

Gomez, Kohn

REF: NS/INC 1901053/K1vd3n2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD ☒ PWS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: PBD5893LPolicy No. 507548730-03 (07/04/2019-06/09/2020)Claims No. MT/1048918-002

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHC 23987 Yr Regn: 'Feb 2019

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

Truck / Trailer or

Make: Hyundai Zorion C.O. 1580Colour: Blu A/C: Insured / Std / NI / NASp. Reading: 59192 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCB51CVK4133863

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Alloy or

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 12/6/19 D.O.I. 13/6/19Survey held at CPHE (Loyang)Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
O/S Front

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

Date / Time Action / Instruction

SHC 23987 - CC3 / A161302962 / Yh3v2 D.O.A. 27/11/2013 INC

PBD 5893L - X P/P

12/6/19 Cont P/P \$988.40 / 2019 (Red 702.64, 4290)

RECEIVED 18 JUN 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 18/6 - typist

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Test (\$ \_\_\_\_\_)

S + RS. \$ \_\_\_\_\_

Photos

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1048918-002	COMFORT TRANSPORTATON PTE LTD	SHC 2398D	FBD 5893L	12/6/2019
2	MT/1049501-001	COMFORT TRANSPORTATON PTE LTD	SHD 6741P	SLP 8670L	12/6/2019
3	MT/1048784-002	CITYCAB PTE LTD	SHB 2235X	FBK 1729T	11/6/2019
4	MT/1049066-002	COMFORT TRANSPORTATON PTE LTD	SH 8977L	SGW 9023X	12/6/2019

eBaoTech

General Claim

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"/>	5075489730-03		HARI KUMAR S/O MANOGARAN	589245632	GMC	Third Party, Fire & Theft	FBD5893L	FBD5893L	07/05/2019	06/05/2020

## 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	13/06/2019 09:05
Date Of Accident	12/06/2019 17:25
Exact Location Of Accident	T JUNCTION OF TEBAN GARDEN ROAD AND BLK 38 C/P
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2398D
<b>Insured/Policyholder</b>	
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	PEER MOHAMED B ABD RAZAK
NRIC No	S0046520H
Date Of Birth	26/03/1952
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2000
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81837282
Fax Number	
Contact Number	
Email Address	ABANG9499@YAHOO.COM

Address 406 #03-41 PANDAN GARDENS  
Postcode 600406  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

### General Information of the Accident

Type Of Accident SIDE SWIPE  
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: : MALE

### 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 FBD5893L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver HARI KUMAR S/O MANOGARAN  
NRIC/Passport Number S8924563Z  
Contact Number 87521665  
Address

Postcode

Insurance Company Name

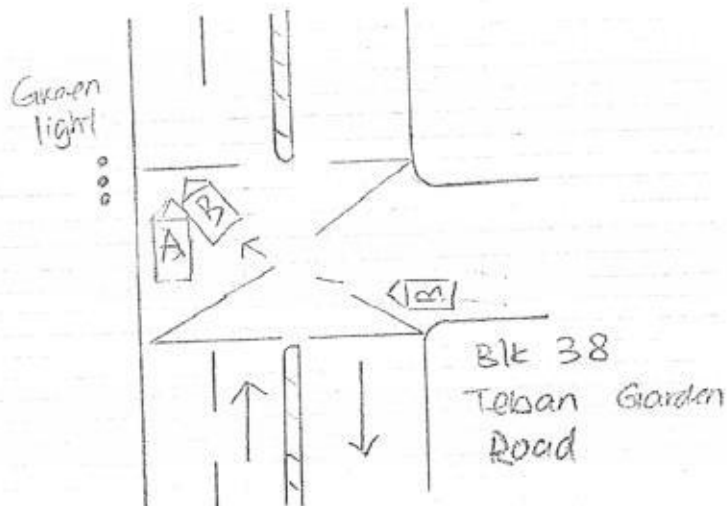
Nature Of Damage

LEFT REAR

No. Of Passenger (Including Driver)

## SKETCH PLAN

A = RHC 2398D  
B = FBD 5893L



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/6/19 at about 17:25 hrs, I was driving straight at above said location as traffic light at my favour. Suddenly veh B motorcycle come out from car park and swerved into my path. Due to this course, veh B it left rear portion hit & grazed onto the front right portion of my taxi. Both of us then alighted to take photo and exchange particulars. I male and 1 infant passengers onboard my taxi. No injury reported at the point of accident.

