

eBaoTech

General/Claim

Hello, NAC_PAYA_UBI_800601

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Policy Query

| | | | | | | | | | | |
|---|--------------------------------------|--------------------|---|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="28/08/2019 09:06"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="PC8446P"/> | Certificate Number | <input type="text"/> | | | | | | | |
| <input type="button" value="Search"/> | | | | | | | | | | |
| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input checked="" type="radio"/> | 5111725686 | | RL TRANSPORT | S3399794A | GBS | Comprehensive | PC8446P | PC8446P | 06/08/2019 | 05/08/2020 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

TP Claims against NTUC Income: Follow-Through Survey

Date : 2/9/2019

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|
| 1 | MT/1059899-002 | COMFORT TRANSPORTATON PTE LTD | SHD 4765J | SMJ 6619U | 27/8/2019 |
| 2 | MT/1059928-002 | COMFORT TRANSPORTATON PTE LTD | SHA 4175C | SFX 3228T | 28/8/2019 |
| 3 | MT/1060206-002 | CITYCAB PTE LTD | SHA 8510S | SJJ 3777B | 28/8/2019 |
| 4 | MT/1060492-001 | COMFORT TRANSPORTATON PTE LTD | SHB 6640H | PC 8446P | 28/8/2019 |
| 5 | MT/1059784-002 | COMFORT TRANSPORTATON PTE LTD | SH 6131Z | FBH 921B | 27/8/2019 |

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 | 29/08/2019 09:33 |
| Date Of Accident | 28/08/2019 17:55 |
| Exact Location Of Accident | ALONG WOODLANDS AVE 3 TOWARDS CHOA CHU KANG |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHB6640H |
| Insured/Policyholder | |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No | 199303821R |
| Email Address | FLEETSAFTY@CDGTAXI.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65508768 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HYUNDAI |
| Model | IONIQ |
| 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 | TEO LENG PENG |
| NRIC No | S1383273J |
| Date Of Birth | 04/09/1959 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/10/1983 |
| Driving Experience | 35 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93684534 |
| Fax Number | |
| Contact Number | |
| Email Address | ROBERTTEO59@GMAIL.COM |

| | |
|---|-----------------------------|
| Address | 122E 13-468 RIVERVALE DRIVE |
| Postcode | 545122 |
| 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 (to reverse) |
| 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) | 3 |
| Passenger 1 | NAME: : - GENDER: : MALE |
| Passenger 2 | 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 | PC8446P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | BUS |
| Name of Driver | LEONG WAI SENG |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

REAR RHT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TEO LENG PENG

Approximate Age

60

Injuries Sustain

NECK,LEFT SHOULDER

Injured person in which vehicle?

SHB6640H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

A = SHBEECH

B = PC8446P
(BUS)

7/1

CHON CHU 10/4/14

WOODLANDA PVE3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

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

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.:

Olivia Wendy

29 AUG 2014

Describe Circumstances of the Accident.

On the 28/08/2019 at about 17:55hrs, I was driving along Woodlands Ave 3 towards Choa Chu

Kang direction with couple passenger on board my taxi.

As I was almost reached the Kranji MRT Station, there's a Bus was making a U-Turn from the

opposite direction so I slow down and honked the driver to alert him. As I drove pass the Bus

suddenly there's a jerk on my left rear so I stop and noticed the Bus was reversing and hit

onto my taxi. So I drove towards the Kranji MRT Station to checked the damages and found

out the Bus of PC8446P rear right had collided onto my left rear door and left rear portion

of my taxi.

Both my passenger is not injured however I felt a slight sprain on my left shoulder and neck

pain as well. Will consult doctor later.

