

NS/INC/1900249/NSD302

REF: INC CIBANG

ASSIGNMENT

From: Date: Estimated Cost: OD/TP WS/TP RES/OD RES/EVA/INV/MV To Inspect Vehicle No: at Workshop m/s of Insured: SJI 3388K Policy No. 5086 761663-01 (13/2/18-12/2/19) Claims No. MT/1030694-002 Sum Insured: Excess: (Client's Record) Make of Veh:

Veh No: SHD 4375L Yr Regn: 7 APR 2016 Type: M.Car/M.Cycle/BUS/Van/Lorry/Taxi/Prime Mover/ Truck/Trailer or Make: HYUNDAI I40 c.c. 1600 Colour: BLUE A/C: Insured/Std/NI/NA Sp. Reading: 138,564 T/Radio: Insured/Std/NI/NA Eng/No: C/No: KMHCB42UM4U086882 Gen. Cond: Good/Fair/Poor/Burnt Steering: Inorder/Jammed/Leaked/Burnt or Brake: Inorder/Jammed/Leaked/Burnt or Modl: NII/S/RIm/STD A/RIm or Tyre Size: F: 205/60 R16 R: 11

(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IUAC Accident Rpt: Consistent? : Yes or No CIA / PR Sect: Consistent? : Yes or No Est. Repairs: 4 days Res.: Yes or No Lrn Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN/OUT

Table with 2 columns: N/S, O/S. Marked with 'X' in the top-left and bottom-left cells.

BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/ TOYO/YOKO or HANCOCK Front R/Bal. 6 mm R/Bal. 5 mm L/Bal. 6 mm L/Bal. 5 mm D.O.A. 2/2/19 D.O.i. 7/2/19 Survey held at CDGE WYANG Des. of Damages: Frt / Rear / O/S / (N/S) / UIC / Rooftop or The UIC / Chassis frame / Body Structure affected due to collision

Table with 2 columns: Date/Time, Action/Instruction. Includes handwritten entries for 26/12/19 regarding finalized lump sum repair and a 'RECEIVED 28 FEB 2019' stamp.

Date/Time, File Pass to? 28/02/19 1) Typist Date/Time, File Return to? Report Format: Lump Sum / I.B.I: (\$ 1,900/- L/S.)

Days Of Repair: 4 Resurvey No. of Trip: 2 Survey Fee: 160 Transportation: S + RS. SI Add Fee: Site Insp (\$), Interview (\$), Tech. Invs (\$), Weekend (\$). Photos, Others. TOTAL 160

Hello, NAC\_PAYA\_UBI\_800601

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### Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/02/2019 17:19"/>
Vehicle No.(For Motor)	<input type="text" value="SJK3388K"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086761663-01		LEONG TING LI AMANDA	S8845503G	GPC	Third Party, Fire & Theft	SJK3388K	SJK3388K	13/02/2018	12/02/2019

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 26/02/2019

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
5	MT/1031360-002	COMFORT TRANSPORTATION PTE LTD	SHC 3695P	SGJ 7315K
6	MT/1030298-002	COMFORT TRANSPORTATION PTE LTD	SHB 4193U	FBK 8120C
7	MT/1033590-002	COMFORT TRANSPORTATION PTE LTD	SHD 6745D	SGG 4505P

