

NS/INC19002589/NSd3s2

REF: INC TS

Surveyor: NA2

ASSIGNMENT

From: Date:

Veh No: SHB 4193U Yr Regn: 10 SEP 2011

Estimated Cost:

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

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

Truck / Trailer or

To inspect Vehicle No:

Make: HYUNDAI 140 c.c. 1,685

at Workshop n/s

Colour: BLUE A/C: (Insured) Std / Nil / NA

of

Sp. Reading: 358,981 T/Radiop: (Insured) Std / Nil / NA

Insured: FBK 8120C

Eng/No:

Policy No. 5087854970-01 (19/2/18-17/2/19)

C/No: KM11C8YJUM4U078250

Claims No. MT/1030298-002

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: (In order) / Jammed / Leaked / Burnt or

(Client's Record)

Brake: (In order) / Jammed / Leaked / Burnt or

Make of Veh:

Modif: Nil / SIRim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 205/60 R16 R: 11

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

			X
N/S	O/S		

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or (ST/F), WESTLAK (R)

Bal. or Market Value:

Front R/Bal. 5 mm Rear R/Bal. 6 mm

IDAC Accident Rpt: Consistent? : Yes or No

U/Bal. 5 mm L/Bal. 6 mm

GIA / PR Secn: Consistent? : Yes or No

D.O.A. 3/1/19 U.O.I. 11/2/19

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

Survey held at CDGE LOYANG

Lum Sum: % 3 Val.: Yes or No

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or O/S FRONT

CA / REV / REP. / 24 HRS

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

Date: Person Contacted: Vehicle: IN / OUT

Date / Time	Action / Instruction
	SHB4193U - (CL) MI 1601807 S/M/gh3c2 DOA: 2/19/16
	FBK 8120C - X
26/2/19	FINALIZED. LUMP SUM REPAIR 81,550.00 / 3 DAYS (832.24 Red - 19%)

RECEIVED 28 FEB 2019

Signature and date 28/2/2019

Date/Time, File Pass to/ 28/02/19 Type Final Report

Days Of Repair: 3 Resurvey No. of Trip: 1

Date/Time, File Return to/ 1) 2)

Add Fee: Site Insp (\$), Interview (\$), Tech. Inv (\$), Weekend (\$), Survey Foot, Transportation, Photos, Others, TOTAL

Report Format: Lump Sum / I.B.I. (\$) 1,550/- H/S

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

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="31/01/2019 19:25"/>
Vehicle No.(For Motor)	<input type="text" value="FBK8120C"/>	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"/>	5087854970-01		WONG SEN YOW	S2771711Z	GMC	Third Party, Fire & Theft	FBK8120C	FBK8120C	19/02/2018	17/02/2019

WALC

Workshops:

50 Loyang Drive Singapore 508969
 363 Bin Ming Drive Singapore 575717
 45 Pandan Road Singapore 609286
 320 Ubi Road 3 Singapore 408749

24 Serangoon Loop Singapore 758156
 7 Sungei Kadut Way Singapore 729791
 521 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 11.02.2019 11:33 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305266919

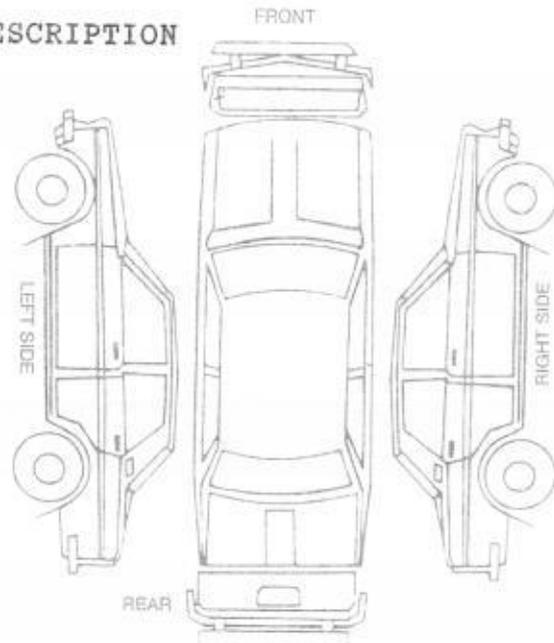
OMER	REGN NO:	SHB4193U	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE:	HYUNDAI	FUEL
OMER NO. 7010045	MODEL	I-40	E.....1/2.....F
ESS. 383 SIN MING DRIVE	YR OF MANU.	10.09.2015	DATE/TIME IN
Singapore SINGAPORE 575717	CHASSIS CODE	KMHLB41UMGU078250	11.02.2019 10:30
(R) 65508755 (O)			TARGET DATE
(P)			COMPLETION DATE/TIME
UNIT CARD NO.			

JOB DESCRIPTION

Accident Date: 31.01.2019
 NATURE: 3P 31.01.19

S/NO LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

REG NO.: SHB4193U

LIMITS

Vehicle No.:

SHB4193U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned 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	31/01/2019 16:05
Date Of Accident	31/01/2019 10:00
Exact Location Of Accident	JURONG WEST ST 51 HDB OPEN AIR CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4193U
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	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	TAN TEOW SENG
NRIC No	S0148313G
Date Of Birth	02/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	03/04/1975
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96663349
Fax Number	
Contact Number	
EMail Address	TSTAN1663@YAHOO.COM

Address	20 STRATTON DRIVE
Postcode	806878
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 ON COLLISION
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)	1

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 : HEAD TO SIDE

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	FBK8120C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	WONG SEN YOW
NRIC/Passport Number	S2771711Z
Contact Number	91130967
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
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.
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
CO REG. NO. 192203921R

