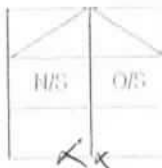


Tanglin

NS/INC 19009838/71rd302

ASSIGNMENT

Date:
 Estimated Cost:
 OD: TP/WS/TP/RS/OD/RS/ICVA/IRV/MV
 To inspect Vehicle No:
 at Workshop no:
 at:
 Insured:
 Policy No: 5084105925-02 01/218
 Claim No: MT/1048342-001
 Claim Insured:
 (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 Report: Consistent? Yes or No.
 GIA / PR: Same: Consistent? Yes or No.
 Est. Repairs: days: Res: Yes or No
 Lump Sum: %: 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SH41184X
 Type: M/Cat / M/Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Trailer or
 Make: Myundai T40
 Color: Blue
 Cap Reading: 468731
 Eng No: 1CMHLB414M64077364
 Gen Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or
 Brake: Order / Jammed / Leaked / Burnt or
 Mod: NH / SRM / STD A/Rim or
 Tyre Size: F: 205/60R16
 R: 205/60R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or CST
 Front: 6 mm
 Rear: 6 mm
 L/Ral: 6 mm
 D.O.A. 3/6/19 e 347pc
 Survey held at Comfort Lodge
 Des. of Damages: Fd / Rear / O/S / H/S / UIC / Roof or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SH41184X
5084105925-02

10/6/19 LS \$ 750 confirmed by email (Red 240, 249)

RECEIVED 11 JUN 2019

Date/Time, File Pass to? ☐ : Prel. Report

☐ : Final Report

Date/Time, File Return to?

1/6 - typist

Report Format:

Lump Sum / L.B.L. (\$) 750/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

☐ Site Insp

☐ Photos

☐ Others

TOTAL

160
160

TP Claims against NTUC Income: Follow-Through Survey

Date : 10/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
	MT/1044269-002	SMRT BUSES	SMB 1541J	GBH 7227B	12/5/2019	12:20	\$ 2,307.70
	MT/1036852-002	SMRT BUSES	SG 1043H	SLP 9066A	20/3/2019	15:50	\$ 6,210.88
	MT/1048342-001	comfort delgro	SHA 1184X	GBD 6706M	31/5/2019	15:20	\$ 990.00

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="31/05/2019 09:55"/>
Vehicle No.(For Motor)	<input type="text" value="GBD6706M"/>	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"/>	5084105925-02		SENTOSA DEVELOPMENT CORPORATION	T08GB0048K	GFT	Preferred Workshop Plan	GBD6706M	GBD6706M	01/12/2018	

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3821R
Vehicle Details	
Vehicle No.:	SHA1184X
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Jun 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	D4DFU540136
Chassis No.:	KMHLB41UMGU077364
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,480.00
Original Registration Date:	10 Sep 2015
First Registration Date:	10 Sep 2015
Transfer Count:	0
Actual ARF Paid:	\$20,672.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Sep 2023
PARF Rebate Amount:	\$15,504.00
Intended COE Rebate Details	
COE Expiry Date:	09 Sep 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$47,373.00
COE Rebate Amount:	\$25,216.00
Total Rebate Amount:	\$40,720.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 06 Jun 2019

OK

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	01/06/2019 10:24
Date Of Accident	31/05/2019 15:20
Exact Location Of Accident	LOWER DELTA RD TOWARDS TIONG BAHRU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1184X
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 YAT CHUEN
NRIC No	S1362456I
Date Of Birth	04/03/1959
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96192126
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	467 07-5053 NORTH BRIDGE ROAD
Postcode	390051
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

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	GBD6706M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ISMAIL BIN IDRIS
NRIC/Passport Number	S8927332C
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

SKETCH PLAN

TIONG BANRU

$$A = \text{SHN } 1184 \times$$
$$\bar{B} = GBD6706m$$

(70407A)

Lee Yee Chun

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LOWER DELTA PD

Statement as per attached

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

~~CO REG NO 199203621R~~

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Data & Time:

Olivia Wendy

Reporting Centre Personnel's Signature

Name:

01 JUN 2019

Declaration

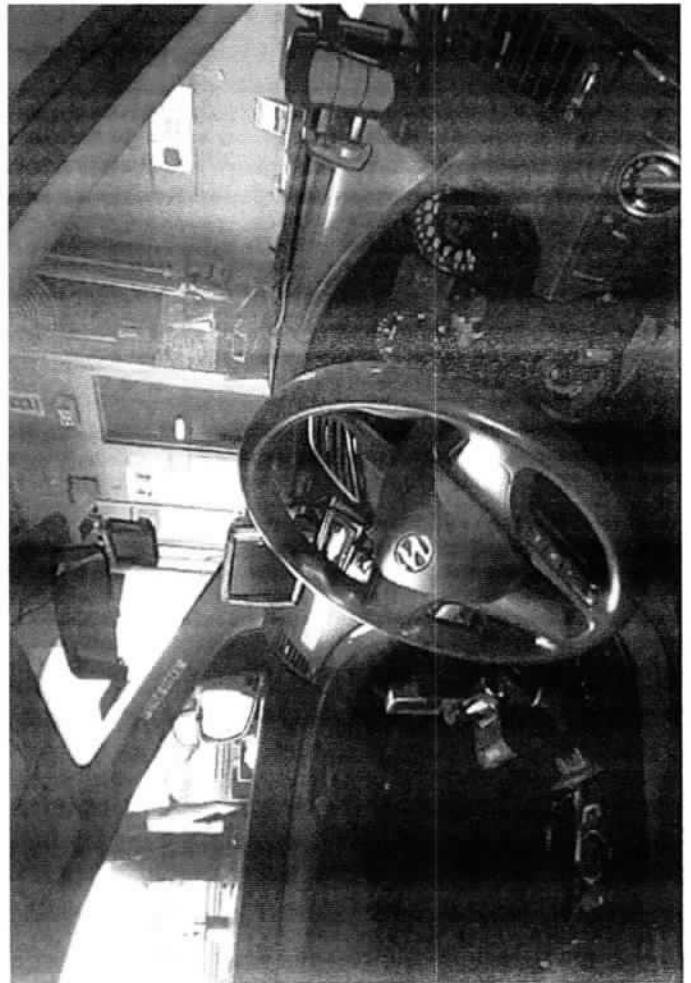
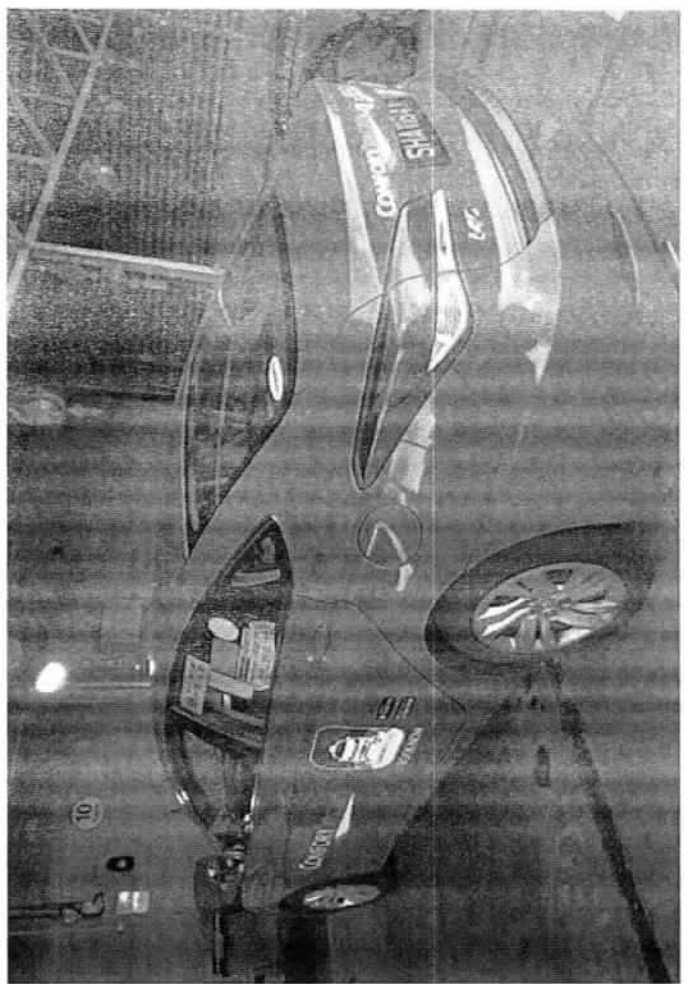
