

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

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="26/04/2019 17:27"/>
Vehicle No.(For Motor)	<input type="text" value="SLS2664D"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095035078-01		JOSEPH NG KIAN KOK	S7312398D	GPC	drive CLASSIC	SLS2664D	SLS2664D	28/10/2018	27/10/2019

COMFORTDELGRO

Date/Time: 29.04.2019 18:14 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JIC NO: 305291546

TOMER
COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

REGN NO:	SHD3134L	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL	I-40	DATE/TIME IN
YR OF MANU	26.11.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMGU080602	COMPLETION DATE/TIME

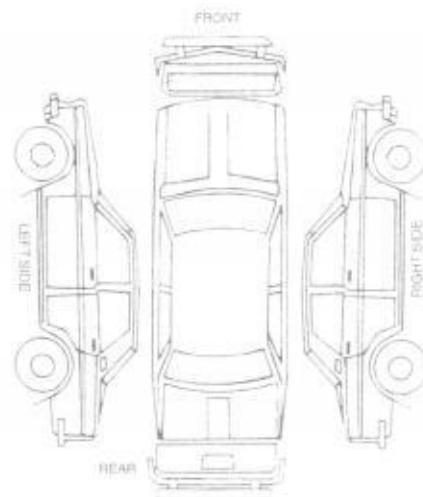
NTUC

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 26.04.2019
NATURE: 3P 26.04.2019

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No. SHD3134L LARRY

Vehicle No.: SHD3134L

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	27/04/2019 12:13
Date Of Accident	26/04/2019 15:10
Exact Location Of Accident	HAVELOCK RD TWDS PICKERING ST.NEAR MOM BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3134L
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	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	LEE KIM ENG
NRIC No	S7041371Z
Date Of Birth	14/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	12/04/1991
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97428155
Fax Number	
Contact Number	
Email Address	LEE_KIMENG@HOTMAIL.COM

Address

BLK 479 PASIR RIS DRIVE 4 #02-437

Postcode

510479

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

SIDE SWIPE

Weather Conditions

DRIZZLING

Road Surface

WET

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)

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

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

SLS2664D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

WHOLE LEFT SIDE

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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.

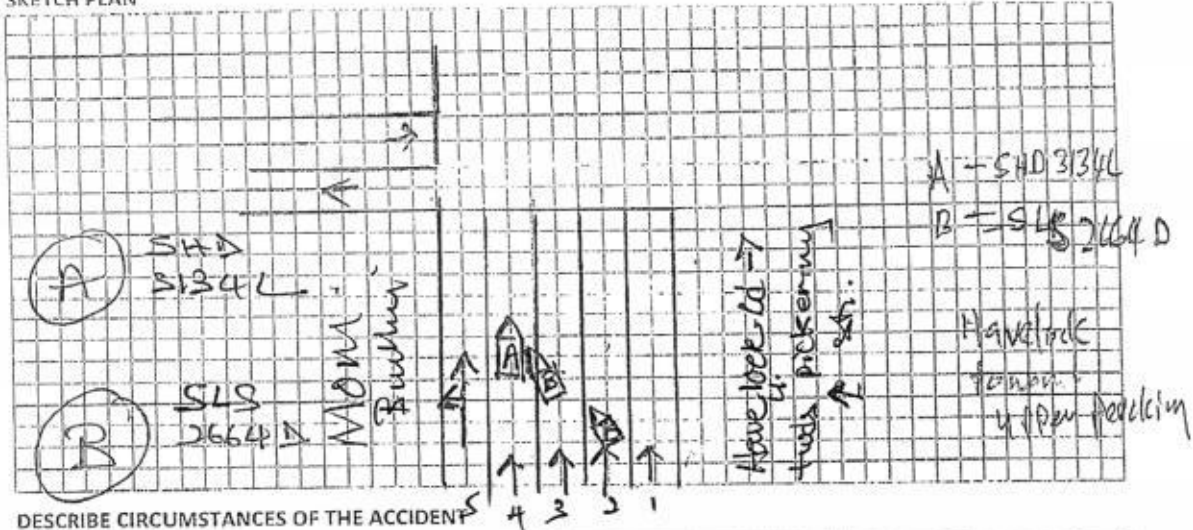
COMFORT TRANSPORTATION CENTRE
CO. REG. NO. 18640321R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 26/4/19 @ 1510h I vet H A

was on the same directly straight as

for above location: Velt R from lane 2

Cut across to 3 to 4 and lot vert A

Whole Egg ~~Re~~ Side. at the point of

account \rightarrow vert A no pak.

