BINEYA: KOLVIN REF: NS/INC	19007204/ Klud 3 n2
X	ASSIGNMENT
From: Date:	
EstimatedCost:	Veh No: SHB 6398H Yr Regn: 20 Mar, 216
OD F INSITE RESIDENCE LEVALINVIMV	- Prime Mover /
o Inspediente No:	Truck / Trailer or
at Workshop m/s	Make: Merches Beat E22 ac 2/4/7
94	- COLOUR NC: Insugal Std/NI/NA
insured: YM 71155	Sp.Reading 62/114 T/Radio: Insuped / Std / NI / NA
Policy Na 5/05876609 (19/19/2013 -	Eng/No:
- 410010-) CINO: WPP2/20022A78673
Sum losued	Gen. Cond: Good / For / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Wh;	Brake: Inorder Jammed / Leaked / Burnt or
	Modi: Nil / S/Rim / STD Wilm or
(Policy Condition)	Tyre Size; F: 205/60 116
Remark: The year had seen and	R:
repair at the time of inspection.	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYOTYOKO or West the
Bal, or Market Value:	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 7 mm R/Bal. 7 mm.
GIA / PR Seen: Consistent?: Yes or No	L/Bal. F mm L/Bal E
Est Repairs: days Res.: Yes or No	D.O.A. 17/4/19 D.O.I. 18/4/19
tom Sunt % 3 Val.; Yes or No	Survey held at COGE (Loyang)
CA / REV / REP. / 24 HRS	Des. of Darnages: Frt / Rear / O/S / N/S / U/C / Rooflop or
Vahiolas INI /	LOUT
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to coillsion.
Account mistraction	
SHB 63984 - NS/ INC 18014651	1/thbn2 DOA-10108/2018 Inc
25/4/19 Che 4/5 8/4/2017 3014/	
25/4/19 Che c/s \$4400/3 By.	(Red 4648.40, 489)
RECEIN	VED 2 5 APR 2019
14,	
Cete/Time, File Pass to? : Prell. Report	Days Of Repair: 3.
1 : Final Report	Resurvey No. of Trip: Survey Fee:
Dalefime, File Return to?	Transportation:
2) >5/4- typist Add	Fee: : Site Insp (\$)_s+Rs_si
3	: Interview (\$) Photos 160
Record Sormat: TP	Tech. Invs (5) Oners
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My Desktop	Polic	y Query									
Notice of Loss	Policy N	0,				Date of A	ccident	17/0	4/2019 12:53		
	Vehicle	No.(Far Motor)	YM7115	5		Certificat	e Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105876609		YEO ENG KOON (5) PTE LTD	199101680M	GFT	Third Party	YM7115S	YM71155	19/11/2018	
					Con	tinue					

TP Claims against NTUC Income: Follow-Through Survey

SNS	1 Income Reference	(NO Income Reference Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
-	MT/1040780-002	COMFORT TRANSPORTATION PTE LTD	SHA 2877Z	EJ 3030G	18/4/2019	7:00	\$9,993.32	\$6,700.00
,	MT/1040749-002	COMFORT TRANSPORTATION PTE LTD	SHB 6398H	YM 7115S	17/4/2019	11:50	\$8,498.40	\$4,450.00
	MT/1041000-002	COMFORT TRANSPORTATION PTE LTD	SHA 7719P	PC 1403J	18/4/2019	7:50	\$5,190.08	\$3,750.00
4	MT/1041254-002	CITYCAB PIE LTD	SHA 8029R	SJT 8619P	18/4/2019	20:00	\$1,680.54	\$700.00
2	-	COMFORT TRANSPORTATION PTE LTD	SHD 6909Z	SMK 5784B	21/4/2019	0:30	\$4,027.84	\$2,650.00

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 witholding 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.

	ACCIDENT STATEMENT
Date Of Report	17/04/2019 14:00
Date Of Accident	17/04/2019 11:50
Exact Location Of Accident	MIDDLE RD X VICTORIA ST
Country/State of Loss	SINGAPORE
· 達· (1) 机比中山的 使移动物学和特许的数据数据的	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SHB6398H
nsured/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	MERCEDES-BENZ
Model	E220
Exact Purpose for which vehicle was being used a ime of accident	at
Are you claiming under your own insurance policy for repair to your vehicle?	/ NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	CHEK KONG MENG REGINALD
NRIC No	S1820784B

Date Of Birth 14/03/1967 OUTDOOR Occupation 10/01/1989 Date Of Driving Pass

30 YEARS AND 3 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-93399809

Fax Number Contact Number

REGINALDCKM@YAHOO.COM.SG EMail Address

Address

BLK 63 NEW UPPER CHANGI ROAD #10-1180

Postcode

461063

NO Was driver an employee of the Insured's Company

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

NO

Was any body injured in the Accident?

