

ASS. REC. BY Ram

REF

NS/2NC19018113 / F5P352

## ASSIGNMENT

Event

Date

Estimated Cost

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

To Inspect Vehicle No:

at Workshop no:

of

Insured SHB 8073G

Policy No.

Claims No MT/1066747 - 002

Sum Insured

Excess

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report

Consistent? Yes or No

GIA / PR Sum

Consistent? Yes or No

Est. Repairs

days

Res. Yes or No

Lam Sum

%

J Val. Yes or No

CA / REV / REP. / 24 HRS

Vehicle, IN / OUT

Date

Person Contacted

Veh No. SHC 85652

Yr Regn

10 DEC 2015

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

Truck / Trailer or

Make Hyundai i40

V.C. 1685

Colour Blue

AK: Insured / Std / NI / NA

Sp. Branding 584119

T/M: Insured / Std / NI / NA

Eng No.

C.No. KMHLB41UM6U081435

Gen. Cond. Good (Fair) Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tire Size F: 205/60 R16

R:

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

TOYO / YOKO or westlake

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 13/10/19

D.O.A. 14/10/19

Survey held at

comfort delgro (Layang)

Des. of Damages: Frt (Rear) O/S (N/S) / U/C / Rooftop or

rear &amp; N/S

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

Date / Time

Action / Instruction

NO Policy Found

SHB 8073G: X

SHC 85652: CC3/A261500R161/H2yn3x2 OCA: 13/10/2015

Silvercab (NTUC)

L/S: \$1150/-

repair days: 3 days

C \$ 2,795.88

Red - 71%

RECEIVED 07 NOV 2019

7/11/2019

Under Time, Fee Pass to?



Prel. Report

1) 07/11/19 Typ: 4



Final Report

Date/Time, Fee Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech Invs (\$)☐ Weekend (\$)

Report Format:

Lamp Sam / L.B.F: (\$ 1,150/- L/S)

Survey Fee:

Transportation

Fees

Photos

Others

TOTAL

TP Claims against NTUC Income: Follow-Through Survey

Date: 07/11/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1066747-002	COMFORT TRANSPORTATION PTE LTD	SHC 8565Z	SHB 8073G	13/10/2019	04:05	\$ 3,945.88	\$ 1,150.00

Team: ARC Repair TP(CLS0)1

## JOB CARD

Sales Order:

JC NO.: 305341324

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

R/MS 7010045

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

65508755

TEL (R)

(O)

(P)

DISCOUNT CARD NO:

REGN NO.

SHC8565Z

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

14.10.2019 08:30

YR OF MANU

10.12.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU081435

COMPLETION DATE/TIME:

## JOB DESCRIPTION

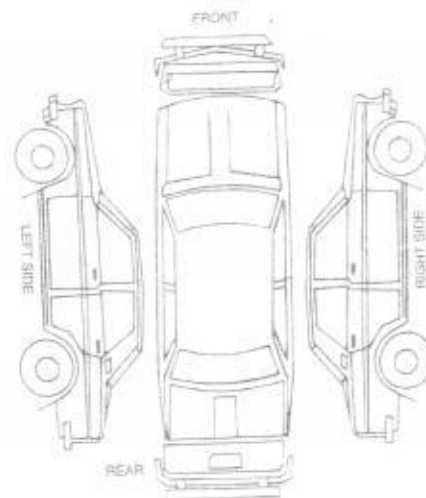
Accident Date: 13.10.2019

NATURE: 3P 13.10.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Name:

No.:

Vehicle No.:

SHC8565Z

CHIANG

Exit Pass

Vehicle No.:

SHC8565Z

Name of Service Advisor

Signature/Date

to be returned to Service Reception upon collection

Name of Service Advisor

Date

To be kept by Security Guard

## 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	14/10/2019 13:57
Date Of Accident	13/10/2019 04:05
Exact Location Of Accident	ORANGE GROVE RD X TANGLIN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8565Z
<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	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	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	LOW KENG KWONG
NRIC No	S1337186E
Date Of Birth	26/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1978
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97571958
Fax Number	
Contact Number	
Email Address	STEVENLOW8663@GMAIL.COM

