

NC/INC19010080/K1qd3 12

SH 7536H

29 Jun 2015

Estimated Cost:

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

To Inspect Vehicle No:

at Work Stop m/s

of

Insured: STN663U

Policy No. 5106526537

Claims No. MT/1047279-02

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: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 930962 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KM HLB414AF4065372

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 Wella

Front

Rear

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

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

D.O.A. 1/6/19 D.O.I. 6/6/19

Survey held at LDHE (Logan)

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

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

Date / Time	Action / Instruction
	SH7536H-X
	STN663U-X
10/6/19	Checked 4/5 \$700 / 2 hrs. (Net \$530.32, 43%)

RECEIVED 13 JUN 2019

Date/Time, File Pass to?

☐ : Preli. Report

1) 13/6 2019

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. 160

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format: 7P

Lump Sum / I.B.I. (\$) 700

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.	<input type="text"/>	Date of Accident	<input type="text" value="01/06/2019 15:54"/>							
Vehicle No.(For Motor)	<input type="text" value="SJN663U"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5106526537		MOHAMED ANWAR BIN MOHD N	S8331339J	GPC	drivo CLASSIC	SJN663U	SJN663U	26/12/2018	25/12/2019
<input type="button" value="Continue"/>										

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 16:03
Date Of Accident	01/06/2019 18:30
Exact Location Of Accident	WOODLANDS AVE 3 TURNING > WOODLANDS CENTRAL RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7536H
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	TANG HONG KUAN
NRIC No	S0672242C
Date Of Birth	19/08/1947
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1975
Driving Experience	43 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93680555
Fax Number	
Contact Number	
Email Address	VINCENT-TANG47@YAHOO.COM

Address	BLK 404 ANG MO KIO AVENUE 10 #07-655
Postcode	560404
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)	5

Passenger 1	NAME: : -
	GENDER: : FEMALE
Passenger 2	NAME: : -
	GENDER: : FEMALE
Passenger 3	NAME: : -
	GENDER: : FEMALE
Passenger 4	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	SJN663U
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMED ANWAR BIN MOHD NOR

NRIC/Passport Number

S8331339J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

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. 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.

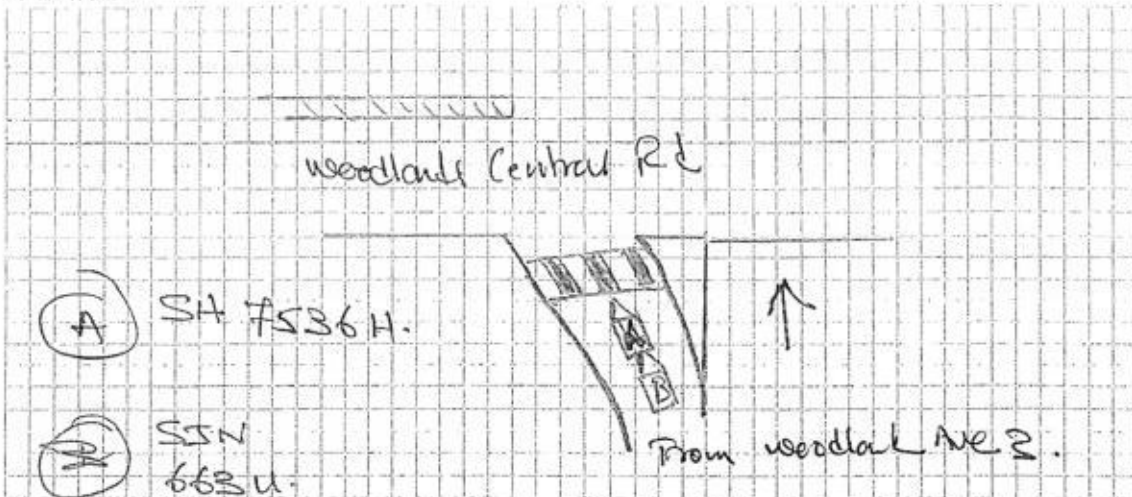
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303021R

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. 1 June 2019 @ 1830 hrs I, Vett A

Slow down and stop near slip rd. Suddenly,

Vett B from the rear hit Vett A rear.

at the point of accident Vett A ferry.

3 pax not injured.

