

Inspector: Kelvin

REF:

NS/INC19003336/KHD362

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/HS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s _____

Insured: SJR 1796S

Policy No: 5102947834

Claims No: MT/1032479-002

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

Lum Sum: _____ % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 6621T Yr Regn: 23 Apr 2014

Type: M. Car / M. Cycle / Bus / Van / Lorry / T. (X) Prime Mover /

Truck / Trailer or

Make: Hyundai 2400 cc 1685

Colour: Blue A/C: Insu G / Std / NI / NA

Sp. Reading: 6 J200 T/Radio: Insu G / Std / NI / NA

Eng/No: _____

C/No: KMHLD844ME405J 671

Gen. Cond: Good / G / Poor / Burnt

Steering: Inord G / Jammed / Leaked / Burnt or

Brake: Inord G / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Halek

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 15/2/11 D.O.I. 18/4/11

Survey held at CDGE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
20/2/19	Assess L/S \$900 / 2 hrs. (Red: 602.00, 40%)
	SHA 6621T-X
	SJR 1796S-X
	RECEIVED 22 FEB 2019

Date/Time, File Pass to?

☐ : Prell. Report

1) 21/2 Typist

☒ : Final Report

Date/Time, File Return to?

Q

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Insp (\$

☐ : Wash and (\$

Report Format

900 900

Stamp

900

160

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="15/02/2019 18:05"/>
Vehicle No.(For Motor)	<input type="text" value="SJR1796S"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102947834		SG CAR FOR RENT PTE. LTD.	201511344N	GFT	Third Party	SJR1796S	SJR1796S	27/09/2018	

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date : 21/02/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1030682-002	COMFORT TRANSPORTATION PTE LTD	SH 8212K	SMC 2979T
2	MT/1031839-002	COMFORT TRANSPORTATION PTE LTD	SHB 6696Y	YN 9370C
3	MT/1032164-002	COMFORT TRANSPORTATION PTE LTD	SH 9132B	SLJ 6381R
4	MT/1032479-002	COMFORT TRANSPORTATION PTE LTD	SHA 6621T	SJR 1796S
5	MT/1030839-002	CITYCAB PTE LTD	SHD 8576L	SJP 1342D
6	MT/1031880-003	COMFORT TRANSPORTATION PTE LTD	SHC 1136A	SKG 3866G
7	MT/1032396-002	COMFORT TRANSPORTATION PTE LTD	SHC 1706E	SJA 1102J
8	MT/1032036-002	COMFORT TRANSPORTATION PTE LTD	SHD 4642E	SJT 387K

Policy Information

Policy No.	5102947834	Policyholder Name	SG CAR FOR RENT PTE. LTD.	Policyholder NRIC	201511344N				
Certificate No.									
Address	140 PAYA LEBAR ROAD #09-19 AZ @ PAYA LEBAR SINGAPORE 409015								
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N				
Policy issue Date	07/08/2018	Effective Date	07/08/2018 00:00	Expiry Date	06/08/2019 23:59				
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0				
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500						
Agent	CCL INSURANCE AGENCY PTE LT	Agent Tel.	65 63449990	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	140 PAYA LEBAR ROAD	Address 2	#09-19 AZ @ PAYA LEBAR	Address 3	SINGAPORE 409015
Address 4		Address Type	Singapore address	Post Code	409015
Unit No.	02-195	Related Policy Number	5102947834		

Insured Object: SJR1796S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	07/08/2018 00:00	Basic Information Endorsement	000001286877748	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: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SFS425L 18-08-2018 \$1,252.78 In view of this amendment, an additional premium of \$1,252.78 (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.

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	18/02/2019 07:30
Date Of Accident	15/02/2019 18:05
Exact Location Of Accident	RAFFLES BOULEVARD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA6621T
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	CHEW KOK KEONG
NRIC No	S6933194G
Date Of Birth	20/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1987
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90237891
Fax Number	
Contact Number	
EMail Address	CHEWKLVN@GMAIL.COM

Address	528A #03-671 PASIR RIS STREET 51
Postcode	511528
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)	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

SEE ATTACH.