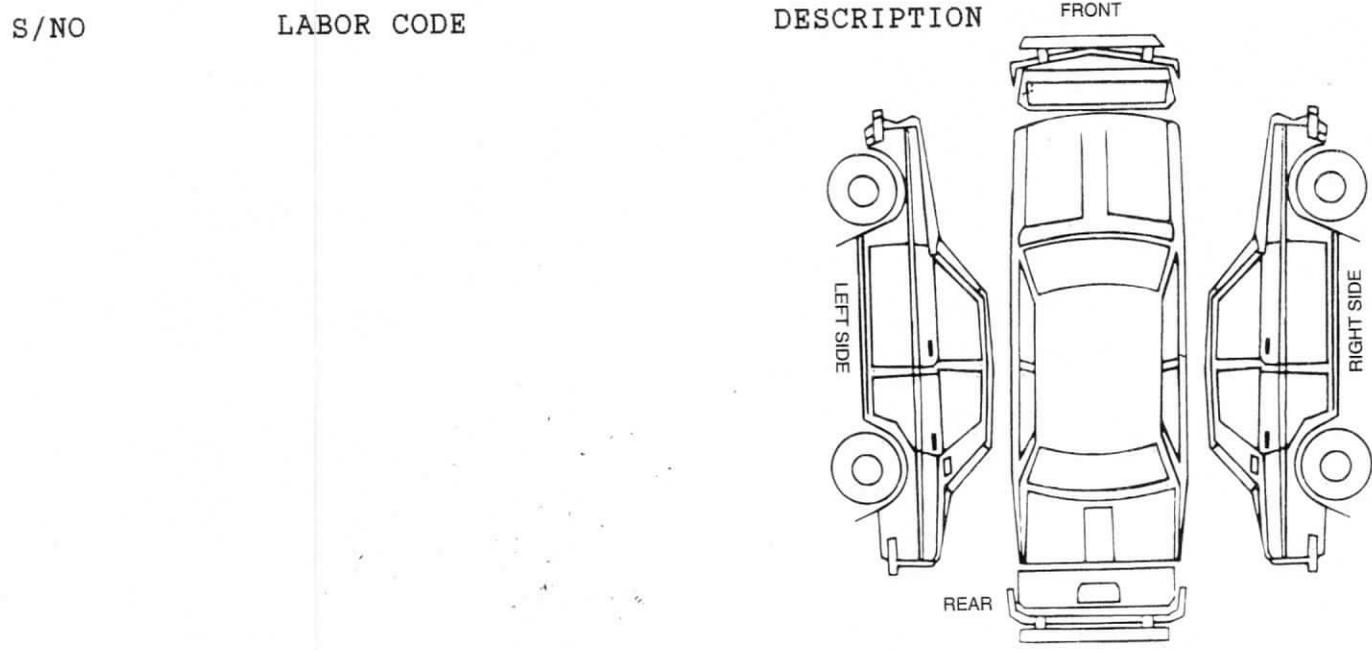
A member of COMFORTDELGRO

Date/Time: 04.02.2019 10:56 Page : 1

<b>Team:</b> ARC Repair TP(CLSO)1  CUSTOMER MS : COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. : 7010045 ADDRESS : 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)  COUNT CARD NO.	<b>JOB CARD</b>	<b>Sales Order:</b>	<b>JC NO.:</b> 305265907
		REGN NO.: SHB4375L MAKE : HYUNDAI MODEL I-40 YR OF MANU 07.04.2016 CHASSIS QMHLB41UMGU086881	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 02.02.2019 18:20 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.02.2019  
 NATURE: 3P 02.03.2019



CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR

\_\_\_\_\_  
 CUSTOMER'S SIGNATURE

Knowledge Slip  
 No.: SHB4375L  
 CHIANG  
 Signature/Date

Exit Pass  
 Vehicle No.: SHB4375L  
 Name of Service Advisor  
 Date  
 To be kept by Security Guard

to be returned to Service Reception upon collection

## 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	04/02/2019 10:16
Date Of Accident	02/02/2019 18:20
Exact Location Of Accident	COLDSTREAM AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4375L
<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	CHU YIEK LEONG
NRIC No	S1462058C
Date Of Birth	20/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	21/09/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97332882
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 702 BEDOK RESERVOIR ROAD #10-3542  
 Postcode 470702  
 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 - OPENING DOOR OF VEHICLE  
 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) 2  
 Passenger 1  
 NAME: : -  
 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**

PLS REFER TO ATTACHED / Type Of Accident : 3P OPEN DOOR

**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 SJK3388K  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver AARON ANTHONY LEONG KIAN JIN  
 NRIC/Passport Number S9037772H  
 Contact Number 96366677  
 Address  
 Postcode  
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Nature Of Damage RIGHT FRT DOOR

No. Of Passenger (Including Driver)

**IMPORTANT NOTICE**

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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.

