

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081067151-02		SG1 CAR PTE. LTD.	201614744E	GFT	drivo CLASSIC	SJS3321K	SJS3321K	06/06/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date 19/2/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1031465-002	COMFORT TRANSPORTATION PTE LTD	SHA 7323Y	SJS 3321K
2	MT/1018247-002	SMRT BUSES LTD	SMB 5073S	SJN 7756P
3	MT/1031666-002	COMFORT TRANSPORTATION PTE LTD	SHD 7299T	SGN 3392S
4	MT/1028475-002	SMRT BUSES LTD	SG 5752T	GBB 7829X
5	MT/1026811-002	SMRT TAXIS PTE LTD	SHB 452Z	SCL 4054U
6	MT/1030640-002	COMFORT TRANSPORTATION PTE LTD	SHA 7852L	SJM 3601J
7	MT/1031254-002	COMFORT TRANSPORTATION PTE LTD	SH 7181Y	SGW 2882D
8	MT/1031376-002	CITYCAB PTE LTD	SHC 7931G	SBU 8888T

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 11:26
 Date Of Accident 10/02/2019 20:40
 Exact Location Of Accident SLE TWDS BKE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7323Y
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 CHENG BOON
 NRIC No S7203002H
 Date Of Birth 26/01/1972
 Occupation OUTDOOR
 Date Of Driving Pass 17/12/1993
 Driving Experience 25 YEARS AND 1 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-97593449
 Fax Number
 Contact Number
 EMail Address G_TCB@YAHOO.COM

Address	BLK 411 PASIR RIS DRIVE 6
	#03-391
Postcode	510411
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)	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

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	SJS3321K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	RH REAR
No. Of Passenger (Including Driver)	

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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. 199303821R

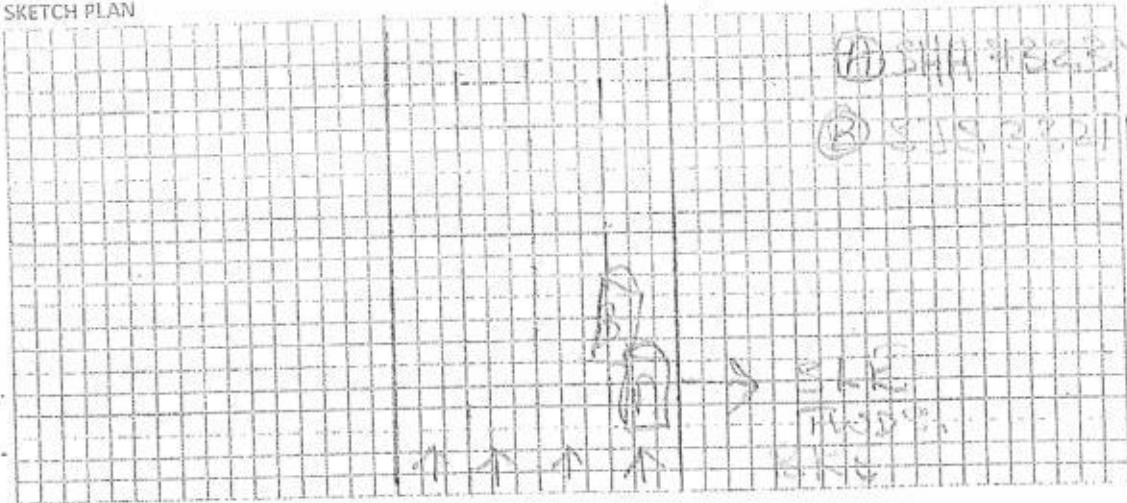
Policyholder's Signature
Date & Time:

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

14/2/18
Jackson Heng

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/2/2019 at about 2040 hrs, I vehicle A
 was driving my taxi along SKE toward
 BKE. While I was on the extreme right
 lane, suddenly vehicle B came very fast
 and came into my lane brush against vehicle A
 left front portion