DECLARATION

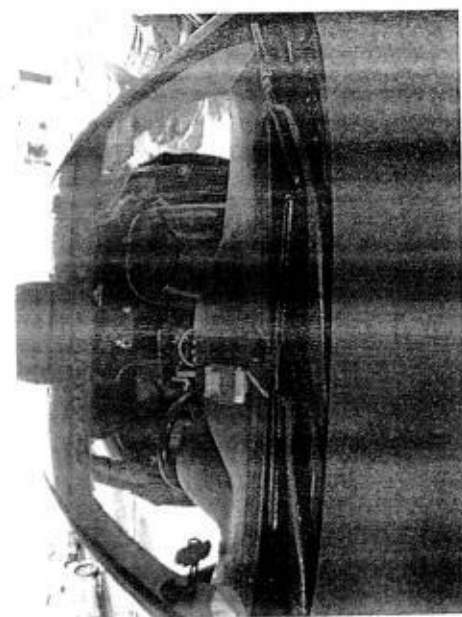
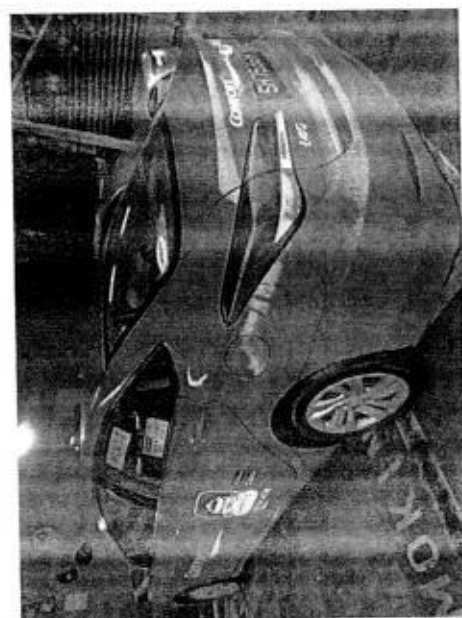
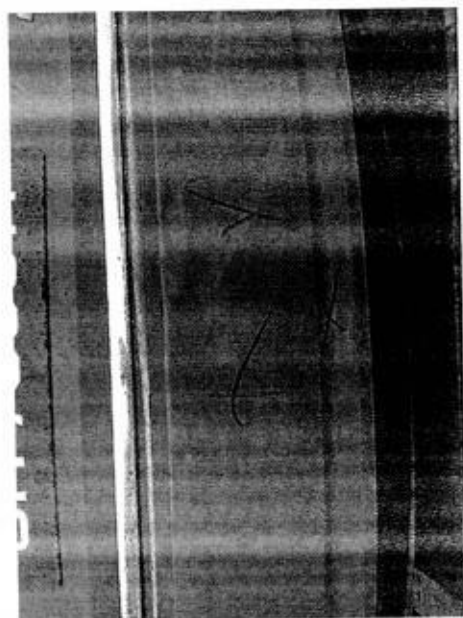
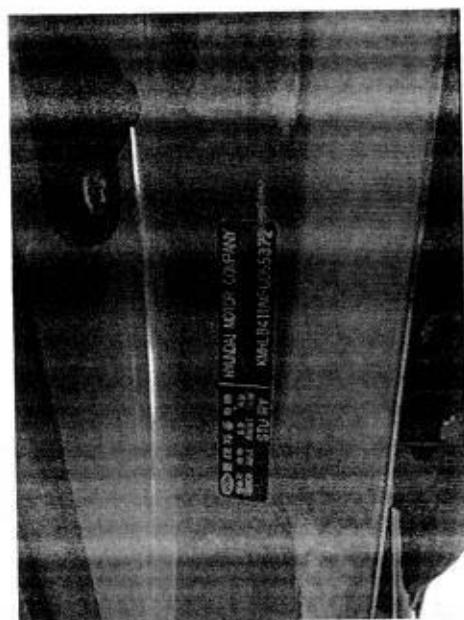
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 190302921R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:



REPAIR ESTIMATE*

DATE 6/6/2019 10:04

MAKE :

MODEL : HYUNDAI SONATA — 180

Page 1 of 1

COMFORT

Date: 06.06.2019 09:22 PAGE

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JG NO: 305300975

CUSTOMER
VMS
CUSTOMER NO.
ADDRESS
65508755
(P)
(P)

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
(O)

Handwritten signature

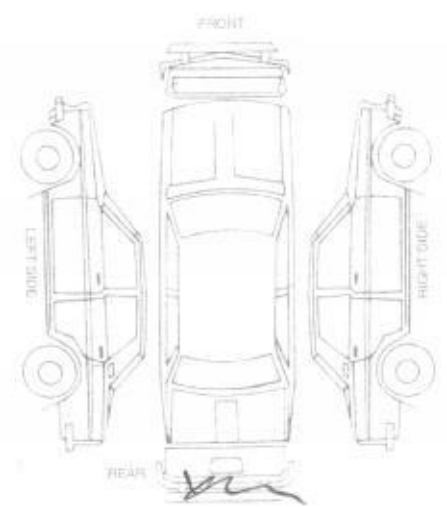
REGN NO:	SH 7536H	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 06.06.2019 09:00
YR OF MANU.	29.01.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMFU065372	COMPLETION DATE/TIME:

3COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.06.2019
NATURE: 3P 01.06.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

#:
Loc:
Plate No.: SH 7536H CHIANG

Vehicle No.: SH 7536H

Name of Service Advisor Signature/Date

Name of Service Advisor Date

to be returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305300975
Date : 06/07/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SH7536H

Fax :

01/06/19

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

Z The repair job shall bill to: NTUC SJN663U

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

\$700.00

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 :
Name : CHIANG
Tel : 62148314
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		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/INC19010080/K1qd3n2

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.	SJN 663U	Veh. Inspected	SH 7536H
Policy No.	5106526537	Coverage (\$)	0.00
Claim No.	MT/1047279-002	Excess (\$)	0.00
Assign From		Assign Date	06/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU065372	Colour	BLUE
Odometer	930962	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	01/06/2019	Inspection Date	06/06/2019
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
-------------------------------------	----------------



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. SH 7536H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	578.40	578.40
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-120.08	-120.08
			480.32	480.32
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
			750.00	400.00
GRAND TOTAL			1,230.32	880.32
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				700.00

Report Ref No. NS/INC19010080/K1qd3n2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.