



# TP Claims against NTUC Income: Follow-Through Survey

Date : 16/04/2019

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/1040409-001	COMFORT TRANSPORTATION PTE LTD	SHC 3830R	GBC 2549G	7/4/2019	22:15	\$ 4,813.12	\$ 3,350.00
2	MT/1040410-001	COMFORT TRANSPORTATION PTE LTD	SHC 8855L	SGZ 118A	6/4/2019	13:10	\$ 1,688.88	\$ 650.00
3	MT/1039964-002	COMFORT TRANSPORTATION PTE LTD	SHC 8075X	SGS 8898R	11/4/2019	17:50	\$ 3,676.00	\$ 2,550.00

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="11/04/2019 11:04"/>
Vehicle No.(For Motor)	<input type="text" value="SGS8898R"/>	Certificate Number	<input type="text"/>
<input type="button" value="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"/>	5026500948-11		WONG SWEE CHOO	S0213223J	GPC	Third Party, Fire & Theft	SGS8898R	SGS8898R	11/02/2019	08/02/2020

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305286706

OMER:

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

JOINT CARD NO.

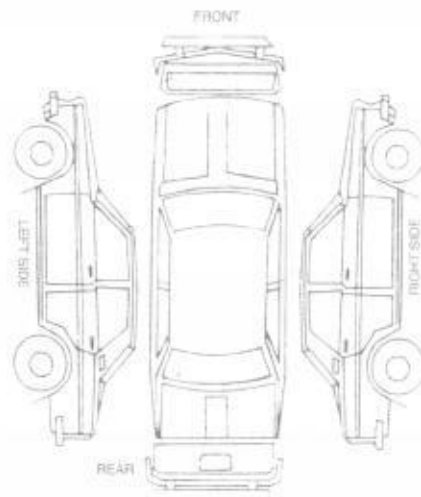
REGN NO.: SHC8075X	MILEAGE
MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
MODEL: E220CDI (E6)	DATE/TIME IN 11.04.2019 18:40
YR OF MANU 28.05.2015	TARGET DATE
CHASSIS CODE WDD2120012B176544	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 11.04.2019

NATURE: 3P 11.04.19

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC8075X

LIMITS

Vehicle No.:

SHC8075X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## 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	12/04/2019 11:57
Date Of Accident	11/04/2019 17:50
Exact Location Of Accident	MOUNTBATTEN RD TOWARDS TANJONG KATONG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8075X
<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	E220

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	HENG SOON ANN
NRIC No	S1385006B
Date Of Birth	23/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1978
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97482576
Fax Number	
Contact Number	
Email Address	ANDYHENG59@ICLOUD.COM

Address	BLK 807B CHAI CHEE ROAD #14-22
Postcode	462807
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?	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)	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	SGS8898R
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

### DETAILS OF INJURED PERSON 1

Name	HENG SOON ANN
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	SHC8075X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**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 PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

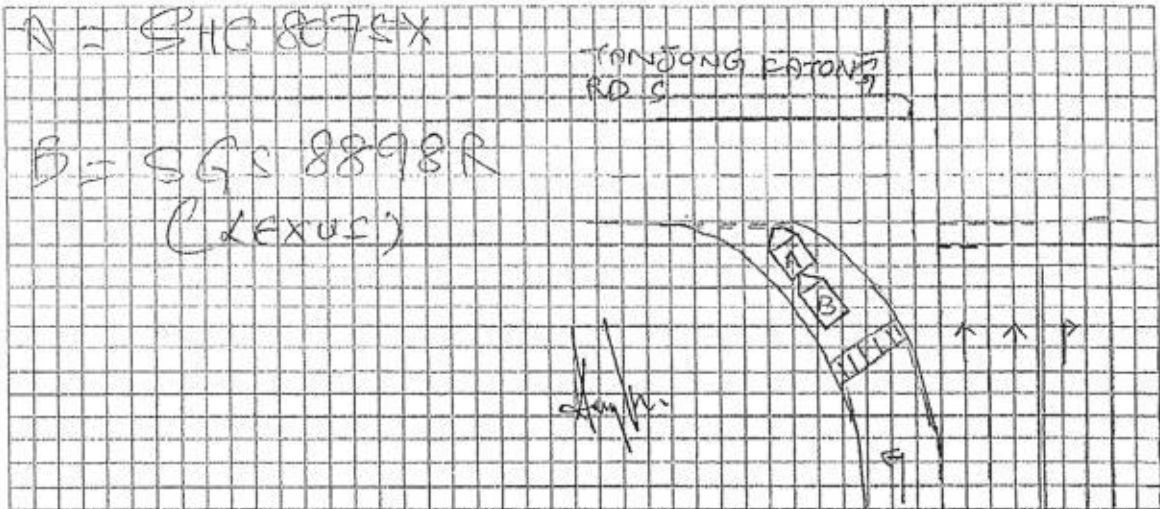
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

