturn 107		Transportation:
Add Fee:		Pholos
	: Interview (\$)), Olhers
Report Format:	:Weekend (\$	·
Lump Sum / I.B.I: (\$ 3,000/- 4/5)		TOTAL . 160

Helle, NAC_PAYA_UBI_800601

Change Language

· Change Password

· My Desktop Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

SGJ7315K

Date of Accident Certificate Number

07/02/2019 17:19

Search

Select Policy No. 5082071051-02 Certificate Number

Policyholder Name FONG CHEE CHEONG Policyholder NRIC S8175774G

Product Cover Type Third Party, SGJ7315K SGJ7315K GPC

Vehicle No.

Insured Object

Commence Date

19/07/2018 18/07/2019

Expiry Date

Continue

TP Claims against NTUC Income: Follow-Through Survey

26/02/2019 . Date :

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1033917-001	COMFORT TRANSPORTATION PTE LTD	SHA 4662M	SLM 616M
2	MT/1031342-002	COMFORT TRANSPORTATION PTE LTD	SHC 8050S	SDS 6306G
3	MT/1030935-002	COMFORT TRANSPORTATION PTE LTD	SHA 4753J	SLG 1936P
4	MT/1030694-002	COMFORT TRANSPORTATION PTE LTD	SHB 4375L	SJK 3388K
2	MT/1031360-002	COMFORT TRANSPORTATION PTE LTD	SHC 3695P	SGJ 7315K
9	MT/1030298-002	COMFORT TRANSPORTATION PTE LTD	SHB 4193U	FBK 8120C
7	MT/1033590-002	COMFORT TRANSPORTATION PTE LTD	SHD 6745D	SGG 4505P



A member of COMFORTDELGRO

ComfortDetGro Engineering Pte Ltd

KMHET41VMBA815097

Application and the East Parameter of Man W.

24 Service Liver Singarore 758156 7 Sunger Kedult Way Singapore 728751 501 Vehiu, Judy Strat Park A Singapore 7687

Date/Time: 07.02.2019 17:01

Page: 1

... emisner's Signature ...

JOB CARD JC NO.: 305266379 Sales Order: Team: ARC Repair TP(CLSO)1 MILEAGE REGN NO. STOMER SHC3695P COMFORT TRANSPORTATION PTE LTD FUEL MAKE: 7010045 HYUNDAI E......F STOMER NO. 383 SIN MING DRIVE DATE/TIME IN DRESS MODEL Singapore SINGAPORE 575717 SONATA 07.02.2019 09:45 65508755 TARGET DATE YR OF MANU. (R) 30.07.2011 (P) COMPLETION DATE/TIME: CHASSIS CODE

JOB DESCRIPTION

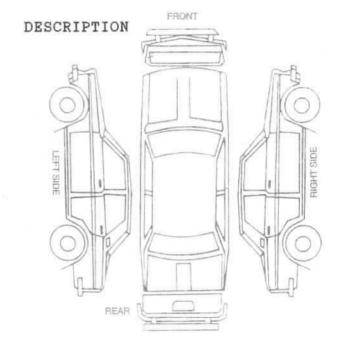
Accident Date: 07.02.2019

NATURE: 3P 07.02.2019

S/NO

SCOUNT CARD NO.

LABOR CODE



HECKED & PASSED OUT BY:			
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
owledgement Silp		Exit Pass •	
e: lo.: tle No.: SHC3695P	CHIANG	Vehicle No.: SHC3695P	
e of Service Advisor	Signature/Date ection	Name of Service Advisor To be kept by Security Guard	Date

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.

aloresaid.	
	ACCIDENT STATEMENT
Date Of Report	07/02/2019 14:31
Date Of Accident	07/02/2019 08:40
Exact Location Of Accident	SEMWABANG WAY TWDS YISHUN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC3695P
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	SONATA-2.0 (A)
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	LIM HAN LEONG
NRIC No	S7026713F
Date Of Birth	11/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1992
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93212231
Fax Number	
Contact Number	
	NOTATE OF THE PROPERTY OF THE

NOEMAIL

Address

BLK 70 REDHILL CLOSE

#09-88

Postcode

150070

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

7

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)

