

Inspector: Kelvin

REF: NS/INC19006893/ KJSD312

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

To Insp'd Vehicle No: _____

at Workshop r/s _____

of _____

Insured: SJX 3780S

Policy No: 5072961119-03 (09/06/2018-08/06/2019)

Claims No: MT/1040463-002

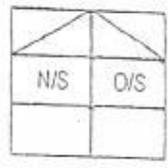
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



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: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHD 4354 L Yr Regn: 5TH 2012

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover / Truck / Trailer or

Make: Hyundai Santa Fe cc: 1990

Colour: Blue A/C: Ins / Std / NI / NA

Sp. Reading: 427277 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHET41VMA 8266R

Gen. Cond: Good / 6 / Poor / Burnt

Steering: In order / 6 / Jammed / Leaked / Burnt or

Brake: In order / 6 / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

- R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Shell like

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 16/4/19 D.O.I. 16/4/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	SHD 4354 L - CC3/LCR18007790/ KJ1A322 D.O.A. - 27/04/18 IM
	SJX 3780S - MAINC 19006773/h4 D.O.A. - 16/04/2019 Ys.
29/4/19	Vehicle 4/5 \$900/2hrs. (\$680.32 Red - 43%)

RECEIVED 30 APR 2019

Date/Time, File Pass to? 30/04/19 : Prell. Report

1) Typist : Final Report

Date/Time, File Return to? _____

2) _____

3) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp. (\$ _____)

: Interview (\$ _____)

: Tech. Insp. (\$ _____)

: _____ (\$ _____)

Survey Fee: _____

Transportation: _____ \$ + RS _____ \$

Photos: _____

Other: 160

TOTAL: _____

Repair Fee: \$900/- Hs

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

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"/>	5072961119-03		YEN SHEN SUNNY	S7589838Z	GPC	Third Party	SJX37805	SJX37805	09/06/2018	08/06/2019

Continue

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1009890-002	SMRT BUSES	SG 5773H	SJX 8235S	2/9/2018
2	MT/1040324-002	COMFORT TRANSPORTATION PTE LTD	SHD 7103A	SHB 8868E	13/4/2019
3	MT/1040700-002	COMFORT TRANSPORTATION PTE LTD	SHA 1271C	FBD 4873B	14/4/2019
4	MT/1040463-002	COMFORT TRANSPORTATION PTE LTD	SHD 4354L	SJX 3780S	16/4/2019
5	MT/1041520-002	COMFORT TRANSPORTATION PTE LTD	SHD 3193R	SJP 4115Z	23/4/2019
6	MT/1040848-002	CITYCAB	SHC 968Y	SJV 7501R	17/4/2019
7	MT/1041199-002	COMFORT TRANSPORTATION PTE LTD	SHA 5630Z	SJP 9605T	18/4/2019

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	16/04/2019 10:42
Date Of Accident	16/04/2019 08:20
Exact Location Of Accident	ECP TWDS AIRPORT BEFORE BAYSHORE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4354L
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	SONATA
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	SEAH KWANG TECK
NRIC No	S0645698G
Date Of Birth	15/09/1949
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1970
Driving Experience	48 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97313698
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 11 CANTONMENT CLOSE #25-03
Postcode	080011
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	CHAIN COLLISION
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	3
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	SJX3780S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAO LI MIN
NRIC/Passport Number	S7888727C
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG1111C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAH NIMESH S/O PANKAJ
NRIC/Passport Number	S8141944B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
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.
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.

