

Tanpoh

REF:

NS/1WU9003229/Tlsd302

Sub No.

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 QD / IP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspected Vehicle No: \_\_\_\_\_  
 at Workshop no: \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: **SLV344A**  
 Policy No: **5089067751-01**  
 Claims No: **MT/1035044-001**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / FR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Sub No. **SHD 6753E** of Regn **2016 Apr 1.**  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or  
 Make **Mercedes Benz E 220 CDI** **2143-**  
 Colour **white** A/C Insured / Std / NI / NA  
 Sp. Reading **434573** T/Radio Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
 C/No: **WDD2120012B3/5597.**

Gen Cond: Good / Fair / Poor / Burnt

Steering Inorder / Jammed / Leaked / Burnt or

Brake Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **275/55R16**  
 R: \_\_\_\_\_

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

TOYO / YOKO or **Westlake**

Front		Rear	
R/Bal.	<b>6</b> mm	R/Bal.	<b>6</b> mm
L/Bal.	<b>6</b> mm	L/Bal.	<b>6</b> mm

D.O.A. \_\_\_\_\_ D.O.I. **15/2/19 0350 pm**

Survey held at **COGE Layer**

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

**Ft + N/S**

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

Date / Time Action / Instruction

**25/10/19 Continued PP & 700/- @ 2 days with Tanpoh.**  
**( & 300/- Red - 30% ) Labour Only**

RECEIVED 29 OCT 2019

**25/10/2019**

Date/Time File Pass to: **29/10/19**  
 Type: **Typ 4**  
 Date/Time File Return to: \_\_\_\_\_  
☐ : Preli. Report  
☒ : Final Report

Days Of Repair: **2**  
 Resurvey No. of Trip: **1**

Add Fee: ☐ Site Insp. \$  
☐ Interview \$  
☐ Tech. Serv. \$  
☐ Wash and \$

Survey Fee: **160**  
 Transportation: \_\_\_\_\_  
 Total: \_\_\_\_\_  
**160**

Report Format: \_\_\_\_\_  
 Lump Sum **700/- P/P**

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

13/02/2019 11:50

Vehicle No.(For Motor)

SLV344A

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5089067751-01		ASIA EXPRESS CAR RENTAL PTE LTD	201116882D	GFT	drivo CLASSIC	SLV344A	SLV344A	25/03/2018	

Continue

### Policy Information

Policy No.	5089067751-01	Policyholder Name	ASIA EXPRESS CAR RENTAL PTE	Policyholder NRIC	201116882D
Certificate No.					
Address	82 LORONG 23 GEYLANG #03-06 ATRIX SINGAPORE 388409				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	14/03/2018	Effective Date	25/03/2018 00:00	Expiry Date	24/03/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	5935.81		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	ANG KOK CHIN	Agent Tel.	94567080	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	82 LORONG 23 GEYLANG	Address 2	#03-06 ATRIX	Address 3	SINGAPORE 388409
Address 4		Address Type	Singapore address	Post Code	388409
Unit No.	03-06	Related Policy Number	5089066012-01		

### Insured Object: SLV344A

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/03/2018 00:00	Basic Information Endorsement	000001286782246	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. ZYX102088556 26-03-2018 \$1,205.78 In view of this amendment, an additional premium of \$1,205.78 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.

TP Claims against NTUC Income: Follow-Through Survey

Date : 25/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1035044-001	COMFORT TRANSPORTATION PTE LTD	SHD 6753E	SLV 344A	13/02/2019	11:50	\$ 1,000.00	\$ 700.00

## 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	14/02/2019 07:32
Date Of Accident	13/02/2019 11:50
Exact Location Of Accident	CENTRAL BLVD BEFORE RAFFLES QUAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6753E
<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	MERCEDES-BENZ
Model	MERC

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 QUE QUAN
NRIC No	S2573008I
Date Of Birth	19/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	10/12/1981
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96927577
Fax Number	
Contact Number	
EMail Address	TQUEQUAN@YAHOO.COM

Address	273B 40-114 BISHAN ST 24
Postcode	572273
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?	YES
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: : 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

SEE ATTACH.

