

Bureau: Kelvin

REF: NSI/NC 19014115/k19f3n2

## ASSIGNMENT

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

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

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

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

of \_\_\_\_\_

Insured: SKL 6632T

Policy No: 5095454591-01 (01/11/2018-31/10/2019)

Claims No: MT/1057611-02

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. Repair: \_\_\_\_\_ 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: SHB 6387P Yr Reg: 2<sup>nd</sup> 214

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

Truck / Trailer or

Make: Mercedes Benz E220 cc 2143

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

Sp. Reading: 898778 T/Radio: Insured / Std / NI / NA

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

C/No: WDP2120022A759506

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60 R16

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

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

TOYO / YOKO or W61 H6

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

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 12/8/19 D.O.I: 13/8/19

Survey held at CPGE (Loyang)

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

Rear s/s

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

Date / Time	Action / Instruction
	SHB 6387P - (S) FCL/20021003/Und3n2 120A-3/0/2012 Inv
	SKL 6632T - x 4s.
15/8/19	Control c/s \$1600/ 2 Pys (Red \$2646-00, 62%)
RECEIVED 25 SEP 2019	

DataTime: File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

DataTime: File Return to?

2) 29/9/19 Typist

4s = \$1600f

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

L 2 = PS

160

eBaoTech

General Claim

Hello, NAC\_PAYA\_URI\_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="12/08/2019 14:58"/>
Vehicle No. (For Motor)	<input type="text" value="SKL6632T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S095454591-01		CHAY YEONG KENG	S8364367F	GPC	drive CLASSIC	SKL6632T	SKL6632T	01/11/2018	31/10/2019

Date : 20/09/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	<b>MT/1057611-002</b>	COMFORTDELGRO ENGINEERING PTE LTD	SHB6387P	SKL6632T	12/08/2019	0:45	\$ 4,246.00
2	<b>MT/1028203-002</b>	SMRT TAXI	SHB1953M	PA9148D	16/01/2019	19:40	\$ 7,696.30

## 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	13/08/2019 13:50
Date Of Accident	12/08/2019 00:45
Exact Location Of Accident	T JUNCTION OF SIMS AVE AND LOR 13 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6387P
<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	MERCEDES-BENZ
Model	E220

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	YEO AH LENG
NRIC No	S7147602B
Date Of Birth	07/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1991
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97562152
Fax Number	
Contact Number	
Email Address	3322967528@QQ.COM

Address	BLK 210 BOON LAY PLACE #03-113
Postcode	640210
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	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?	YES
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

PLS REFER TO 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	SKL6632T
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	FRT RIGHT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	YEO AH LENG
Approximate Age	48
Injuries Sustain	NECK PAIN, ON 2 DAYS MC.
Injured person in which vehicle?	SHB6387P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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. 199303021R

Policyholder's Signature  
Date & Time:

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

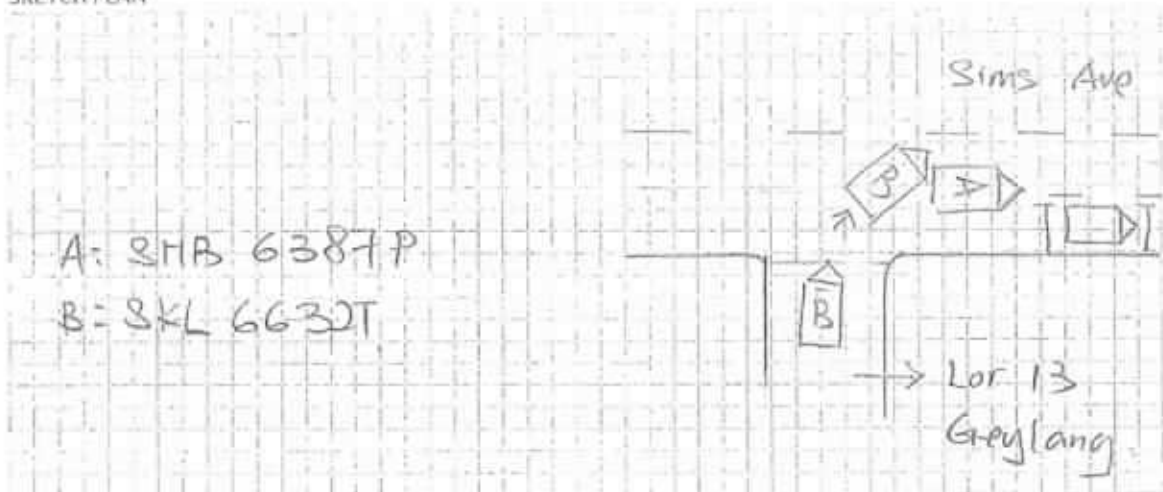
Reporting Centre Personnel's Signature  
Name: Loke Wai Yieng  
NRIC/FIN No.:

GIA/MSK SketchPlanForm\_V3

4-9  
3-5

0-7  
6-8

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/8/19 at about 00:45 hrs, I turned out from Lor 13 Geylang and stop at extreme right to pick up passenger. Shortly I felt an impact from behind. Veh B come out from minor road at front right portion collided onto the rear left portion of my stationary taxi. I felt pain on my neck, doctor given 2 days Me.

## DECLARATION

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

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

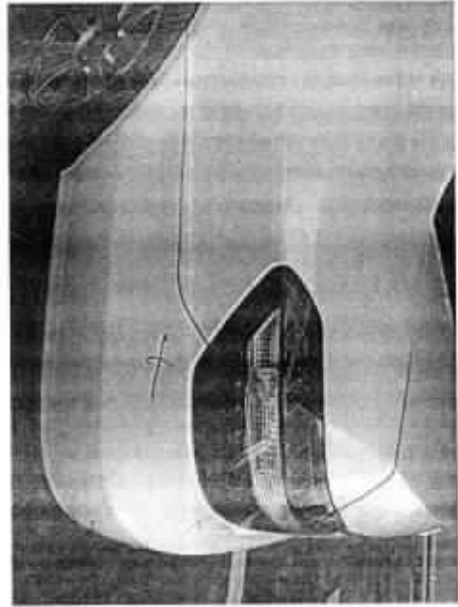
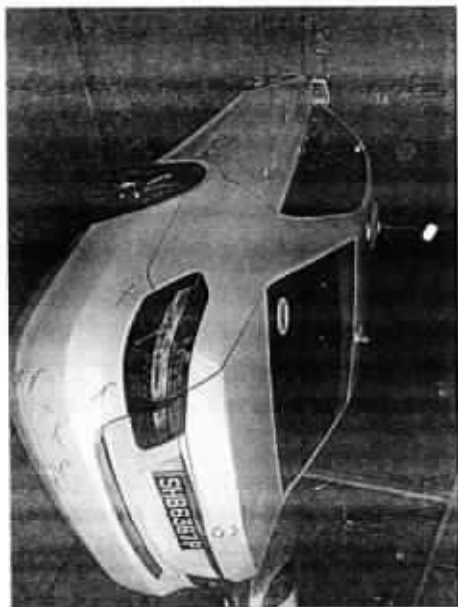
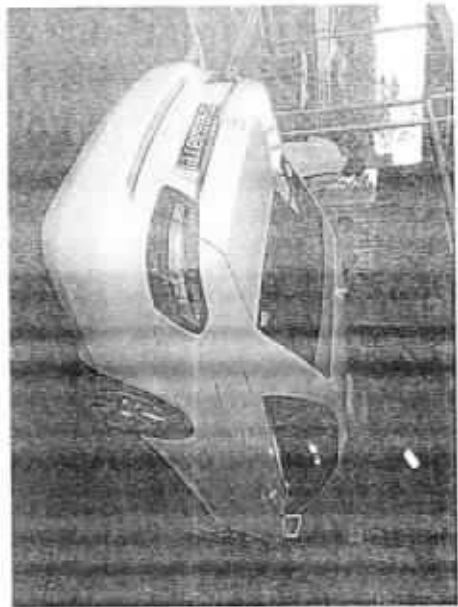
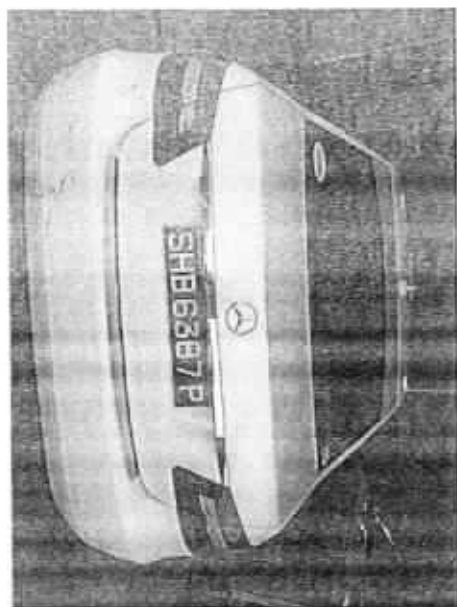
Policyholder's Signature  
Date & Time:

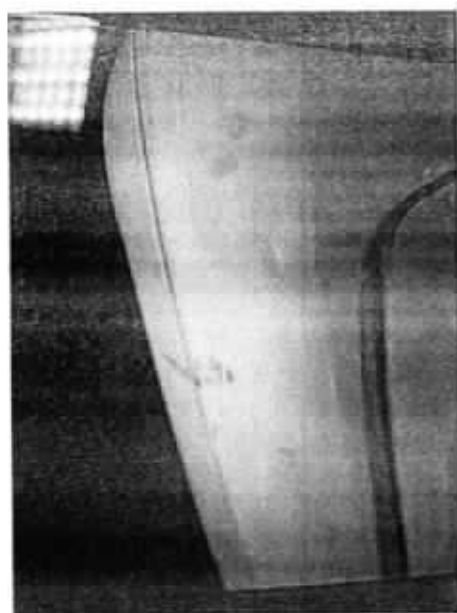
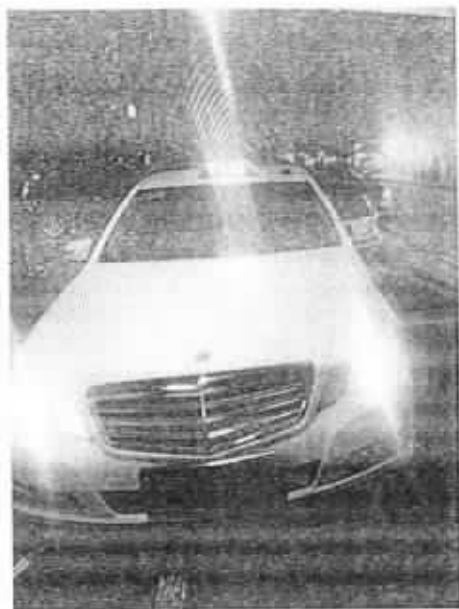
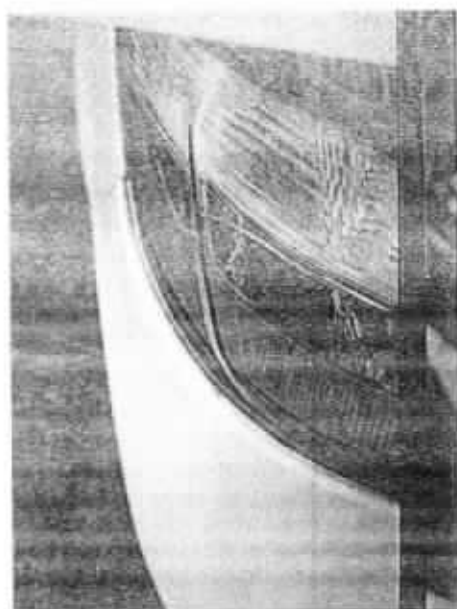
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

13/8/19  
Loke Wai Yeng







COMFORT

DATE/TIME: 13.08.2019 13:45

PAGE 2

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO: 305324142

TOMER

REGN NO:

SHB6387P

MILEAGE

AS

COMFORT TRANSPORTATION PTE LTD

MAKE:

MERCEDES BENZ

FUEL

TOMER NO.

