

108/1113

REF NS/INC19010274/ KIScl3n2

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: GT57185

Policy No: 5073435701-03 (01/04/2019-31/03/2020)

Claims No: MT/1048179-002

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: _____ 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: SHD 6523C Yr Regn: 904 214

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

Truck / Trailer or

Make: Hyundai 240 C.C. 168

Colour: Blue A/C: Ins~~ured~~ / Std / NI / NASp. Reading: 745113 T/Radio: Ins~~ured~~ / Std / NI / NA

Eng/No: _____

C/No: KMHLB414AEN 059 802

Gen. Cond: Good / ~~Bad~~ / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Han Kook

Front Rear

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

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

D.O.A. 7/6/19 D.O.I. 10/6/19

Survey held at CPE (Loyang)

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

Front

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

Date / Time	Action / Instruction
	SHD 6523C - CC4/ 1120 19234/ R12 h3 DOA - 19/10/2018 JWC
	GT 57185 - CC3/ AXA 13004/60 / Krb2 C3 DOA - 23/01/2019
13/6/19	Colours 45\$900 / 2 bgs
	(\$ 1,199.08 Red - 57%)
RECEIVED 17 JUN 2019	

Date/Time, File Pass to?

17/06/19

1) Type

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS \$1

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I: (\$ 900/- L/S)

160

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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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"/>	5073435707-03		FIRE ARMOUR PTE LTD	198203978C	GCV	Third Party	GT57185	GT57185	01/04/2019	31/03/2020

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

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	07/06/2019 14:54
Date Of Accident	07/06/2019 13:00
Exact Location Of Accident	ORCHARD ROAD ION BLDG DRIVE WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6523C
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	YEO SHAN KEONG
NRIC No	S1286868E
Date Of Birth	11/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98303356
Fax Number	
Contact Number	
EMail Address	DAVIDYEO42@GMAIL.COM

Address	367 06-71 TAMPINES STREET 34
Postcode	520367
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 (TIP 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)	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

SEE ATTACH.

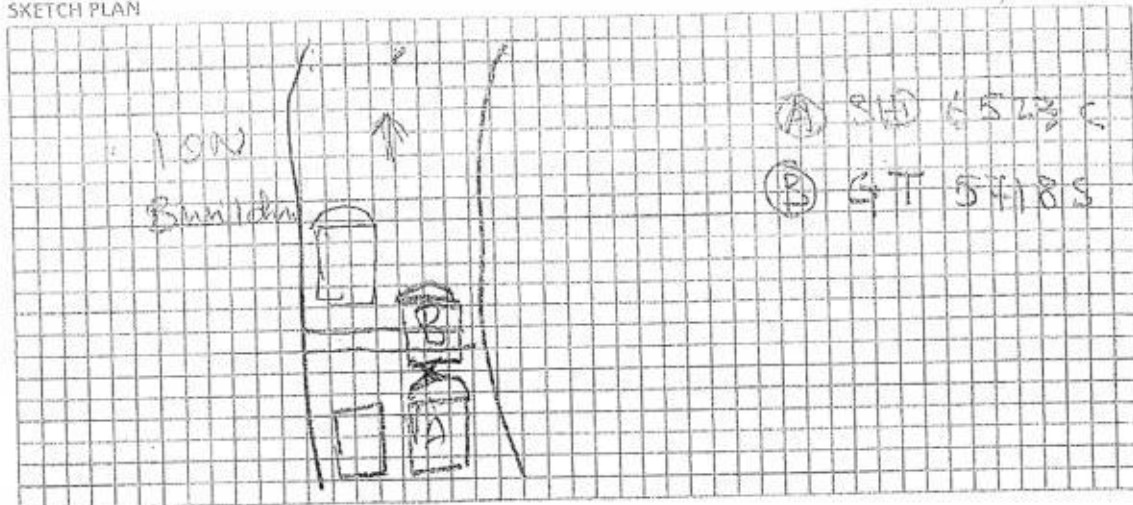
Attachment(s)

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	GT5718S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/6/2019 at about 1300hrs, I vehicle A was following a lorry into ION Building drive way. vehicle B rear tyres was on the top of the hump. Suddenly vehicle B roll backward and collided onto vehicle A front portion. Causing the damages as

[Signature]

DECLARATION

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

COMFORT TRANSPORTATION Pte. Ltd.
CO. REG. NO. 199303321R

7/6/19 *[Signature]*
Jackson Heng
CSO

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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.

