

Surround: N02

REF: NS/INC1901994/N 28302
INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

CO/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s _____

ol _____

Insured: PC 2758D

Policy No. 5103551216-01 (11/09/2019 - 10/09/2020)

Claims No. MT/1066009-002

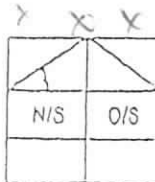
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Est. or Market Value: _____

IVAC Accident Report: _____ Consistent? : Yes or No

Old / PR Score: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lump Sum: _____ % J Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN/OUT

Veh No: SHA 222M Yr Regn: 17 MAR 2017

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

Truck / Trolley or

Make: HYUNDAI IONIQ cc: 1,580

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

Sp. Reading: 436,627 T/Radi: Insured / Std / NI / NA

Eng/No: _____

C/Nr: KMHC851CVHU022772

Gon. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / SIRIm / STDARIm or

Tyre Siz: F: 195/65 R15

R: 11

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

TOYO / YOKO or

DAVANTI

Front

Rear

R/Bol. 5 mm R/Bol. 5 mm

U/Bol. 5 mm U/Bol. 5 mm

D.O.A. 8/10/19 D.O.A. 9/10/19

Survey held at CDEE WYANG

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Roodtop or

The UIC / Chassis frame / Body Structure affected due to collision

INC 215

Date / Time Action / Instruction

PC 2758D: X

SHA 222M: CC31CT18007740/K200302 D.O.A. 05/05/2018

16/10/19 Finalised Lump Sum Repair \$1,300 / 2 days

Chkd @ 1870. 48, 59.1%

RECEIVED 16 OCT 2019

Date/Time, File Pass to?

☐ : Prelim Report

1) 16/10/19

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - HS - SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Report Format:

Lump Sum / L.S. (\$ 1300

160

160

TP Claims against NTUC Income: Follow-Through Survey

Date 16/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1063621-002	SMRT AUTOMOTIVE SERVICES PTE LTD	SHD6334G	SJX4301K
2	MT/1065904-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC2677Z	SMJ7512L
3	MT/1066242-002	COMFORTDELGRO ENGINEERING PTE LTD	SH8467S	SJS1635T
4	MT/1066009-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 2222M	PC 2758D

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_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="08/10/2019 17:35"/>
Vehicle No.(For Motor)	<input type="text" value="PC2758D"/>	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"/>	5103551216-01		TRISONS TRANSPORT SERVICES PTE. LTD.	200817124D	GBS	Comprehensive	PC2758D	PC2758D	11/09/2019	10/09/2020

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	09/10/2019 08:30
Date Of Accident	08/10/2019 16:05
Exact Location Of Accident	NASSIM HILL INFRONT BLK 32
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2222M
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	IONIQ HYBRID
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	POH WAN TECK
NRIC No	S1334392F
Date Of Birth	22/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1977
Driving Experience	42 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96790482
Fax Number	
Contact Number	
EEmail Address	POHWANTECK58@GMAIL.COM

Address	BLK 119 PASIR RIS STREET 11 #10-501
Postcode	510119
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
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

REFER ATTACHED * TYPE OF ACCIDENT :- 3P REVERSED

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	PC2758D
Vehicle Make/Model/Colour	PRIVATE BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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. 199303821R

Policyholder's Signature
Date & Time:

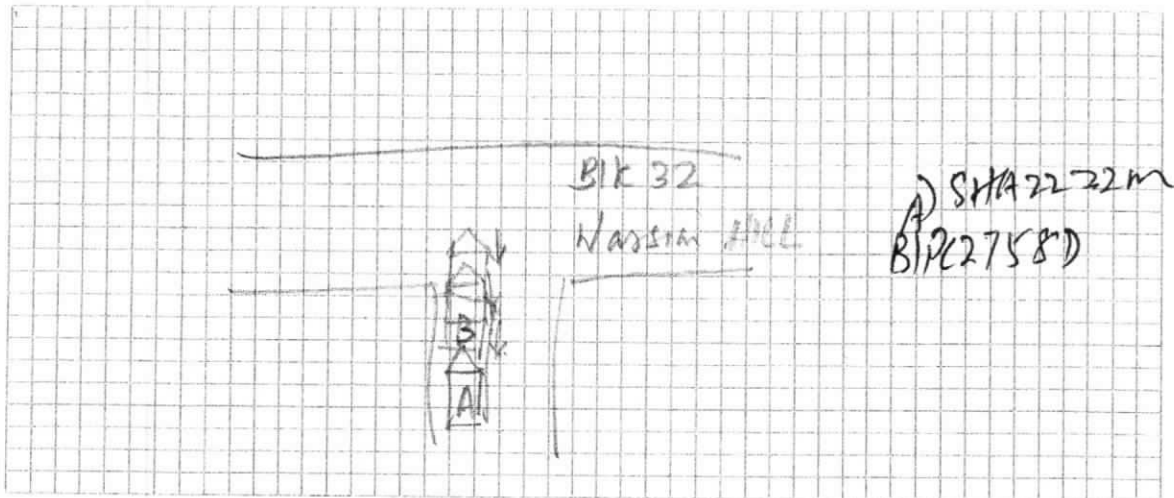
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/MIU SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/10/19 at about 1605hr while I Veh A was waiting behind Veh B that overshot the stop mark and was stationary. Suddenly Veh B reversed and collided onto the front of my stationary vehicle.

