

Signature: Kelvin

REF: NS/INC19007556/KITd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: GBD 5668X

Policy No: 5105579089 (21/11/18-28/11/19)

Claims No: WT/1042643-001

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: _____ 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 65306 Yr Regt: 4 Nov 2014

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

Truck / Trailer or

Make: Honda Z40 cc 1685

Colour: Blue A/C: In 6 red / Std / NI / NA

Sp. Reading: 6 21220 T/Radio: In 0 red / Std / NI / NA

Eng/No: _____

No: KMHCBXUMF4059828

Gen. Cond: Good / P Poor / Burnt

Steering: Inord a Jammed / Leaked / Burnt or

Brake: Inord c Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Dallha

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 27/4/19 D.O.I. 29/4/19

Survey held at CDDE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	SHD 65306 - NA/AIGI 7023628/13 DOA: 12/12/17 INC 41
	GBD 5668X - X
2/5/19	Attended 45 \$ 400 / 2 Pys. (Red. 1045 7270)
	RECEIVED 06 MAY 2019

Defective, File Pass to? ☐ : Prell. Report

13/5 Typist ☒ : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : She Insp \$

\$ - \$3

160

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

27/04/2019 07:46

Vehicle No.(For Motor)

GBD5668X

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105579089		ARTIZEN PTE LTD	200306611W	GCV	Comprehensive	GBD5668X	GBD5668X	29/11/2018	28/11/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1042643-001	COMFORT TRANSPORTATION PTE LTD	SHD 6530G	GBD 5668X	27/4/2019
2	MT/1042160-002	COMFORT TRANSPORTATION PTE LTD	SHD 3134L	SLS 2664D	26/4/2019
3	MT/1035653-002	SMRT TAXIS	SHB 5819S	FE 5980R	9/3/2019
4	MT/1042102-002	COMFORT TRANSPORTATION PTE LTD	SH 8788R	SHB 8608P	27/4/2019
5	MT/1041880-002	COMFORT TRANSPORTATION PTE LTD	SH 7218B	YP 251L	25/4/2019
6	MT/1041969-002	COMFORT TRANSPORTATION PTE LTD	SHA 1749S	SKS 3400D	26/4/2019
7	MT/1042207-002	COMFORT TRANSPORTATION PTE LTD	SH 7982C	SFF 9629A	26/4/2019

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	29/04/2019 09:34
Date Of Accident	27/04/2019 14:50
Exact Location Of Accident	AYE TOWARDS CITY LAMP POST NO. 538
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6530G
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	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	LUI CHONG HEE
NRIC No	S1462029Z
Date Of Birth	29/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96724098
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	720 03-4112 ANG MO KIO AVENUE 6
Postcode	560180
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?	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: : MALE

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

SEE ATTACH.

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	GBD5668X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RUEL DE ASIS ESCALA
NRIC/Passport Number	G5342091K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN

AYE Towards City Kemp Rest 538
 Date: 27-4-19
 @ 1450hrs.
 A - SHD 6530G
 B - GBD 5668X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27-04-2019 @ 1450hrs, I was driving along AYE towards City On 2nd lane and traffic was moderate and slow moving. The front vehicle was apply brake and stop and I apply brake and stop. Suddenly vehicle (B) GBD 5668X hit my taxi on the rear portion cause damage.

There is 11 Male Pass on board at my taxi No injury.
 There is Video Footage on the Scene.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CO. REG NO 199303821R

[Signature]

Fauzy

[Signature]

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.:

IMPORTANT NOTICE

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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. 189303321R