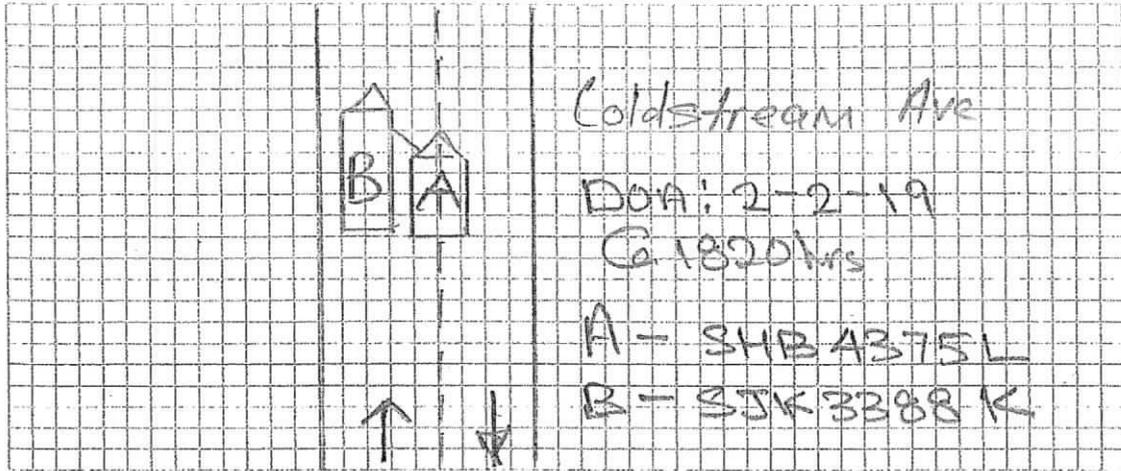
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303321R

Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: Fauzy  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2-2-19 @ 1820hr, I was driving along Coldstream Ave with (1) Male Passenger on board at my taxi. When my taxi passing through suddenly Vehicle (B) SJK 3388K stationary Driver Open door and cause hit my taxi. Whole Left Side Cause damaged.

There is Videos Footage On the Scene. No injury at (1) Male Passenger.

DECLARATION

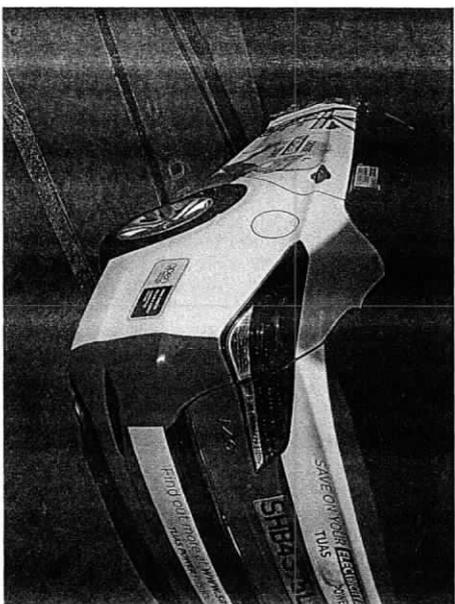
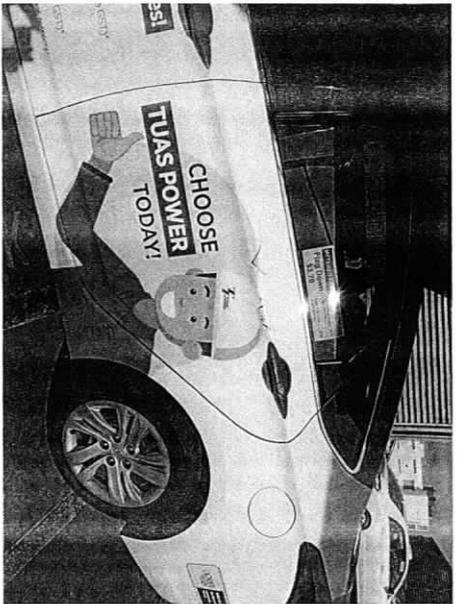
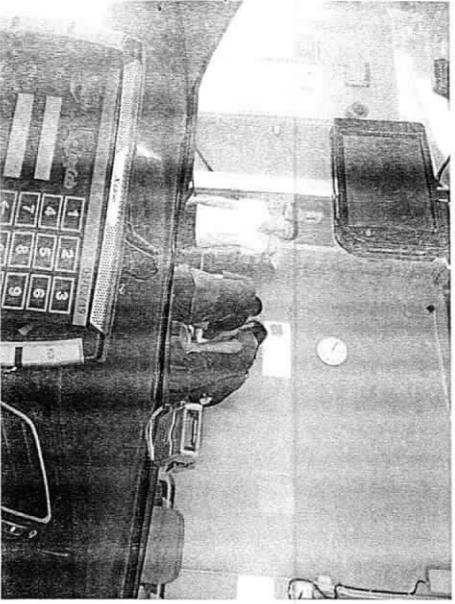
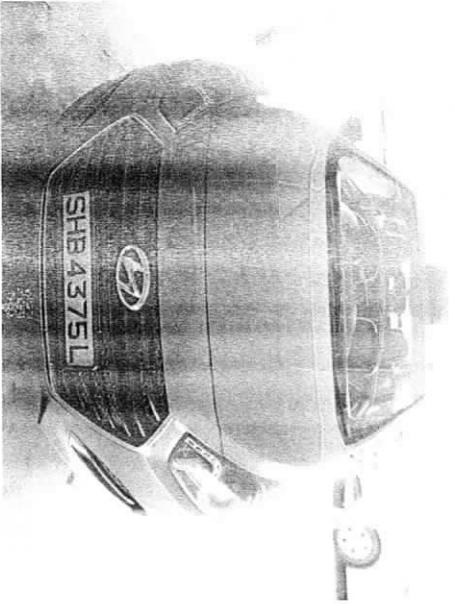
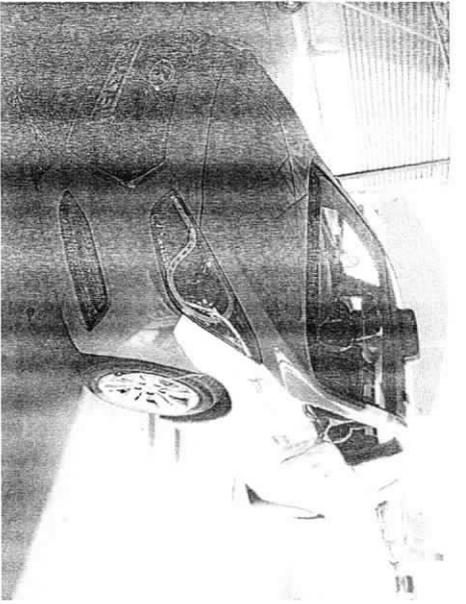
I/We declare the foregoing particulars are true in every respect.

