

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

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"/>	5077387766-03		KATONG EXPRESS	52957147A	GBS	Third Party	CB7115K	CB7115K	07/02/2019	06/02/2020

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	14/08/2019 11:08
Date Of Accident	13/08/2019 17:10
Exact Location Of Accident	ALONG BENOI RD TWDS JLN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9008C
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	ONG ENG WEE (WANG YONGWEI)
NRIC No	S7339424D
Date Of Birth	01/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1994
Driving Experience	25 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91889128
Fax Number	
Contact Number	
Email Address	AHWEE3933@HOTMAIL.COM

Address	BLK 166B YUNG KUANG ROAD #06-28
Postcode	312166
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?	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

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	CB7115K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD
RIGHT CENTRE

IMPORTANT NOTICE

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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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303021R

Policyholder's Signature
Date & Time:

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

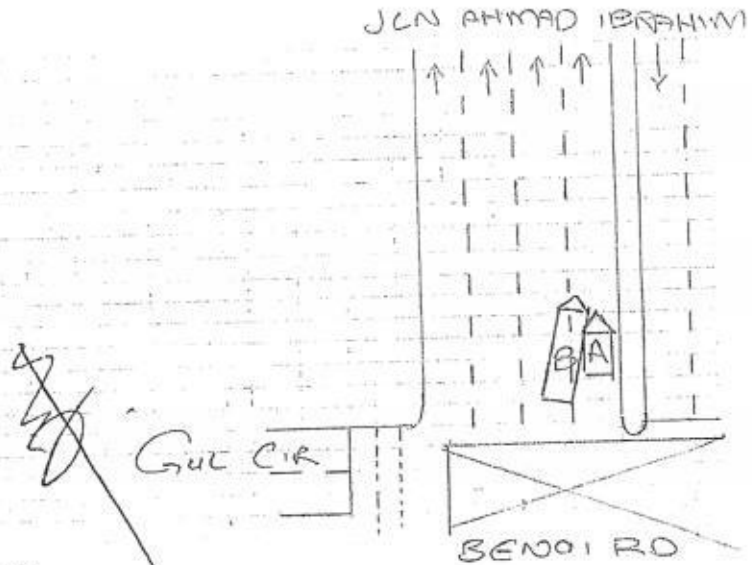
Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 14 AUG 2019

SKETCH PLAN

A = SH 9008C

B = CB 711SK
(Bus)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

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:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 14 AUG 2019
NRIC/FIN No.:

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On the 13/08/2019 @ about 17:10hrs, I was driving along Benoi Rd towards JLN Ahmad Ibrahim direction.

As I was driving after the junction of Gul Cir, suddenly the bus of CB7115K on my left side encroached onto my lane and grazed onto my left side on my taxi.

02 male passenger on board my taxi and no injury at the point of accident.