Signature

Fauzy

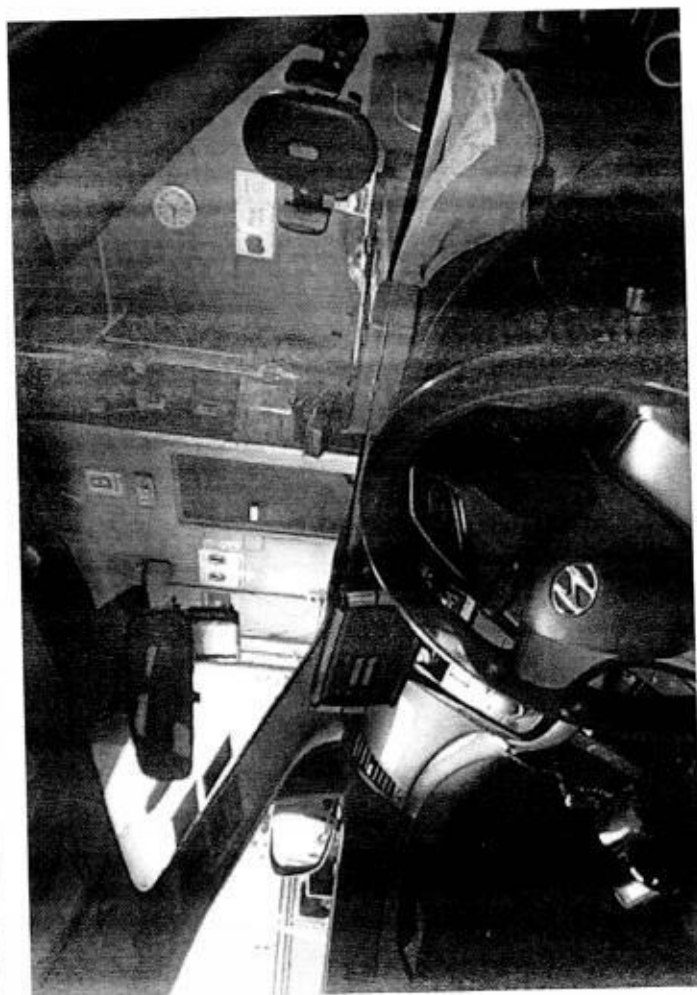
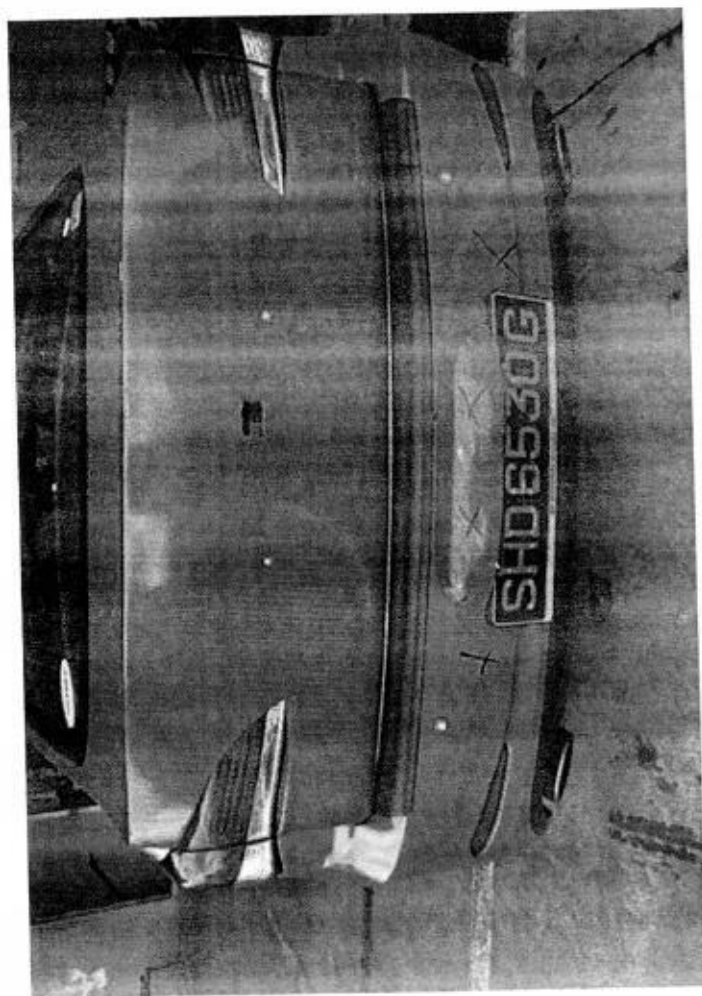
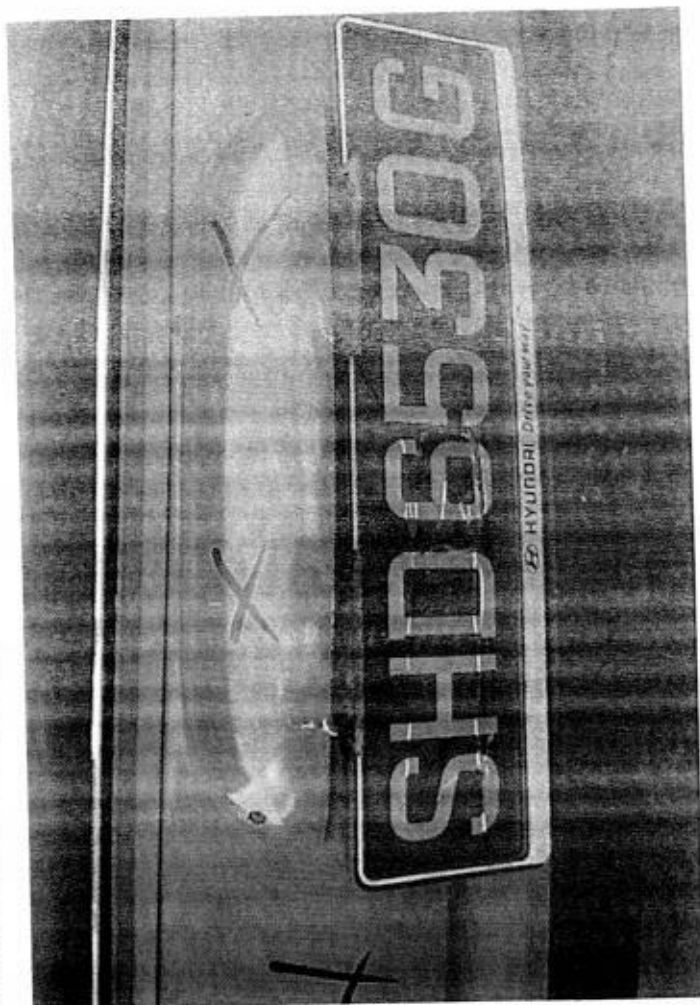
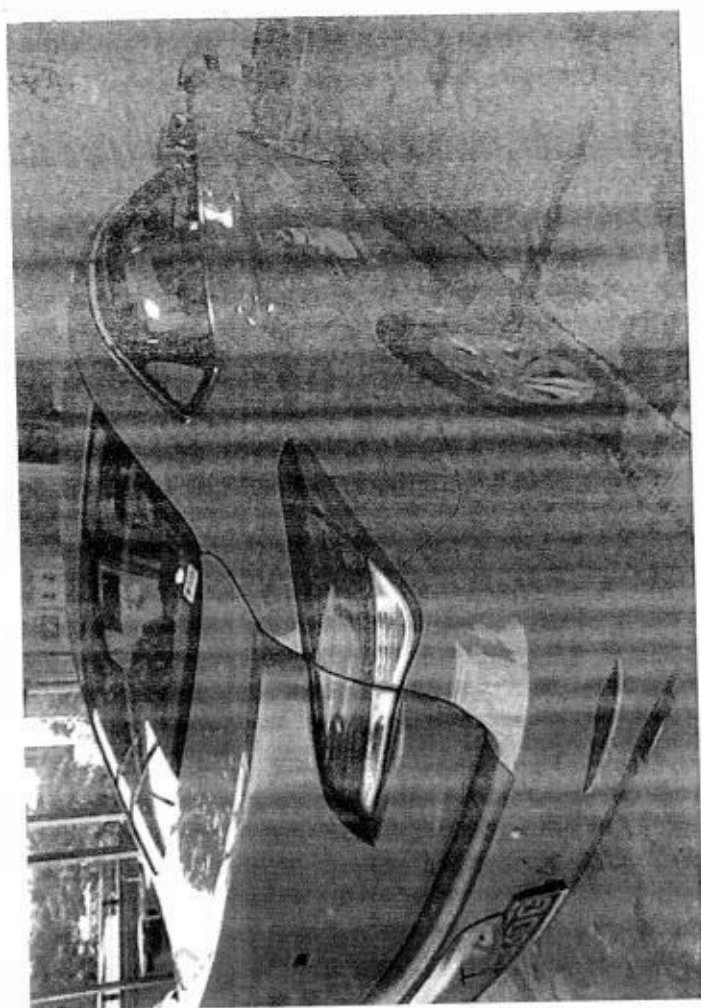
Signature

