

NS/INC/19002588/NSd392

Surveyor: NAZ REF: INC Jy

## 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: SKV 6292MPolicy No. 5095506116-01 (3/11/18-2/11/19)Claims No. MT/1031391-002

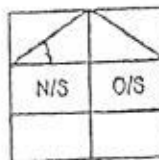
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veli: \_\_\_\_\_

(Policy Condition)

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



Est. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? Yes or No

GIA / PR Score: \_\_\_\_\_ Consistent? Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA 7443J Yr Regn: 30 MAY 2017

Type: M.Car / M.Cycle / BUS / Van / Lorry (Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: HYUNDAI 140 c.c. 1,685Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 623,350 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCB4JUMF069414

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD / R/Rim orTyre Size: F: 205/60-216R: 11

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

TOYO / YOKO or WESTLAK

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 6 mm R/Bal. 5 mmL/Bal. 6 mm L/Bal. 5 mmD.O.A. 9/2/19 D.O.I. 11/2/19Survey held at CDGB LOYANGDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

\_\_\_\_\_

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\_\_\_\_\_

Date/Time, File Pass to?

22/02/19

1) Typist

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / I.B.I. (\$) 750 / H/S☐ : Prelim Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

RECEIVED 22 FEB 2019

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

Date : 22/02/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1032557-002	COMFORT TRANSPORTATION PTE LTD	SHD 7301U	SMA 3716P
2	MT/1032606-002	CITYCAB PTE LTD	SHC 7191A	SLX 7907U
3	MT/1031391-002	COMFORT TRANSPORTATION PTE LTD	SHA 7443J	SKV 6292M
4	MT/1032506-002	COMFORT TRANSPORTATION PTE LTD	SHD 4485S	SHC 6039P
5	MT/1031608-002	COMFORT TRANSPORTATION PTE LTD	SHA 7156M	GBF 1176P
6	MT/1033223-001	COMFORT TRANSPORTATION PTE LTD	SH 8122L	SLQ 2636X

[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/02/2019 19:25"/>
Vehicle No.(For Motor)	<input type="text" value="SKV6292M"/>	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 checked="" type="radio"/>	5095506116-01		KOH CHUAN SIM, ANDY	S8103558Z	GPC	drivo PREMIUM	SKV6292M	SKV6292M	03/11/2018	02/11/2019

Date/Time: 11.02.2019 10:43

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305266912

OMER

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

(R)

(P)

JUNT CARD NO.

REGN NO.:

SHA7443J

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL:

I-40

DATE/TIME IN

09.02.2019 11:10

YR OF MANU.

30.05.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU069414

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 09.02.2019

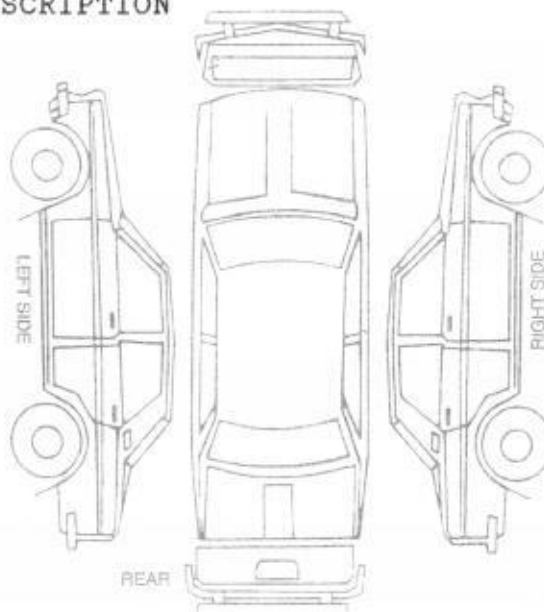
NATURE: 3P 09.02.19 -

S/NO

LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHA7443J

JU NTUC LKK

Vehicle No.:

SHA7443J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security 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 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	11/02/2019 08:50
Date Of Accident	09/02/2019 10:20
Exact Location Of Accident	SLIP RD FROM WHITLEY RD TO DUNEARN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7443J
<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	ONG AH KIM
NRIC No	S1705219E
Date Of Birth	04/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1986
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93363731
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 506C YISHUN AVE 4 #10-130
Postcode	763506
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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