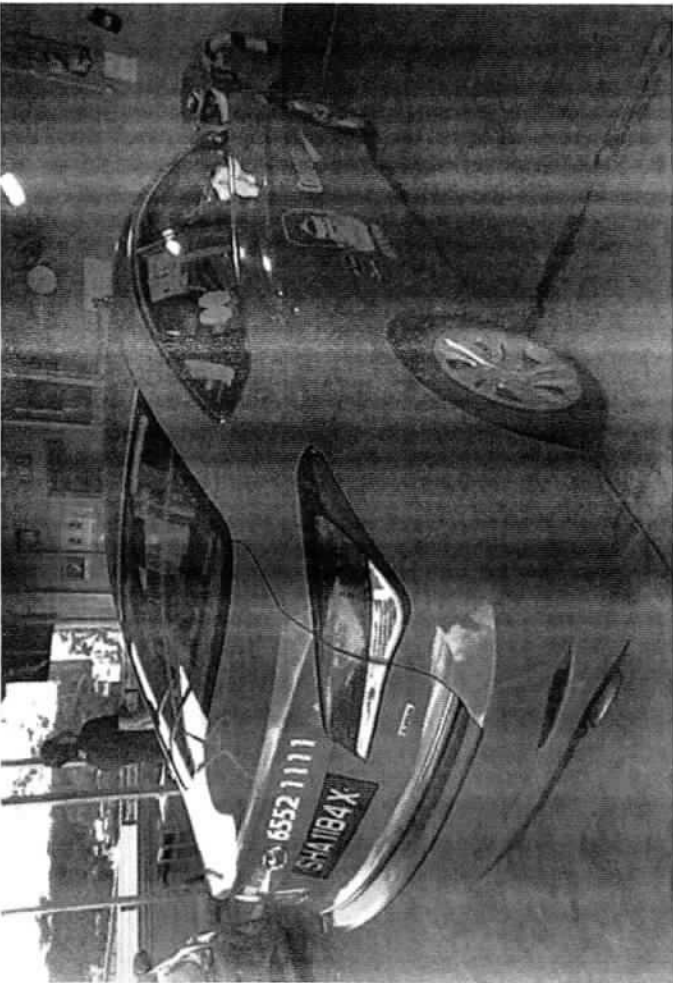
COMFORT TRANSPORTATION P
CO REG NO 10022221