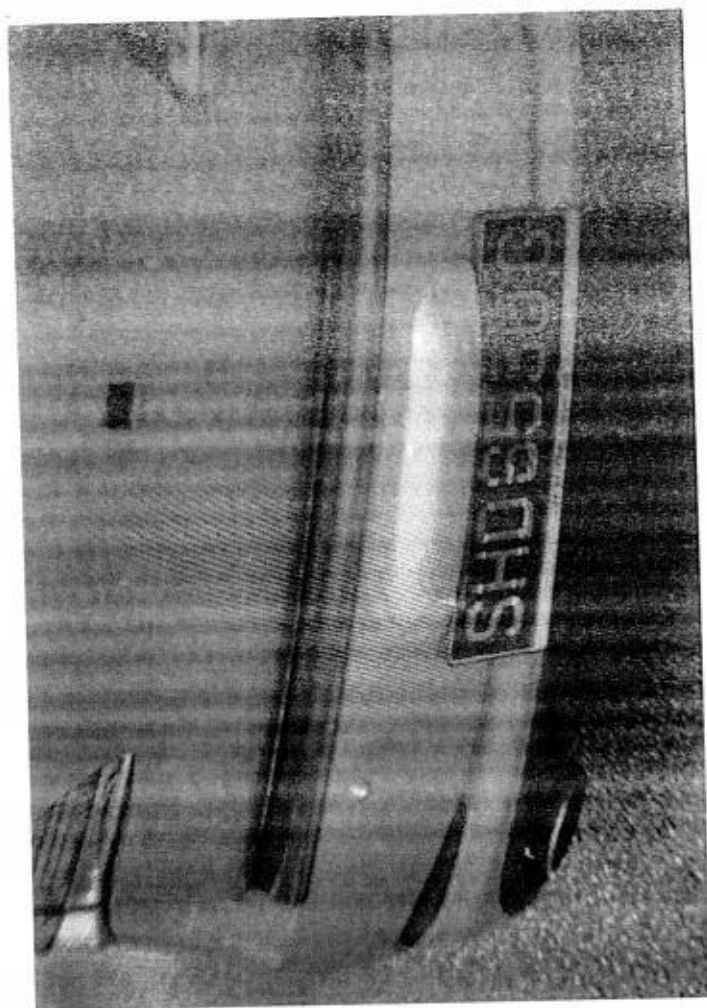
Policyholder's Signature
Date & Time:

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

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

4-8 6-8





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6530G

DATE 29/4/2019 14:16

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Licence Lamp Garnish / ca			\$ 100.00
	Rear Bumper X 14-2			\$ 553.00
	Rear Bumper Clip 10 pcs X 22			\$ 22.00
	SUB TOTAL			\$ 675.00
	LESS 20%			\$ 135.00
	DISCOUNTED TOTAL			\$ 540.00
	Rear No. Plate / ca		1.6	\$ 25.00
	Rear Bumper Rubber Mat X 22			\$ 50.00
				\$ 75.00
	Labour Charge			\$ 200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 200 200.00
	Wiring Charge			\$ X 50.00
	Remove/Refix Reverse Sensor			\$ X 80.00
	TOTAL LABOUR			\$ 830.00
	ESTIMATE TOTAL			\$ 1,445.00

Kahin 1/1/1/1/1

29/4/19 1515 Ls

2 Day,

L/s

After Repair photo



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.

COMFORTDELGRO

Date/Time: 29.04.2019 10:20

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JOB NO: 305291151

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

3/MS

7010045

CUSTOMER NO.

ADDRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

L (R)

65508755

(O)

(P)

SCOUNT CARD NO.

REGN NO:

SHD6530G

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

28.04.2019 16:40

YR OF MANU.

04.11.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU059828

COMPLETION DATE/TIME:

JOB DESCRIPTION

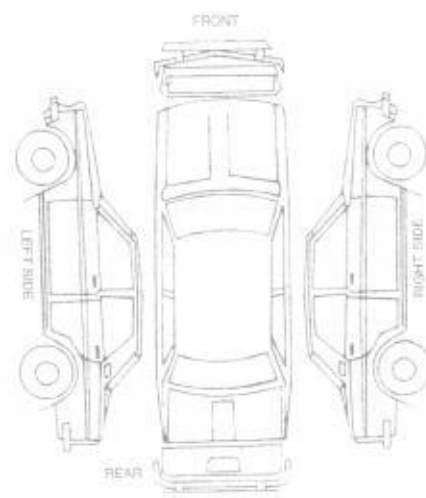
Accident Date: 27.04.2019

NATURE: 3P 27.04.19

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

By:

to:

File No.:

SHD6530G

JU NTUC LKK

Vehicle No.:

SHD6530G

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 : 305291151
Date : 30/04/2019

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHD6530G

Fax :

Date of Accident : 27.04.19

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


1. The repair job shall bill to: NTUC --- GBD5668X
###
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) N
Total for Lumpsum repair cost after Less: 20% \$400.00
Final Lumpsum Repair cost

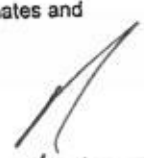
3. Estimated normal period for repairs: 2 working days

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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 2/5/19

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		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

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19007556/K1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 10-05-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBD 5668X	Veh. Inspected	SHD 6530G
Policy No.	5105579089	Coverage (\$)	0.00
Claim No.	MT/1042643-001	Excess (\$)	0.00
Assign From		Assign Date	29/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU059828	Colour	BLUE
Odometer	621220	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	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. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	27/04/2019	Inspection Date	29/04/2019
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 6530G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	LICENCE LAMP GARNISH	CRACKED	100.00	100.00
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-135.00	-20.00
			540.00	80.00
NETT ITEMS				
1	REAR NO PLATE (N)	CRACKED	25.00	25.00
	LESS 10% DISCOUNT		-	-2.50
			25.00	22.50
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			830.00	400.00
GRAND TOTAL			1,445.00	502.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				400.00

Report Ref No. NS/INC19007556/K1td3n2

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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