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	SKV6292M
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN

NRIC/Passport Number

S8103558Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### IMPORTANT NOTICE

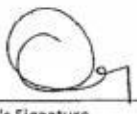
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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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)

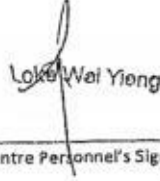
I understand, acknowledge, agree and consent that:

- (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. 199303821R

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.: 912119



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/2/19 at about 10:30 hrs, I  
 Veh A comes to stop at above said  
 location to check traffic coming from other  
 side. Suddenly Veh B came from behind  
 collided onto the rear portion of my  
 stationary taxi. 03 female passengers  
 on board my taxi. No injury reported in  
 this accident

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 199303821R

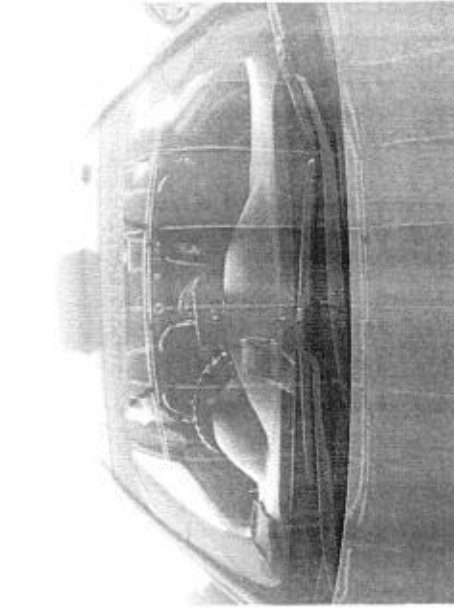
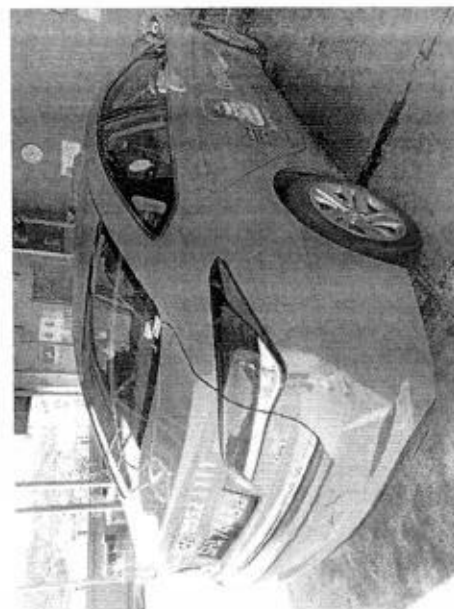
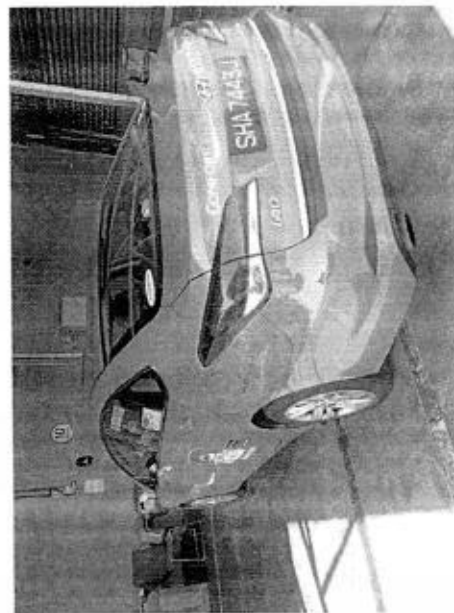
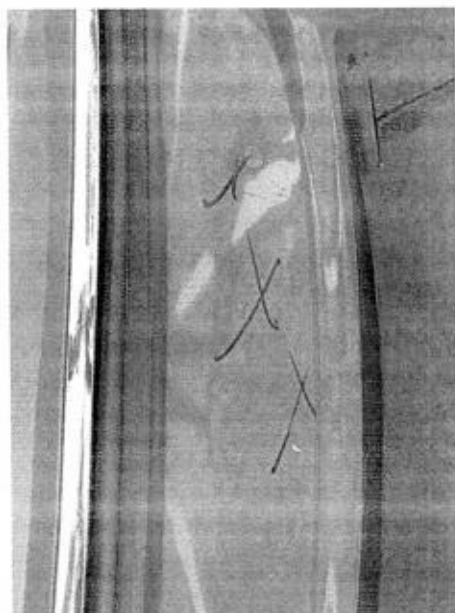
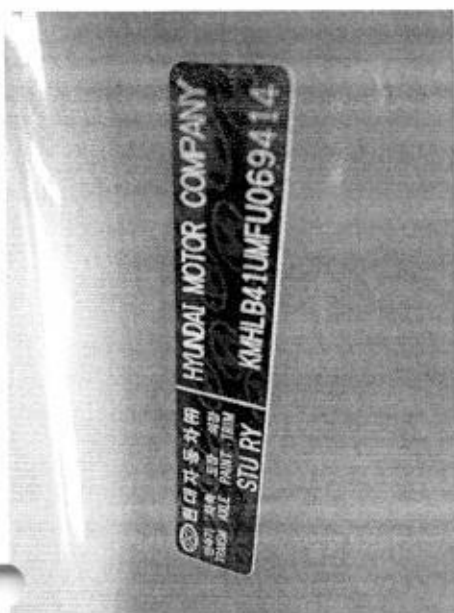
Policyholder's Signature  
 Date & Time:

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

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

Loke Wei Yiong

9/2/19



# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*


VEHICLE NO : SHA 7443J

DATE 11/2/2019 11:37

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	<b>SUB TOTAL</b>		583	<b>\$ 575.00</b>
	<b>LESS 20%</b>			<b>\$ 115.00</b>
	<b>DISCOUNTED TOTAL</b>		442.4	<b>\$ 460.00</b>
	Rear Bumper Rubber Mat			\$ 50.00
				<b>\$ 50.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	<b>TOTAL LABOUR</b>		430	<b>\$ 810.00</b>
	<b>ESTIMATE TOTAL</b>		922.4	<b>\$ 1,320.00</b>
			750	

  
 NABZ LKK  
 11/2/19 1705  
 LIS  
 2 days  
 AFTER REPAIR PHOTOS

**LKK Auto Consultants** hence certify  
 the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to information
- Third party survey is on a "No Prejudice" basis
- No illegal modification
- Supplementary items received by you and is subject to final approval by 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.

NABZ  
 Jm  
 LKK

CRK  
 XNW  
 Nett / Nec  
 200  
 200  
 XNW  
 30

Our Job Ref No 305266912  
Date : 14/02/2019

## COMFORTDELGRO ENGINEERING

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


### FINALIZATION FORM


To : LKK Fax :  
Attn : NAZ  
: SHA7443J Date of Accident : 09/02/19

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

1. The repair job shall bill to: NTUC --- SKV6292M  
###
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) NI \_\_\_\_\_
  - Total for Lumpsum repair cost after Less: 20% \$750.00
  - Final Lumpsum Repair cost** \_\_\_\_\_
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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : NAZ LKK  
Date : 21/2/19

### 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/INC19002588/Nsd3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 25-02-2019	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SKV 6292M	Veh. Inspected	SHA 7443J	
Policy No.	5095506116-01	Coverage (\$)	0.00	
Claim No.	MT/1031391-002	Excess (\$)	0.00	
Assign From		Assign Date	11/02/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMFU069414	Colour	BLUE	
Odometer	623350	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	205/60R16	WEST LAKE	6 mm	
L/H Front Tyre	205/60R16	WEST LAKE	6 mm	
R/H Rear Tyre	205/60R16	WEST LAKE	5 mm	
L/H Rear Tyre	205/60R16	WEST LAKE	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	09/02/2019	Inspection Date	11/02/2019	
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:		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. SHA 7443J**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	CRACKED	553.00	553.00
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-115.00	-110.60
			460.00	442.40
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	<b><u>LABOUR</u></b>			
	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
	<b>GRAND TOTAL</b>		<b>1,320.00</b>	<b>922.40</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>750.00</b>

Report Ref No. NS/INC19002588/Nsd3s2

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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