

REF:

REF:

NS/INC19005797/NSd35

Signature:

NAZ

INC

LARRY

# 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:

Policy No. 5050865323-07 (23/07/2018 - 22/07/2019)

Claims No. MT/1038128-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Est. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 77932

Yr Regn: 30 JUN 2015

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

Truck / Trailer or

Make:

HYUNDAI 140

c.c. 1,685

Colour

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading

606,999

T/Radi: Insured / Std / NI / NA

Eng/No:

C/No:

1CM4L841UMGU075077

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rln / STD / A/Rln or

Tyre Size:

F:

205/60R16

R:

11

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

TOYO / YOKO or

WESTAKE

Front

5

Rear

R/Bal.

5

mm

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A. 27/3/19

D.O.A.

1/4/19

Survey held at

EDGE LOYANG

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

O/S FRONT

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

SHA 77932 - NA/INC19005656/24

D.O.A. 29/03/2019

SPL 7655 - NA/INC19005656/24

D.O.A. 29/03/2019

9/4/19

FINALIZED LUMP SUM REPAIR \$2,650.00 / 3 DAYS

( \$ 1,168.88 Red - 31% )

RECEIVED 10 APR 2019

10/4/2019

Date/Time, File Pass to?



: Preli Report

1) Type



: Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I: (\$ 2,650/- H/S )

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invo (\$



: Weekend (\$

: S + H/S \$

: Photos

: Others

TOTAL

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 10/04/2019

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/1038128-002	COMFORT TRANSPORTATION PTE LTD	SHA 7793Z	SFL 765S	29/3/2019	22:05	\$ 3,818.88	\$ 2,650.00
2	MT/1039023-002	COMFORT TRANSPORTATION PTE LTD	SHD 4324Z	SLL 7478D	4/4/2019	19:00	\$ 2,690.82	\$ 1,450.00
3	MT/1039371-002	CITYCAB PTE LTD	SHA 9592Z	SIV 7183A	5/4/2019	18:35	\$ 1,480.00	\$ 900.00
4								
5								

Claim received from LKK

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[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"/>	5050865323-07		MAN FUT TONG LIN CHEE CHENG SIA TEMPLE	S87550003G	GPC	Third Party, Fire & Theft	SFL7655	SFL7655	23/07/2018	22/07/2019

COMFORTDELGRO

Date/Time: 30.03.2019 12:29 Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305282879

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

VMS 7010045

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717  
65508755

L (R)

(O)

(P)

COUNT CARD NO.

REGN NO.

SHA7793Z

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

29.03.2019 23:50

YR OF MANU

30.06.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU075077

COMPLETION DATE/TIME

## JOB DESCRIPTION

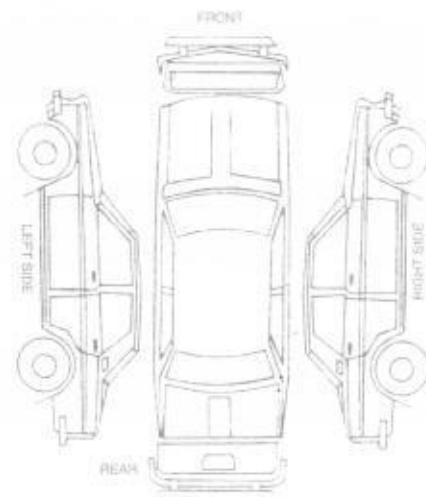
Accident Date: 29.03.2019

NATURE: 3P 29.03.2019

S/NO

LABOR CODE

DESCRIPTION

Right Front  
LKK/Kalini

CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

S/

O/

File No.:

SHA7793Z

LARRY

Vehicle No.:

SHA7793Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

**Shirley Hiew (LKK Auto)**

---

**From:** Naz (LKKAuto) <Naz@lkkauto.com>  
**Sent:** Tuesday, 9 April 2019 6:16 PM  
**To:** Ng Nyuk Phin  
**Cc:** Shirley Hiew (LKK Auto); SUR  
**Subject:** Re: SHA 7793Z Finalization  
**Attachments:** FINALIZED.pdf

Dear Mr Ng,

Finalized Lump Sum Repair \$2,650 / 3 Repair Days subject to insurance approval.

Thank you.

Best Regards,

**Naz** | Technical Investigator

**LKK Auto Consultants**

Phone: 6841-2157 | Email: [Naz@lkkauto.com](mailto:Naz@lkkauto.com) | Fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Ng Nyuk Phin <ngnp@cdge.com.sg>  
**Sent:** Tuesday, 9 April 2019 2:30 PM  
**To:** Naz (LKKAuto)  
**Subject:** Fw: SHA7793Z Finalization DOA 29.03.2019 \* Supplementary \*

Dear Naz,

Please see attached supplementary part list, the RH headlamp. Photo taken by Calvin.