12 APR 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  
CO. REG. NO. 199303821R

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.: 12 APR 2019



TS

DATE 12/4/2019

LKK - Kalvin

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 1,510.00
	Rear Bumper Bracket Lower (LH/RH)		\$ 135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH)		\$ 125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH)		\$ 115.00	\$ 230.00
	SUB TOTAL			\$ 2,260.00
	LESS 20%			\$ 452.00
	DISCOUNTED TOTAL			\$ 1,808.00
	Rear Bumper Rubber Mat			\$ 50.00
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 850.00
	ESTIMATE TOTAL			\$ 2,708.00
	Kalvin Luk 12/4/19 1515 hrs. 2 hrs 4/5 After repair photo			4276

LKK Auto Care agents hence notify the Repairer of the following:

- To survey before/after spray painting
- To survey damaged parts before/after repair
- To survey the extent of damage
- To survey the quality of workmanship
- To survey the condition of the vehicle after repair
- To survey the condition of the vehicle after repair

Accepted by Rep/Owner  
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.

# COMFORT DELGRO ENGINEERING

VEHICLE : SHC8075X TYPE OF CLAIM : TP  
 MODEL : MERC W212 SURVEY BY : LKK-KALVIN  
 JOB NO : 305286706 DATE : 13.04.19

## SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	REAR BUMPER LOWER	1	325.00	- <i>cut</i>
2	REAR BUMPER REINFORCEMENT	1	1150.00	- <i>Rep</i>
3	REVERSE SENSOR	1	388.00	nett - <i>skid</i>
	* Last Entry *			

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305286706

Date : 15/04/19

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC8075X

Date of Accident : 11-Apr-19

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

1. The repair job shall bill to: NTUC --- SGS8898R

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%

**Final Lumpsum Repair cost**

\$2,550.00

**\$2,550.00**

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 : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 15/4/19

## 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		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/INC19006618/K1sd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 29-04-2019

189556



Code: INC4

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

Insured Veh.	SGS 8898R	Veh. Inspected	SHC 8075X
Policy No.	5026500948-11	Coverage (\$)	0.00
Claim No.	MT/1039964-002	Excess (\$)	0.00
Assign From		Assign Date	12/04/2019

### 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WDD2120012B176544	Colour	WHITE
Odometer	587066	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/55R16	WEST LAKE	7 mm
L/H Front Tyre	225/55R16	WEST LAKE	7 mm
R/H Rear Tyre	225/55R16	WEST LAKE	7 mm
L/H Rear Tyre	225/55R16	WEST LAKE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	11/04/2019	Inspection Date	12/04/2019
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.
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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. SHC 8075X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @ \$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @ \$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @ \$115.00	SERVICEABLE	230.00	-
1	REAR BUMPER LOWER	CUT	325.00	325.00
1	REAR BUMPER REINFORCEMENT	BENT	1,150.00	1,150.00
	LESS 20% DISCOUNT		-747.00	-597.00
			2,988.00	2,388.00
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REVERSE SENSOR (SN)	SHORTED	388.00	388.00
			438.00	438.00
<b>LABOUR</b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
			850.00	430.00
<b>GRAND TOTAL</b>			<b>4,276.00</b>	<b>3,256.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>2,550.00</b>

Report Ref No. NS/INC19006618/K1sd3s2

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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