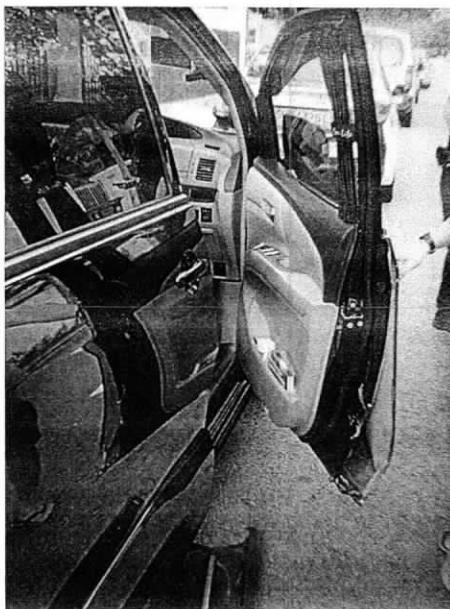
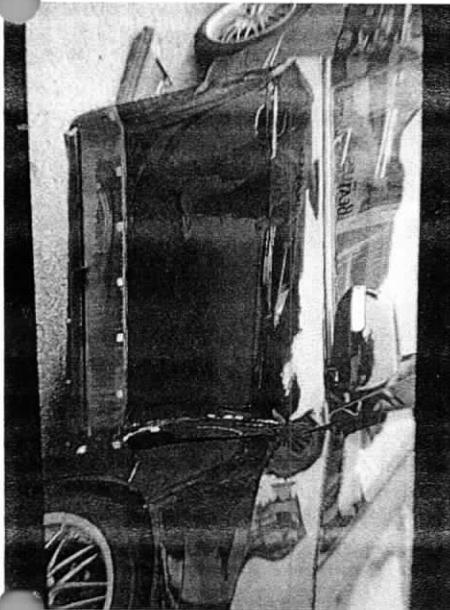
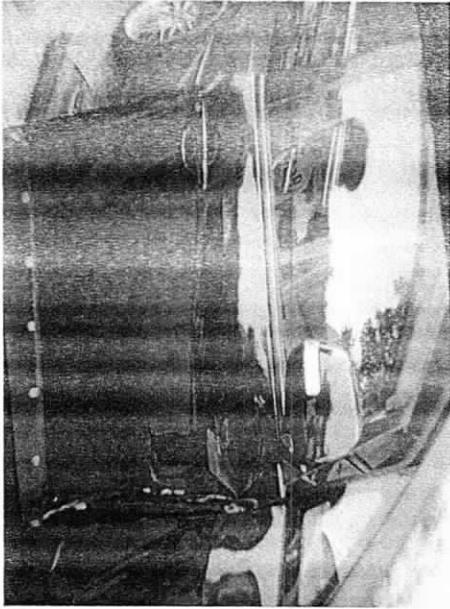
COMFORT TRANSPORTATION PTE LTD  
CO REG NO. 199203821R

