

TP Claims against NTUC Income: Follow-Through Survey

Date : 14/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1043566-004	SMRT TAXIS PTE LTD	SHB 306M	SMA 4201B	08/05/2019	10:40	\$ 8,260.30
2	MT/1049036-001	COMFORT TRANSPORTATION PTE LTD	SHD 3604Y	PC 3697P	30/05/2019	18:30	\$ 1,502.40
3	MT/1047126-002	COMFORT TRANSPORTATION PTE LTD	SHD 7286E	SLS 8336L	31/05/2019	14:45	\$ 1,896.12
4	MT/1048935-002	COMFORT TRANSPORTATION PTE LTD	SHA 2456E	PC 6649J	11/06/2019	16:05	\$ 2,316.65
5	MT/1047949-002	CITYCAB PTE LTD	SHC 7964L	SGM 2112X	02/06/2019	22:30	\$ 1,520.00
6	MT/1048179-002	COMFORT TRANSPORTATION PTE LTD	SHD 6523C	GT 5718S	07/06/2019	13:00	\$ 2,099.08

[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

31/05/2019 09:55

Vehicle No.(For Motor)

SLS8336L

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"/>	5094864477-01		LIM WEN SHIEN	S8735399J	GPC	drivo PREMIUM	SLS8336L	SLS8336L	06/10/2018	05/10/2019

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	31/05/2019 16:25
Date Of Accident	31/05/2019 14:45
Exact Location Of Accident	AYE(TUAS) BF NORMANTON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7286E
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	IONIQ HYBRID

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	BOEY LIM YIP
NRIC No	S1522394D
Date Of Birth	06/05/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/12/1986
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90086696
Fax Number	
Contact Number	
E Mail Address	TIGERBOEY.L.Y@GMAIL.COM

Address	BLK 343 YISHUN AVENUE 11 #07-141
Postcode	760343
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	CHAIN COLLISION
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	3
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: : 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

REFER 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	SLS8336L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM WEN SHIEN
NRIC/Passport Number	S8735399J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJQ1969R

Vehicle Make/Model/Colour

Details Of Properties

TAN HUNG WEE

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

S6978120I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

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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.

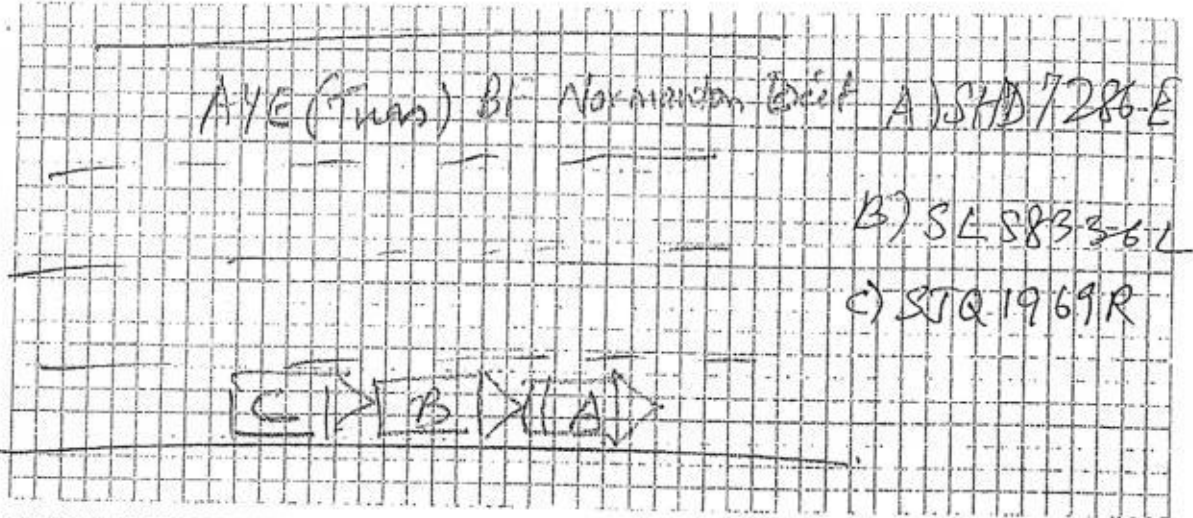
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/5/19 at about 1445 hrs when I Veh A slowed down because vehicles up front slowed down. Veh B collided onto the right rear portion of my vehicle - When I came out to check, it was realized that Veh C was also involved in the chain collision.

