

eBaoTech

General Claim

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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"/>	5097791257-01		THONG LEE LEASING PTE LTD	201509578W	GPC	drive CLASSIC	SKB2644M	SKB2644M	12/05/2019	11/05/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 2/7/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1051441-002	COMFORT TRANSPORTATION PTE LTD	SHC 8903G	SKB 2644M	28/6/2019	2:05	\$ 3,526.48
2	MT/1049957-002	COMFORT TRANSPORTATION PTE LTD	SHB 4465K	SMH 9680G	17/6/2019	23:50	\$ 7,186.64
3	MT/1050990-002	CITYCAB PTE LTD	SHC 7120E	SLX 5196S	27/6/2019	17:05	\$ 1,540.13

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	28/06/2019 09:38
Date Of Accident	28/06/2019 02:05
Exact Location Of Accident	GEYLANG RD TWDS KALLANG B4 LOR 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8903G
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	CHAN KAH LEONG
NRIC No	S1232200C
Date Of Birth	02/12/1957
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91854859
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 473 ANG MO KIO AVENUE 10 #06-732
Postcode	560473
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	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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BEDOK SOUTH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190628/2019

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	SKB2644M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	WHOLE LEFT SIDE
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/mall 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.

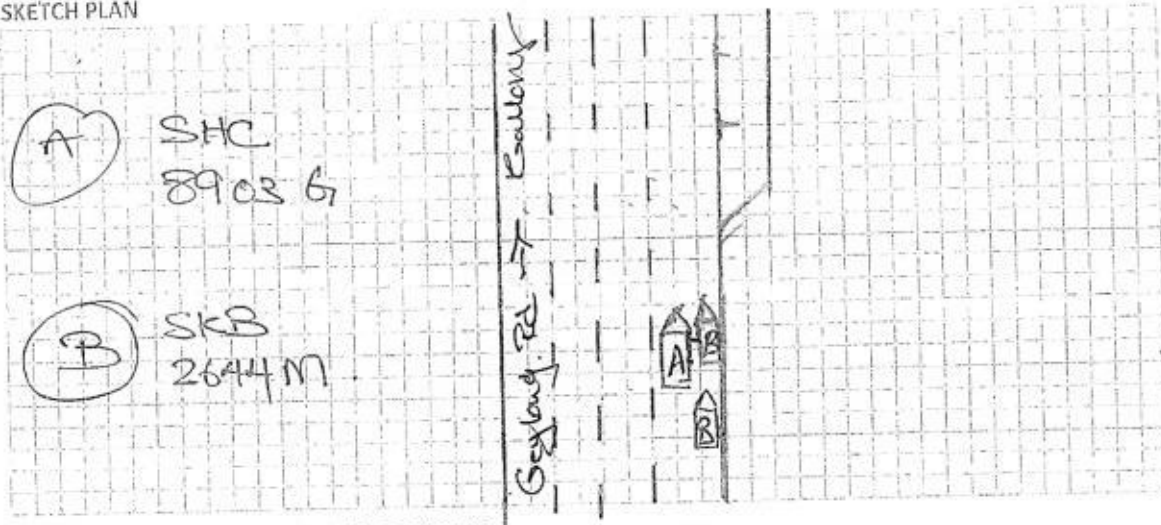
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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

Refer to police

Report:- T/20190628/2019

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.:



**SINGAPORE
POLICE FORCE**



T/20190628/2019

1 of 3

Report No. T/20190628/2019

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2019 02:49		Vide Report No.:		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: CHAN KAH LEONG			Address: APT BLK 473 ANG MO KIO AVENUE 10 #06-732 SINGAPORE 560473		
ID Type / ID No.: NRIC NO / S1232200C			Contact No.: Home/Office: Mobile: 91854859		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 02/12/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/06/2019 02:05	Type of Location: Straight Road
Location: Along Road 1 GEYLANG ROAD ALONG GEYLANG ROAD BETWEEN LORONG 23 AND 21				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8903G	TAXI	HYUNDAI		Blue	Slightly Damaged	0
SKB2644M	Car	VOLKSWAGO N		Silver		1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190628/2019

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 3

Report No. T/20190628/2019

CONTINUATION OF REPORT

Driver			
Name	CHAN KAH LEONG		ID No. S1232200C
Related Vehicle	NIL		Contact No. 91854859
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 28/06/2019 at about 0205 hours, I was driving my taxi, SHC8903G along Geylang Road on the right most lane. While I was along Geylang Road, between Lorong 23 and 21, one unknown car bearing license plate SKB2644M suddenly speed up and drove past my vehicle on the right most lane where there were parallel parking lots. The vehicle hit onto the right side of my side mirror and it was dangling. I tried to give chase to the vehicle however was unsuccessful.