General Insurance Policy No. 1102112110
 CO. REG. NO. 199203821R

Loke Wei Yeng

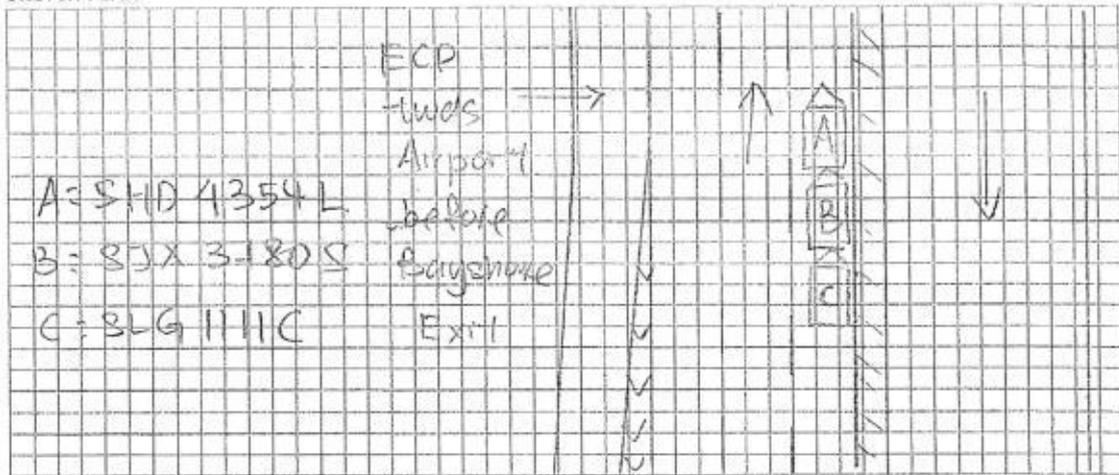
Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name: 16/4/19
 NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/4/19 at about 08:30 hrs, I was driving on lane 1 at above said location with a female pax. Suddenly veh in front braked to stopped and I follow suit. Luckily I able to avoid collision with the veh in front. A split second later, I felt an impact from my taxi behind. I stepped out to have a check, Veh B it front portion collided onto the rear portion of my taxi and another veh C also involved in this chain collision. No injury at the point of accident

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO: 192005312

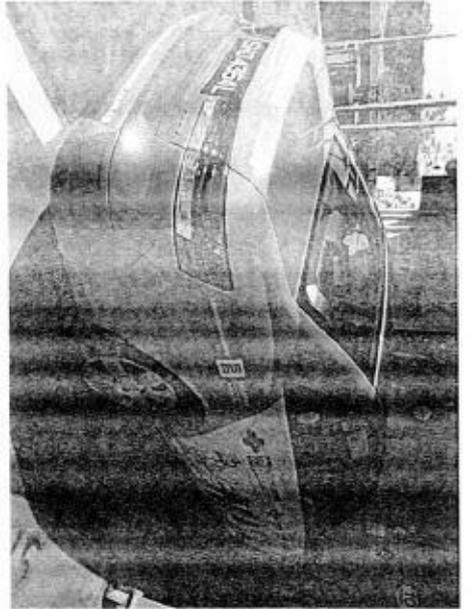
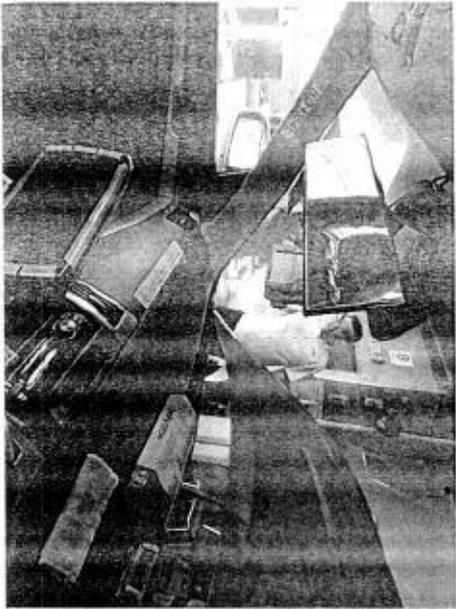
Policyholder's Signature
Date & Time:

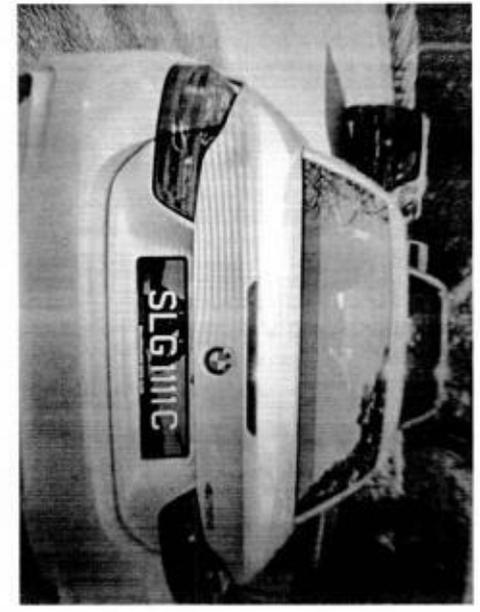
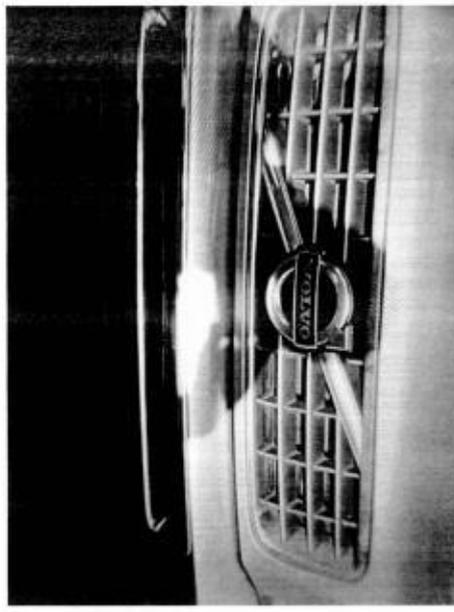
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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