Attachment(s)

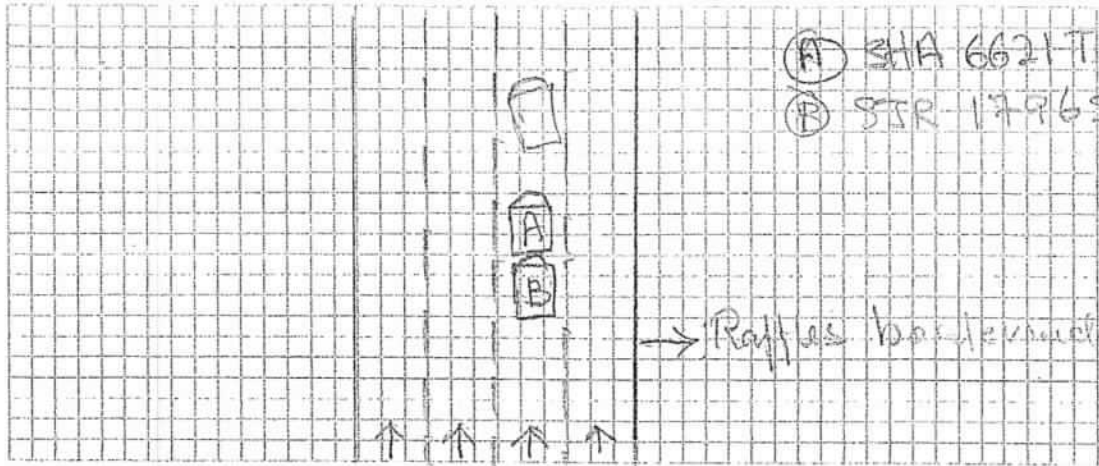
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR1796S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH CHING KWEI
NRIC/Passport Number	S1762541A
Contact Number	96470884
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/02/2019 at about 1805 hrs, I vehicle A was driving my taxi along raffles boulevard on the second lane. As a car in front of me applied emergency brake and stop completely. I also stop in time. vehicle B came from behind hit onto vehicle A rear 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)

16/2/19
Jackson Hare
CSO

Reporting Centre Personnel's Signature
Name:

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:

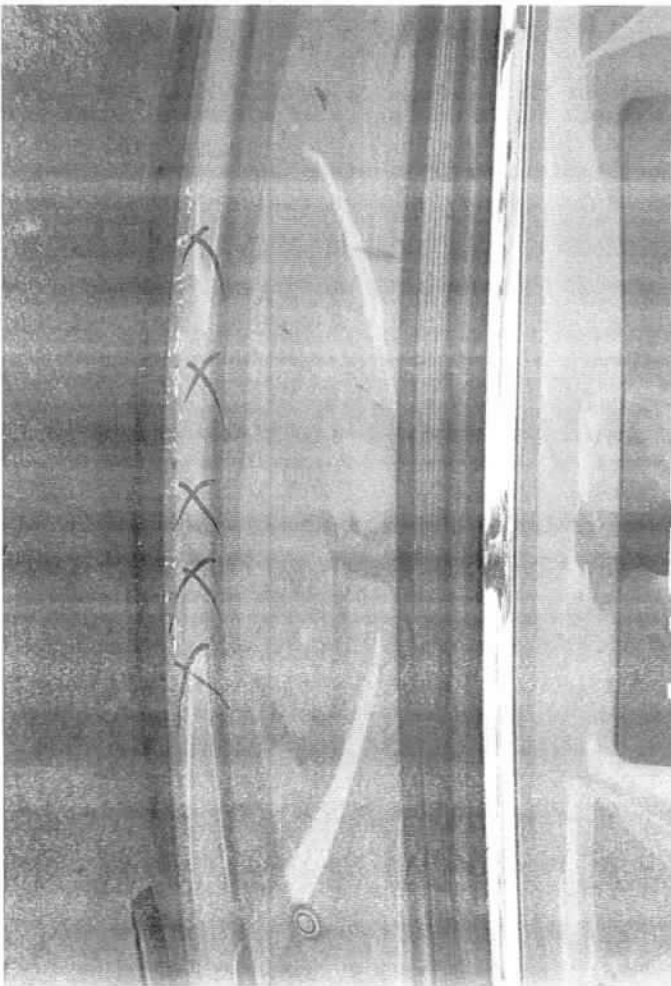
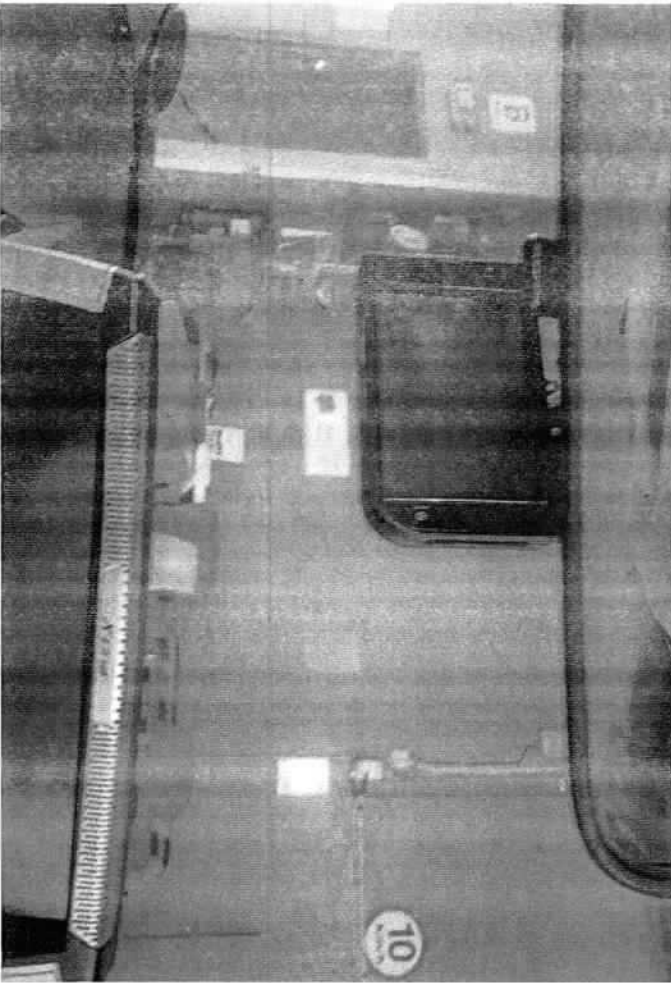
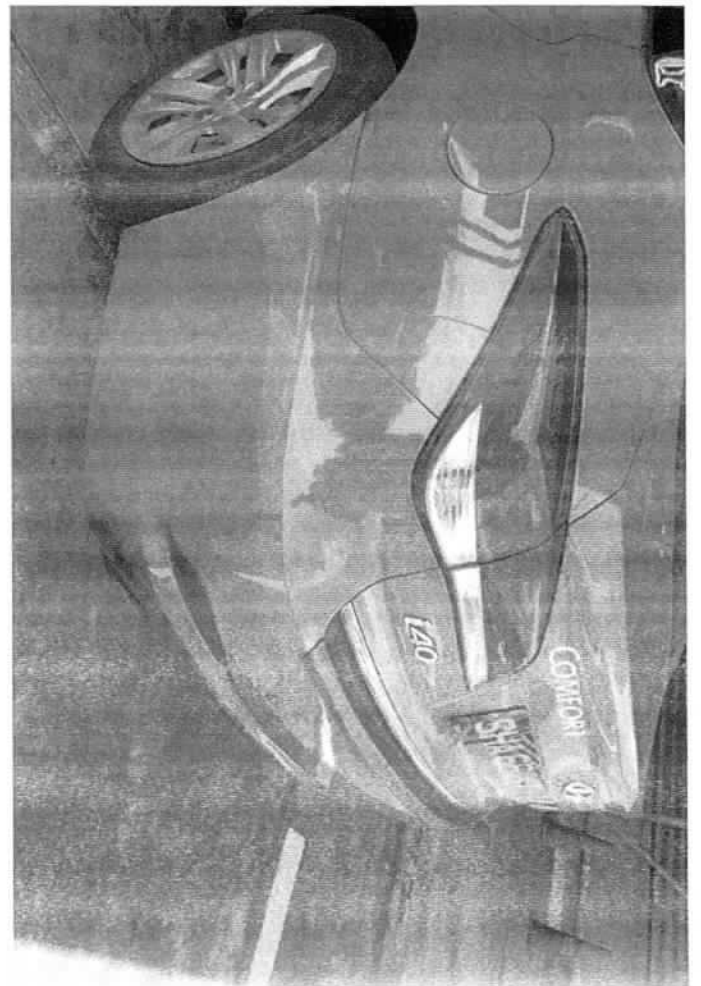