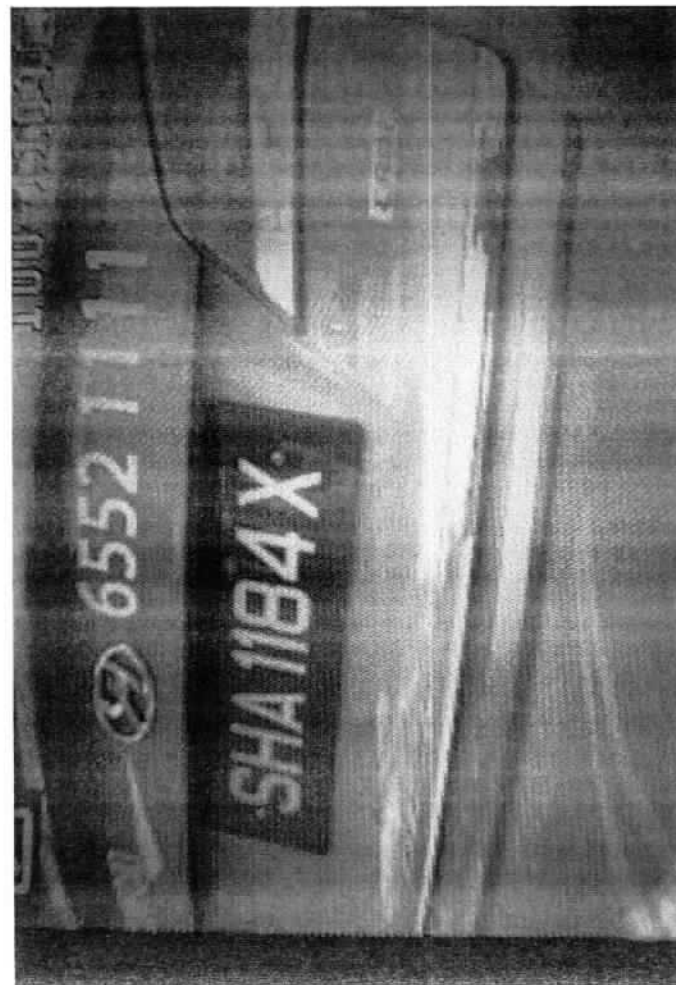
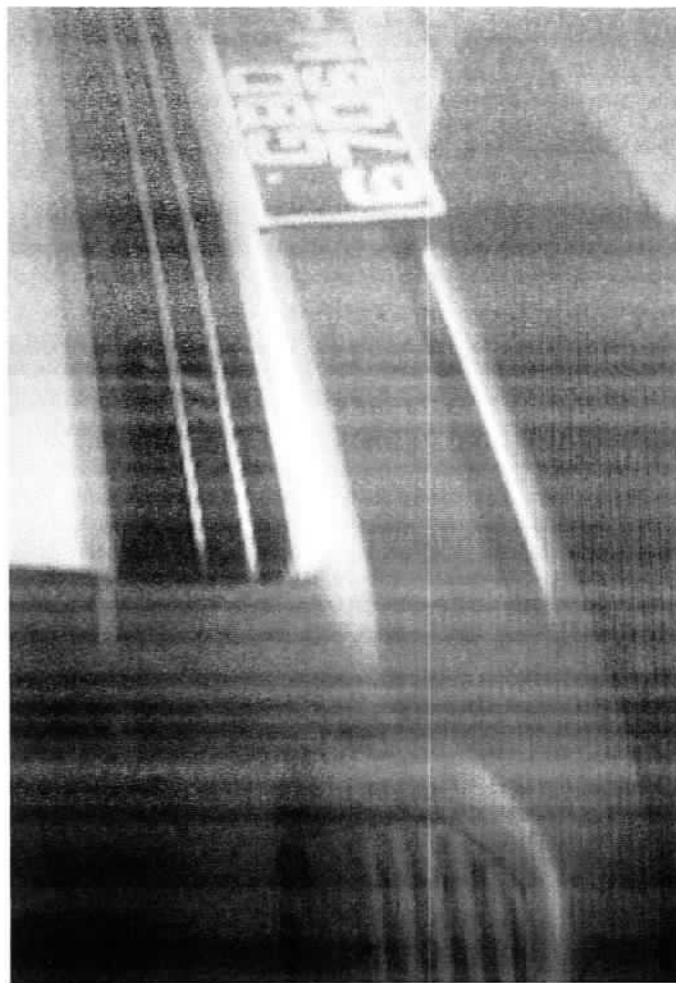
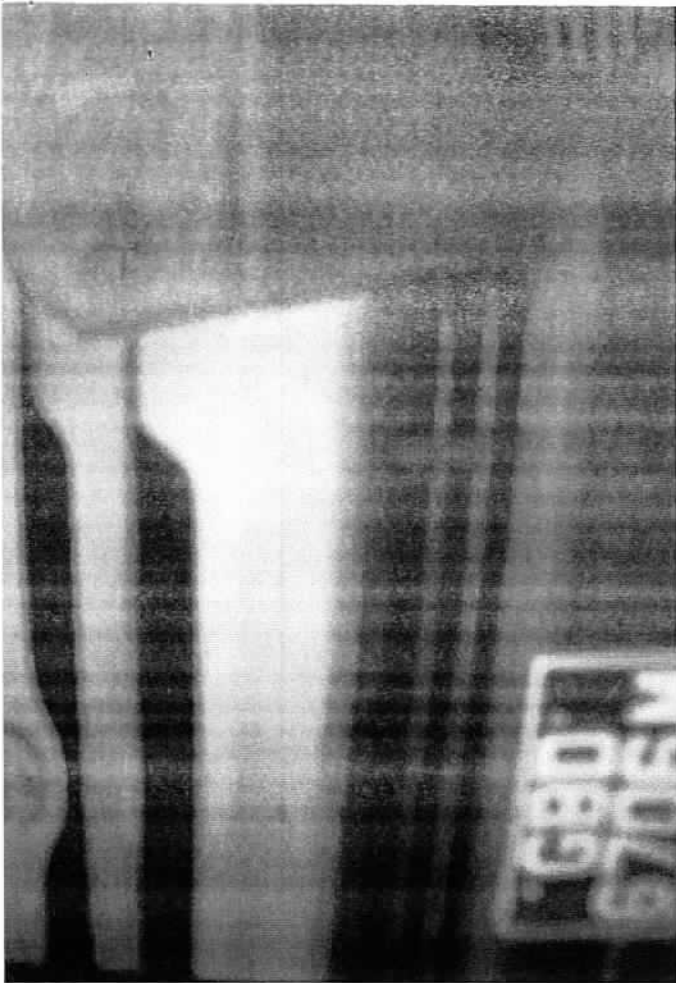
Driver's Signature (If driver is not the policyholder)/Date & Time