2

involved in the accident

NO

Was any body injured in the Accident?
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)

3

Passenger 1

NAME:

-

GENDER:

: MALE

Passenger 2

NAME:

2 4

GENDER:

: MALE

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

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

-

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGJ7315K

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YONG TIEN SHEONG

NRIC/Passport Number

S7388333D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- 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.
- 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.
- 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.
- 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 aforesald.
- 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
CO. REG. NO. 199303821R	

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

the policyholdery

Jackson Heap

Reporting Centre Personnel's Signature Name:

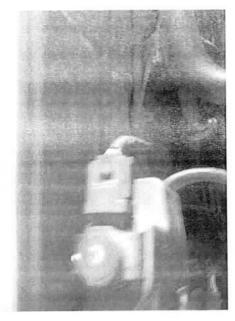
NRIC/FIN No .:

GIARMC SketchPlanForm V3

Sketch Plan Pg. 2

KETCH PLAN 		
		1-1-1-1000/1-5-19-19-19-19-19-19-19-19-19-19-19-19-19-
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ESCRIBE CIRCUMSTANCES OF TH	E ACCIDENT	
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alighting my po	asserble at Sembo	raniony wong - white
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A few Stand	rect of nave a	great impact from
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my back of m	y tarxi.	
T T	1	(a)
	TO STATE STATE OF THE STATE OF	
ECLARATION		
ECLARATION We declare the foregoing particulars a	re true in every respect.	2/0/10
FORT TRANSPORTATION PTE		7/2/19 Jackson Herm Frekton
CO. REG. NO. 199303821R	/.	Jackson Herm THEKOD
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Specification to Large 13.













COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3695P

MAKE

MODEL : HYUNDAI SONATA

DDEL	: HYUNDAI SONATA			NUCE	1		L	1)
Qty	Parts Description/ Labo	our	Type	Unit P	rice	12	Amount	
	Rear Bumper					\$	578.40	/ORK
	Rear Bumper Clip					\$	22.00	MEC
	Rear Bumper Protector (RH)					\$	38.00	1DEF
	Tail Lamp (RH)					\$	344.00	10010
	Tail Lamp Quarter Panel (RH)					\$	93.80	2X 8VC
	Rear Fender (RH)					\$	1,935.90	10EF
	Rear Fender Inner Lining (RH)					\$	74.10	3X3VC
	Rear Windscreen Moulding					\$	60.00	INE,
				- 04	2 5			
		SUB TOTAL		2,930	1.3	\$	3,146.20]
		LESS 20%				\$	629.24	
	DISCO	UNTED TOTAL		2,991	2.64	\$	2,516.96]
	Rear Bumper Advertisement Logo					\$	50.00	Nett MEC
	Rear Bumper Rubber Mat					\$	50.00	Nett NE
	Rear Fender Advertisement Logo (L	H/RH)		\$	100.00	\$	200.00	Nett /NE
	Rear Fender Comfort Sticker (RH)					\$	30.00	Nett ME
	Rear Windscreen Sealant				-	\$	46.00	Nett / Mg
		the Repairer of the		otify				
		To resurvey before/at		ng	376	\$	376.00	
		To display damaged:						
		 Parts prices are subject Third party survey is 						
		 No illegal modification 	(s) is allowed					
	Labour Charge	 Supplementary item(: is subject to final app) must be resu	rveyed and				1,500
	Panel Beating			unos Company	1	\$	1.000.00	400
	Spray Painting Charge	Acknowledged by Repa Signature:	irer		1	\$	500.00	400
	Wiring Charge	Date:				\$	50.00	30
	Tuff Kote				_	S	50.00	/
	Remove/Refix Cushion & Upholster	y Rear				\$	150.00	XND
	Remove/Refix Rear Windscreen Gla	ISS				\$	120.00	80
	Remove/Refix Reverse Sensor					\$	80.00	30
	When I				20.00			
	NAZ LKK (1) 2 16	TAL LABOUR			990	\$	1,950.00	1
	011 119 161017N							1
	EST	IMATE TOTAL		2,998,	g l	\$	4,842.96	
	415			7 . 101	7.1			
				2 000	,			
	4 09 3			3,001				
	CHECK ITEMS PHOTOS							
	AFTER RESON PHOTE	7						
	This is an initial estimate based on a visu	al inspection of th	e above ve	hicle. The fina	al repair q	uanti	um will	
		7411						I