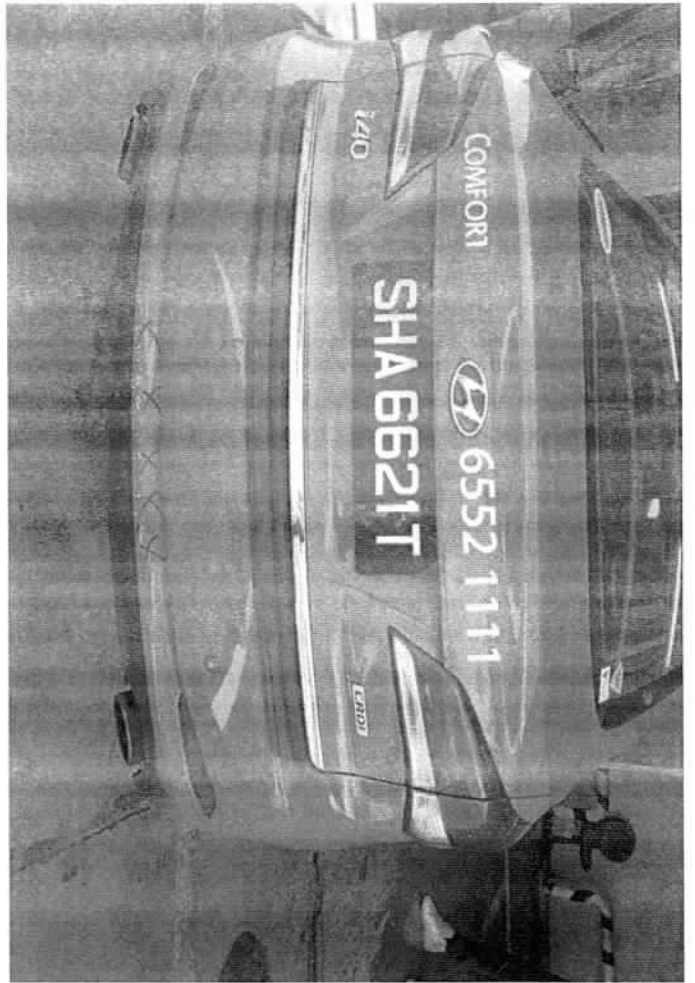
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