Declaration

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

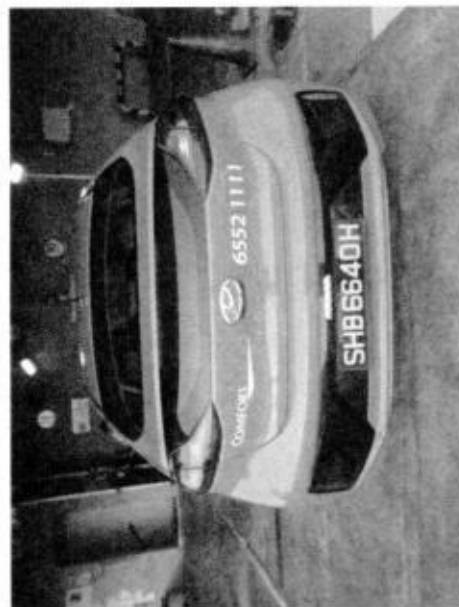
Policyholder's Signature/Date &
Time

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

Olivia Wendy

Witnessed by Reporting
Centre Personnel

29 AUG 2019





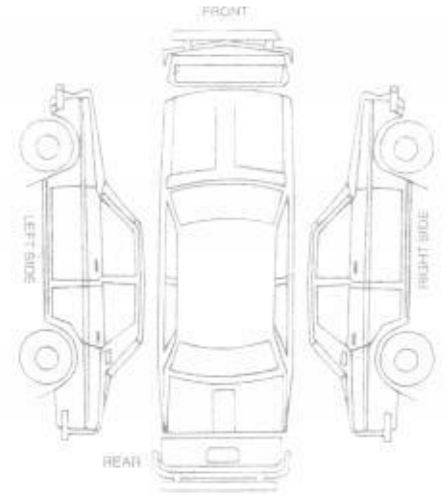
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305328529

| | | |
|-----------------------------------|--------------------------------|-------------------------------|
| OMER | REGN NO.: SHB6640H | MILEAGE |
| IS COMFORT TRANSPORTATION PTE LTD | MAKE: HYUNDAI | FUEL |
| OMER NO. 7010045 | MODEL: IONIQ(G2) | E.....1/2.....F |
| IESS 383 SIN MING DRIVE | YR OF MANU 18.04.2019 | DATE/TIME IN 28.08.2019 19:15 |
| (R) Singapore SINGAPORE 575717 | CHASSIS CODE KMHC851CVKU141794 | TARGET DATE |
| (P) 65508755 (O) | | COMPLETION DATE/TIME |
| OUNT CARD NO. | | |

NTUC

Accident Date: 28.08.2019
NATURE: 3P 28.08.2019

JOB DESCRIPTION

| S/NO | LABOR CODE | DESCRIPTION |
|------|------------|--|
| | |  |

KED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

edgement Slip

Exit Pass

Vehicle No.: SHB6640H

Signature/Date: 

Name of Service Advisor: _____ Date: _____

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 6640H

DATE 29/8/2019 11:12

MAKE :

MODEL : HYUNDAI IONIQ

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|---|--|------|------------|----------------------------------|
| | Rear Fender (LH) <i>x repair</i> | | | \$ 1,768.30 |
| | Rear Fender Inner Lining (LH) <i>x 50</i> | | | \$ 73.60 |
| | Rear Windscreen Moulding <i>x 10</i> | | | \$ 28.20 |
| | Rear Door (LH) <i>Back</i> | | | \$ 1,789.90 |
| | Rear Door Outer Handle (LH) <i>x repair</i> | | | \$ 78.00 |
| | Rear Wheel Hup-Cap (LH) <i>100</i> | | | \$ 346.00 |
| | SUB TOTAL | | | \$ 4,084.00 |
| | LESS 20% | | | \$ 816.80 |
| | DISCOUNTED TOTAL | | | \$ 3,267.20 |
| | Rear Windscreen Sealant <i>x 10</i> | | | \$ 46.00 |
| | Rear Door Comfortdelgro & Apps Sticker (LH) <i>10%</i> | | | \$ 80.00 |
| | | | | \$ 126.00 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 800.00 <i>500</i> |
| | Spray Painting Charge | | | \$ 900.00 <i>400</i> |
| | Tuff Kote | | | \$ 50.00 <i>20</i> |
| | Transfer of Door | | | \$ 120.00 <i>50</i> |
| | Rear Wheel Alignment | | | \$ 120.00 <i>x 10</i> |
| | TOTAL LABOUR | | | \$ 1,990.00 |
| | ESTIMATE TOTAL | | | \$ 5,383.20 |
| <p><i>Kalvin 10/6/19</i></p> <p><i>29/8/19 1220L</i></p> <p><i>3 Days</i></p> <p><i>P/P</i></p> <p><i>Before Paint photo</i></p> | | | | |
| <p>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.</p> | | | | |

