

NS/INC19002591/Nfd352

REF: NA2

REF: INC

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: SDS 6306G
 Policy No. 5058711402-05 (11/3/18-10/3/19)
 Claims No. MT/1031342-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____ X
 IUAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lump Sum: _____ % J Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 80505 Yr Regn: 28 MAY 2015
 Type: M.Car / M.Cycle / BUS / Van / Lorry / (Taxi) Prime Motor /
 Truck / Trailer or _____
 Make: MERCEDES E220 c.o. 2143
 Colour: WHITE A/C: Insur./Std/NI/NA
 Sp. Reading: 491, 898 T/Radio: Insur./Std/NI/NA
 Eng/No: _____
 Chassis No: WDD 212 001 2 B 2.7 3932
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: Nil / SIR/Im / STD A/R/Im or
 Tyre Size: F: 225 / 55 R 16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WESTLAKE
 Front R/Bal. 5 mm Rear R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 8/2/19 D.O.A. 11/2/19
 Survey held at COGE COYANG
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S REPR
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	SHC 80505 - CS/INC09010526/Evn Date: 14/5/2019
	SDS 6306G - X
26/2/19	FINALIZED. LUMP SUM REPAIR \$450.00 / 2 DAYS (Red: 604.60%)

RECEIVED 28 FEB 2019

Date/Time, File Pass to? : Prelim Report
 : Final Report
 1) 28/2/19
 Date/Time, File Return to?
 2) _____
 Report Format: TP
 Lump Sum / I.B.I.: (\$) 450/-

Days Of Repair: 2
 Resurvey No. of Trip: 1 Survey Fee:
 Transportation: _____
 Add Fee: : Site Insp (\$) _____) S + RS. SI
 : Interview (\$) _____) Photos
 : Tech. Inva (\$) _____) Others
 : Weekend (\$) _____)
 TOTAL _____

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="08/02/2019 19:25"/>
Vehicle No.(For Motor)	<input type="text" value="SDS6306G"/>	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"/>	S058711402-05		CHEAM TAT HONG	S2512455C	GPC	drive CLASSIC	SDS6306G	SDS6306G	11/03/2018	10/03/2019

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	09/02/2019 10:28
Date Of Accident	08/02/2019 16:55
Exact Location Of Accident	CAIRNHILL RD TWDS CAIRNHILL CIRCUS AFTER BIDEFORD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8050S
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	MERCEDES-BENZ
Model	E220
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	CHRISTOPHER CHAN WAI CHENG
NRIC No	S7677135I
Date Of Birth	29/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1998
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97666957
Fax Number	
Contact Number	
Email Address	HEMO35@YAHOO.COM

Address BLK 139A TOA PAYOH LORONG 1A #16-44
 Postcode 311139
 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 SIDE SWIPE
 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: : MALE
 Passenger 2 NAME: : -
 GENDER: : MALE
 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

PLA REFER TO ATTACHED / Number of Passengers: 3 MALE AND 1 FEMALE

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 SDS6306G
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver CHEAM TAT HONG
 NRIC/Passport Number S2512455C

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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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)

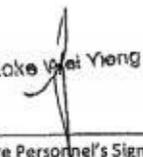
I understand, acknowledge, agree and consent that:

- (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 199203821R

Policyholder's Signature
Date & Time:

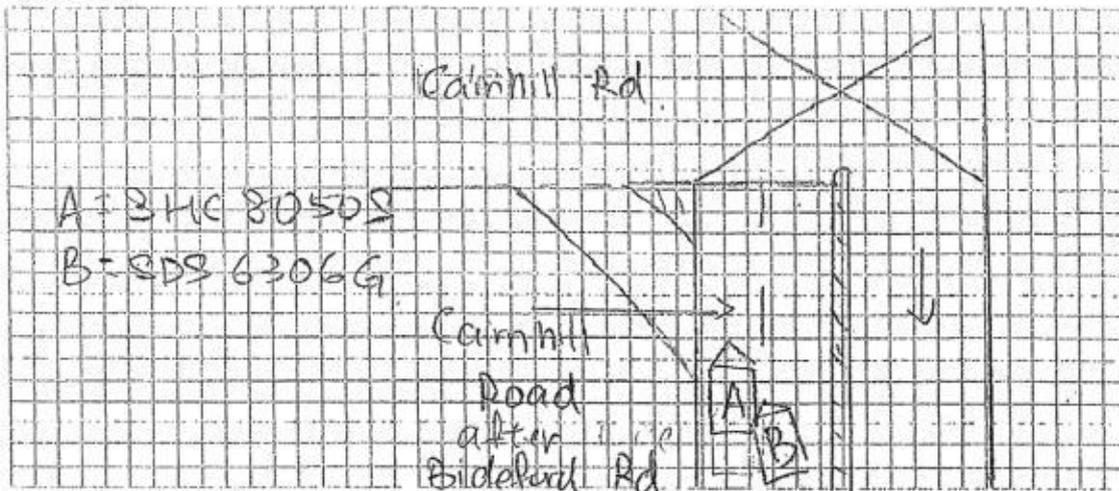

Driver's Signature
(if driver is not the policyholder)
Date & Time:


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

9/2/19

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/2/19 at about 16:55 hrs, I
 Veh A driving at above said location with
 4 passengers.
 Shortly I felt an impact from my taxi
 right hand side. I went down to have
 a check and found Veh B cut into my
 lane from right hand side, it front left
 portion hit & grazed onto the right rear
 portion of my taxi. Photo taken to support
 my claim. No injury reported at the point
 of accident

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

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.:

Lok Wei Yiong

9/2/19

COMFORTDELGRO ENGINEERING PTE LTD

Date: 09.02.2019 (Sat)
Time: 11:21:36
Page: 1
TS

REPAIR ESTIMATE NTUC-LIS
LKK -

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305266605
REGN NO : SHC8050S
MILEAGE : 000000000
MAKE : MERCEDES BENZ
MODEL : E220CDI(E6)
DATE OF REGN : 28.05.2015
DATE/TIME IN : 09.02.2019 09:00
ACCIDENT DATE : 08.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 28-01-0299-0020-A Rear Door COMFORTDELGRO RH 1 80.00 10.00 72.00 / NEC
0002 28-01-0299-2007-A Rear Door LIMOCAB RH 1 80.00 10.00 72.00 / NEC

SUB-TOTAL : 144.00

JOB NATURE

0000 L PANEL BEATING-Rear Fender Arch. ~~500.00~~ 200
0001 23-502 SPRAYPAINT ON AFFECTED AREA ~~500.00~~ 200

SUB-TOTAL : 1,000.00

TOTAL : 1,144.00

MVA NAME & SIGNATURE Limfs
DATE : 13/2/19

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE

NTUC LKK
11/2/19 1640
LIS
2 days
REFER RELAX PHOTOS

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:

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305266605

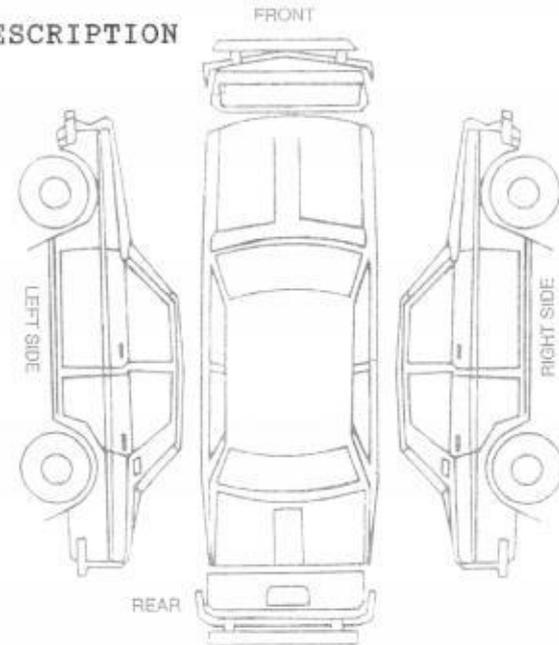
OMER S COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO.: SHC8050S	MILEAGE
	MAKE : MERCEDES BENZ	FUEL E 1/2 F
	MODEL E220CDI (E6)	DATE/TIME IN 09.02.2019 09:00
	YR OF MANU. 28.05.2015	TARGET DATE
	CHASSIS CODE WDD2120012B173932	COMPLETION DATE/TIME:
	UNIT CARD NO.	

JOB DESCRIPTION

Accident Date: 08.02.2019
 NATURE: 3P 08.02.19

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Settlement Slip

Exit Pass

No.: SHC8050S LIMITS

Vehicle No.: SHC8050S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



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/INC19002591/Ntd3s2	
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.	SDS 6306G	Veh. Inspected	SHC 8050S
Policy No.	5058711402-05	Coverage (\$)	0.00
Claim No.	MT/1031342-002	Excess (\$)	0.00
Assign From		Assign Date	11/02/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WDD2120012B173932	Colour	WHITE
Odometer	491898	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/55R16	WEST LAKE	5 mm
L/H Front Tyre	225/55R16	WEST LAKE	5 mm
R/H Rear Tyre	225/55R16	WEST LAKE	5 mm
L/H Rear Tyre	225/55R16	WEST LAKE	5 mm

4. Description of Damages

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

5. General Information

Accident Date	08/02/2019	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:	2 Working Days
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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. SHC 8050S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR COMFORTDELGRO RH	NECESSARY	80.00	80.00
1	REAR DOOR LIMOCAB RH	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-16.00	-16.00
			144.00	144.00
LABOUR				
	PANEL BEATING - REAR FENDER ARCH.		500.00	200.00
	SPRAY PAINT ON AFFECTED AREA.		500.00	200.00
			1,000.00	400.00
GRAND TOTAL			1,144.00	544.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				450.00

Report Ref No. NS/INC19002591/Ntd3s2

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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