I went back to the incident location and one passerby who happened to be there, witnessed the hit and run accident and gave me her contact number. Her name is Alice, HP: 8544 6935.

The vehicle is a private hire vehicle and there was one passenger at the rear seat during that point.



SINGAPORE
POLICE FORCE



T/20190628/2019

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

3 of 3

Report No. T/20190628/2019

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 / Staff Sgt KWEK LIZA FARLIZA BINTE BAKHTIAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/06/2019 02:49
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 28.06.2019

Time: 10:37:09

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 : 305307039
 REGN NO : SHC8903G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 28.04.2016
 DATE/TIME IN : 28.06.2019 08:20
 ACCIDENT DATE : 28.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-2322-A	FRT BUMPER	1	1,052.20 20.00 841.76
0002	04-01-0103-0573-A	FRT FENDER RH	1	566.30 20.00 453.04
0003	04-01-0103-0594-G	WING MIRROR RH	1	670.00 20.00 536.00
0004	04-01-0103-0658-G	FRT WHEEL CAP RH	1	107.10 20.00 85.68

SUB-TOTAL : 1,916.48

JOB NATURE

0000 PB	PANEL BEATING	560.00	200
0001 SP	SPRAYPAINT CHARGE	750.00	450
0002 17-01	WIIRNG CHECK	40.00	X 22
0003 20-00	TUFF COAT ON AFFECTED PARTS.	40.00	X 22
0004 20-05	Frt Fender Adv.Sticker RH	100.00	/ 22
0005 L	WHEEL ALIGNMENT	120.00	X 22

SUB-TOTAL : 1,610.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 28.06.2019

Time: 10:37:09

Page: 2

TS

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

JOB NO : 305307039
REGN NO : SHC8903G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 28.04.2016
DATE/TIME IN : 28.06.2019 08:20
ACCIDENT DATE : 28.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,526.48

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

1 Car hire 10 days

28/6/19 1115L

2 hrs

45

After repair p 46



Date/Time: 28.06.2019 10:30

Page : 1

Team: ARC Repair TP(CLS0)1

JOB' CARD

Sales Order:

JC NO: 305307039

STOMER

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

REGN NO.: SHC8903G

MAKE: **HYUNDAI**

FUEL

MODEL I-40

DATE/TIME IN
28.06.2019 08:20

YR OF MANU. 28.04.2016

CHASSIS CODE
KMHLB41UMGU087896

Accident Date: 28.06.2019
NATURE: 3P 28.06.19

S/NO	LABOR CODE
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DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

9.
10.
11. No. SHC8903G LIMITS

Vehicle No.: SHC8903G

of Service Advisor

Name of Service Advisor

Date _____

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305307039

Date : 01/07/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC8903G

Date of Accident : 28-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 --- SKB2644M

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%

Final Lumpsum Repair cost

\$1000.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 2/7/19

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/INC19011588/K1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 04-07-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKB 2644M	Veh. Inspected	SHC 8903G
Policy No.	509779125701	Coverage (\$)	0.00
Claim No.	MT/1051441-002	Excess (\$)	0.00
Assign From		Assign Date	28/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087896	Colour	BLUE
Odometer	514240	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm

4. Description of Damages

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

5. General Information

Accident Date	28/06/2019	Inspection Date	28/06/2019
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.
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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. SHC 8903G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRT BUMPER	TO REPAIR SEE LABOUR	1,052.20	-
1	FRT FENDER RH	TO REPAIR SEE LABOUR	566.30	-
1	WING MIRROR RH	BROKEN	670.00	670.00
1	FRT WHEEL CAP RH	SERVICEABLE	107.10	-
	LESS 20% DISCOUNT		-479.12	-134.00
			1,916.48	536.00
SPECIAL NETT ITEMS				
1	FRT FENDER ADV STICKER RH (SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF FRT BUMPER AND FRT FENDER RH.		560.00	200.00
	SPRAYPAINT CHARGE.		750.00	450.00
	WIRING CHECK.	NOT NECESSARY	40.00	-
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	40.00	-
	WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,510.00	650.00
GRAND TOTAL			3,526.48	1,286.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,000.00

Report Ref No. NS/INC19011588/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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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.