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 31.08.2019
Time: 11:36:26
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 : 305328529
REGN NO : SHB6640H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 18.04.2019
DATE/TIME IN : 28.08.2019 19:15
ACCIDENT DATE : 28.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | |
|------------------------|---------------------------|-----|----------|-------|----------|
| 0001 04-01-0104-0596-G | IONIQ PANEL ASSY-REAR DOO | 1 L | 1,789.90 | 20.00 | 1,431.92 |
| 0002 28-01-9999-2023-A | APP LOGO REAR DOOR L/R CT | 1 N | 80.00 | 10.00 | 72.00 |
| 0003 03-01-0104-2061-G | IONIQV1/3 CAP ASSY-WHEEL | 1 L | 346.00 | 20.00 | 276.80 |

SUB-TOTAL : 1,780.72

JOB NATURE

| | | |
|-------------|---------------------------------------|--------|
| 0000 L | PANEL BEATING | 500.00 |
| 0001 23-502 | SPRAYPAINT ON AFFECTED AREA | 400.00 |
| 0002 20-00 | TUFF COAT ON AFFECTED PARTS. | 20.00 |
| 0003 20-02 | REMOVE/REFIX DOOR PARTS TO ASSIST REP | 50.00 |

SUB-TOTAL : 970.00

TOTAL : 2,750.72

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

**COMFORTDELGRO
ENGINEERING**

Our Job Ref No 305328529

Date 31.08.19

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

To LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHB6640H CTPL

28.08.19

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

1. The repair job shall bill to: **NTUC** **PC8446P**
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | \$1,780.72 |
| (b) Labour Charges | \$970.00 |
| Total for Part-By-Part Repair Cost | \$2,750.72 |
| (c) Lumpsum Repair (If applicable) | |
| Total for Lumpsum repair cost after Less: 20% | |
| Final Lumpsum Repair cost | |

3. Estimated normal period for repairs: 3 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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature: 

Name : Calvin

Date : 2/9/19

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/INC19015358/K1tf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 05-09-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | PC 8446P | Veh. Inspected | SHB 6640H |
| Policy No. | 5111725686 | Coverage (\$) | 0.00 |
| Claim No. | MT/1060492-001 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 29/08/2019 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI IONIQ | c.c | 1580 |
| Engine No. | HIDDEN | Year of Reg. | 2019 |
| Chassis No. | KMHC851CVKU141794 | Colour | BLUE |
| Odometer | 38210 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | FAIR | | |

3. Conditions of Tyres

| | 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 |

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 28/08/2019 | Inspection Date | 29/08/2019 |
| 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: | 3 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. SHB 6640H

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|--|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | REAR FENDER (LH) | TO REPAIR SEE LABOUR | 1,768.30 | - |
| 1 | REAR FENDER INNER LINING (LH) | SERVICEABLE | 73.60 | - |
| 1 | REAR WINDSCREEN MOULDING | NOT NECESSARY | 28.20 | - |
| 1 | REAR DOOR (LH) | BUCKLED | 1,789.90 | 1,789.90 |
| 1 | REAR DOOR OUTER HANDLE (LH) | TO REPAIR SEE LABOUR | 78.00 | - |
| 1 | REAR WHEEL HUP-CAP (LH) | GRAZED | 346.00 | 346.00 |
| | LESS 20% DISCOUNT | | -816.80 | -427.18 |
| | | | 3,267.20 | 1,708.72 |
| NETT ITEMS | | | | |
| 1 | REAR WINDSCREEN SEALANT (N) | NOT NECESSARY | 46.00 | - |
| 1 | REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (N) | NECESSARY | 80.00 | 80.00 |
| | LESS 10% DISCOUNT | | - | -8.00 |
| | | | 126.00 | 72.00 |
| LABOUR | | | | |
| | PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER (LH) AND REAR DOOR OUTER HANDLE (LH). | | 800.00 | 500.00 |
| | SPRAY PAINTING CHARGE. | | 900.00 | 400.00 |
| | TUFF KOTE. | | 50.00 | 20.00 |
| | TRANSFER OF DOOR. | | 120.00 | 50.00 |
| | REAR WHEEL ALIGNMENT. | NOT NECESSARY | 120.00 | - |
| | | | 1,990.00 | 970.00 |
| GRAND TOTAL | | | 5,383.20 | 2,750.72 |
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | | 2,750.72 |

Report Ref No. NS/INC19015358/K1tf3n2

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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