## DECLARATION

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

COMFORT TRANSPORTATION P.L.C.  
CO REG. NO 189303321R

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Loke Wei Yieng

**IMPORTANT NOTICE**

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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.
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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 199303921R  
Policyholder's Signature  
Date & Time:

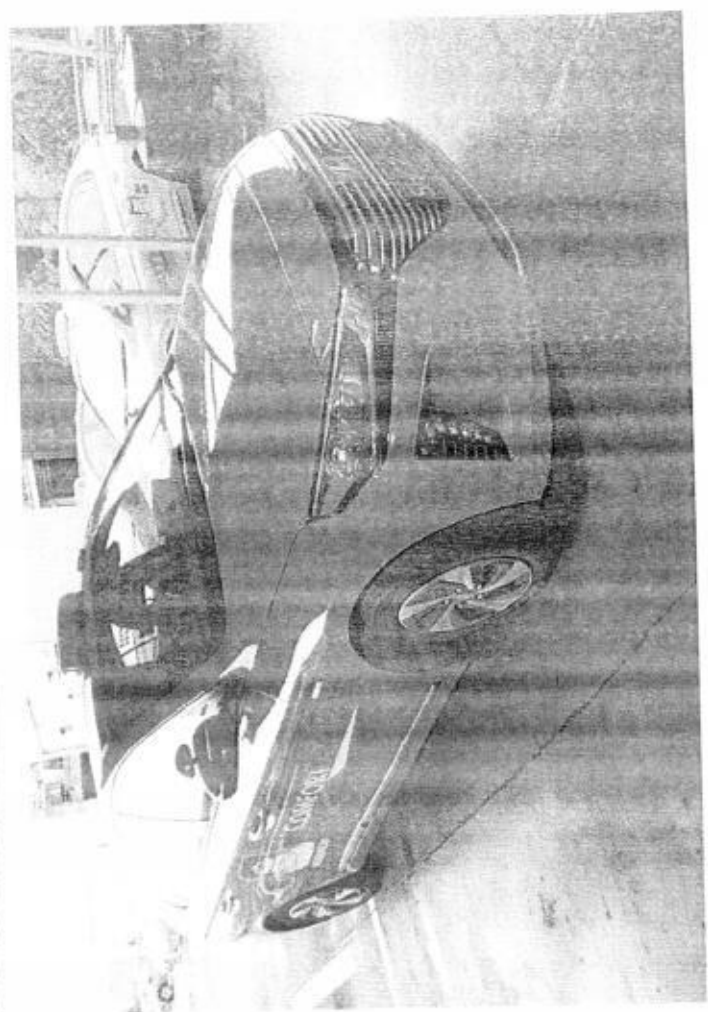
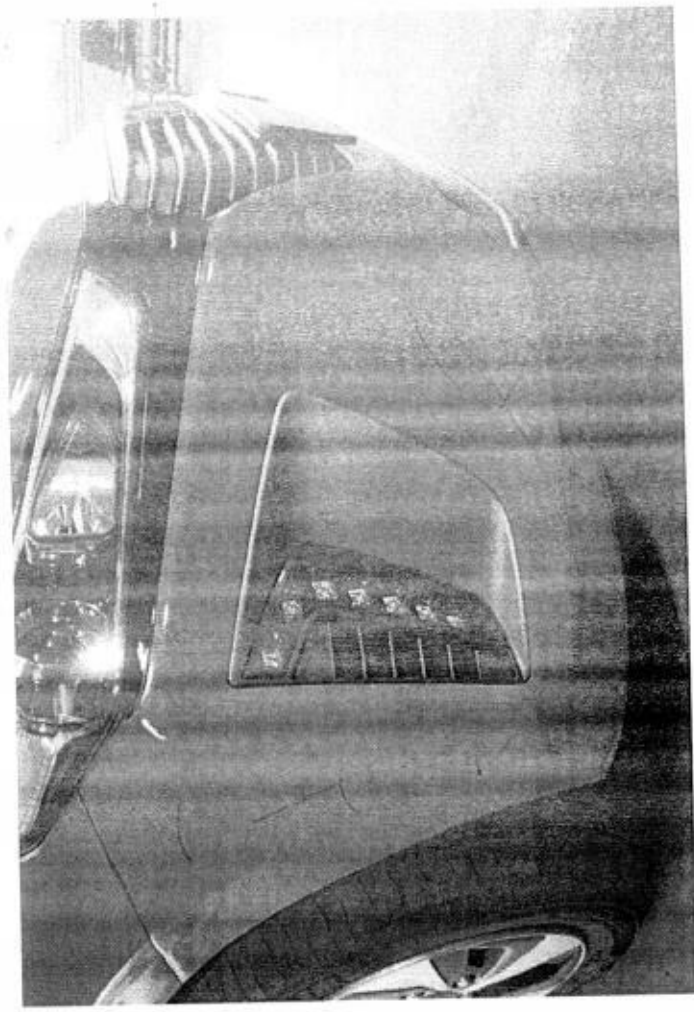
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