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)

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

YM7115S

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

CHAN SOON HENG

NRIC/Passport Number

S1277613F

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 Oriver.
- 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.
- 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.
- 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.
- 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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:
 - 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 - TELLIU CO REG NO 1992038218

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Loke Wei Yleng

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

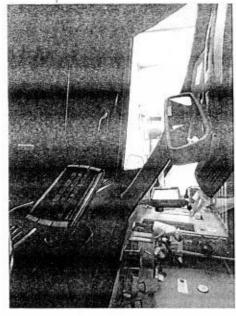
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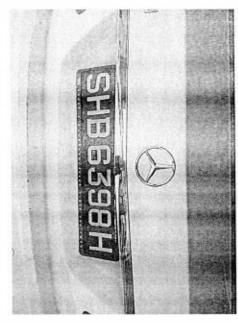
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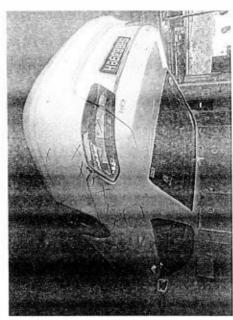
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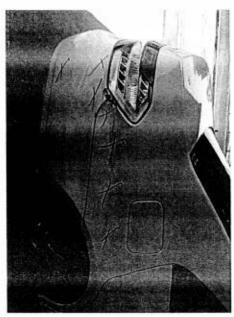
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- SHB 63981				
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	Road			
		'HAR		+H+H+H
		14/60		
		NH HARA		++++++
ECOURT CIRCUMSTANCES	OF THE ACCIDENT		131	
ESCRIBE CIRCUMSTANCES				
PIOC lingA FR no	, as approximatel	11 of 02-11 y	SSam. I	am driving
vehicle A (SHB)	63984) and stop	iped at the	2 traffic li	and junction
middle Pond 1	victoria street	There are	some road	anapino-
middle Eddor /	Il all a siele	C II	d and b	3000
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standing at the .	side of our roo	id, Ablue	coloured t	ruck
induing one a	linders, vehicle	R 17M 7113	SS) hit w	nu taxi
Dirging Ses Co	(30011) H	Calet con	+ shile +	mine to
vehicle A (SHB	, 6376 P() on the	right read	WHITE !	1911910
squeezed thre	auch.			
Wanthan in Oir	ie and dry. T	raffic cov	nditions	miourclevate
WELLINER IS TIN			=15.400 == 1.1200	
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ECLARATION	iculars are true in every respect.			
DECLARATION We declare the foregoing parti	SUMPTERIC W			Łoke Wei Yieng
DECLARATION We declare the foregoing partion OMFORT TRANSPORTATION	SUMPTERIC W		Reporting Centre Perso	-
DECLARATION We declare the foregoing parti CO REG. NO 19920	SECTION OF THE SECTIO	holder}	Reporting Centre Perso Name: NRIC/FIN No.:	-