7010045

E 1/2 F

RESS

383 SIN MING DRIVE

MODEL

E220CDI (E5)

DATE/TIME IN: 13.08.2019 10:45

Singapore SINGAPORE 575717

65508755

VR OF MANU

20.03.2014

TARGET DATE

(P)

(P)

(O)

CHASSIS CODE

WDD2120022A759506

COMPLETION DATE/TIME:

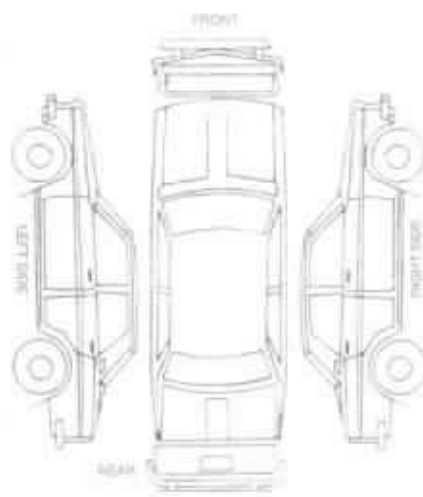
OUNT CARD NO.

## JOB DESCRIPTION

Accident Date: 12.08.2019

NATURE: 3P 12.08.2019

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHB6387P

CHIANG

Vehicle No.: SHB6387P

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHB 6387P

DATE 13/8/2019 15:46

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 1,510.00
	Rear Bumper Reinforcement			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH)		\$ 135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH)		\$ 125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH)		\$ 115.00	\$ 230.00
	Rear Bumper Lower Cover			\$ 325.00
	<b>SUB TOTAL</b>			<b>\$ 3,735.00</b>
	<b>LESS 20%</b>			<b>\$ 747.00</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,988.00</b>
	Rear Bumper Sensor			\$ 388.00
	<b>Labour Charge</b>			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	<b>TOTAL LABOUR</b>			<b>\$ 870.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 4,246.00</b>

Nett

200

200

50.00

20

Kuluz 16/09

13/8/19 162.45

2 Pys

45

After Repair

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.

Our Job Ref No : 305324142  
Date : 14/08/19

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHB6387P

Fax :

12/08/19

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


1. The repair job shall bill to: NTUC SKL6632T
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 \$1,600.00


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 : Kohn  
Date : 15/8/19

### 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/INC19014115/K1yf3n2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 27-09-2019	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SKL 6632T	Veh. Inspected	SHB 6387P
Policy No.	5095454591-01	Coverage (\$)	0.00
Claim No.	MT/1057611-02	Excess (\$)	0.00
Assign From		Assign Date	13/08/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	WDD2120022A759506	Colour	WHITE
Odometer	898778	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	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	12/08/2019	Inspection Date	13/08/2019
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



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 6387P**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	1,150.00	-
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
1	REAR BUMPER LOWER COVER	TO REPAIR SEE LABOUR	325.00	-
	LESS 20% DISCOUNT		-747.00	-302.00
			2,988.00	1,208.00
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER SENSOR (SN)	SHORTED	388.00	388.00
			388.00	388.00
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER LOWER COVER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			870.00	430.00
<b>GRAND TOTAL</b>			<b>4,246.00</b>	<b>2,026.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,600.00</b>

Report Ref No. NS/INC19014115/K1yf3n2

**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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