Loke Wei Meng

16/4/19





COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHD 4354L

DATE 4/16/2019 13:17

MAKE :

MODEL : HYUNDAI SONATA

Lke / Kalvin
Lke

4/Sum
NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 578.40
	Rear Bumper Clip			\$ 22.00
	SUB TOTAL			\$ 600.40
	LESS 20%			\$ 120.08
	DISCOUNTED TOTAL			\$ 480.32
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)	\$	100.00	\$ 200.00
				\$ 250.00
	Labour Charge			
	Panel Beating			\$ 400.00 ²⁰⁰
	Spray Painting Charge			\$ 300.00 ²⁰⁰
	Wiring Charge			\$ 30.00 ^{X 1}
	Remove/Refix Reverse Sensor			\$ 120.00 ^{X 2}
	TOTAL LABOUR			\$ 850.00
	ESTIMATE TOTAL			\$ 1,580.32
<p><i>Kalvin 16/4/19</i></p> <p><i>16/4/19 1520h</i></p> <p><i>2 by,</i></p> <p><i>Us</i></p> <p><i>After Repair plz</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>				

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JG NO: 305287716

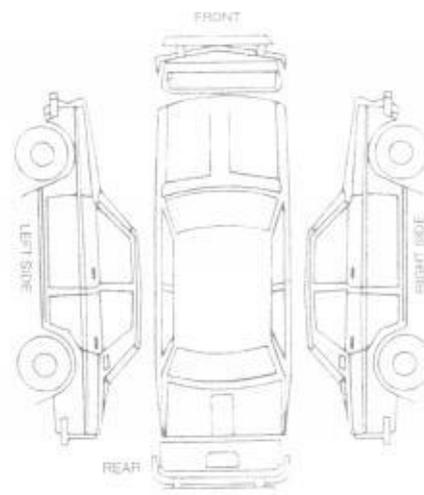
CUSTOMER MS CUSTOMER NO. ADDRESS (R) (P) COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: SHD4354L	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL: SONATA	DATE/TIME IN 16.04.2019 09:30
		YR OF MANU. 05.07.2012	TARGET DATE
		CHASSIS CODE KMHET41VMCA826865	COMPLETION DATE/TIME
		NTUC	

JOB DESCRIPTION

Accident Date: 16.04.2019

NATURE: 3P 16.04.2019

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No.: SHD4354L

LKE

Kalvin

Vehicle No.:

SHD4354L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305287716

Date : 25.04.19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHD4354L CTPL

16.04.19

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

1. The repair job shall bill to: NTUC --- SJX3780S
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 \$900.00

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 KWOK ENG

Name : Kalvi

Tel : 62148316

Date : 29/4/19

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/INC19006893/K1sd3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 08-05-2019
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJX 3780S	Veh. Inspected	SHD 4354L
Policy No.	5072961119-03	Coverage (\$)	0.00
Claim No.	MT/1040463-002	Excess (\$)	0.00
Assign From		Assign Date	16/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA826865	Colour	BLUE
Odometer	427777	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	6 mm
L/H Front Tyre	215/60 R16	WEST LAKE	6 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	6 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	16/04/2019	Inspection Date	16/04/2019
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. SHD 4354L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	578.40	578.40
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-120.08	-120.08
			480.32	480.32
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	250.00
<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.	NOT NECESSARY	120.00	-
			850.00	400.00
GRAND TOTAL			1,580.32	1,130.32
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC19006893/K1sd3n2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.