#### 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

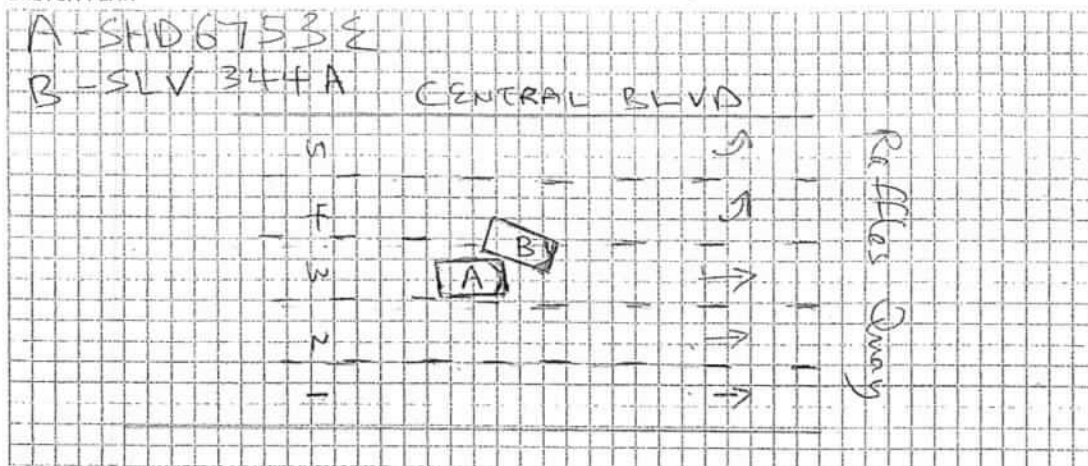
Vehicle Registration Number	SLV344A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE

No: Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN QUE QUAN
Approximate Age	63
Injuries Sustain	BACK
Injured person in which vehicle?	SHD6753E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Statement attached \*

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)

Reporting Centre Personnel's Signature  
Name:



Sketch Plan Pg. 2

Describe Circumstances of the Accident.

On 13.02.2019, at about 1150hrs, I was driving my taxi, SHD6753E, on lane 3 along

Central Blvd with 1 female pax. Weather was clear and moderate traffic.

Somewhere before the junction with Raffles Quay, a private car, B, which was on lane 4,

swerved right into my lane and hit my taxi left front side. No injury to my pax.

My taxi left front side was damaged. Not sure of damage to car B.

After the accident, I felt some pain in my back and went to consult a doctor and was

given 2 days MC.