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

Page 1 of 1

COMFORTDELGRO ENGINEERING

305266379 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 18/02/19 Date FINALIZATION FORM LKK Fax: To NAZ Attn: Vehicle Reg No. : SHC3695P 07/02/19 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SGJ7315K Z The repair job shall bill to: NTUC 2. The finalized amount shall be: Spare Parts after List discount (a) (b) Labour Charges Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) (c.) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost \$3,000.00 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 1. 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) 6 Overrun Remarks:



National Assessment Centre Services

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







NTUC INCOME INSURANCE CO-OPERATIVE LTD			Ref:	NS/INC19002424/Nsd3e2		
		.D UNION HOUSESINGAPORE	Date:	01-03-2019 INC4		
1.		Policy Particulars		AND ASSESSMENT		
•	Insured Veh.	SGJ 7315K	_	nspected	SHC 3695P	
	Policy No.	5082071051-02	_	age (\$)	0.00	
	Claim No.	MT/1031360-002	Excess (\$)		0.00	
	Assign From			n Date	08/02/2019	
2.	Republication Res	Vehicle Parti	culars 8	Condition		
	Make & Model	HYUNDAI SONATA	c.c		1991	
	Engine No.	HIDDEN	Year o	f Reg.	2011	
	Chassis No.	KMHET41VMBA815097	Colou	r	BLUE	
	Odometer	263633	Steeri	ng	IN ORDER	
	Brakes	IN ORDER	Modifi	cation	STANDARD ALLOY RIM	
	General	FAIR				
3.		Conditi	ons of	Tyres	THE ROLL OF STREET	
		Size	Make		Balance	
	R/H Front Tyre	215/60 R16	WEST	LAKE	6 mm	
	L/H Front Tyre	215/60 R16	WEST	LAKE	6 mm	
	R/H Rear Tyre	215/60 R16	WEST	LAKE	6 mm	
	L/H Rear Tyre	215/60 R16	WEST LAKE		6 mm	
4.	Continue Inch	Description	NAME OF PERSONS ASSESSED.	A SECURIO DE PROPERTO DE LA CONTRACTOR D		
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	AR O/S	PORTION.		
	DAMAGES SEE D	ETAILS.				
5.	THE PARTY OF	Genera	Inform	ation		
	Accident Date	07/02/2019	Inspec	tion Date	08/02/2019	
	Survey held at COMFORTDELGRO ENGINEERING PTE LTD					
		59 LOYANG DRIVE SINGAPORE 508969				
5a.		R	emarks			
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W				
5b.	b. Estimate Days of Repair					
	ESTIMATED NORMAL PERIOD FOR REPAIR: 4 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3695P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	CRACKED	578.40	578.40
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER PROTECTOR (RH)	DEFORMED	38.00	38.00
1	TAIL LAMP (RH)	CRACKED	344.00	344.00
1	TAIL LAMP QUARTER PANEL (RH)	SERVICEABLE	93.80	:-
1	REAR FENDER (RH)	DEFORMED	1,935.90	1,935.90
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	74.10	
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
	LESS 20% DISCOUNT		-629.24	-595.66
			2,516.96	2,382.64
	SPECIAL NETT ITEMS			
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR FENDER COMFORT STICKER (RH) (SN)	NECESSARY	30.00	30.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
			376.00	376.00
	LABOUR			
	PANEL BEATING.		1,000.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	50.00
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.	NOT NECESSARY	150.00	:=
	REMOVE / REFIX REAR WINDSCREEN GLASS.		120.00	80.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			1,950.00	990.00
	GRAND TOTAL		4,842.96	3,748.64

Report Ref No. NS/INC19002424/Nsd3e2





3,000.00 RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)

Report Ref No. NS/INC19002424/Nsd3e2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

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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