

TP Claims against NTUC Income: Follow-Through Survey

| S/NO | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | D.O.A | Estimate | Tentative repair cost |
|------|------------------|---------------------------------|----------------------|--------------------|-----------|------------|-----------------------|
| 1 | MT/1055159-002 | SMRT TAXIS PTE LTD | SHC 4418S | SJT 6151J | 25/7/2019 | \$9,087.80 | \$1,400.00 |
| 2 | MT/1055666-002 | SMRT TAXIS PTE LTD | SHF 499T | SJL 8166X | 29/7/2019 | \$3,807.90 | \$700.00 |
| 3 | MT/1057531-002 | COMFORT TRANSPORTATION PTE LTD | SH 9008C | CB 7115K | 13/8/2019 | \$3,716.60 | \$1,250.00 |
| 4 | MT/1057475-002 | COMFORT TRANSPORTATION PTE LTD | SHB 4184X | SCL 7799J | 11/8/2019 | \$3,297.04 | \$2,100.00 |
| 5 | MT/1056681-002 | COMFORT TRANSPORTATION PTE LTD | SHD 7309Z | SMJ 3102M | 5/8/2019 | \$1,382.00 | \$672.00 |
| 6 | MT/1057180-002 | COMFORT TRANSPORTATION PTE LTD | SHD 3029H | SGQ 7012Y | 9/8/2019 | \$2,269.06 | \$1,000.00 |

Claim received from LKK Auto

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 checked="" type="radio"/> | 5104922193 | | LEE SIEW HOON | S1813174I | GPC | drive CLASSIC | SGQ7012Y | SGQ7012Y | 26/10/2018 | 22/01/2020 |

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 | 10/08/2019 13:09 |
| Date Of Accident | 09/08/2019 01:10 |
| Exact Location Of Accident | HOUNGANG AVE 2 >> HOUGANG AVE 8 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------------|
| Vehicle Registration Number | SHD3029H |
| 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 | PANG JOI KHIM |
| NRIC No | S1615159I |
| Date Of Birth | 25/05/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/07/1983 |
| Driving Experience | 36 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96689893 |
| Fax Number | |
| Contact Number | |
| EMail Address | JOIKHIM@GMAIL.COM |

| | |
|---|------------------------------|
| Address | 441B 26-19 CLEMENTI AVENUE 3 |
| Postcode | 122441 |
| 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) | 2 |
| Passenger 1 | 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

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 | SGQ7012Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | LEFT FRT |

No. Of Passenger (Including Driver)

Hong Kong, Feb. 8

Yong Ang 2

A) 54D302914
B) 6GQ70124

Driving passenger from Hongang Ave > to Slip Road
to Hongang Ave 8. Stop to check traffic and being
brag by SGD 70124 from behind. //

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

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature _____

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:

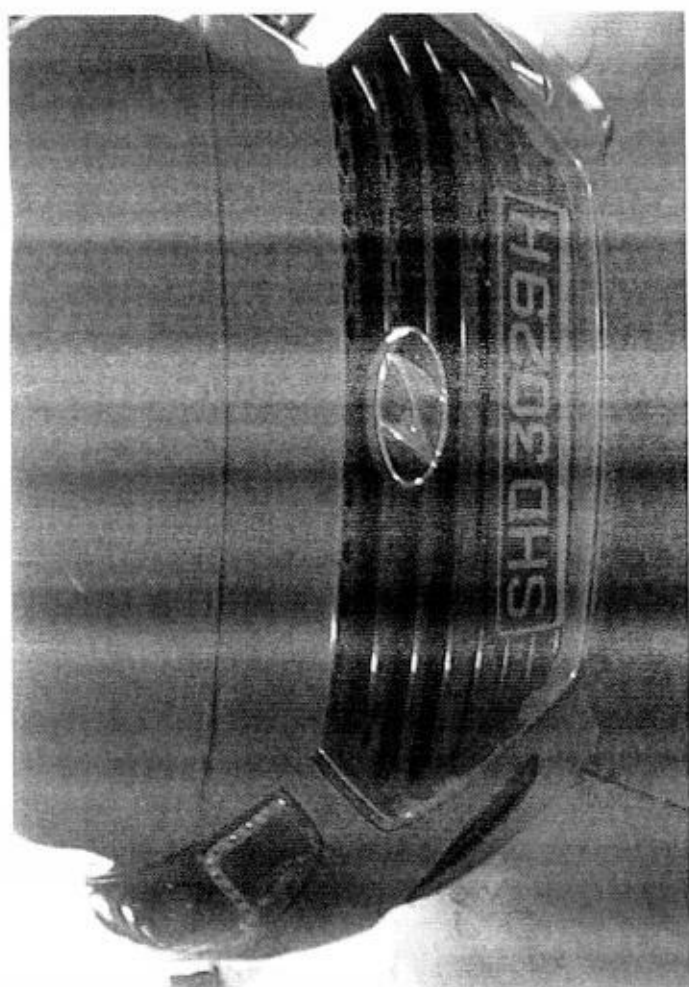
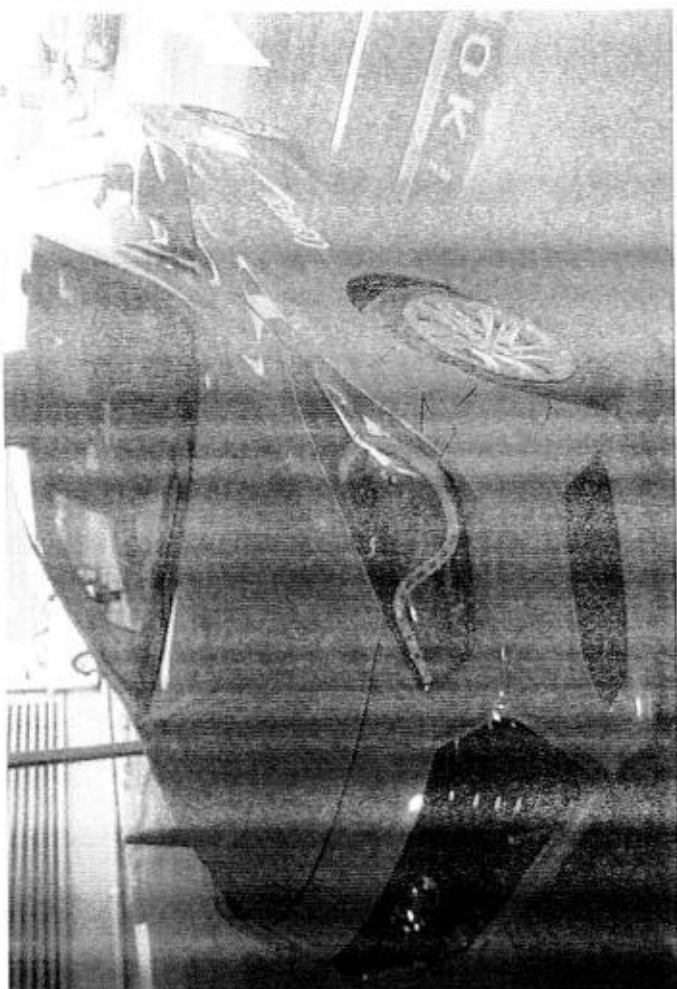
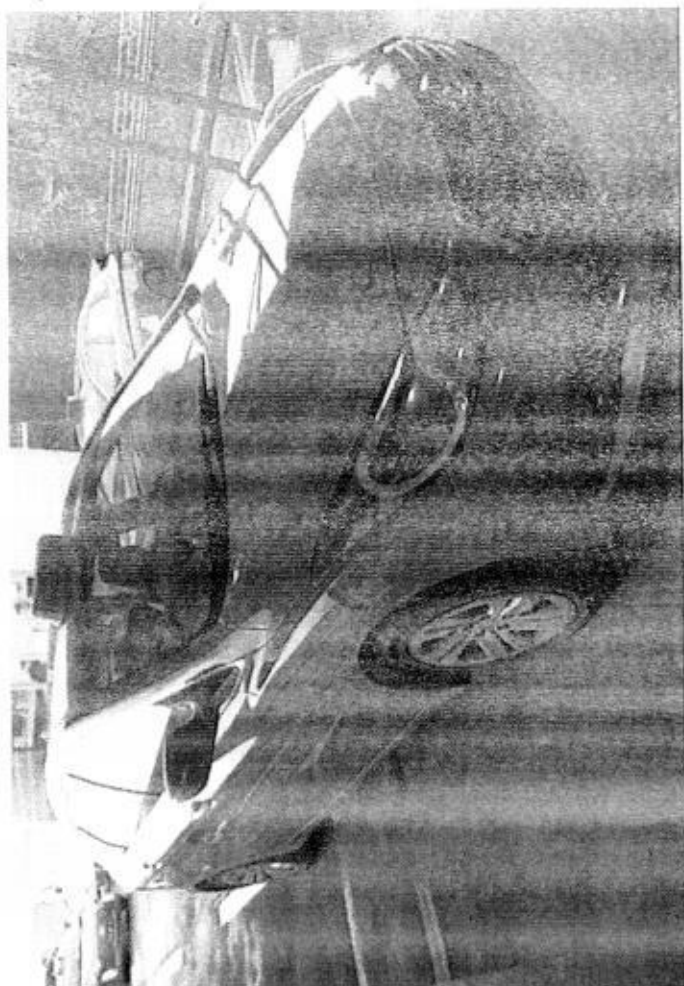
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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. 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.:



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JO NO: 305323961

CUSTOMER
COMFORT TRANSPORTATION PTE LTD
7010045
CUSTOMER NO: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (Q)
(P)
UNIT CARD NO:

| | |
|---------------------------------|--------------------------------|
| REGN NO: SHD3029H | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL: I-40 | DATE/TIME IN: 10.08.2019 10:00 |
| YR OF MANU: 09.06.2016 | TARGET DATE |
| CHASSIS CODE: RMHLB41UMGU091341 | COMPLETION DATE/TIME: |

