

08/11/13

REF:

NS/INC19009960/1C19d352

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLH 1089DPolicy No. 5084614358-02 (1/1/18-30/9/19)Claims No. MT/1047407-002

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 Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 1312 T Yr Regn: 15 Sep 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Hyundai ZK c.c. 1685Colour: Blk A/C: Insured / Std / NI / NASp. Reading: 421324 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB414964093519Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or HaruhFront 7 mm Rear 7 mmR/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 2/6/19 D.O.I. 4/6/19Survey held at CPHE (Loyang)

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

c/s Run

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

Date / Time	Action / Instruction
	<u>SHA 1312 T - c/s fee 18005832 / R/q b2</u> <u>DDA: 23/3/18 Inc</u>
	<u>SLH 1089D - X</u> <u>41</u>
<u>10/6/19</u>	<u>thms c/s \$1200 / 3 hrs. (Ref to 3920.88, 75%)</u>

RECEIVED 13 JUN 2019

Date/Time, File Pass to?

1) 13/6 thms

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

S + RS: _____ \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: 7PLum Sum / I.B.I. (\$) 1700

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.
1	MT/1045235-002	SMRT TAXIS PTE LTD	SHB 322R	SGE 754Z
2	MT/1047307-002	COMFORT TRANSPORTATION PTE LTD	SHD 3346S	SGJ 6827G
3	MT/1047279-002	COMFORT TRANSPORTATION PTE LTD	SH 7536H	SJN 663U
4	MT/1047862-002	COMFORT TRANSPORTATION PTE LTD	SH 6102H	SKA 8635E
5	MT/1047837-002	CITYCAB PTE LTD	SHC 622U	GX 1308Y
6	MT/1047407-002	COMFORT TRANSPORTATION PTE LTD	SHA 1312T	SLH 1089D

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

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"/>	5084614358-02		DENNIS CHUA SOON CHAI	S0002312D	GPC	drive PREMIUM	SLH1089D	SLH1089D	01/10/2018	30/09/2019

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	03/06/2019 14:29
Date Of Accident	02/06/2019 22:20
Exact Location Of Accident	ORCHARD RD TURNING LEFT TO BUYONG RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1312T
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	LIM SIONG GHEE
NRIC No	S7433509H
Date Of Birth	22/10/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97201884
Fax Number	
Contact Number	
EEmail Address	EVANLIM5361@GMAIL.COM

Address 11 11-19 CHAI CHEE ROAD
 Postcode 460011
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 Weather Conditions RAINING
 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) 3
 Passenger 1

NAME: : -
 GENDER: : MALE

Passenger 2

NAME: : -
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] PASIR RIS NPC
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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 SLH1089D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number

Address

Postcode

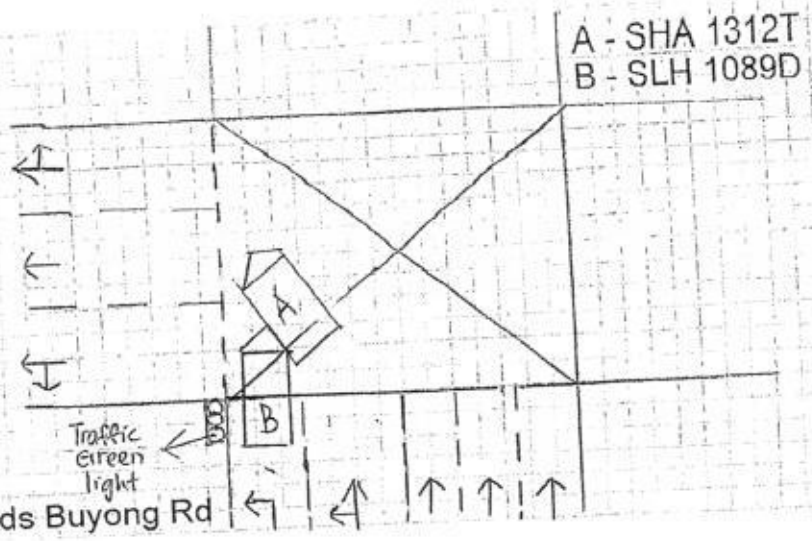
Insurance Company Name

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Polis Report attachement: T/20190603/2032

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO-REG-NO: 199303821R
Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

N. N. N. 3/6/19



**SINGAPORE
POLICE FORCE**



T/20190603/2032

1 of 3

Report No. T/20190603/2032

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
03/06/2019 10:33

Vide Report No.:

Station Diary No.:
35

Informant's Particulars

Name of Informant:
LIM SIONG GHEE

Address:
APT BLK 11 CHAI CHEE ROAD #11-19 SINGAPORE 460011

ID Type / ID No.:
NRIC NO / S7433509H

Contact No.:
Home/Office: Mobile: 97201884

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 44 22/10/1974

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
TAXI DRIVER

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury
Hit and Run

Drink
Drive:
No

Date/Time of
Accident:
02/06/2019 22:20

Type of Location:
X-Junction

Location:
Along Road 1
ORCHARD ROAD

ALONG ORCHARD ROAD AT THE JUNCTION TO LEFT ONTO BUYONG ROAD

Weather:
Raining

Road Surface:
Wet

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.:
SHA1312T

Type:
Car

Make:
HYUNDAI

Model:
I40

Color:
Blue

Condition:
Slightly
Damaged

No of Passenger:
2

SLA 108910

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190603/2032

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190603/2032

CONTINUATION OF REPORT

Driver Name	LIM SIONG GHEE	ID No.	S7433509H
Related Vehicle	SHA1312T (Car)	Contact No.	97201884
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/06/2019 at about 10:20pm, I was driving in my vehicle bearing the registration number, SHA1312T with 2 other passengers. I was traveling along Orchard Road turning left onto Buyong Road. I was on the second lane from the left. The left most lane is a turning left only and my lane was a going straight and turning left lane. I had stopped at the said junction as the traffic lights were Red.

