TOTAL

TP Claims against NTUC Income: Follow-Through Survey

Date: 26/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1040881-002	COMFORT TRANSPORTATION PTE LTD	SHA 1277L	YM 7307E	17/04/2019	10:30	\$ 2,022.48
2	MT/1041016-002	COMFORT TRANSPORTATION PTE LTD	SHA 7976M	SHB 8385G	18/04/2019	18:30	\$ 3,017.20

tello, NAC_PAYA_UBI_80	00601						· Change	Languag	e Char	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date o	of Accident		17/04/2019	15:48	
	Vehicle	No.(For Motor)	YM7307	7E		Certifi	cate Number				
					13	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088525889- 01		FN TRANSPORT PTE LTD	201437409D	GCV	Third Party, Fire & Theft	YM7307E	YM7307E	29/04/2018	28/04/2019

MCD619050033 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 17/04/2019 12:27 SUBMITTED BY: Janet Lim Siang Gek

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

By the lodgement of this report to the insurers, you hereby con- aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
Mary 1999 In the September Street September 1999	ACCIDENT STATEMENT
Date Of Report	17/04/2019 12:27
Date Of Accident	17/04/2019 10:30
Exact Location Of Accident	LOYANG AVE TWDS CARGO COMPLEX.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA1277L
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	140
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Deliver	

Driver

Name of Driver TAY CHOR TECK NRIC No S1156661H Date Of Birth 25/07/1956 Occupation OUTDOOR Date Of Driving Pass 27/05/1978 **Driving Experience**

40 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93557739

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 467 NORTH BRIDGE ROAD Address

#04-5041

Postcode 190467

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)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

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

YM7307E

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MUHAMMAD BAHAR BIN MOHD ESA

NRIC/Passport Number

S8923117E

Contact Number

Address

Postcode

Insurance Company Name

RH FRONT

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
 - 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

(Stay.

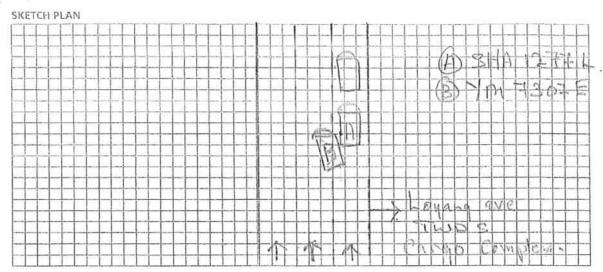
Hackson Hans

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.:

GIARIAC SketchPlanForm_V3

Sec. 4

200



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 17	104/2019 at about 1030 kmg, I vehicle A was drive
my to	not along loyang are toward Cargo Complexo.
As 3,	was following a Car fow of me, then he slow
Nower	and stop. I also stop behind the frent Can. F
ko Se	cond tota vehicle & come from my left new
Collida	d outs vehicle A Sustain the damage

DEC	AD	AT1/	
175	LAK	4110	JIV

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

CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

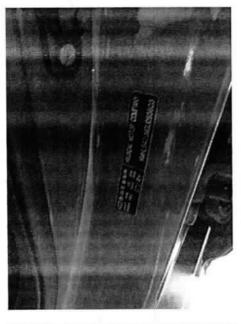
(If driver is not the policyholder)

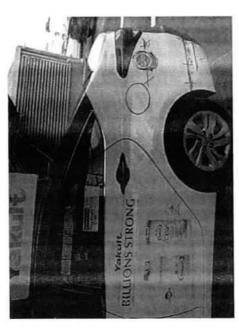
Date & Time:

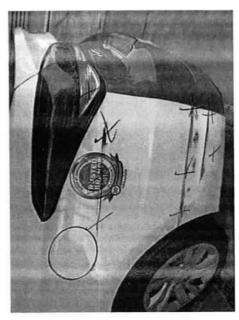
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3















COMFORTDELGRO

Date/Time: 17.04.2019 14:43

Page: 1

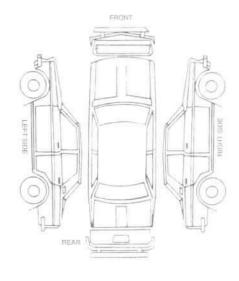
Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305288164
TOMER		1 11000	REGN NO.: SHA1277L	MILEAGE
MS TOMER NO.	COMFORT TRANSPORTATION PTE 7010045	LTD VARS	MAKE: HYUNDAI	FUEL EF
RESS	383 SIN MING DRIVE Singapore SINGAPORE 575717		MODEL I-40	DATE/TIME IN 17.04.2019 11:20
(R) (P)	65508755 (O)	63	YR OF MANU. 29,09,2016	TARGET DATE
COUNT CAR	D NO.	(B)	CHASSIS CODE KMHLB41UMGU09360	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.04.2019 NATURE: 3P 17.04.2019

NTUC- Left Rear

DESCRIPTION



ECKED & PASSED OUT BY:				
SERVICE ADVISOR			CUSTOMER'S SIGNATURE	
owledgement Slip		Exit Pass		
9:		22242 22		
le No.: SHA1277L	LARRY	Vehicle No.: SHA1277L		
a of Service Advisor	Signature/Date	Name of Service Advisor	Date	
returned to Service Reception upon collecti	on	To be kept by Security Guard		

COMFORTDELGRO ENGINEERING PTE LTD REPAIR ESTIMATE*

Nou (

VEHICLE NO: SHA 1277L

. .