DECLARATION

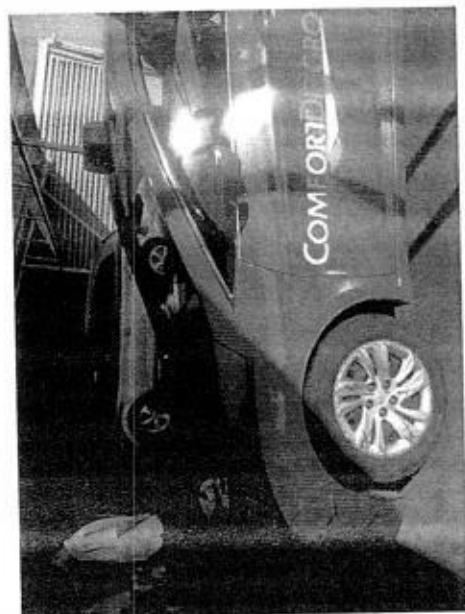
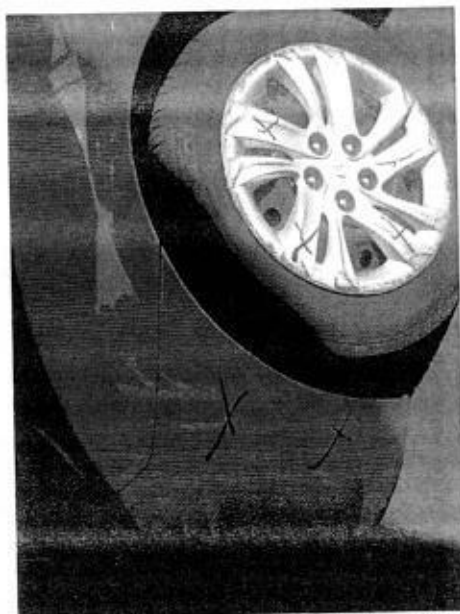
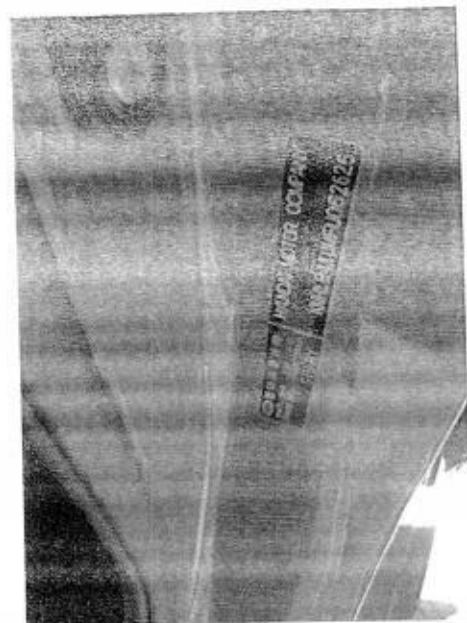
I/We declare the foregoing particulars are true in every respect.
 COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199303821R

Policyholder's Signature
 Date & Time:

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

10/2/19
 Jackson Heng
 CSO

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



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 7323Y

DATE 11/2/2019 14:42

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Wheel Hub Cap (LH) — <i>fixed</i>			\$ 107.10
	<i>Front Bumper x repair</i>			\$ 107.10
	SUB TOTAL			\$ 21.42
	LESS 20%			\$ 85.68
	DISCOUNTED TOTAL			
	Labour Charge			
	Panel Beating-Repair-Bumper-			\$ 200.00
	Spray Painting Charge			\$ 300.00
	Frt Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 580.00
	ESTIMATE TOTAL			\$ 665.68

/Kali/ Utk

12/2/19 1045 hrs

2 Rep.

L/s

Allen Ryzio pth

LKK Auto Consultants hence notify the Repairer of the following:

- To reserve before after spray painting
- To display damaged parts during reserve
- Parts prices are subject to confirmation
- To carry survey is on "No-Prejudice" basis
- To allow modification of estimate
- Supplementary work should be reserved and is subject to final approval from 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.