Subsequently, when the traffic lights turned Green, I then proceeded to move off to make the said left turn. However, there was a car, Blue in colour, on the left most lane, proceeded to go straight. The vehicle then collided with my vehicle.

The said vehicle did not stop. I then continued with the turn and made a U-turn shortly however I could not locate the said vehicle.

Myself and my passengers were not injured. I then made a check there was a dent on the left side of my vehicle. I have an in-vehicle camera installed however I am not sure if it captured the said vehicle registration number.



**SINGAPORE
POLICE FORCE**



T/20190603/2032

3 of 3

Report No. T/20190603/2032

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /
Sgt 3 MUHAMMAD ALIF BIN AZALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/06/2019 10:33

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

Authentication Stamp
NP168



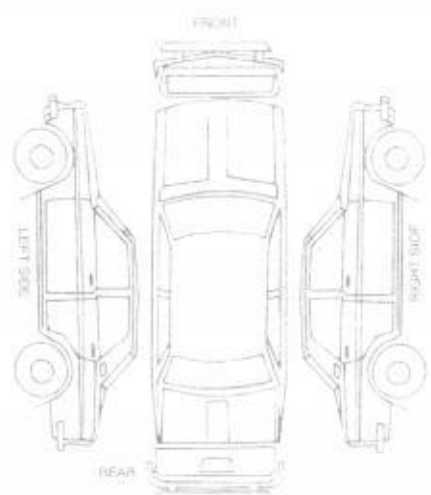
**SINGAPORE
POLICE FORCE**

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305300700

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO: SHA1312T MAKE: HYUNDAI MODEL: I-40 YR OF MANU: 15.09.2016 CHASSIS CODE: KMHLB41UMGU093519	MILEAGE FUEL DATE/TIME IN: 03.06.2019 10:55 TARGET DATE COMPLETION DATE/TIME:
--	--	---

Accident Date: 02.06.2019
NATURE: 3P 02.06.19

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Identification Slip	Exit Pass
Vehicle No.: SHA1312T	Vehicle No.: SHA1312T
Signature/Date	Signature/Date
Name of Service Advisor	Name of Service Advisor
Date	Date
To be kept by Security Guard	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

NTUC - 45

TS

VEHICLE NO : SHA 1312T

DATE 3/6/2019

MAKE :

LKK -

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Fender (LH) <i>X 2</i>			\$ 2,171.40
	Rear Fender Inner Lining (LH) <i>X 1</i>			\$ 169.30
	Rear Windscreen Moulding <i>X 1</i>			\$ 28.30
	Rear Wheel Hub Cap, LH <i>horizontal</i>			\$ 107.10
	SUB TOTAL			\$ 3,051.10
	LESS 20%			\$ 610.22
	DISCOUNTED TOTAL			\$ 2,440.88
	Rear Bumper Rubber Mat <i>all</i>			\$ 50.00
				\$ 50.00
	Labour Charge			<i>400</i>
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 900.00 <i>400</i>
	Wiring Charge			\$ 50.00 <i>X 1</i>
	Tuff Kote			\$ 50.00 <i>X 1</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>50</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>X 1</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>30</i>
	Rear Wheel Alignment			\$ 80.00 <i>X 1</i>
	TOTAL LABOUR			\$ 2,230.00
	ESTIMATE TOTAL			\$ 4,720.88
<p><i>Kahr. 11/11/19</i> <i>4/6/19 11005</i> <i>3 B.</i> <i>4,</i> <i>After Repair & LK</i></p>				
<p>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.</p>				

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305300700
Date : 07/06/19

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

FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SHA1312T Date of Accident : 02-Jun-19


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

1. The repair job shall bill to: NTUC --- SLH1089D
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: 20% \$1,200.00
Final Lumpsum Repair cost \$1,200.00

3. Estimated normal period for repairs: 3 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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 10/6/19

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		NO		
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/INC19009960/K1qd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 19-06-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLH 1089D	Veh. Inspected	SHA 1312T
Policy No.	5084614358-02	Coverage (\$)	0.00
Claim No.	MT/1047407-002	Excess (\$)	0.00
Assign From		Assign Date	04/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093519	Colour	BLUE
Odometer	421324	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	02/06/2019	Inspection Date	04/06/2019
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:	3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1312T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	CUT	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR FENDER (LH)	TO REPAIR SEE LABOUR	2,171.40	-
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	169.30	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.30	-
1	REAR WHEEL HUB CAP, LH	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-610.22	-136.42
			2,440.88	545.68
	<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. INCLUSIVE OF THE REPAIR OF REAR FENDER (LH).		800.00	400.00
	SPRAY PAINTING CHARGE.		900.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
1	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			-	-
			-	-
			-	-
			2,230.00	880.00
	GRAND TOTAL		4,720.88	1,475.68
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,200.00

Report Ref No. NS/INC19009960/K1qd3s2

Report Ref No. NS/INC19009960/K1qd3s2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be 'K.K. LAU'.

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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