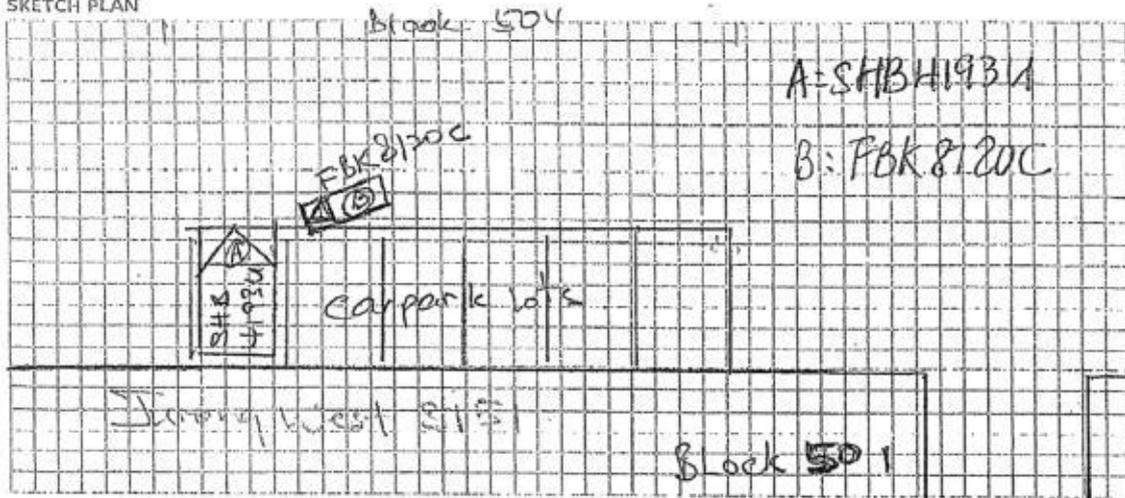
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31 Jan 2019
14:20

31/1/19
Jackson Ho
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This morning, 31 Jan 2019, at approximately 10:00am, I was about to ~~leave~~^{leave} a parking lot of carpark UWJ46, a motorcycle, ~~driven~~^{ridden} by Mr Wong Sen Yow, NRIC S2771711Z, came at a fast speed and hit the right-front side of the taxi. Thus, causing the right front ~~and~~ side ~~and~~ panel to cave in. Motorcycle registration no. FBK 8120C.

DECLARATION

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

COMFORT TRANSPORTATION PTE LIT
 POLICY NO. 1000000000

Policyholder's Signature
 Date & Time:

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

31 Jan 2019
 14:40 hrs.

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

31/1/19
 Jackson Heine Backe
 CSO

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4193U

MAKE :

MODEL : HYUNDAI i40

NTUC-45

TS

DATE 11/2/2019

LKK-

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (RH)			\$ 566.30
	Front Fender Shield (RH)			\$ 175.90
	Front Fender Retainer			\$ 24.60
	Rocker Panel Outer Garnish			\$ 341.40
	Front Wheel Hub Cap (RH)			\$ 107.10
	SUB TOTAL		1190.70	\$ 1,215.30
	LESS 20%			\$ 243.06
	DISCOUNTED TOTAL		952.56	\$ 972.24
	Front Fender Advertisement Logo (RH)		100	\$ 100.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 400.00
	Tuff Kote			\$ 50.00
	Frt Wheel Alignment			\$ 80.00
	TOTAL LABOUR		900	\$ 930.00
	ESTIMATE TOTAL		1952.56	\$ 1,902.24
			1,550.00	2,002.24

DEF
TN
? X SVC
CRK
SCL

Nett NFE

40
60

[Signature]
13/2/19

NK2 LKK
11/2/19 1700
LIS
3 DAYS
CHECK ITEMS PHOTOS
METER REPAIR PHOTOS

NTUC Conditions apply to all repairs
 The Repairer of the following:
 • To resurvey before 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...
 is subject to final approval...
 Acknowledged by Rep:
 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.

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305266919
Date : 15/02/19

FINALIZATION FORM

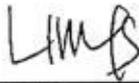
To : LKK Fax : _____
Attn : NAZ
Vehicle Reg No. : SHB4193U Date of Accident : 31-Jan-19

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

1. The repair job shall bill to: NTUC --- FBK8120C
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: <u>20%</u>	<u>\$1,550.00</u>
Final Lumpsum Repair cost	<u>\$1,550.00</u>

3. Estimated normal period for repairs: 3 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 : LIM T S
Tel : 62148398
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		NO		
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/INC19002589/Nsd3s2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 01-03-2019
Code: INC4	



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBK 8120C	Veh. Inspected	SHB 4193U
Policy No.	5087854970-01	Coverage (\$)	0.00
Claim No.	MT/1030298-002	Excess (\$)	0.00
Assign From		Assign Date	11/02/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU078250	Colour	BLUE
Odometer	358981	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	CST	5 mm
L/H Front Tyre	205/60R16	CST	5 mm
R/H Rear Tyre	205/60R16	WEST LAKE	6 mm
L/H Rear Tyre	205/60R16	WEST LAKE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	31/01/2019	Inspection Date	11/02/2019
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: **3 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. SHB 4193U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT FENDER (RH)	DEFORMED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	TORN	175.90	175.90
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	ROCKER PANEL OUTER GARNISH	CRACKED	341.40	341.40
1	FRONT WHEEL HUB CAP (RH)	SCRATCHED	107.10	107.10
	LESS 20% DISCOUNT		-243.06	-238.14
			972.24	952.56
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING.		400.00	400.00
	SPRAY PAINTING CHARGE.		400.00	400.00
	TUFF KOTE.		50.00	40.00
	FRT WHEEL ALIGNMENT.		80.00	60.00
			930.00	900.00
GRAND TOTAL			2,002.24	1,952.56
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,550.00

Report Ref No. NS/INC19002589/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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