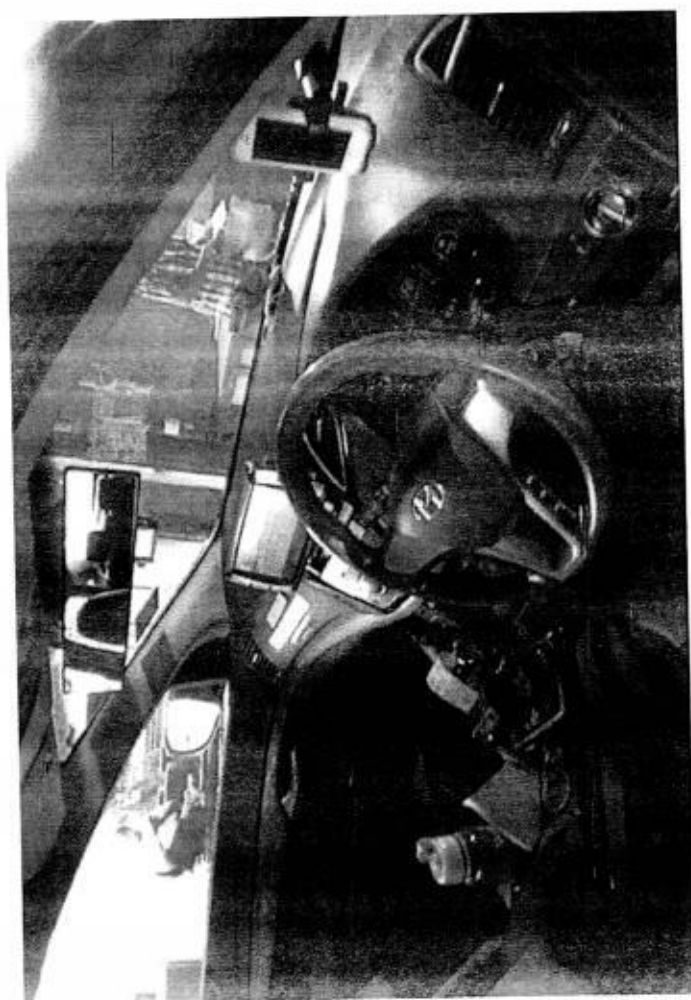
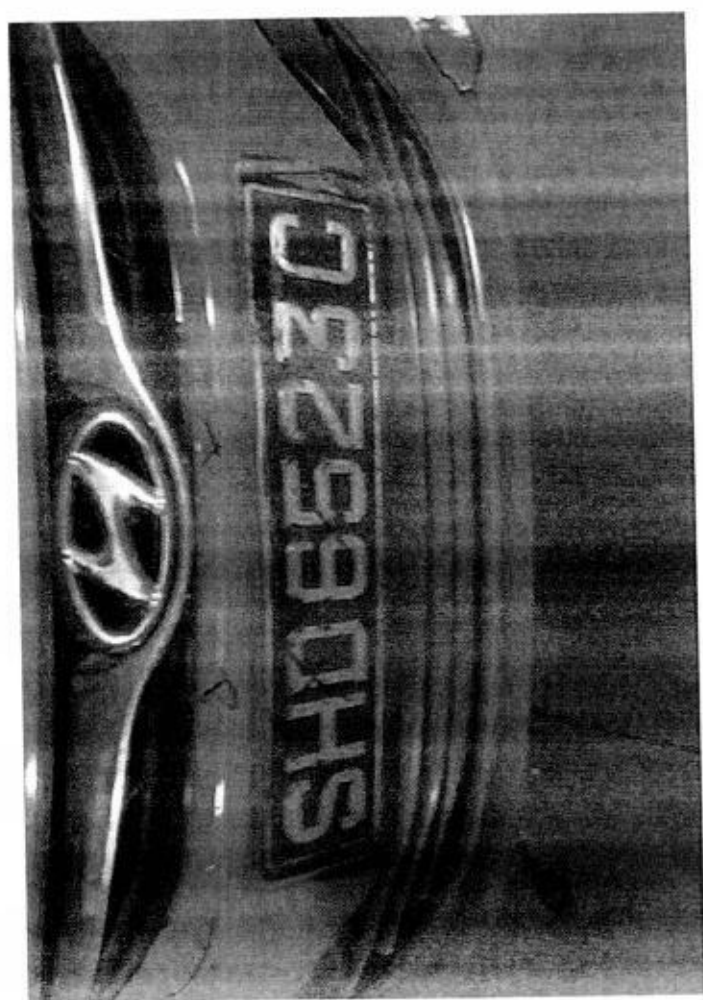