Declaration

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

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

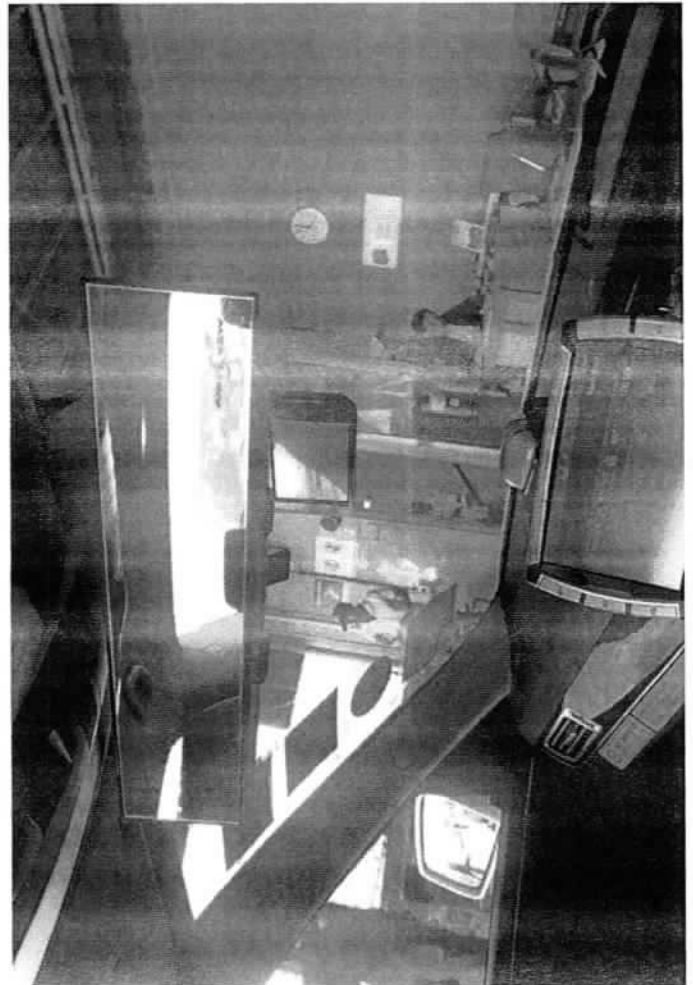
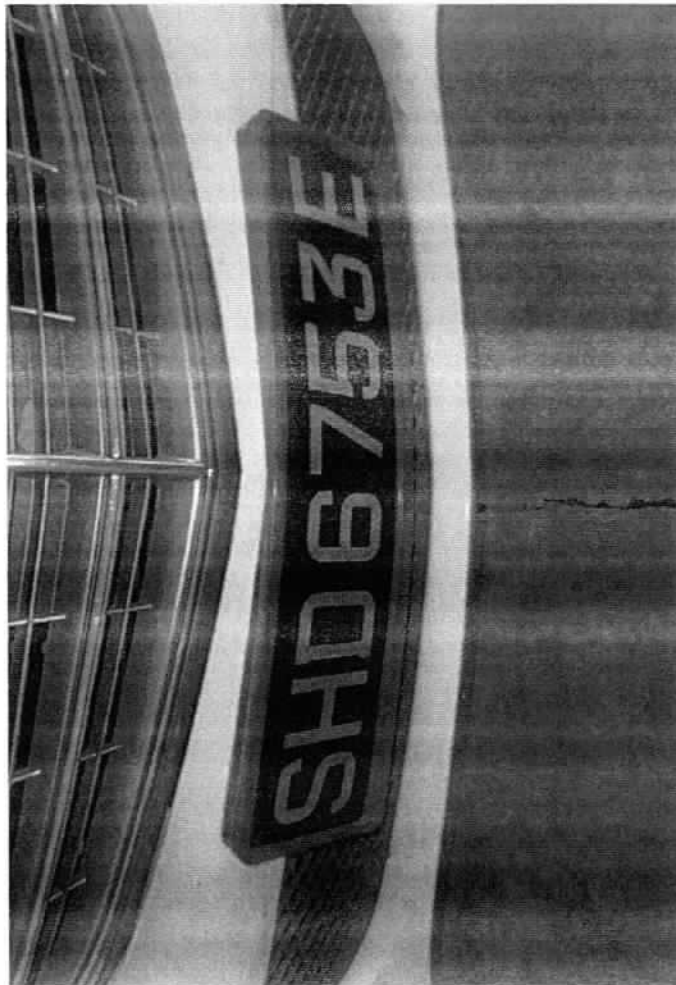
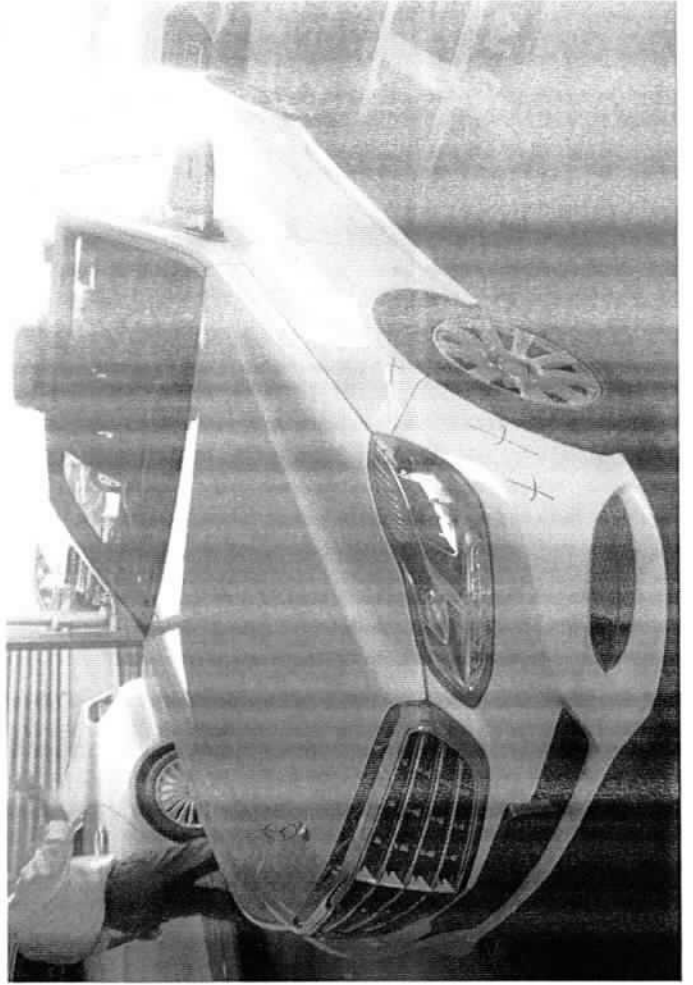
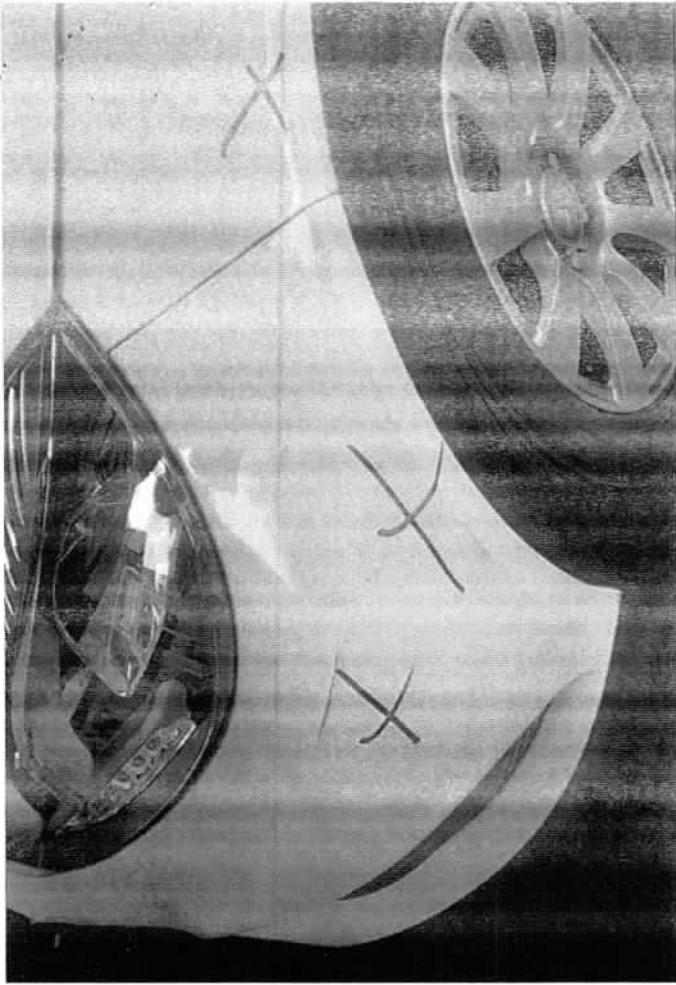
Policyholder's Signature/Date &  
Time

