

Inspector: Kelvin

REF: NS/INC19005864/K19d30v

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: XD 7250T

Policy No. 5080417979-02 (1/6/18-

Claims No. NT/1037915-002

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 Report: _____ Consistent?: Yes or No

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

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHA 7964Y Yr Regn: 3 Sep 2015

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 cc 1685

Colour: Blue A/C: Ins od / Std / HI / NA

Sp. Reading: 609556 T/Radio: Ins od / Std / HI / NA

Eng/No: _____

C/No: KM HLB41466 4077270

Gen. Cond: Good / F / Poor / Burnt

Steering: Inoper at / Jammed / Leaked / Burnt or

Brake: Inoper at / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD 6 Rim or

Tyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or the rest

Front R/Bal. 6 mm

Rear R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

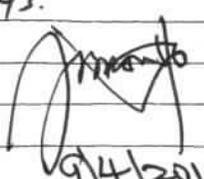
D.O.A. 28/3/19 D.O.I. 2/4/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	SHA 7964Y - X
	XD 7250T - X
4/4/19	Claim 45 \$2400 / 20%. Uked \$9086.20, 27%

Inc 4s.  9/4/2019

RECEIVED 10 APR 2019

Date/Time, File Pass to? : Prel. Report

11/04/19 travis : Final Report

Date/Time, File Return to? _____

of _____

Person's Name: TP

Lump Sum: 2400

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: Site Insp \$ _____

Interview \$ _____

Tech. Insp \$ _____

Resurvey \$ _____

Survey Fee: 160

Transportation: _____

S+RS \$ _____

Photo: _____

Other: _____

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 08/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1037915-002	COMFORT TRANSPORTATION PTE LTD	SHA 7964Y	XD 7250T	28/03/2019	10:15	\$ 3,308.62
2	MT/1038338-002	SMRT BUSES LTD	SMB 2E	SJG 2932S	22/03/2019	7:10	\$ 1,117.30
3	-	COMFORT TRANSPORTATION PTE LTD	SHA 3277Z	FBF 830R	01/04/2019	9:40	\$ 5,392.04
4	MT/1038897-002	CITYCAB PTE LTD	SHC 7116T	SGN 1129A	03/04/2019	0:20	\$ 6,026.16
5							

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/03/2019 17:40"/>
Vehicle No.(For Motor)	<input type="text" value="XD7250T"/>	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 type="radio"/>	5080417979-02		800 SUPER WASTE MANAGEMENT PTE LTD	198601155H	GFT	Comprehensive	XD7250T	XD7250T	01/06/2018	

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	28/03/2019 15:26
Date Of Accident	28/03/2019 10:15
Exact Location Of Accident	BLK 447 PASIR RIS DR 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7964Y
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 KENG SENG
NRIC No	S6908433H
Date Of Birth	26/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98303169
Fax Number	
Contact Number	
EMail Address	POPEYETAN@GMAIL.COM

Address	BLK 527D PASIR RIS STREET 51 #05-691
Postcode	514527
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: : 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

PLS REFER TO 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	XD7250T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NORAZAM BIN SUMADI
NRIC/Passport Number	S7771024H
Contact Number	86298704
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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)

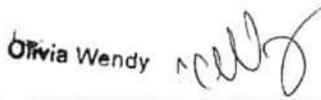
I understand, acknowledge, agree and consent that:

- (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 PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

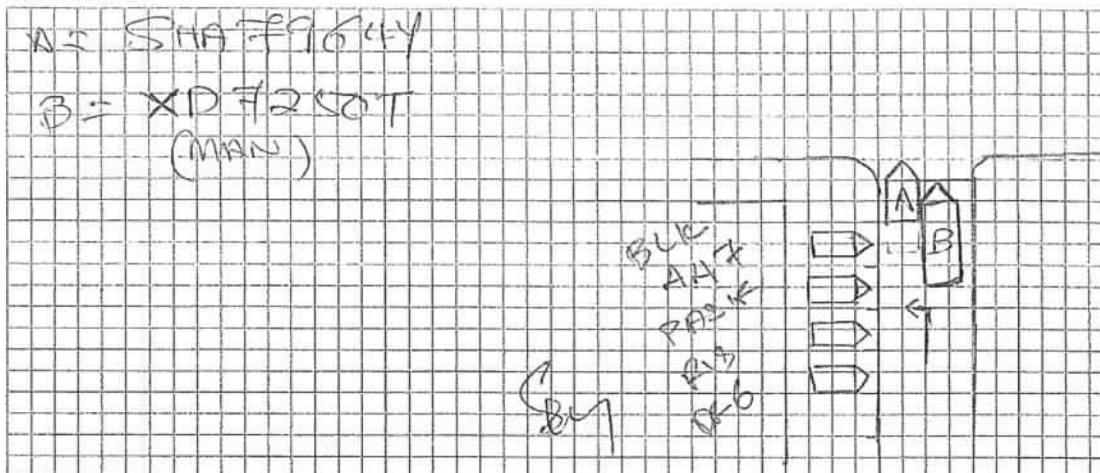

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 28 MAR 2019



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CD 506 NO 19203321R

Policyholder's Signature
 Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: 28 MAR 2019