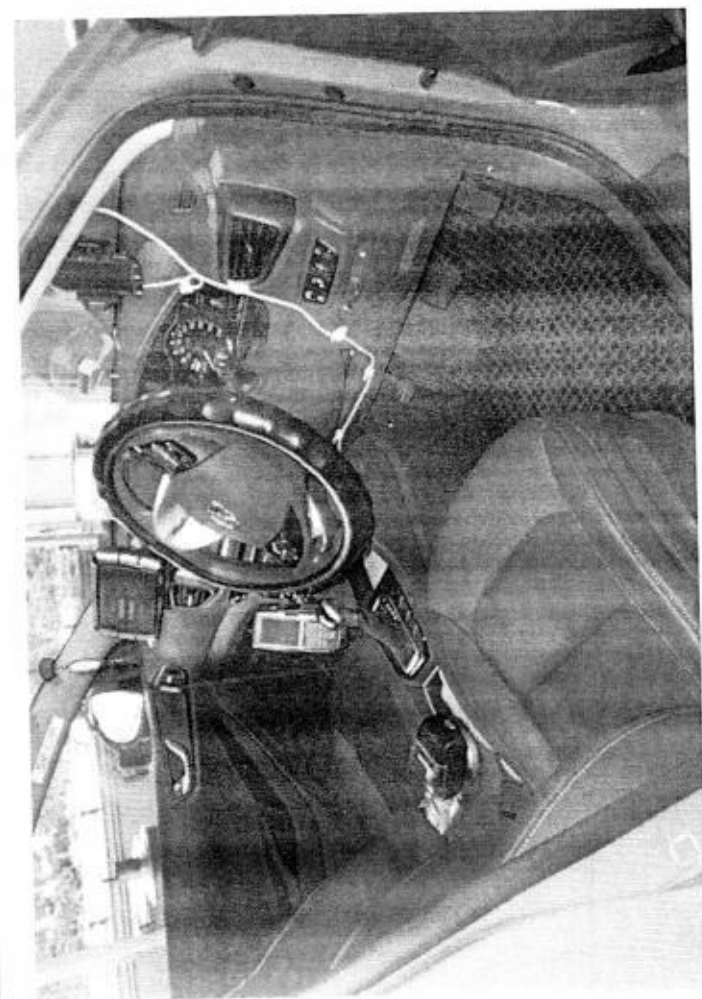
Loke Wei Yieng

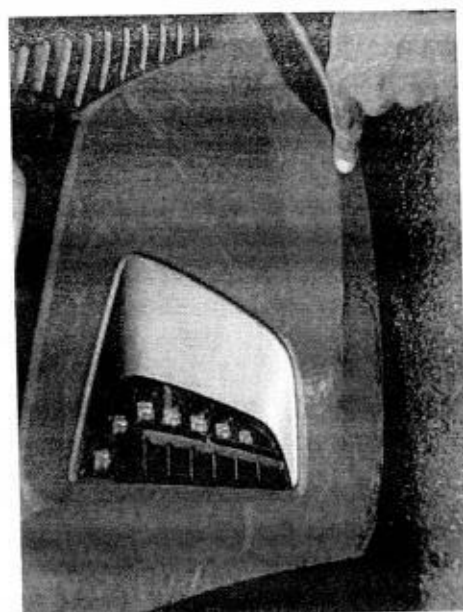
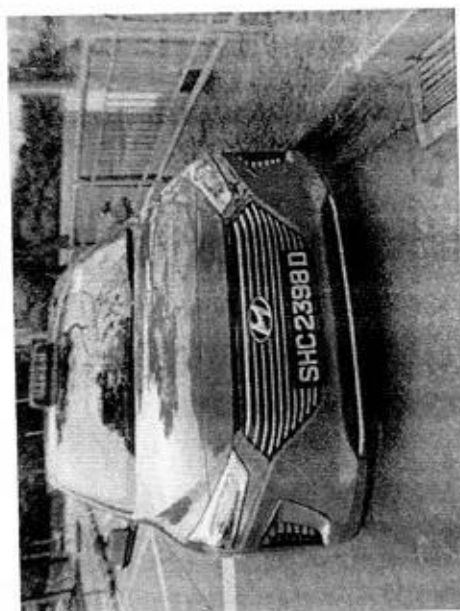
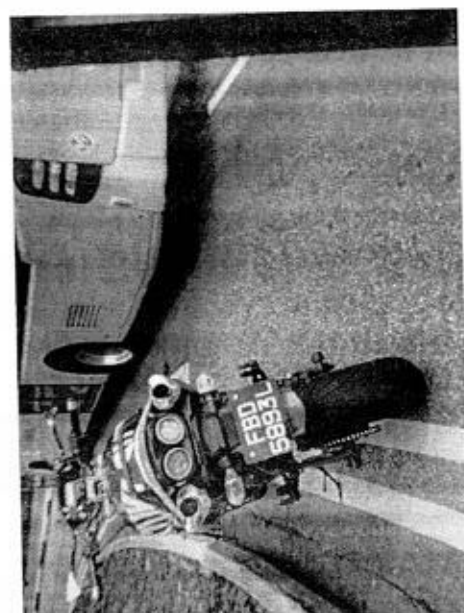
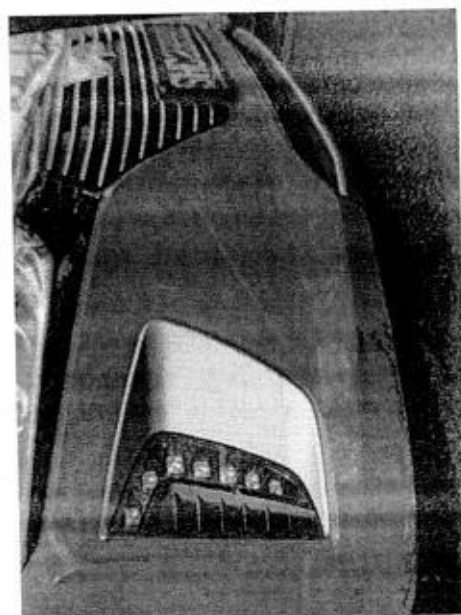
13/6/19





FSD X893-  
12/6 1728





REPAIR ESTIMATE\*

VEHICLE NO : SHC 2398D

DATE 13/6/2019 9:30

MAKE :

MODEL : HYUNDAI IONIQ

MODEL	: HYUNDAI IONIQ				
Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Bumper Cover <i>x rep</i>			\$ 418.30	
	Front Bumper Grille (RH) <i>- cut</i>			\$ <del>93.00</del>	
	Front Bumper Bracket Top (RH) <i>x sm</i>			\$ 35.00	
	Front Bumper Bracket (RH) <i>x sm</i>			\$ 28.00	
	Front Bumper Clips 10 pcs <i>x 2</i>			\$ 22.00	
	<i>Front (RH) Daylight (LED) - cut</i>			<del>642.50</del>	
	SUB TOTAL			\$ 690.20	
	LESS 20%			\$ 138.04	
	DISCOUNTED TOTAL			\$ 552.16	

Larry Ng

Team: ARC Repair TP(CLSO)1  
STOMER  
VMS  
STOMER NO.  
DRESS  
(P)  
(P)  
300UNT CARD NO.