MAKE

DATE 4/17/2019 12:52

MODEL : HYUNDAI i40 Qty Parts Description/ Labour **Unit Price** Amount Type Rear Bumper 553.00 Rear Bumper Clip 10 pcs \$ 22.00 LKK Auto Consultants hence notify the Repairer of the following: . To resurvey before/after spray painting . To display damaged part(s) during resurvey · Parts prices are subject to confirmation . Third party survey is on a "Without Prejudice" basis . No illegal modification(s) is allowed . Supplementary item(s) must be resurveyed and SUB TOTAL 575.00 subject to final approval from Insurance Company **LESS 20%** 115.00 Acknowledged by Repairer DISCOUNTED TOTAL 460.00 Signature: Date Rear Bumper Advertisement Logo 50.00 Nett Me Rear Bumper Rubber Mat 50.00 Nett was \$ 100.00 Rear Fender Advertisement Logo (LH/RH) 200.00 Nett TOTAL 300.00 Labour Charge 200 Panel Beating 400.00 Spray Painting Charge 200 300.00 Wiring Charge \$ 30.00 Remove/Refix Reverse Sensor 80.00 Pally Ma TOTAL LABOUR 810.00 1,570.00 ESTIMATE TOTAL 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.

2022.48

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305288164 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 23. Apr. 2019 Date FINALIZATION FORM LKK Fax: **TAUFIKH** Attn : Vehicle Reg No. : SHA1277L Date of Accident: 17. Apr. 2019 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-The repair job shall bill to: NTUC YM7307E The finalized amount shall be: Spare Parts after List discount \$702.48 Labour Charges (b) \$460.00 Total for Part-By-Part Repair Cost \$1,162.48 Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost Estimated normal period for repairs: _____ 2 ___working days. 3. 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 Name Tel : 6214 8316 : 6546 8156 Fax For Official Use Only Document Confirm By Attached Item Amount Remarks (Signature) Yes or No Rental Rate P/Day YES Loss of Income Paid Survey Fees LTA Search Fee 5. Medical Fees (on behalf of driver, if applicable) Overrun Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 23.04.2019 Time: 09:48:37

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

REGN NO

: 305288164

MILEAGE

: SHA1277L

MAKE

: 0000000000 : HYUNDAI

MODEL

: I-40

DATE OF REGN : 29.09.2016

DATE/TIME IN

: 17.04.2019 11:20

ACCIDENT DATE : 17.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 452.48

JOB NATURE

0000 L

ADVERTISEMENT - Rear Bumper

50.00

0001 L

ADVERTISEMENT - Rear Fenders RH/LH

200.00

0002 PB

PANEL BEATING

200.00

0003 23-502

SPRAYPAINT ON AFFECTED AREA

200.00

0004 17-01

WIRING CHARGE

30.00

0005 L

REMOVE/REFIX REVERSE SENSOR

SUB-TOTAL: 710.00

30.00

TOTAL : 1,162.48

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

MVA NAME & SIGNATURE DATE:

DATE:

ComfortDelgro Engineering

VEHICLE NO.	:	SHA1277L	TYPE OF CLAIM	:	3P / NTUC	
MODEL	:	i40	SURVEYED BY	:	Taufikh / LKK	
JOB NO		305288164	DATE	:	23.04.2019	

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE	REMARKS
Tailla	mp Outer – LH	1	\$565.60	ad/
-				
_				
		TOTAL:		



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





NTU	C INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1900724	9/T1qd3e2
		D UNION HOUSESINGAPORE	Date:	06-05-2019 INC4	
1.		Policy Particulars	:- THIR	D PARTY CLAIM	Color of the latest
	Insured Veh.	YM 7307E	Veh. II	nspected	SHA 1277L
	Policy No.	5088525889-01	Cover	age (\$)	0.00
	Claim No.	MT/1040881-002	Exces	s (\$)	0.00
	Assign From		Assig	n Date	17/04/2019
2.		Vehicle Parti	culars &	Condition	
	Make & Model	HYUNDAI 140	c.c		1685
	Engine No.	HIDDEN	Year o	of Reg.	2016
	Chassis No.	KMHLB41UMGU093603	Colou	r	BLUE
	Odometer	313676	Steeri	ng	IN ORDER
	Brakes	IN ORDER	Modifi	cation	NIL
	General	GOOD			
3.		Conditi	ions of	Tyres	
		Size	Make		Balance
	R/H Front Tyre	205/60 R16	DAVAN	ITI	6 mm
	L/H Front Tyre	205/60 R16	DAVAN	ITI	6 mm
	R/H Rear Tyre	205/60 R16	DAVAN	ITI	6 mm
	L/H Rear Tyre	205/60 R16	DAVAN	ITI	6 mm
4.	CENTRAL ST	Descripti	on of Da	amages	
	THE VEHICLE SU	STAINED DAMAGES AT THE N/S	S REAR I	PORTION.	
The Control	DAMAGES SEE D	And - And a	W-17-10-10	West and the second second	
5.			Inform		
	Accident Date	17/04/2019		ction Date	17/04/2019
	Survey held at	COMFORTDELGRO ENGINEER	RING PT	E LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.		R	emarks		17年18年18年18年18日
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			
5b.	TO BEET THE	Estimate	Days of	Repair	
	ESTIMATED NOR	MAL 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



Page No.:1 of

Reg. No: 52983356E GST Reg. No. 20-0405911-H

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1277L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	9
1	TAILLAMP OUTER - LH	CUT	565.60	565.60
	LESS 20% DISCOUNT		-228.12	-113.12
			912.48	452.48
	SPECIAL NETT ITEMS			
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00	N/S CUT / O/S NECESSARY	200.00	200.00
			300.00	300.00
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE		30.00	30.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			810.00	460.00
	GRAND TOTAL		2,022.48	1,212.48

RECOMMENDED COST OF LUMP SUM REPAIRS	900.00
(TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	

Report Ref No. NS/INC19007249/T1qd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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