Also, there was typo error in the estimate. The price of the Front Bumper should be \$1052.20 as this is the new facelift with the big radiator grille.

Regards,  
Larry Ng

CDGE  
Loyang Taxi Crash Repairs  
6214 8316

---

**From:** Ng Nyuk Phin  
**Sent:** Wednesday, 3 April 2019 6:19 PM  
**To:** naz@lkkauto.com  
**Subject:** SHA7793Z Finalization DOA 29.03.2019

Dear Naz,

Please see attached finalisation form and after paint photo taken by Calvin.

Regards,  
Larry Ng/Wei Yieng  
CDGE  
Loyang Taxi Crash Repairs  
6214 8316

---

**From:** ApeosPort-IV C5570 <sbs-singnalling@sbstransit.com.sg>  
**Sent:** Wednesday, 3 April 2019 6:15 PM  
**To:** Ng Nyuk Phin  
**Subject:** SHA7793Z

Number of Images: 1  
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570  
Device Location:

---

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

SBS Transit Ltd [Registration No. 199206653M]

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Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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## 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	30/03/2019 11:23
Date Of Accident	29/03/2019 22:05
Exact Location Of Accident	AIRPORT BOULEVARD TWDS T3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7793Z
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	TOH KOK KUENG
NRIC No	S7714008E
Date Of Birth	23/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	26/06/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96881510
Fax Number	
Contact Number	
Email Address	RICHARDTOH77@GMAIL.COM



Address	BLK 601B PUNGGOL CENTRAL #07-610
Postcode	822601
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)	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

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	SFL765S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE TECK SENG
NRIC/Passport Number	S0599339C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH REAR
No. Of Passenger (Including Driver)	

**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.
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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.

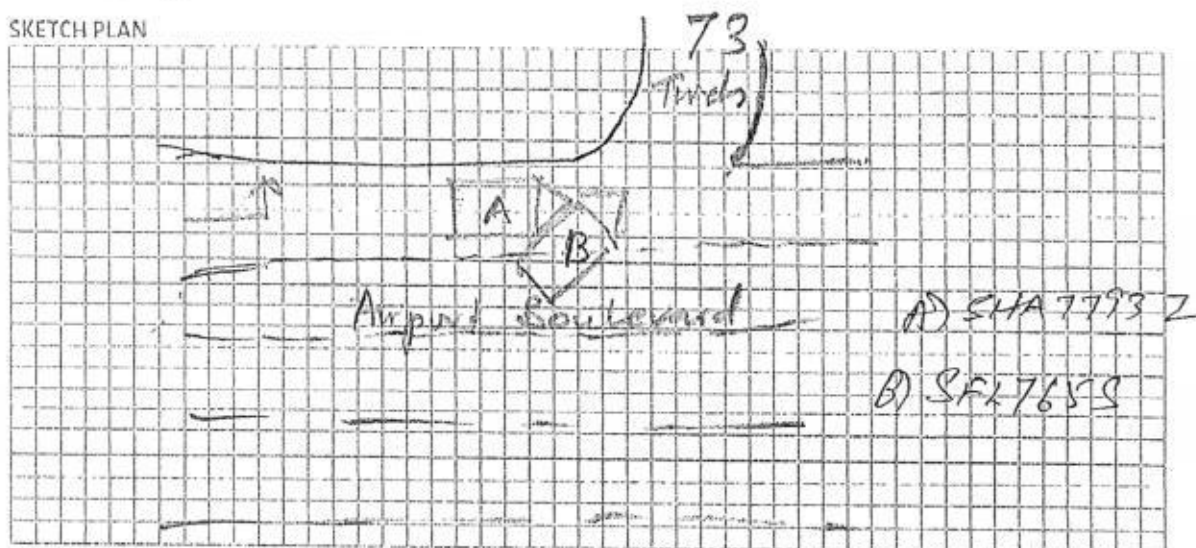
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 30/03/19

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/3/19 at about 2205hrs while Veh A was travelling in my lane towards T3 (Airport), Veh B from the right (straight only) lane intercepted on my lane and collided into the right front portion of my vehicle.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