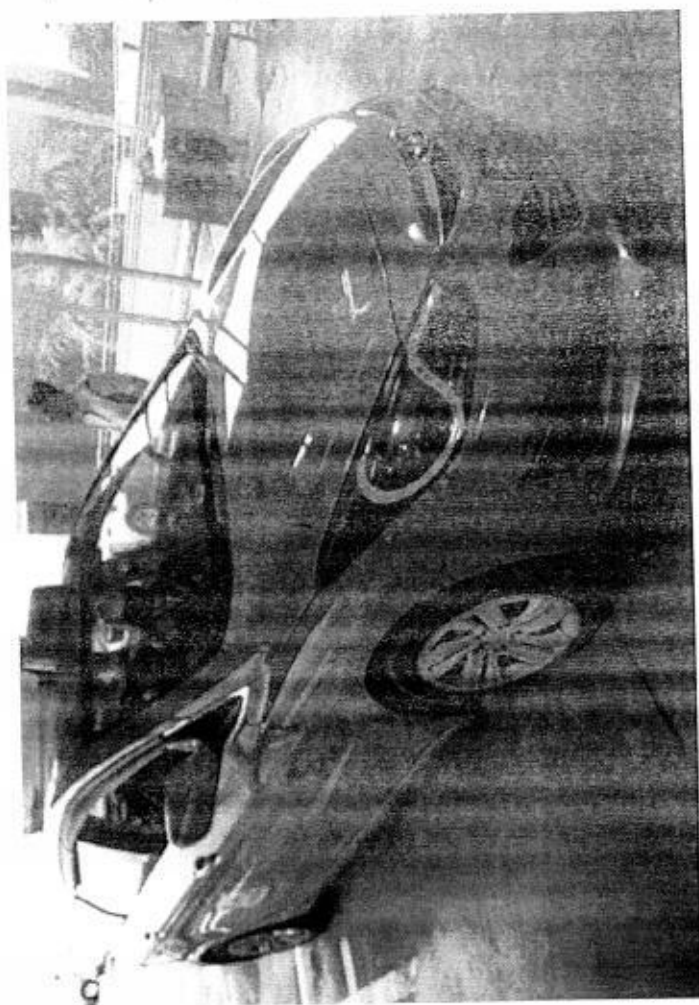
UMWELT TRANSPORTATION PTE. LTD.