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

JOB NO : 305267070
REGN NO : SHA7323Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 31.12.2014
DATE/TIME IN : 10.02.2019 23:20
ACCIDENT DATE : 10.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0658-G 140VC CAP ASSY-WHEEL HUB 1 107.10 20.00 85.68

SUB-TOTAL : 85.68

JOB NATURE

0000 PB PANEL BEATING 100.00
0001 SP SPRAYPAINT CHARGE 200.00

SUB-TOTAL : 300.00

TOTAL : 385.68

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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

Date : 18/02/19

Fax :

Vehicle Reg No. : SHA7323Y

10/02/19

Z The repair job shall bill to: NTUC SJS3321K

(a)	Spare Parts after List discount	<u>\$85.68</u>
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(b)	Labour Charges	<u>\$300.00</u>
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Total for Part-By-Part Repair Cost	<u>\$385.68</u>
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(c.) Lumpsum Repair (if applicable) _____

Total for Lumpsum repair cost after Less: _____

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 : Kahin

Date : 19/2/19

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:

Date/Time: 11.02.2019 14:03

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305267070

STOMER

MS: COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

COUNT CARD NO.

REGN NO.: SHA7323Y	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 10.02.2019 23:20
YR OF MANU. 31.12.2014	TARGET DATE
CHASSIS CODE KMHLB41UMFU062626	COMPLETION DATE/TIME

JOB DESCRIPTION

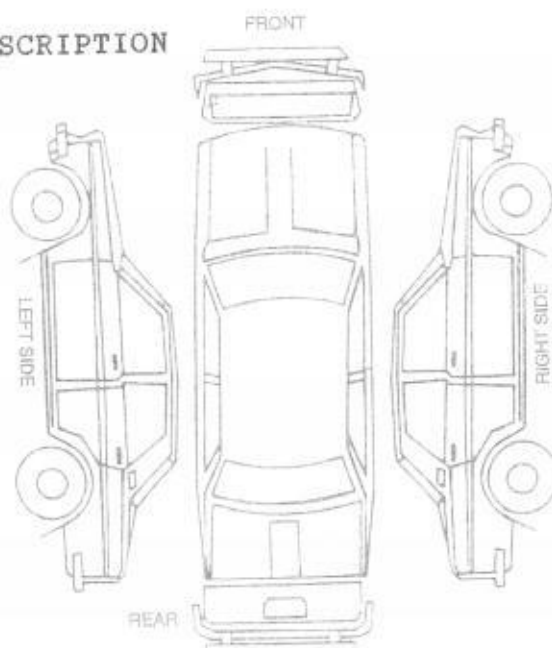
Accident Date: 10.02.2019

NATURE: 3P 10.02.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA7323Y** **CHIANG**

Vehicle No.: **SHA7323Y**

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/INC19002689/K1sd3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 20-02-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJS 3321K	Veh. Inspected	SHA 7323Y
Policy No.	5081067151-02	Coverage (\$)	0.00
Claim No.	MT/1031465-002	Excess (\$)	0.00
Assign From		Assign Date	12/02/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMFU062626	Colour	BLUE
Odometer	557449	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	10/02/2019	Inspection Date	12/02/2019
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	



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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7323Y

ADJUSTMENT ON REPAIR COST FOR VEHICLE NOT COVERED

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT WHEEL HUB CAP (LH)	GRAZED TO REPAIR SEE LABOUR	107.10	107.10
1	FRONT BUMPER (NPA)		-	-
LESS 20% DISCOUNT			-21.42	-21.42
			85.68	85.68
<u>LABOUR</u>				
PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		NOT NECESSARY	200.00	100.00
SPRAY PAINTING CHARGE.			300.00	200.00
FRT WHEEL ALIGNMENT.			80.00	-
			580.00	300.00
GRAND TOTAL				665.68
RECOMMENDED COST OF REPAIRS (CONFIRMED)				385.68

Report Ref No. NS/INC19002689/K1sd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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