Declaration

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

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

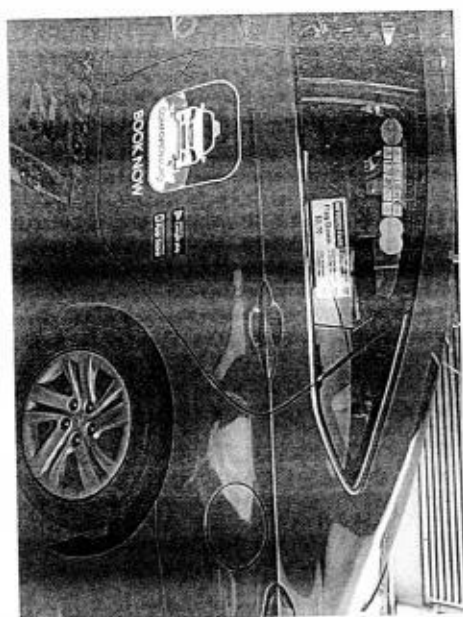
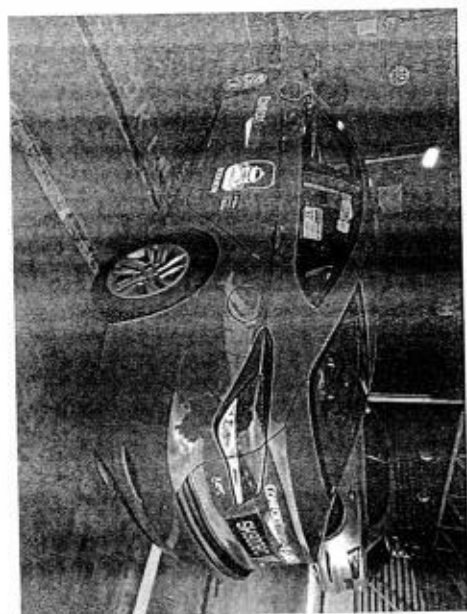
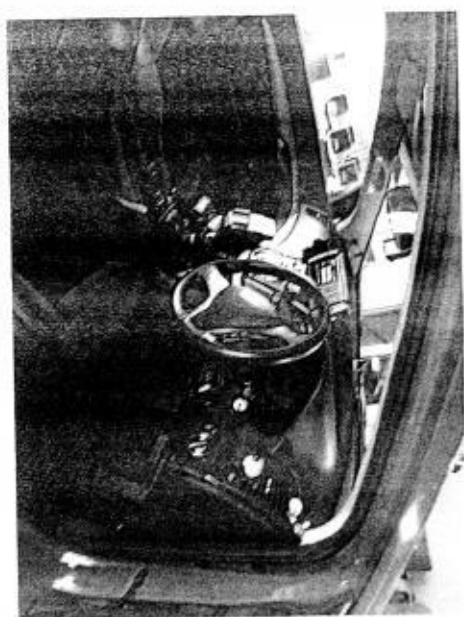
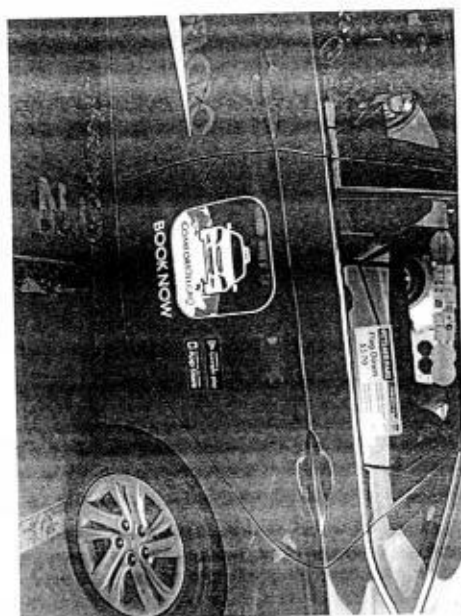
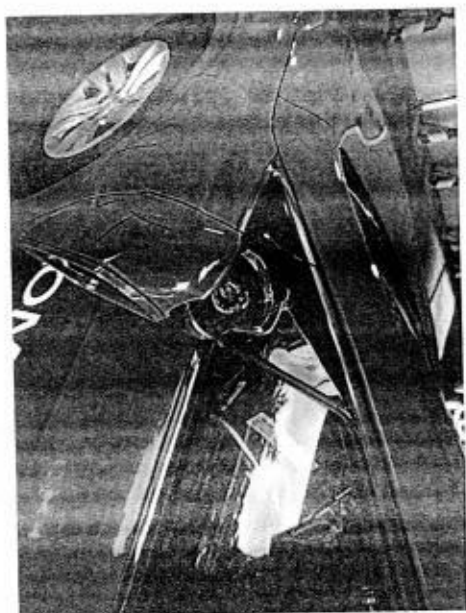
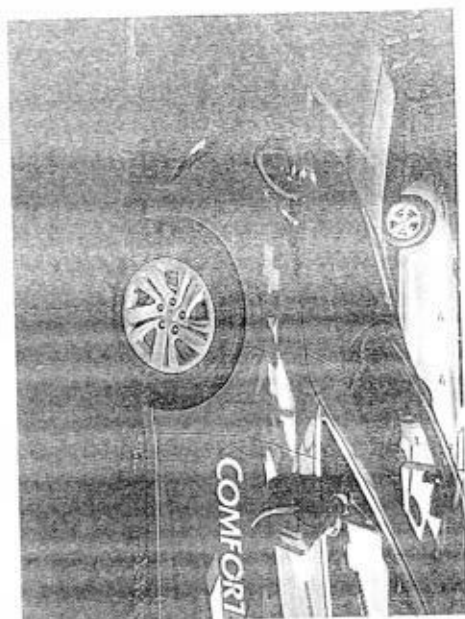
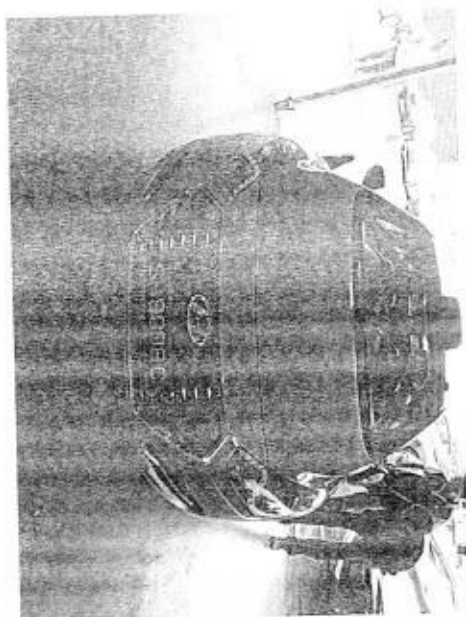
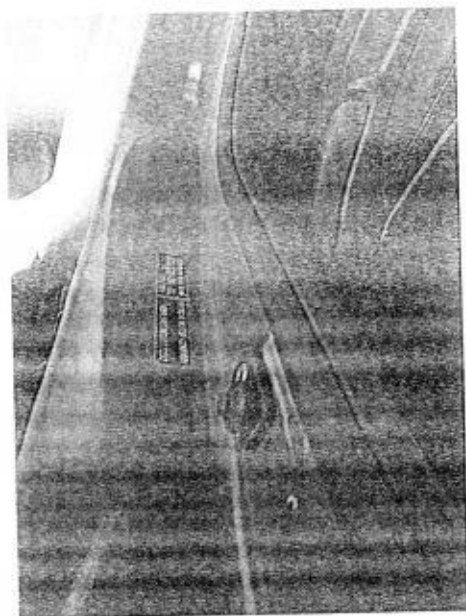
Policyholder's Signature/Date &
Time