Address 84 11-325 LORONG 2 TOA PAYOH  
 Postcode 310084  
 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) 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)

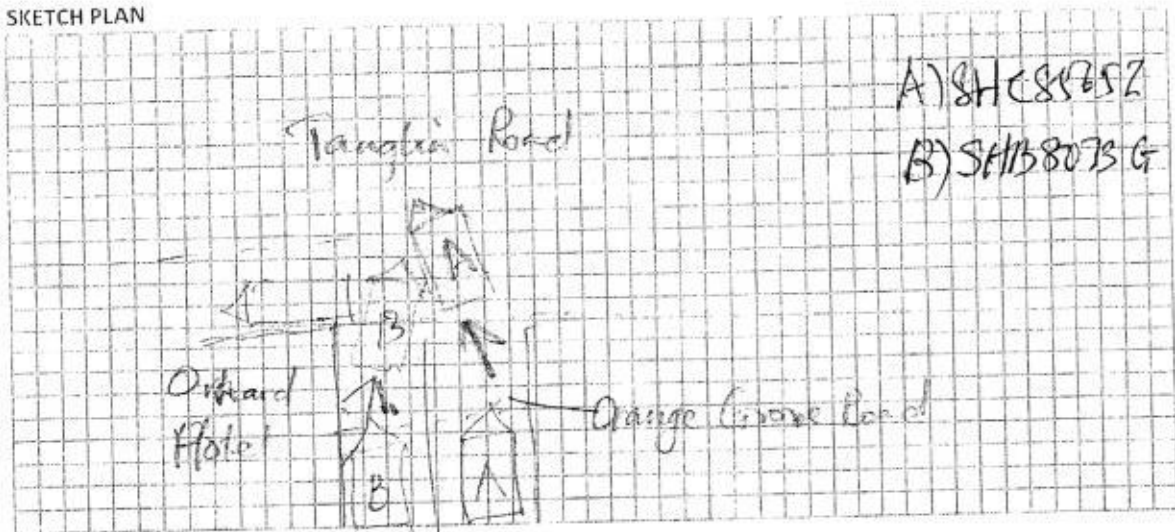
Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: -  
 Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB8073G  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage RHT FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/10/19 at about 0405hrs while I (veh A) exited from the side lane and into my lane onto the main road, veh B swayed right because of a parked vehicle in front blocking his left lane of the side lane. When moving forward, veh B grazed onto the left rear door portion of my vehicle.

DECLARATION

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

IMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303621R

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.:

GARMAC SketchPlanForm\_V2

**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. 199303621R

Policyholder's Signature  
Date & Time:

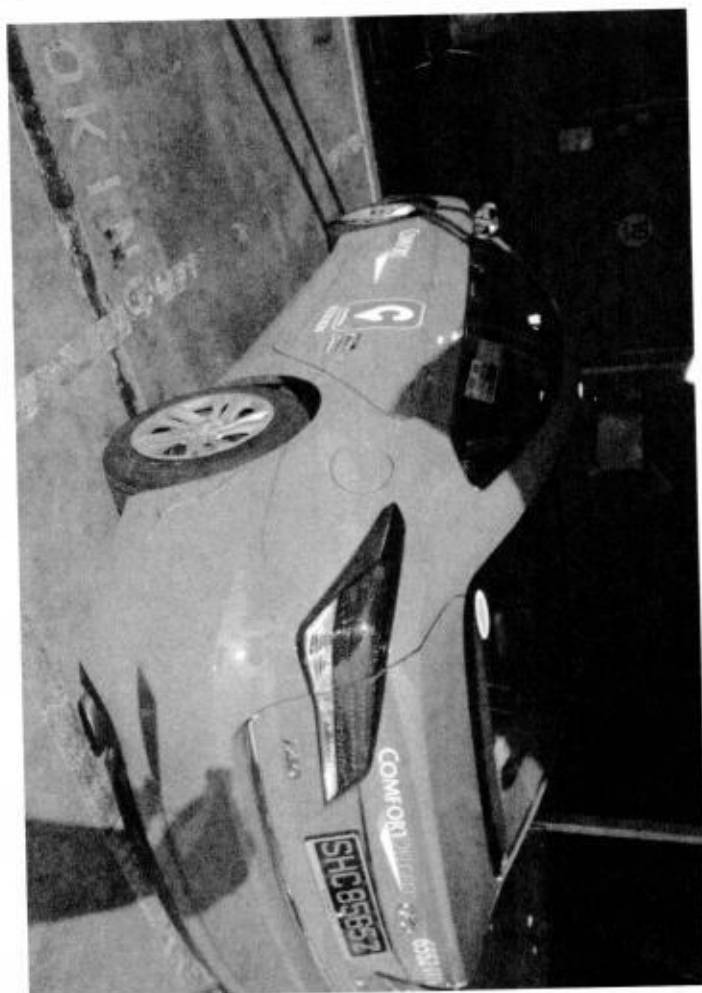
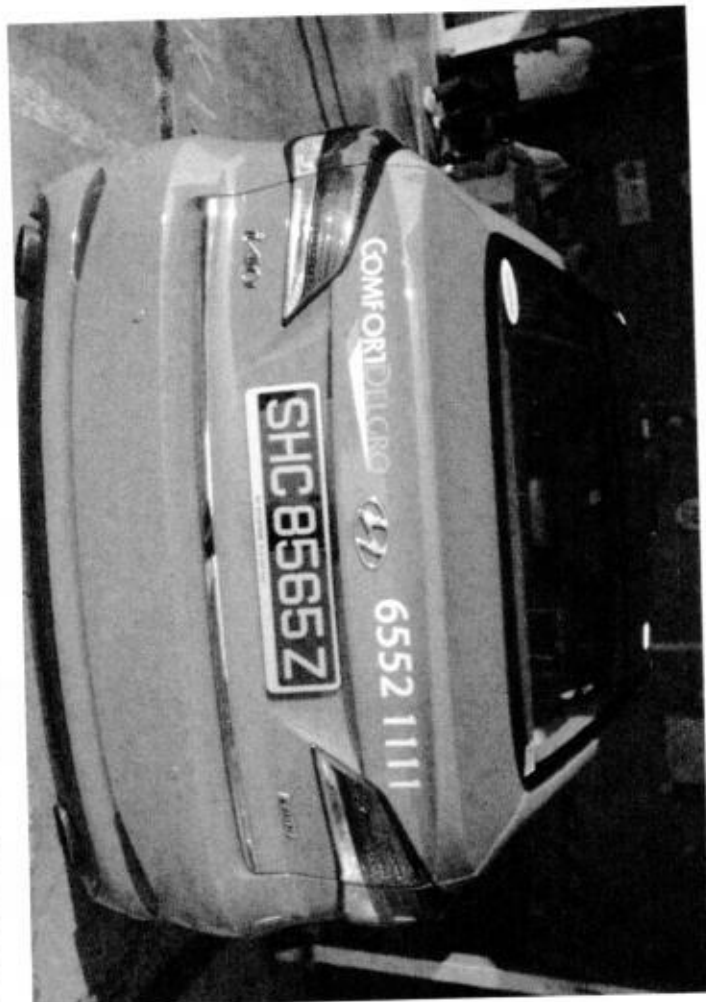
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