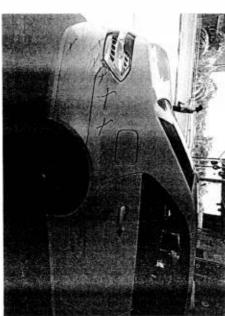


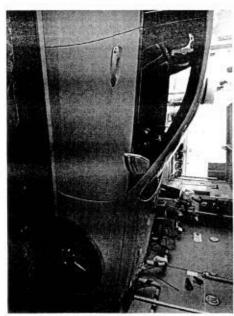


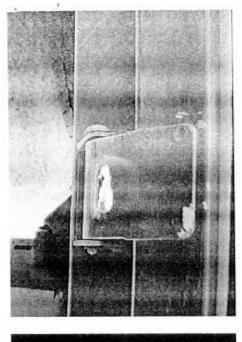


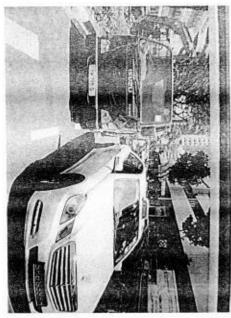


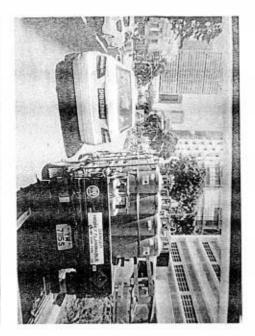


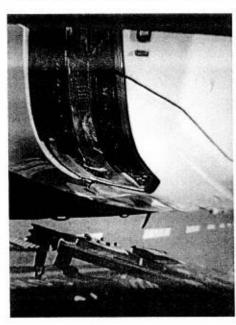


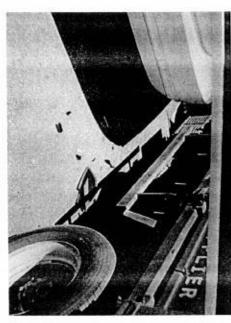




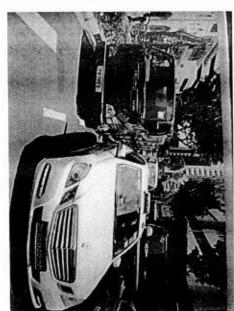


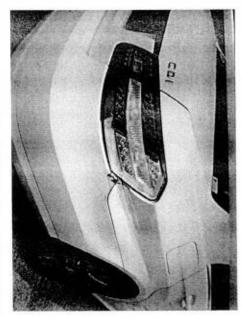


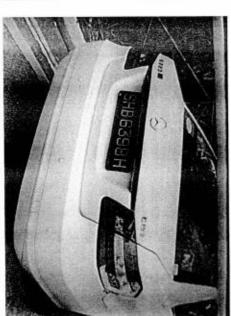














COMFORTDELGRO

Date/Time: 17.04.2019 15:38 Page: 1

Team:

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO. 305288167

_ (R)

COMFORT TRANSPORTATION PTE LTD

7010045

STOMER NO: DRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

MODEL E220CDI(E5)

SHB6398H

E.....F DATE/TIME IN 17.04.2019 12:50

REGN NO.:

MAKE:

YR OF MANU 20.03.2014

MERCEDES BENZ

CHASSIS CODE WDD2120022A758673

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 17.04.2019

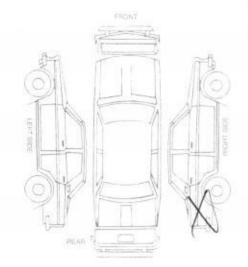
NATURE: 3P 17.04.19

returned to Service Reception upon collection

S/NO

LABOR CODE

DESCRIPTION



eauen a n					
ECKEU & F	ASSED OUT BY:				
	SERVICE ADVISOR			CUSTOMER	S SIGNATURE
awledgeme	nt Slip		Exit Pass		
e: o.; le No.:	SHB6398H	JU NTUC LKK	Vehicle No.:	SHB6398H	
s of Service	Advisor	Signature/Date	Name of Service Advisor	Date	

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

by the insurance company.