Policyholder's Signature  
Date & Time:

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

*Fauzy*  
Reporting Centre Personnel's Signature  
Name: Fauzy  
NRIC/FIN No.:





**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHB 4375L

DATE 4/2/2019 10:29

MAKE :

MODEL : HYUNDAI i40

*APC*  
*Cheng*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Bracket Top (LH)			\$ 22.40
	Front Bumper Bracket (LH)			\$ 24.60
	Front Fender (LH)			\$ 566.30
	Front Fender Shield (LH)			\$ 175.90
	Front Fender Retainer			\$ 24.60
	Frnt Door Mirror, LH			\$ 670.00
	Front Wheel Rim (LH)		XCVL	\$ 325.30
	Front Wheel Hub Cap (LH)			\$ 107.10
	<b>SUB TOTAL</b>		1,571.6	\$ 2,460.70
	<b>LESS 20%</b>			\$ 492.14
	<b>DISCOUNTED TOTAL</b>		1,257.28	\$ 1,968.56
	Front Fender Advertisement Logo (LH)		180	\$ 100.00
				\$ 100.00
	<b>Labour Charge</b>			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 700.00
	Wiring			\$ 30.00
	Tuff Kote			\$ 50.00
	Frnt Wheel Alignment			\$ 80.00
	<b>TOTAL LABOUR</b>		2,367.28	\$ 1,260.00
	<b>ESTIMATE TOTAL</b>		1,893.24	\$ 3,328.56
			= 1,900	3591.12

*XR*  
*?XSVL*  
*?XSVL*  
*/DEF*  
*XSVL*  
*XNW*  
*/BR*  
*HERE*  
*/CRK*

Nett *NE*

*450*  
*XNW*

**LKK Auto Consultants** 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(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

*[Signature]*  
7/2/19

*NAZ LKK*  
*7/2/19 76.50*  
*L/S*  
*4 days*  
*CHECK 1 TIME PHOTOS*  
*AFTER REPAIR PHOTOS*

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.



# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305265907  
Date : 18/02/19

## FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : NAZ  
Vehicle Reg No. : SHB4375L 02/02/19

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

1. The repair job shall bill to: NTUC SJK3388K
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** \$1,900.00

3. Estimated normal period for repairs: 4 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 : NAZ LKK  
Date : 26/2/19

### 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:

\_\_\_\_\_



# 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/INC19002429/Nsd3e2	
73 BRAS BASAH ROAD		Date:	01-03-2019	
#05-01 NTUC TRADE UNION HOUSESINGAPORE				
189556		Code:	INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJJ 3388K	Veh. Inspected	SHB 4375L	
Policy No.	5086761663-01	Coverage (\$)	0.00	
Claim No.	MT/1030694-002	Excess (\$)	0.00	
Assign From		Assign Date	07/02/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU086881	Colour	BLUE	
Odometer	438564	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	HANKOOK	6 mm	
L/H Front Tyre	205/60 R16	HANKOOK	6 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	5 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	02/02/2019	Inspection Date	07/02/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>4 Working Days</b>		



# 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. SHB 4375L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	FRONT FENDER (LH)	DEFORMED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	NOT NECESSARY	24.60	-
1	FRT DOOR MIRROR, LH	BROKEN	670.00	670.00
1	FRONT WHEEL RIM (LH)	SERVICEABLE	325.30	-
1	FRONT WHEEL HUB CAP (LH)	CRACKED	107.10	107.10
1	FRT DOOR GLASS	SCRATCHED	228.20	228.20
	LESS 20% DISCOUNT		-537.78	-314.32
			2,151.12	1,257.28
<b>SPECIAL NETT ITEMS</b>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
1	REAR DOOR COMFORT APP LOGO (SN)	NECESSARY	80.00	80.00
			180.00	180.00
<b>LABOUR</b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		400.00	400.00
	SPRAY PAINTING CHARGE.		700.00	450.00
	WIRING.		30.00	30.00
	TUFF KOTE.		50.00	50.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			-	-
			-	-
			1,260.00	930.00
<b>GRAND TOTAL</b>			<b>3,591.12</b>	<b>2,367.28</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,900.00</b>

Report Ref No. NS/INC19002429/Nsd3e2

Report Ref No. NS/INC19002429/Nsd3e2

**MUHAMMAD NAZRIL BIN ABDULLAH**

**Automotive Assessor**

A handwritten signature in black ink, appearing to read 'K.K. LAU'.

**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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