GIARMC SketchPlanForm_V3

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

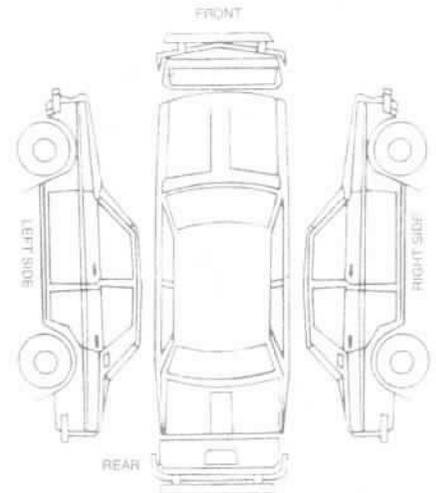
JC NO.: 305283562

NUMBER COMFORT TRANSPORTATION PTE LTD 7010045 NUMBER NO. 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 (R) 65508755 (O) (P) UNIT CARD NO.	REGN NO.: SHA7964Y	MILEAGE
	MAKE: HYUNDAI	FUEL E 1/2 F
	MODEL I-40	DATE/TIME IN 02.04.2019 09:30
	YR OF MANU 03.09.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMGU077270	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 28.03.2019
NATURE: 3P 28.03.19/C

S/NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-in Slip

Exit Pass

No.: **SHA7964Y**

LIMITS

Vehicle No.: **SHA7964Y**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

NTUC - 45
LKK -

12
IS

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

JOB NO : 305283562
 REGN NO : SHA7964Y
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 03.09.2015
 DATE/TIME IN : 02.04.2019 09:30
 ACCIDENT DATE : 28.03.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT	REMARKS		
0001	04-01-0103-0592-G	FRT DOOR RH	1	2,256.40	20.00	1,805.12	- <i>Burke</i>
0002	04-01-0103-0594-G	WING MIRROR RH	1	670.00	20.00	536.00	- <i>Burke</i>
0003	28-01-0103-0003-A	Frt Door Adv.Sticker RH	1	75.00	10.00	67.50	- <i>me</i>
				SUB-TOTAL :		2,408.62	

JOB NATURE

0000	20-05	Frt Door Adv.Sticker RH	100.00	-	<i>me</i>	
0001	PB	PANEL BEATING	300.00	<i>200</i>		
0002	SP	SPRAYPAINT CHARGE	300.00	<i>250</i>		
0003	17-01	CHECK ALL LIGHTING	40.00	<i>X 1</i>		
0004	20-00	TUFF COAT ON AFFECTED PARTS.	40.00	<i>20</i>		
0005	L	TRANSFER OF DOOR	120.00	<i>50</i>		
				SUB-TOTAL :		900.00

NTUC-45

IS

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

JOB NO : 305283562
REGN NO : SHA7964Y
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 03.09.2015
DATE/TIME IN : 02.04.2019 09:30
ACCIDENT DATE : 28.03.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,308.62

Limfs

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE
DATE :

Ka bin (Uay)

2/4/19 1115h

2 by 11

45

After Repair p/10

LKK Auto Consultants hence notify the Repairer of the following:
• To resurvey before/after spray painting
• To display damaged part(s) during resurvey
• Part prices are subject to confirmation
• Third party survey is on a "Without Prejudice" basis
• No fault/accident cost will be passed
• Survey is not intended to be a survey and is subject to the surveying insurance Company

Acknowledged by: _____
Signature: _____
Date: _____

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305283562

Date : 04/04/19

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA7964Y

Date of Accident : 28-Mar-19

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

1. The repair job shall bill to: NTUC --- XD7250T

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% \$2,400.00

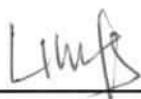
Final Lumpsum Repair cost \$2,400.00

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 : 

Signature 

Name : LIM T S

Name KALVIN

Tel : 62148398

Date : 4/4/19

Fax : 65468156

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		NO		
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/INC19005864/K1qd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 11-04-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	XD 7250T	Veh. Inspected	SHA 7964Y
Policy No.	5080417979-02	Coverage (\$)	0.00
Claim No.	MT/1037915-002	Excess (\$)	0.00
Assign From		Assign Date	02/04/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU077270	Colour	BLUE
Odometer	609556	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	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	28/03/2019	Inspection Date	02/04/2019
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:		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 7964Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRT DOOR RH	BUCKLED	2,256.40	2,256.40
1	WING MIRROR RH	BROKEN	670.00	670.00
	LESS 20% DISCOUNT		-585.28	-585.28
			2,341.12	2,341.12
<u>NETT ITEMS</u>				
1	FRT DOOR ADV STICKER RH (N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-7.50	-7.50
			67.50	67.50
<u>SPECIAL NETT ITEMS</u>				
1	FRT DOOR ADV STICKER RH (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		300.00	200.00
	SPRAYPAINT CHARGE.		300.00	250.00
	CHECK ALL LIGHTING.	NOT NECESSARY	40.00	-
	TUFF COAT ON AFFECTED PARTS.		40.00	20.00
	TRANSFER OF DOOR.		120.00	50.00
			800.00	520.00
GRAND TOTAL			3,308.62	3,028.62
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,400.00

Report Ref No. NS/INC19005864/K1qd3e2

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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