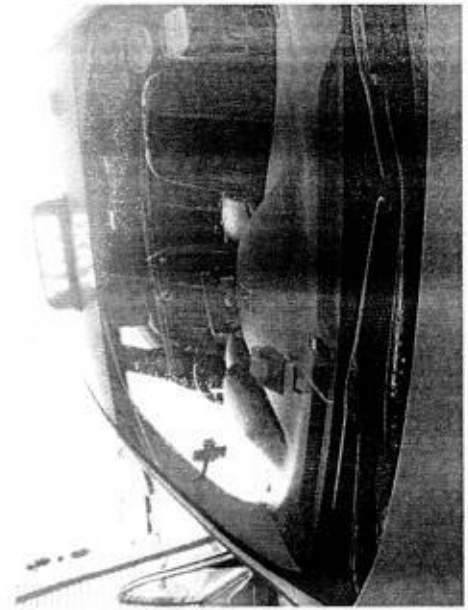
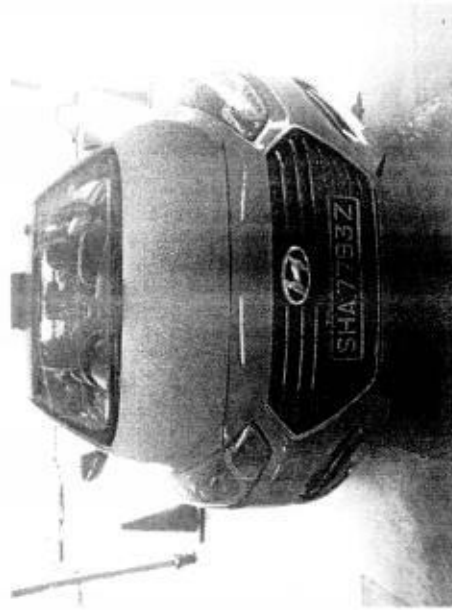
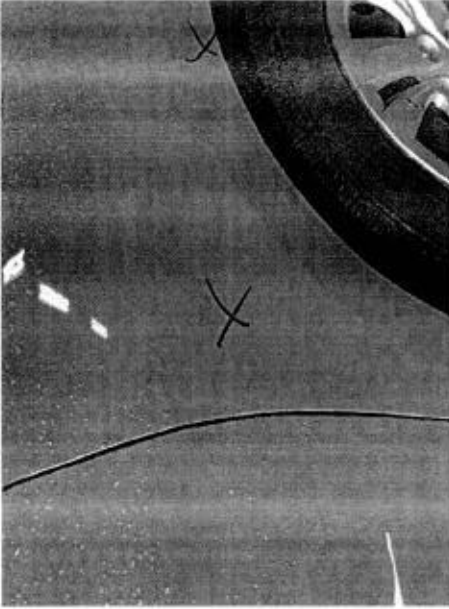
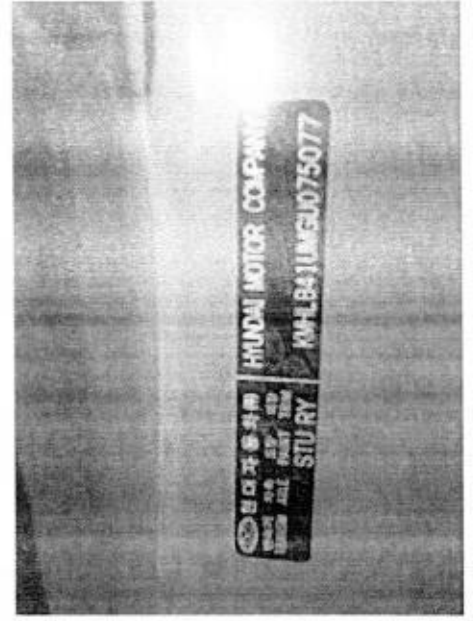
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GA01AC ShoulderForm\_V3

30/03/19

30/3/19



## REPAIR ESTIMATE\*

DATE 1/1/2009 13:34

**MODEL : HYUNDAI i40**

[illegible]

[illegible]

# COMFORTDELGRO ENGINEERING

Our Job Ref No . 305282879

Date : 3. Apr. 2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHA7793Z

Date of Accident: 29. Mar. 2019

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

1. The repair job shall bill to: NTUC SFL765S

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: \_\_\_\_\_

**Final Lumpsum Repair cost**

\$2,650.00

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 : Luke Val Yiong

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : NAZ LKK

Date : 9/4/19

## 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				
3. Survey Fees				
4. LTA Search Fee				
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/INC19005797/Nsd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 11-04-2019

189556



Code: INC4

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

Insured Veh.	SFL 765S	Veh. Inspected	SHA 7793Z
Policy No.	5050865323-07	Coverage (\$)	0.00
Claim No.	MT/1038128-002	Excess (\$)	0.00
Assign From		Assign Date	01/04/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075077	Colour	BLUE
Odometer	606999	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	WEST LAKE	5 mm
L/H Front Tyre	205/60R16	WEST LAKE	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	29/03/2019	Inspection Date	01/04/2019
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. SHA 7793Z**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRT WHEEL HUB CAP, RH	SCRATCHED	107.10	107.10
1	HEADLAMP - RH	CRACKED	1,388.00	1,388.00
	LESS 20% DISCOUNT		-672.22	-622.72
			2,688.88	2,490.88
	<b>LABOUR</b>			
	PANEL BEATING.		400.00	400.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TUFF KOTE.		50.00	40.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,130.00	840.00
	<b>GRAND TOTAL</b>		<b>3,818.88</b>	<b>3,330.88</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>2,650.00</b>

Report Ref No. NS/INC19005797/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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