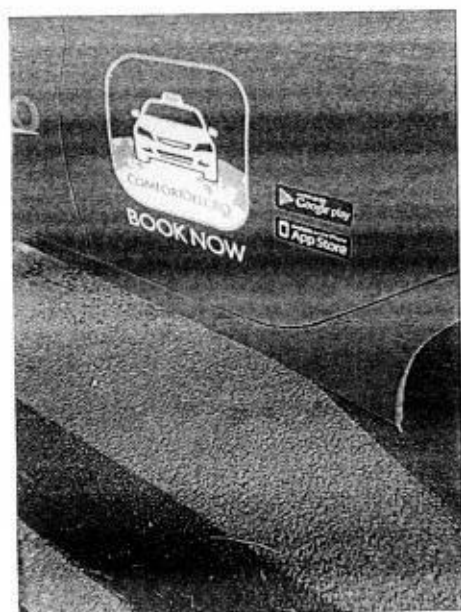
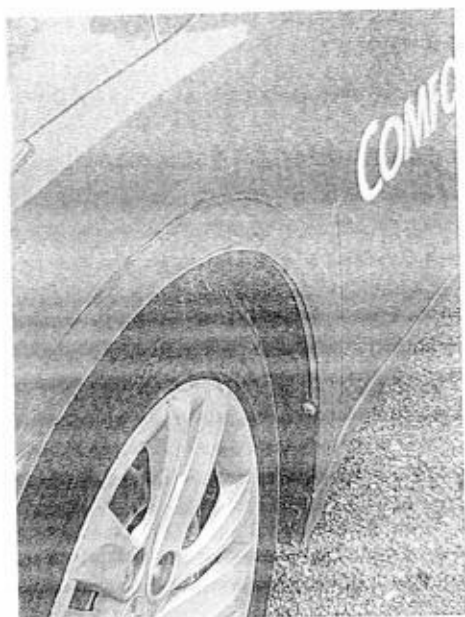
Driver's Signature (If driver is not the policyholder)/Date
& Time

Olivia Wendy

Witnessed by Reporting
Centre Personnel

14 AUG 2019





Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305324555

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

VARS

REGN NO: SH 9008C

MILEAGE

VMS

7010045

MAKE: HYUNDAI

FUEL

CUSTOMER NO.