Olivia Wendy

Witnessed by Reporting
Centre Personnel

01 JUN 2019





Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305300067

STOMER

COMFORT TRANSPORTATION PTE LTD

VARs

MS 7010045

STOMER NO. 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

COUNT CARD NO.

REGN NO.: SHA1184X

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN: 01.06.2019 09:25

YR OF MANU 10.09.2015

TARGET DATE

CHASSIS CODE KMHLB41UMGU077364

COMPLETION DATE/TIME:

JOB DESCRIPTION

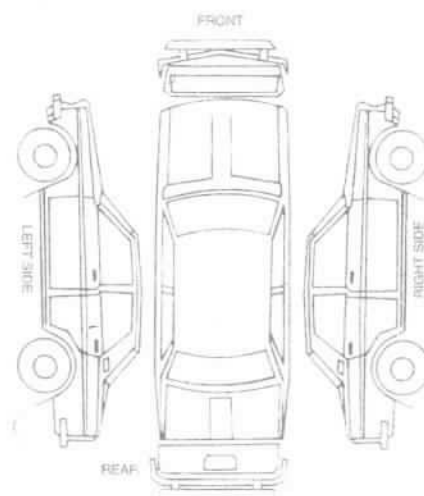
Accident Date: 31.05.2019

NATURE: 3P 31.05.2019

S/NO LABOR CODE

DESCRIPTION

NTUC - Rear Left
LICK/



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA1184X

LARRY

Vehicle No.: SHA1184X

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

NOTING

DATE 01.06.2019

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper		de✓ \$	553.00
	Rear Bumper Clip 10 pcs		net ✓ \$	22.00
	SUB TOTAL		\$	575.00
	LESS 20%		\$	115.00
	DISCOUNTED TOTAL		\$	460.00
	Rear Bumper Rubber Mat		\$ net ✓	50.00 Nett
			\$	50.00
	Labour Charge			
	Panel Beating		200 ✓ \$	350.00
	Spray Painting Charge		200 ✓ \$	20.00
	Wiring Charge		✓ \$	30.00
	Remove/Refix Reverse Sensor		30 ✓ \$	80.00
	Taufik 97495749 WP'			
	31/8/19C 345			
	• 2 days lumpsum			
	Resurvey after repair			
	surellkauto.com.			
	TOTAL LABOUR		\$	480.00
	ESTIMATE TOTAL		\$	990.00
				1170

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. : 305300067

Date : 10. Jun. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : TAUFIKH

Vehicle Reg No. : SHA1184X

Date of Accident: 31. May. 2019

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

1. The repair job shall bill to: NTUC GBD6706M

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 \$750.00

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 : Larry Ng

Name : _____

Tel : 6214 8316

Date : _____

Fax : 6546 8156

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:

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 10 June 2019 4:01 PM
To: Ng Nyuk Phin; SUR
Subject: RE: SHA1184X FINALISATION DOA: 31.05.2019

Dear Larry,

WITHOUT PREJUDICE

Confirmed Lump Sum \$750 @ 2 working days.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ng Nyuk Phin <ngnp@cdge.com.sg>
Sent: Monday, 10 June 2019 8:51 AM
To: SUR <sur@lkkauto.com>
Subject: SHA1184X FINALISATION DOA: 31.05.2019

Dear Taufikh,

Please see attached Finalisation Form and photos.

Regards,
Larry Ng
CDGE
Loyang Taxi Crash Repairs
6214 8316

From: ApeosPort-IV C5570 <sbs-singnalling@sbstransit.com.sg>
Sent: Monday, 10 June 2019 8:47 AM
To: Ng Nyuk Phin
Subject: Scan Data from CDG_LO_AW_A5570

Number of Images: 1
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570
Device Location:



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/INC19009838/T1vd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 12-06-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBD 6706M	Veh. Inspected	SHA 1184X
Policy No.	5084105925-02	Coverage (\$)	0.00
Claim No.	MT/1048342-001	Excess (\$)	0.00
Assign From		Assign Date	03/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU077364	Colour	BLUE
Odometer	468731	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	CST	6 mm
L/H Front Tyre	205/60 R16	CST	6 mm
R/H Rear Tyre	205/60 R16	CST	6 mm
L/H Rear Tyre	205/60 R16	CST	6 mm

4. Description of Damages

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

5. General Information

Accident Date	31/05/2019	Inspection Date	03/06/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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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. SHA 1184X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-115.00	-115.00
			460.00	460.00
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	<u>LABOUR</u>			
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		200.00	200.00
	WIRING CHARGE.		30.00	30.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			660.00	460.00
GRAND TOTAL			1,170.00	970.00

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			750.00
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Report Ref No. NS/INC19009838/T1vd3e2

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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