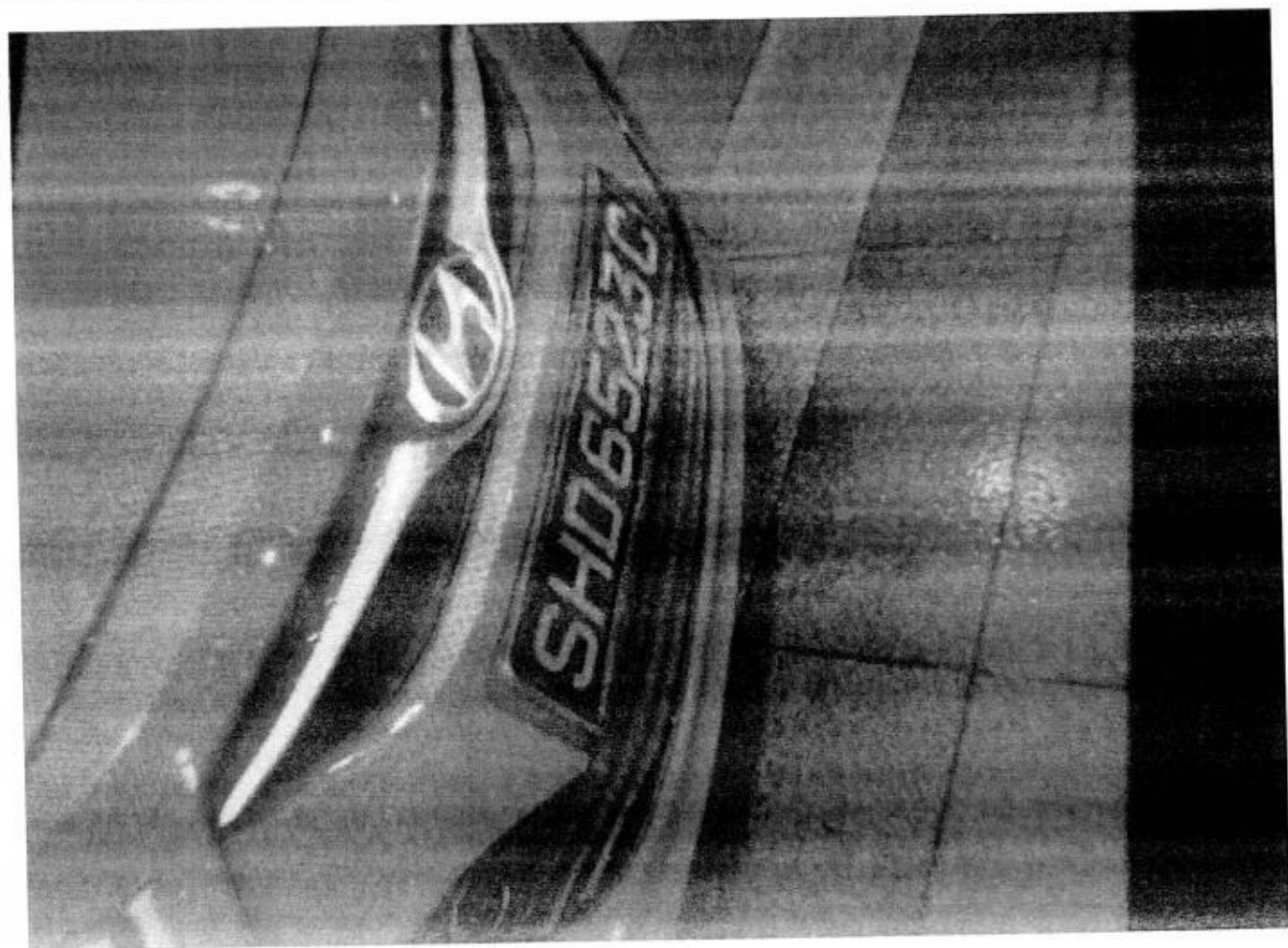
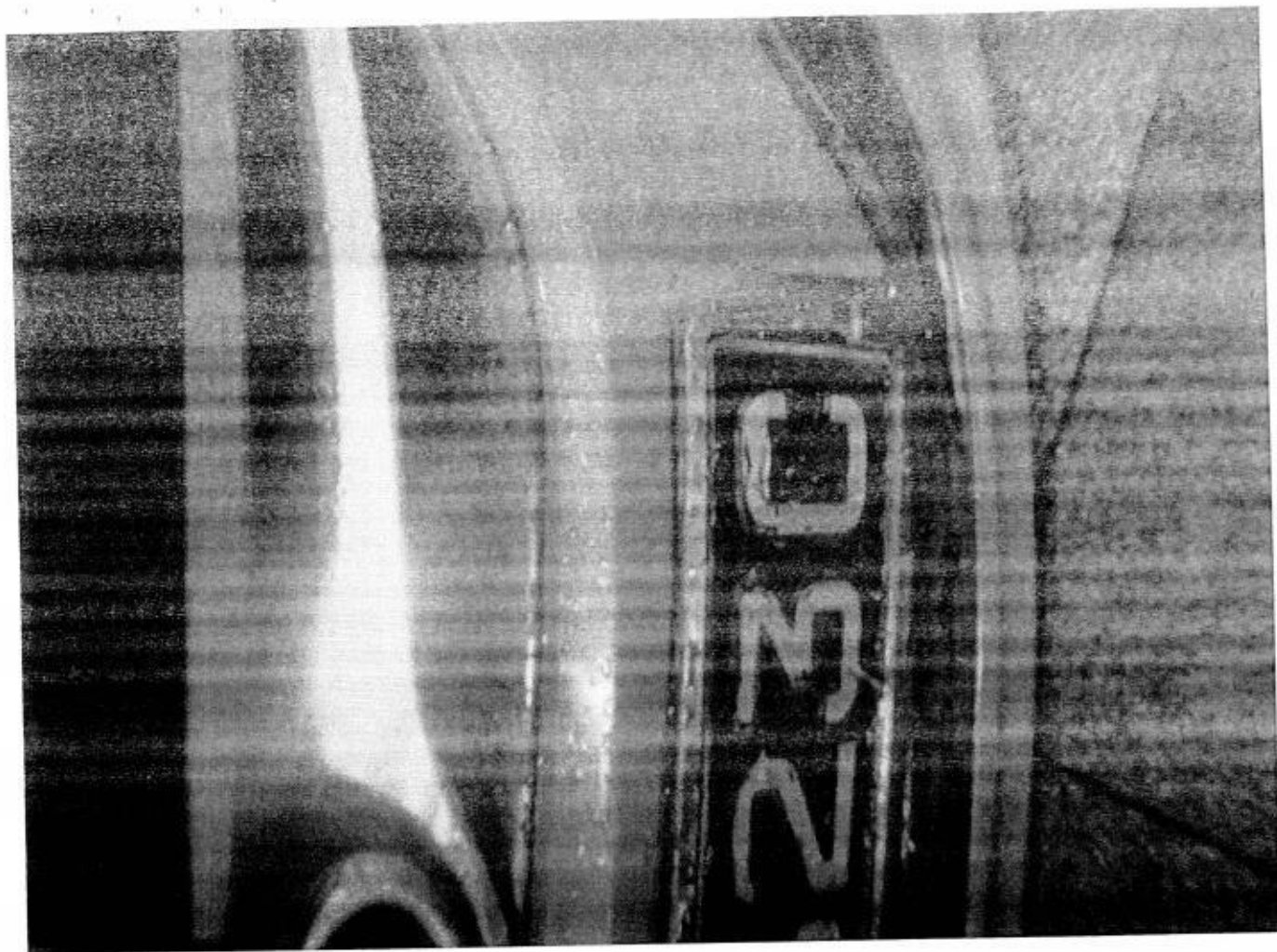
Policyholder's Signature: 99303321R
Date & Time:

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

7/6/19
Jackson Heng
CSO

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





REPAIR ESTIMATE*

VEHICLE NO : SHD 6523C

MAKE :

MODEL : HYUNDAI i40

DATE 10/6/2019 11:51

(12)

MODEL	: HYUNDAI i40		Qty	Parts Description/ Labour	Type	Unit Price	Amount
				Radiator Grille			\$ 251.00
				Radiator Grille H Emblem			\$ 27.50
				Front Bumper Cover			\$ 544.50
				Front Bumper Sponge			\$ 99.20
				Front Bumper Reinforcement			\$ 402.10
				Front Bumper Grille (LH/RH)	\$	41.60	\$ 83.20
				Front Bumper Centre Grille			\$ 178.60
				Front Bumper Bracket Top (LH/RH)	\$	22.40	\$ 44.80
				Front Bumper Bracket (LH/RH)	\$	24.60	\$ 49.20
				SUB TOTAL			\$ 1,680.10
				LESS 20%			\$ 336.02
				DISCOUNTED TOTAL			\$ 1,344.08
				Front Number Plate			\$ 25.00
				Front No Plate Trim Cover			\$ 30.00
							\$ 55.00
				Labour Charge			200
				Panel Beating			\$ 400.00
				Spray Painting Charge			\$ 300.00
							200
				TOTAL LABOUR			\$ 700.00
				ESTIMATE TOTAL			\$ 2,099.08
				<p>Kalishetty</p> <p>10/6/19 12:15h</p> <p>2 hrs</p> <p>L/S</p> <p>Att Rm pll</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>			

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3928762

JC NO.: 305301917

JSTOMER

R/MS COMFORT TRANSPORTATION PTE LTD
JSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL (R) 65508755 (O)
(P)

SCOUNT CARD NO.

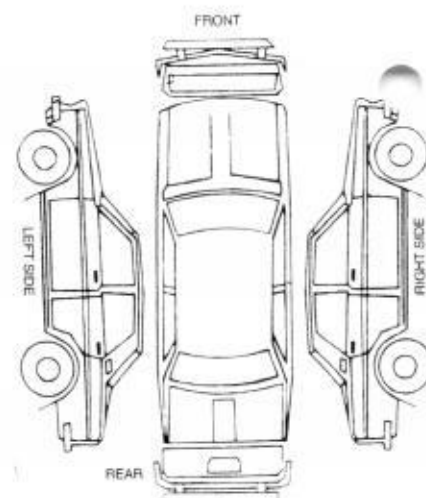
REGN NO.: SHD6523C	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 10.06.2019 10:40
YR OF MANU. 09.10.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU059802	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.06.2019
NATURE: 3P 07.06.19/B

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHD6523C FZ NTUC

Exit Pass

Vehicle No.: SHD6523C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305301917
Date : 11.06.2019

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508069
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHD6523C

Fax :

Date of Accident : 07.06.2019

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

1. The repair job shall bill to: NTUC --- GT 5718S
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$0.00
(b) Labour Charges	\$0.00
Total for Part-By-Part Repair Cost	\$0.00
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	\$900.00
Final Lumpsum Repair cost	\$900.00


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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 13/6/19

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/INC19010274/K1sd3n2				
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.	GT 5718S	Veh. Inspected	SHD 6523C	
Policy No.	5073435707-03	Coverage (\$)	0.00	
Claim No.	MT/1048179-002	Excess (\$)	0.00	
Assign From		Assign Date	10/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU059802	Colour	BLUE	
Odometer	745113	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 FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	07/06/2019	Inspection Date	10/06/2019	
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. SHD 6523C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	RADIATOR GRILLE	CRACKED	251.00	251.00
1	RADIATOR GRILLE H EMBLEM	NECESSARY	27.50	27.50
1	FRONT BUMPER COVER	CRACKED	544.50	544.50
1	FRONT BUMPER SPONGE	SERVICEABLE	99.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	402.10	-
2	FRONT BUMPER GRILLE (LH/RH) @\$41.60	SERVICEABLE	83.20	-
1	FRONT BUMPER CENTRE GRILLE	SERVICEABLE	178.60	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	SERVICEABLE	49.20	-
	LESS 20% DISCOUNT		-336.02	-164.60
			1,344.08	658.40
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN)	BUCKLED	25.00	25.00
1	FRONT NO. PLATE TRIM COVER (SN)	CRACKED	30.00	30.00
			55.00	55.00
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	400.00
GRAND TOTAL			2,099.08	1,113.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC19010274/K1sd3n2

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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