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

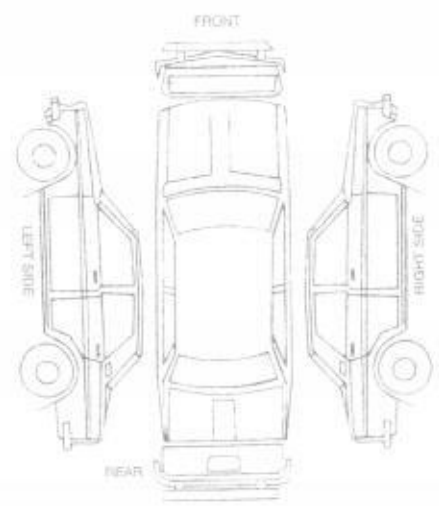
JOB CARD

REGN NO.:	SHC2398D	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	IONIQ(G2)	DATE/TIME IN 13.06.2019 07:30
YR OF MANU	01.02.2019	TARGET DATE
CHASSIS CODE	KMHC851CVKU133663	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.06.2019  
NATURE: 3P 12.06.2019

S/NO	LABOR CODE	DESCRIPTION
	NTUC - Right Front	



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC2398D  
LARRY  
Larry Ng

Vehicle No.: SHC2398D

Signature/Date

Name of Service Advisor

Date

is returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 15.06.2019

Time: 12:58:37

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 : 305303204  
REGN NO : SHC2398D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 01.02.2019  
DATE/TIME IN : 13.06.2019 07:30  
ACCIDENT DATE : 12.06.2019

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-0633-G IONIQ MOULDING-FRONT BUMP 1 93.00 20.00 74.40

0002 04-01-0104-4991-G IONIQ LAMP ASSY-DAY RUNNI 1 642.50 20.00 514.00

SUB-TOTAL : 588.40

## JOB NATURE

0000 PB PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 988.40

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305303204  
Date : 15. Jun. 2019

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC2398D

Fax :

Date of Accident: 12. Jun. 2019

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

1. The repair job shall bill to: NTUC FBD5893L
2. The finalized amount shall be:
 


(a) Spare Parts after List discount	\$588.40
(b) Labour Charges	\$400.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$988.40</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
<b>Final Lumpsum Repair cost</b>	


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 : Kalvin  
Date : 18/6/19

### 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				
3. Survey Fees				
4. LTA Search Fee				
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/INC19010533/K1vd3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 19-06-2019	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	FBD 5893L	Veh. Inspected	SHC 2398D
Policy No.	5075489730-03	Coverage (\$)	0.00
Claim No.	MT/1048918-002	Excess (\$)	0.00
Assign From		Assign Date	13/06/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU133663	Colour	BLUE
Odometer	59192	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	9 mm
L/H Front Tyre	195/65 R15	MICHELIN	9 mm
R/H Rear Tyre	195/65 R15	MICHELIN	9 mm
L/H Rear Tyre	195/65 R15	MICHELIN	9 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	12/06/2019	Inspection Date	13/06/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
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. SHC 2398D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	418.30	-
1	FRONT BUMPER GRILLE (RH)	CUT	93.00	93.00
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	35.00	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	28.00	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
1	FRONT (RH) DAYLIGHT (LED)	CUT	642.50	642.50
	LESS 20% DISCOUNT		-247.76	-147.10
			991.04	588.40
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER .		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	400.00
<b>GRAND TOTAL</b>			<b>1,691.04</b>	<b>988.40</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>988.40</b>

Report Ref No. NS/INC19010533/K1vd3n2

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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