REPAIR ESTIMATE*

VEHICLE NO: SHB 6398H

DATE 4/17/2019 15:34

MAKE

MODEL : MERCEDES BENZ

Mann Ju

Qty	Parts Description/ Labour	Type	Unit Price	A	mount
	Rear Bumper			\$	1,510.00
	Pear Rumner Bracket Lower (LH/RH) X54		\$ 135.00	S	270.00
	Rear Bumper Bracket Top (LH/RH)		\$ 125.00	S	250.00
	Rear Bumper Retainer Mounting (上刊/RH)		\$ 115.00	S	230.00
	Taillamp (RH)		110.00	\$	1,280.00
	Taillamp (RH) Rear Fender (RH)			. 333	2,980.50
	Rear Fender Splash Shield (RH)			\$	195.00
	Rear Windscreen Glass C/W Moulding + m			s	1,845.00
	Theat will defect class of will defend any				1,0.0.0
					0.50.50
	SUB TOTAL			\$	8,560.50
	LESS 20%			\$	1,712.10
	DISCOUNTED TOTAL			\$	6,848.40
	Rear Windscreen Sealant			s	180.00
	TOTAL			\$	180.00
	Labour Charge				300
	Panel Beating			S	400.00
	Spray Painting Charge			s	600.00
	Wiring Charge			\$	30.00
	Tuff Kote	- Consulta	a honce notify	1 \$	50,00
	Remove/Refix Cushion & Upholstery Rear		24.23	s	150.00
	Remove/Refix Rear Windscreen Glass (sealant)		- Torrupy	S	120.00
	Remove/Refix Reverse Sensor			s	120.00
	*1219		-106 (88)		5
	*Sep. 5	E . 3			
	Kaliz (Clay	PART FARCE	7 1 - 1	1	
	TOTAL LABOUR	ed by Repain		\$	1,470.00
	1/ 18/4/19 18/1 Date:			Ψ	1,470.00
	ESTIMATE TOTAL			s	8,498.40
	18/4/19 TOTAL LABOUR 18/4/19 STIMATE TOTAL ESTIMATE TOTAL			3	0,470.40
	11.				
	Alle Region, lle				
	78	lik re k onominen	Table 1 Section 2 Section	1	_
	This is an initial estimate based on a visual inspection of the	e above v	ehicle. The final repair		

COMFORTDELGRO ENGINEERING

35288167 Our Job Ref No ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 24/04/2019 Date FINALIZATION FORM LKK Fax: To KALVIN Attn SHB6398H Date of Accident : 17.04.19 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-NTUC YM7115S The repair job shall bill to: ### 2. The finalized amount shall be: Spare Parts after List discount (a) Labour Charges (b) Total for Part-By-Part Repair Cost NI \$4450.00 Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 20% Final Lumpsum Repair cost 3. Estimated normal period for repairs: working days 4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days We confirm the estimates and Thank you for your assistance. 5. finalized amount Signature: Signature : JUMANI Name 6214 8315 Date Tel 65468156 Fax 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		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





NTUC INCOME INSU	RANCE CO-OPERATIVE LTD	Ref: NS/INC190072	04/K1vd3n2
73 BRAS BASAH ROA #05-01 NTUC TRADE 189556	AD UNION HOUSESINGAPORE	Date: 06-05-2019 Code: INC4	
1.	Policy Particulars	:- THIRD PARTY CLAIM	
Insured Veh.	YM 7115S	Veh. Inspected	SHB 6398H
Policy No.	5105876609	Coverage (\$)	0.00
Claim No.	MT/1040749-002	Excess (\$)	0.00
Assign From		Assign Date	18/04/2019
2.	Vehicle Parti	culars & Condition	
Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	WDD2120022A758673	Colour	WHITE
Odometer	621114	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3.	Condit	ions of Tyres	
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
4.	Descript	ion of Damages	
THE VEHICLE SI	USTAINED DAMAGES AT THE O	S REAR PORTION.	
5.		al Information	
Accident Date	17/04/2019	Inspection Date	18/04/2019
Survey held at	COMFORTDELGRO ENGINEE	RING PTE LTD	
	59 LOYANG DRIVE SINGAPORE 508969		
5a.	F	Remarks	
A)THE INSPECT B)IN ACCORDAN	ION WAS CONDUCTED ON A"WINCE TO YOUR INSTRUCTIONS, V	THOUT PREJUDICE" BASI WE HAVE NOT AUTHORIS	S. ED REPAIRS.
5b.	Estimate	Days of Repair	
ESTIMATED NO	RMAL PERIOD FOR REPAIR:	3 Working Days	5



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 6398H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	15
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	TAILLAMP (RH)	CRACKED	1,280.00	1,280.00
1	REAR FENDER (RH)	BUCKLED	2,980.50	2,980.50
1	REAR FENDER SPLASH SHIELD (RH)	SERVICEABLE	195.00	84
1	REAR WINDSCREEN GLASS C/W MOULDING	NOT NECESSARY	1,845.00	100
	LESS 20% DISCOUNT		-1,712.10	-1,154.10
			6,848.40	4,616.40
	SPECIAL NETT ITEMS			
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	180.00	
			180.00	100
	LABOUR			
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		30.00	30.00
	TUFF KOTE.		50.00	30.00
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS (SEALANT).		120.00	100.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
	-		7-	
			107	
			1,470.00	940.00
	GRAND TOTAL		8,498.40	5,556.40
T VS	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,450.00

Report Ref No. NS/INC19007204/K1vd3n2





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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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