DECLARATION

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

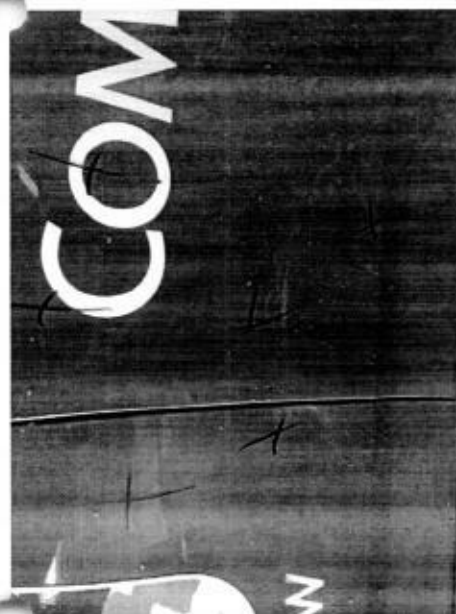
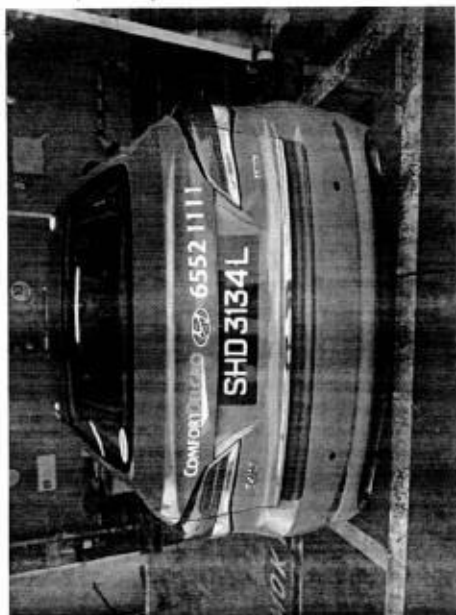
COMFORT TRANSPORTATION, INC.
22500 RD. 100003215

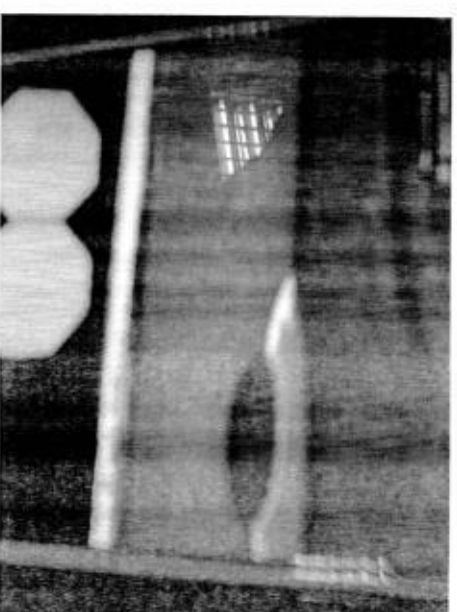
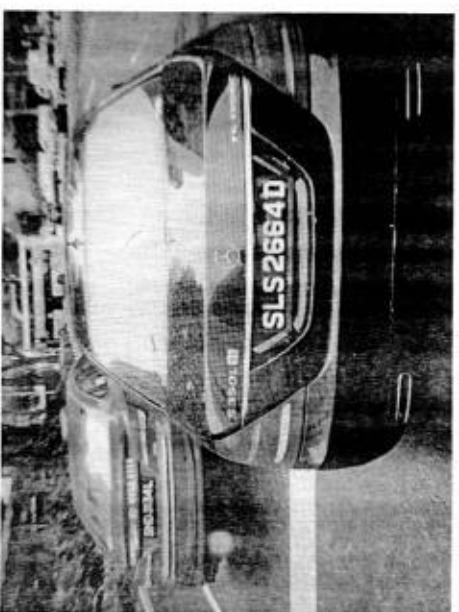
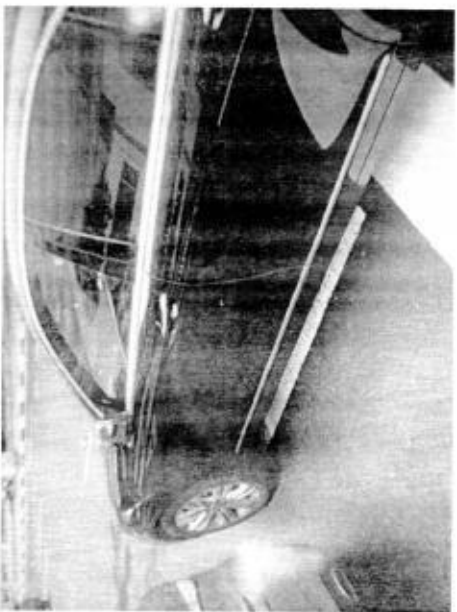
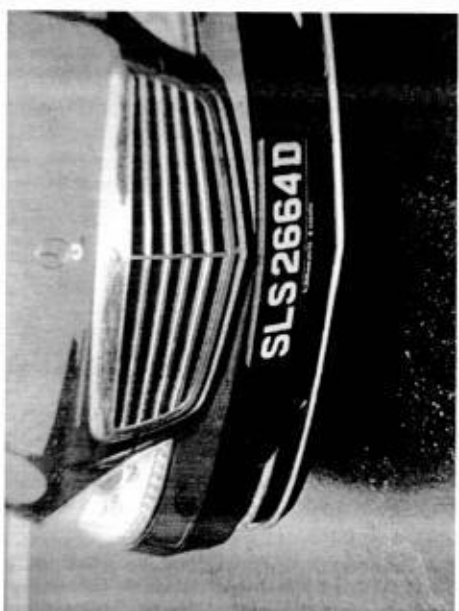
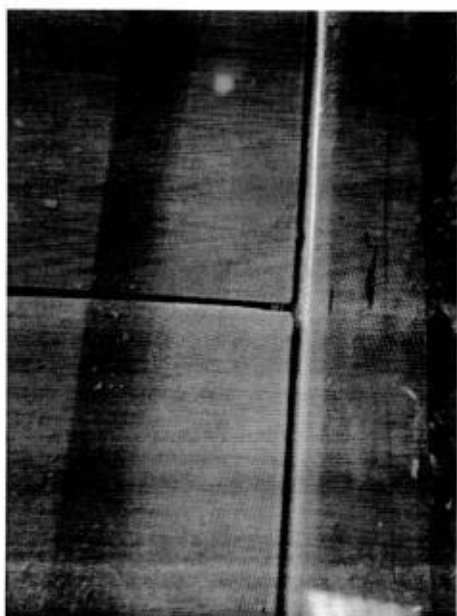
Policyholder's Signature
Date & Time:

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

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

W. Mang 26/4





COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHD 3134L

DATE 29/4/2019 11:21

MAKE :

MODEL : HYUNDAI SONATA

Kalvin L/Sun

Larry NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door Tel No. Sticker (RH) <i>me</i>		<i>102</i>	\$ 10.00	Nett
	Front Door Coloured Comfort Logo (RH) <i>me</i>		<i>102</i>	\$ 75.00	Nett
	<i>Front Door (RH) x repair</i>				
	<i>Rear Door (RH) x repair</i>			\$ 85.00	
	Labour Charge				
	Panel Beating			\$ 200.00 <i>200</i>	
	Spray Painting Charge			\$ 600.00 <i>600</i>	<i>800</i>
	Tuff Kote			\$ 50.00 <i>50</i>	<i>x 2</i>
	TOTAL LABOUR			\$ 850.00	
	ESTIMATE TOTAL			\$ 935.00	

Kalvin L/Sun
30/4/19 11:00
2 hrs
L/S
After Repair photo

LKK Auto Consultants advise 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 is subject to final approval from Insurance Company

Acknowledged by Repairer
 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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305291546

Date : 2. May. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3134L

Date of Accident: 26. Apr. 2019

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

1. The repair job shall bill to: NTUC SLS2664D

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:

Final Lumpsum Repair cost

\$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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kah

Name : Kah

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				
3. Survey Fees				
4. LTA Search Fee				
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/INC19007643/K1sd3s2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 07-05-2019	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLS 2664D	Veh. Inspected	SHD 3134L
Policy No.	5095035078-01	Coverage (\$)	0.00
Claim No.	MT/1042160-002	Excess (\$)	0.00
Assign From		Assign Date	30/04/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080602	Colour	BLUE
Odometer	524013	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60R16	DURATURN	7 mm
L/H Front Tyre	205/60R16	DURATURN	7 mm
R/H Rear Tyre	205/60R16	DURATURN	7 mm
L/H Rear Tyre	205/60R16	DURATURN	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	26/04/2019	Inspection Date	30/04/2019
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 3134L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR DOOR TEL NO. STICKER (RH) (N)	NECESSARY	10.00	10.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH) (N)	NECESSARY	75.00	75.00
1	FRONT DOOR (RH) (NPA) (N)	TO REPAIR SEE LABOUR	-	-
1	REAR DOOR (RH) (NPA) (N)	TO REPAIR SEE LABOUR	-	-
	LESS 10% DISCOUNT		-	-8.50
			85.00	76.50
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT DOOR (RH) AND REAR DOOR (RH).		200.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			850.00	600.00
	GRAND TOTAL		935.00	676.50
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			550.00

Report Ref No. NS/INC19007643/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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