DECLARATION

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

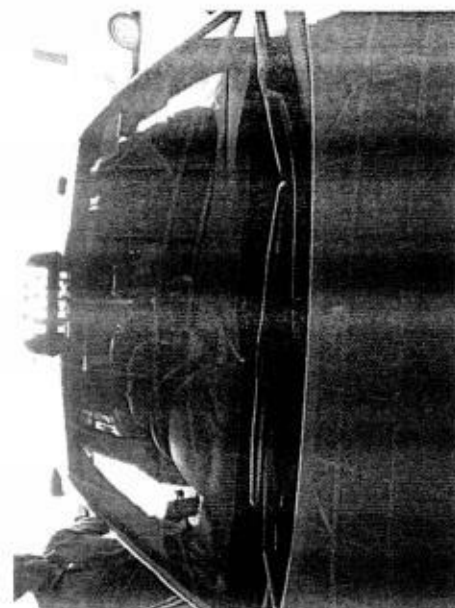
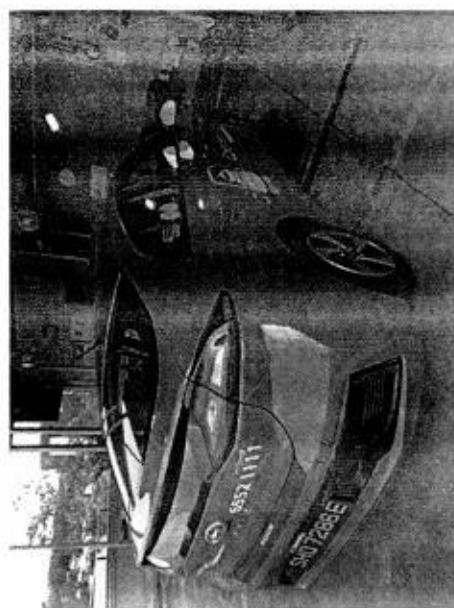
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

Signature of the Policyholder



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JO NO: 305300063

CUSTOMER
VMS
CUSTOMER NO.
ADDRESS
(R)
(P)

COMFORT TRANSPORTATION PTE LTD VARS
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO.: SHD7286E	MILEAGE
MAKE: HYUNDAI	FUEL
MODEL IONIQ(G2)	DATE/TIME IN 31.05.2019 15:45
YR OF MANU 04.12.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU121955	COMPLETION DATE/TIME

SCOUNT CARD NO.

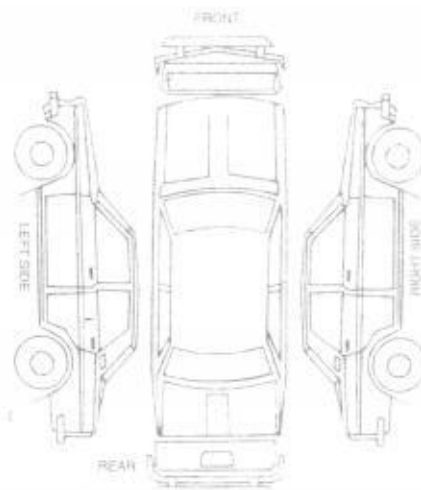
JOB DESCRIPTION

Accident Date: 31.05.2019
NATURE: 3P 31.05.2019

S/NO LABOR CODE

DESCRIPTION

NTUC - Rear
LKE/



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Ref:

Job:

File No.:

SHD7286E

LARRY

Vehicle No.:

SHD7286E

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305300063

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. : SHD7286E

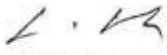
Date of Accident: 31. May. 2019

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

1. The repair job shall bill to: **NTUC** **SLS8336L**
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$1,022.51
(b) Labour Charges	\$560.00
Total for Part-By-Part Repair Cost	\$1,582.51
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
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 : **Larry Ng**
Tel : 6214 8316
Fax : 6546 8156

Signature : _____
Name : _____
Date : _____

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.06.2019

REPAIR ESTIMATE

Time: 08:24:31

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 : 305300063
 REGN NO : SHD7286E
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 04.12.2018
 DATE/TIME IN : 31.05.2019 15:45
 ACCIDENT DATE : 31.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52
0002 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	20.00	361.00
0003 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0004 04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1	50.00	10.00	45.00
0005 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	257.10	10.00	231.39

SUB-TOTAL : 1,022.51

JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	300.00
0002 17-01	WIRING CHARGE	30.00
0003 L	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 560.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.06.2019

Time: 08:24:31

REPAIR ESTIMATE

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305300063
REGN NO : SHD7286E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 04.12.2018
DATE/TIME IN : 31.05.2019 15:45
ACCIDENT DATE : 31.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,582.51

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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/INC19009840/T1qd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 08-07-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLS 8336L	Veh. Inspected	SHD 7286E
Policy No.	5094864477-01	Coverage (\$)	0.00
Claim No.	MT/1047126-002	Excess (\$)	0.00
Assign From		Assign Date	03/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU121955	Colour	BLUE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	MICHELIN	6 mm
L/H Front Tyre	195/65R15	MICHELIN	6 mm
R/H Rear Tyre	195/65R15	MICHELIN	6 mm
L/H Rear Tyre	195/65R15	MICHELIN	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.

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. SHD 7286E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	459.40	459.40
1	REAR BUMPER CENTRE MOULDING ASSY	CUT	451.25	451.25
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-186.53	-186.53
			746.12	746.12
<u>NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (N)	NECESSARY	50.00	50.00
1	REAR BUMPER REVERSE SENSOR (N)	NOT WORKING	257.10	257.10
	LESS 10% DISCOUNT		-	-30.71
			307.10	276.39
<u>LABOUR</u>				
	LABOUR.		400.00	200.00
	SPRAY PAINTING CHARGE.		350.00	300.00
	WIRING CHARGE.		250.00	30.00
	TUFF KOTE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
			1,150.00	560.00
GRAND TOTAL			2,203.22	1,582.51
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,582.51

Report Ref No. NS/INC19009840/T1qd3s2

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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