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.:

6/01/19

SR Moorthy
8/10/19

A member of COMFORTDELGRO

Date/Time: 09.10.2019 09:01

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305339966

STOMER

COMFORT TRANSPORTATION PTE LTD

VAR S

7010045

VMS

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

SCOUNT CARD NO.

REGN NO.: SHA2222M

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL IONIQ

DATE/TIME IN 08.10.2019 16:50

YR OF MANU 17.03.2017

TARGET DATE

CHASSIS CODE KMH851CVHU022772

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.10.2019

NATURE: 3P 08.10.2019

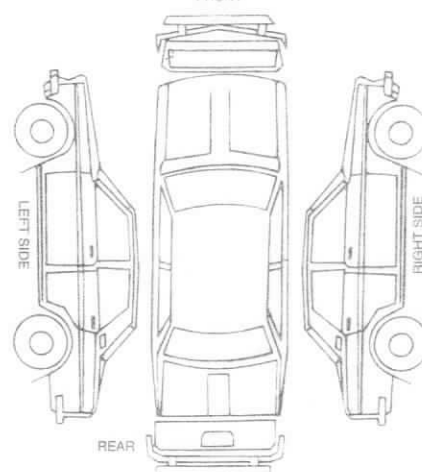
S/NO

LABOR CODE

DESCRIPTION

NTUC - Front

FRONT



REAR

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledge Slip

0930hrs

Exit Pass

2:

0.:

le No.:

SHA2222M

LARRY

Vehicle No.:

SHA2222M

Larry Ng

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 : SHA2222M

DATE: 9. Oct. 2019

MAKE : HYUNDAI

MODEL : IONIQ

DOA: 8. Oct. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER			\$418.30
10	FRONT BUMPER CLIPS		\$2.20	\$22.00
1	RADIATOR GRILLE			\$1,227.50
1	FRONT BUMPER MOLDING UPPER			\$108.50
1	HEADLAMP SUPPORT PANEL			\$949.30
SUB TOTAL			1336	\$2,725.60
LESS 20%				\$545.12
DISCOUNTED TOTAL			1068 80	\$2,180.48
<p>Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged part(s) during resurvey 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 and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature: <i>[Signature]</i></p>				\$-
Labour Charge				
1	Panel Beating			\$640.00
1	Spray Painting Charge			\$300.00
1	Wiring Charge			\$50.00
TOTAL LABOUR			1618.80	\$990.00
ESTIMATE TOTAL			1,295.04	\$3,170.48
			1,300.00	
<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>				

XR
X SVL
DEF
DEF
X SVL

200 30
200
30

Larry Ng

NAZ LKK
9/10/19 1530
LIS
2 DAYS
CHECK ITEMS PHOTO
AFTER REPAIR PHOTO

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305339966

Date : 11. Oct. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHA2222M

Date of Accident: 8. Oct. 2019

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

1. The repair job shall bill to: NTUC PC2758D

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

\$1,300.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : NAZ LKK

Name : NAZ LKK

Date : 16/10/19

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/INC19017994/Nqf3e2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 22-10-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	PC 2758D	Veh. Inspected	SHA 2222M
Policy No.	5103551216-01	Coverage (\$)	0.00
Claim No.	MT/1066009-002	Excess (\$)	0.00
Assign From		Assign Date	09/10/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHC851CVHU022772	Colour	BLUE
Odometer	436627	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	DAVANTI	5 mm
L/H Front Tyre	195/65 R15	DAVANTI	5 mm
R/H Rear Tyre	195/65 R15	DAVANTI	5 mm
L/H Rear Tyre	195/65 R15	DAVANTI	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	08/10/2019	Inspection Date	09/10/2019
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. SHA 2222M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	TO REPAIR SEE LABOUR	418.30	-
10	FRONT BUMPER CLIPS @\$2.20	SERVICEABLE	22.00	-
1	RADIATOR GRILLE	DEFORMED	1,227.50	1,227.50
1	FRONT BUMPER MOLDING UPPER	DEFORMED	108.50	108.50
1	HEADLAMP SUPPORT PANEL	SERVICEABLE	949.30	-
	LESS 20% DISCOUNT		-545.12	-267.20
			2,180.48	1,068.80
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		640.00	320.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		50.00	30.00
			990.00	550.00
GRAND TOTAL			3,170.48	1,618.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,300.00

Report Ref No. NS/INC19017994/Nqf3e2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

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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