383 SIN MING DRIVE

E.....1/2.....F

ADDRESS

Singapore SINGAPORE 575717

MODEL I-40

DATE/TIME IN 13.08.2019 18:00

L (R)

(O)

YR OF MANU 03.09.2015

TARGET DATE

(P)

CHASSIS CODE KMHLB41UMGU077232

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

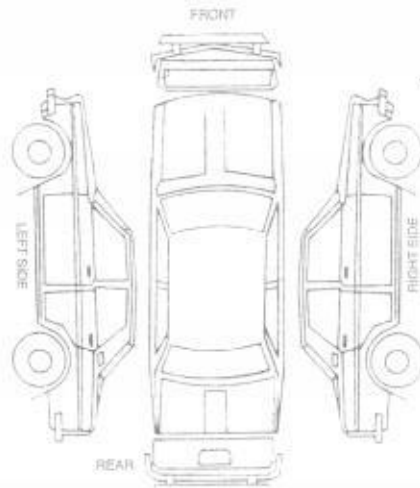
Accident Date: 13.08.2019

NATURE: 3P 13.08.2019

S/NO

LABOR CODE

DESCRIPTION

NTUC - Left Front
LCC/Kahni -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

e:

No.:

File No.:

SH 9008C

LARRY

Vehicle No.:

SH 9008C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE: 14. Aug. 2019

DOA: 13. Aug. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover <i>X repair</i>			\$1,052.20
1	Front Bumper Side Bracket - LH <i>X su</i>			\$24.60
1	Front Bumper Top Bracket - LH <i>X su</i>			\$22.40
10	Front Bumper Clips <i>X 114</i>		\$2.20	\$22.00
1	Side Mirror - LH <i>Broken</i>			\$670.00
1	Front Fender - LH <i>X repair</i>			\$566.30
1	Front Fender Shield - LH <i>X su</i>			\$174.90
1	Front Wheel Cover - LH <i>X su</i>			\$107.10
	<i>Front Door (LH) X repair</i>			
	<i>Rear Door (RH) X repair</i>			
	SUB TOTAL			\$2,639.50
	LESS 20%			\$527.90
	DISCOUNTED TOTAL			\$2,111.60
1	Front Door ComfortDelgro Sticker - LH <i>---</i>			\$75.00
	<i>Rear Door Comfort Delgro sticker - LH</i>			<i>\$80</i>
				\$75.00
	Labour Charge			
1	Panel Beating			<i>200</i> \$600.00
1	Spray Painting (Bumper, Fender, Mirror, Door)			<i>650</i> \$750.00
1	Tuff Kote			<i>11 X</i> \$50.00
1	Wiring Charge			<i>30</i> \$50.00
	TOTAL LABOUR			\$1,450.00
	ESTIMATE TOTAL			\$3,636.60
				371660

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 : 305324555

Date : 16. Aug. 2019

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

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 9008C

Date of Accident: 13. Aug. 2019

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

1. The repair job shall bill to: NTUC CB7115K

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**\$1,250.00**

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 amountSignature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

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				
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/INC19014197/K1vd3n2

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.	CB 7115K	Veh. Inspected	SH 9008C
Policy No.	5077387766-03	Coverage (\$)	0.00
Claim No.	MT/1057531-002	Excess (\$)	0.00
Assign From		Assign Date	14/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU077232	Colour	BLUE
Odometer	553606	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 N/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	13/08/2019	Inspection Date	14/08/2019
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.
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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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9008C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	1,052.20	-
1	FRONT BUMPER SIDE BRACKET-LH	SERVICEABLE	24.60	-
1	FRONT BUMPER TOP BRACKET-LH	SERVICEABLE	22.40	-
10	FRONT BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	SIDE MIRROR-LH	BROKEN	670.00	670.00
1	FRONT FENDER-LH	TO REPAIR SEE LABOUR	566.30	-
1	FRONT FENDER SHIELD-LH	SERVICEABLE	174.90	-
1	FRONT WHEEL COVER-LH	SERVICEABLE	107.10	-
1	FRONT DOOR (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR DOOR (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-527.90	-134.00
			2,111.60	536.00
<u>SPECIAL NETT ITEMS</u>				
1	FRONT DOOR COMFORTDELGRO STICKER-LH (SN)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORTDELGRO STICKER-LH (SN)	NECESSARY	80.00	80.00
			155.00	155.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER,FRONT FENDER-LH,FRONT DOOR (LH) AND REAR DOOR (LH).		600.00	200.00
	SPRAY PAINTING (BUMPER,FENDER,MIRROR,DOOR).		750.00	650.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	WIRING CHARGE.		50.00	30.00
			1,450.00	880.00
GRAND TOTAL			3,716.60	1,571.00

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,250.00
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Report Ref No. NS/INC19014197/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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