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

13.02.2019  
1615hrs

Witnessed by Reporting  
Centre Personnel

L. N. Larry Ng



Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305268621
STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.:	SHD6753E	MILEAGE
/MS	7010045	MAKE:	MERCEDES BENZ	FUEL
STOMER NO.	383 SIN MING DRIVE	MODEL	E220CDI (E6)	E.....1/2.....F
DRESS	Singapore SINGAPORE 575717	YR OF MANU.	08.04.2016	DATE/TIME IN
	65508755	CHASSIS CODE	WDD2120012B315597	13.02.2019 16:00
	(R)			TARGET DATE
	(P)			COMPLETION DATE/TIME:
COUNT CARD NO.				

Accident Date: 13.02.2019  
NATURE: 3P 13.02.2019

JOB DESCRIPTION



S/NO	LABOR CODE	DESCRIPTION
		FRONT
		LEFT SIDE
		RIGHT SIDE
		REAR

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

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SHD6753E	Vehicle No.: SHD6753E
Signature/Date	Name of Service Advisor
	Date
Returned to Service Reception upon collection	To be kept by Security Guard

## REPAIR ESTIMATE\*

DATE 14/2/2019 9:27

MAKE :

**MODEL : MERCEDES**

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 Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

Date : 19/02/19

Fax :

Vehicle Reg No. : SHD6753E

13/02/2019

2. The finalized amount shall be:

- Total for Part-By-Part Repair Cost**

- (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less:  
**Final Lumpsum Repair cost**

**\$700.00**

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

- We confirm the estimates and finalized amount

Signature: \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_

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. Ovarun				

Remarks:

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

JOB NO : 305268621  
REGN NO : SHD6753E  
MILEAGE : 0000000000  
MAKE : MERCEDES BENZ  
MODEL : E220CDI(E6)  
DATE OF REGN : 08.04.2016  
DATE/TIME IN : 13.02.2019 16:00  
ACCIDENT DATE : 13.02.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 PB	PANEL BEATING	300.00
0001 SP	SPRAYPAINT CHARGE	400.00

SUB-TOTAL : 700.00

TOTAL : 700.00

\_\_\_\_\_  
MUA NAME & SIGNATURE  
DOE:

\_\_\_\_\_  
AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :





## 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/INC19003229/T1sd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-11-2019

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLV 344A	Veh. Inspected	SHD 6753E
Policy No.	5089067751-01	Coverage (\$)	0.00
Claim No.	MT/1035044-001	Excess (\$)	0.00
Assign From		Assign Date	15/02/2019

### 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WDD2120012B315597	Colour	WHITE
Odometer	434573	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/55 R16	WEST LAKE	6 mm
L/H Front Tyre	225/55 R16	WEST LAKE	6 mm
R/H Rear Tyre	225/55 R16	WEST LAKE	6 mm
L/H Rear Tyre	225/55 R16	WEST LAKE	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	13/02/2019	Inspection Date	15/02/2019
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.
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### 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. SHD 6753E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	BUMPER ASSY, FRT	TO REPAIR SEE LABOUR	1,890.50	-
1	BUMPER BRACKET, FRT / LH	NOT NECESSARY	95.00	-
	LESS 20% DISCOUNT		-397.10	-
			1,588.40	-
	<b><u>LABOUR</u></b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BUMPER ASSY, FRT.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
			1,000.00	700.00
	<b>GRAND TOTAL</b>		<b>2,588.40</b>	<b>700.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>700.00</b>

Report Ref No. NS/INC19003229/T1sd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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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