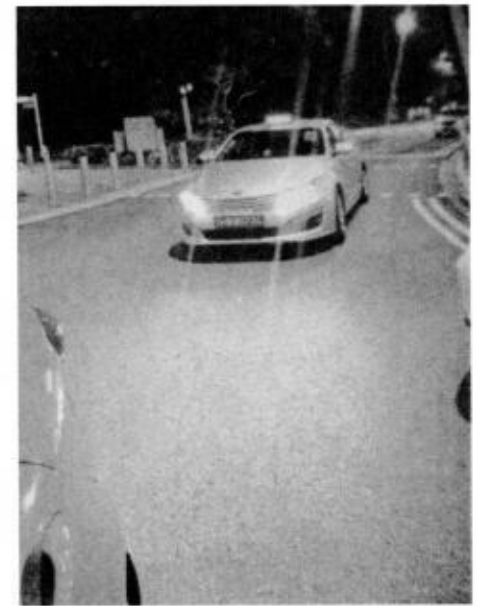
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/ACC SketchPlanForm\_V2









## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8565Z

DATE 14/10/2019 14:24

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper x Repair			\$ 553.00
	Rear Bumper Clip 10 pcs x nn			\$ 22.00
	Rear Door (LH) x repair			\$ 2,201.10
	LH Rocker panel (Outer) x Repair			
	LH front door x repair			\$ 2,776.10
	LH rear fender x repair			\$ 555.22
	LH rear rim cover			\$ 2,220.88
	<b>SUB TOTAL</b>			
	<b>LESS 20%</b>			
	<b>DISCOUNTED TOTAL</b>			
	Rear Door Comfortdelgro & Apps Sticker (LH) net			\$ 80.00
	Front Door Coloured Comfort Logo (LH) net			\$ 75.00
				\$ 155.00
	<b>Labour Charge</b>			
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 800.00
	Tuff Kote			\$ 50.00
	Transfer of Door			\$ 80.00
	Rear Wheel Alignment			\$ 80.00
	<b>TOTAL LABOUR</b>			\$ 1,570.00
	<b>ESTIMATE TOTAL</b>			\$ 3,945.88
				4031.56

LKK Auto Consultants hereby notify the Repairer of the following:

- 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

Acknowledged by Repairer

Signature:

Date:

Ram (LKK)  
14/10/19 1545

L/S

repair days: 3 days

Parasuram@LKKauto.com

88622778

aft repair

Photo

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 : 305341324

Date : 19/10/19

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

## FINALIZATION FORM

To : NTUC

Fax :

Attn : PARA

: SHC5865Z SHC 8565Z

13/10/2019

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

Z The repair job shall bill to: NTUC SHB8073G

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**

\$1,150.00

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 amount

Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : Rom

Date : 23/10/19

### 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		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/INC19018113/Fsf3s2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 14-11-2019	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHB 8073G	Veh. Inspected	SHC 8565Z
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1066747-002	Excess (\$)	0.00
Assign From		Assign Date	14/10/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU081435	Colour	BLUE
Odometer	584119	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
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 PORTION AND N/S BODY. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	13/10/2019	Inspection Date	14/10/2019
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:		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



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8565Z**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR DOOR (LH)	TO REPAIR SEE LABOUR	2,201.10	-
1	LH ROCKER PANEL (OUTER) (NPA)	TO REPAIR SEE LABOUR	-	-
1	LH FRONT DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
1	LH REAR FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
1	LH REAR RIM COVER	SCRATCHED	107.10	107.10
	LESS 20% DISCOUNT		-576.64	-21.42
			2,306.56	85.68
<b>SPECIAL NETT ITEMS</b>				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	72.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH) (SN)	NECESSARY	75.00	67.50
			155.00	139.50
<b>LABOUR</b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER, REAR DOOR (LH), LH ROCKER PANEL (OUTER), LH FRONT DOOR AND LH REAR FENDER.		560.00	420.00
	SPRAY PAINTING CHARGE.		800.00	800.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	TRANSFER OF DOOR.	NOT NECESSARY	80.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,570.00	1,220.00
<b>GRAND TOTAL</b>			<b>4,031.56</b>	<b>1,445.18</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,150.00</b>

Report Ref No. NS/INC19018113/Fsf3s2



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PARASURAM S/O SHANMUGAM  
Asst. 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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