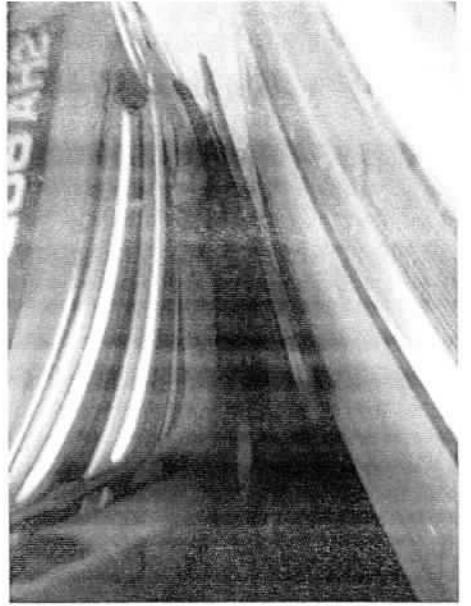
COMFORT TRANSPORTATION FTE
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

16/2/19
Jackson Heng
CFO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





member of COMFORTDELGRO

Date/Time: 18.02.2019 08:50 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 3898780 JC NO.: 305269473

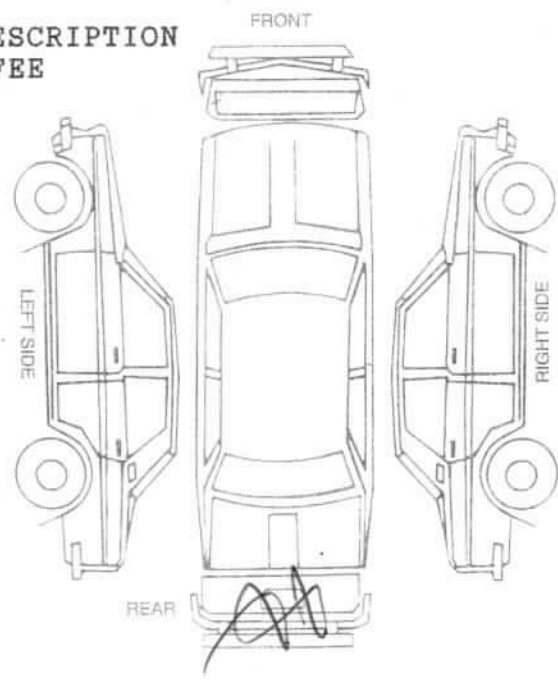
MEMBER NO. 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P) UNT CARD NO.	REGN NO.: SHA6621T	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 15.02.2019 19:05
	YR OF MANU. 23.04.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU053671	COMPLETION DATE/TIME:

Accident Date: 15.02.2019
NATURE: 3P 15.02.19 -

JOB DESCRIPTION

S/NO 000010
LABOR CODE 23-01

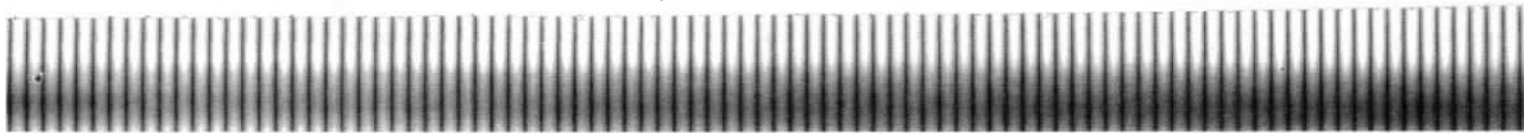
DESCRIPTION
TOWING FEE



KED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Exit Pass	
No.: SHA6621T	Vehicle No.: SHA6621T
JU NTUC LKK	
Signature/Date	Name of Service Advisor
turned to Service Reception upon collection	Date
To be kept by Security Guard	



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 6621T

DATE 18/2/2019 10:37

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>Detached</i>			\$ 553.00
	Rear Bumper Clip 10 pcs — <i>me</i>			\$ 22.00
	Rear Bumper Under Cover — <i>ct</i>			\$ 228.00
	SUB TOTAL			\$ 803.00
	LESS 20%			\$ 160.60
	DISCOUNTED TOTAL			\$ 642.40
	Rear Bumper Rubber Mat — <i>me</i>			\$ 50.00
				\$ 50.00
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,502.40
<p><i>Kalvin 16/1/19</i></p> <p><i>18/2/19 1150hrs</i></p> <p><i>2 Days</i></p> <p><i>L/S</i></p> <p><i>After Repair photo.</i></p>				
<p>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.</p>				

Acknowledged by Repairer

Signature: _____

Date: _____

• This estimate is based on a visual inspection of the vehicle.
 • The estimate is valid for 30 days from the date of issue.
 • No illegal modification(s) is allowed.
 • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company.

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

Date : 19/02/2019

Fax :

: SHA6621T

Date of Accident : 15/02/2019

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: 20%

\$900.00

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 : Kalsh

Date : 20/2/19

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:




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/INC19003236/K1td3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 22-02-2019	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJR 1796S	Veh. Inspected	SHA 6621T
Policy No.	5102947834	Coverage (\$)	0.00
Claim No.	MT/1032479-002	Excess (\$)	0.00
Assign From		Assign Date	18/02/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU053671	Colour	BLUE
Odometer	632305	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/02/2019	Inspection Date	18/02/2019
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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 6621T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-160.60	-160.60
			642.40	642.40
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	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
GRAND TOTAL			1,502.40	1,122.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC19003236/K1td3e2

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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