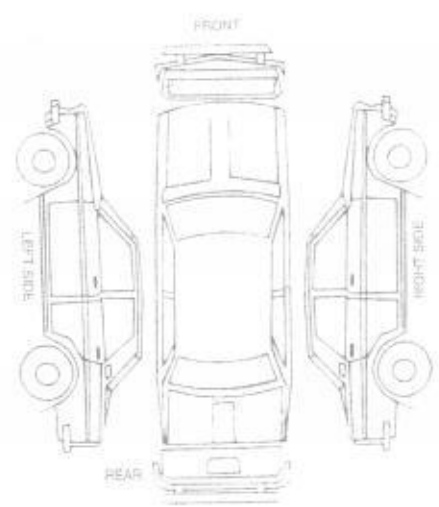
NTUC

JOB DESCRIPTION

Accident Date: 09.08.2019
NATURE: 3P 09.08.2019

S/NO LABOR CODE DESCRIPTION

TAKE PHOTOGRAPH
BEFORE / AFTER
SPRAY PAINTING



WORKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

| | | | |
|---|----------------|------------------------------|------|
| Acknowledgement Slip | | Exit Pass | |
| No. SHD3029H | LKE | Vehicle No.: SHD3029H | |
| Signature/Date | 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 : SHD 3029H

DATE 13/8/2019 9:52

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|---|------|------------|--------------------------|
| | Rear Bumper | | | \$ 553.00 |
| | Rear Bumper Reinforcement | | | \$ 428.40 |
| | Rear Bumper Reinforcement Bracket (LH/RH) | | \$ 80.30 | \$ 160.60 |
| | Rear Bumper Clip 10 pcs | | | \$ 22.00 |
| | Rear Bumper Bracket | | \$ 35.60 | \$ 71.20 |
| | Rear Bumper Sponge | | | \$ 103.50 |
| | Rear Bumper Under Cover | | | \$ 228.00 |
| | SUB TOTAL | | | \$ 1,566.70 |
| | LESS 20% | | | \$ 313.34 |
| | DISCOUNTED TOTAL | | | \$ 1,253.36 |
| | Rear Bumper Reverse Sensor | | | \$ 135.70 |
| | Rear Bumper Rubber Mat | | | \$ 50.00 |
| | | | | \$ 185.70 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 400.00 200 |
| | Spray Painting Charge | | | \$ 300.00 200 |
| | Wiring Charge | | | \$ 50.00 20 |
| | Remove/Refix Reverse Sensor | | | \$ 80.00 20 |
| | TOTAL LABOUR | | | \$ 830.00 |
| | ESTIMATE TOTAL | | | \$ 2,269.06 |

Kalvin KK

13/8/19 10:52

2 days.

L/S

After Repair photo

• Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification(s) is allowed
 • Supplementary item(s) must be resurveyed
 • Is subject to final approval from Insurance company

Acknowledged by Repairer
 Signature:
 Date:

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305323961

Date : 14.08.19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHD3029H CTPL

09.08.19

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

1. The repair job shall bill to: NTUC --- SGQ7012Y
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% \$1,000.00
 - Final Lumpsum Repair cost** \$1,000.00

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 KWOK ENG

Tel : 62148316

Fax : 65468156

Signature: 

Name : Kaka

Date : 19/8/19

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 | | 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/INC19014132/K1vf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 21-08-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SGQ 7012Y | Veh. Inspected | SHD 3029H |
| Policy No. | 5104922193 | Coverage (\$) | 0.00 |
| Claim No. | MT/1057180-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 13/08/2019 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | KMHLB41UMGU091341 | Colour | BLUE |
| Odometer | 542225 | 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 REAR N/S PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 09/08/2019 | Inspection Date | 13/08/2019 |
| 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 3029H

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|--|---------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | REAR BUMPER | DEFORMED | 553.00 | 553.00 |
| 1 | REAR BUMPER REINFORCEMENT | SERVICEABLE | 428.40 | - |
| 2 | REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30 | SERVICEABLE | 160.60 | - |
| 10 | REAR BUMPER CLIP | NECESSARY | 22.00 | 22.00 |
| 2 | REAR BUMPER BRACKET @\$35.60 | SERVICEABLE | 71.20 | - |
| 1 | REAR BUMPER SPONGE | SERVICEABLE | 103.50 | - |
| 1 | REAR BUMPER UNDER COVER | CUT | 228.00 | 228.00 |
| | LESS 20% DISCOUNT | | -313.34 | -160.60 |
| | | | 1,253.36 | 642.40 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REAR BUMPER REVERSE SENSOR (SN) | SHORTED | 135.70 | 135.70 |
| 1 | REAR BUMPER RUBBER MAT (SN) | NECESSARY | 50.00 | 50.00 |
| | | | 185.70 | 185.70 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING. | | 400.00 | 200.00 |
| | SPRAY PAINTING CHARGE. | | 300.00 | 200.00 |
| | WIRING CHARGE. | NOT NECESSARY | 50.00 | - |
| | REMOVE/REFIX REVERSE SENSOR. | | 80.00 | 30.00 |
| | | | 830.00 | 430.00 |
| GRAND TOTAL | | | 2,269.06 | 1,258.10 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 1,000.00 |

Report Ref No. NS/INC19014132/K1vf3n2

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.