4.8	SIGNMENT
Facility I Date	VENNO SHC 8565Z YORC 2015
Estimated Cost	Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To hepost Vehicle No.	Make Hyundai 140 no 1685
	Colour Blue AK: Insured / Std / NI / NA
of Werkshop nv	Sp.Reading 584119 T/Hadin Insured / Std / NI / NA
Marie 3HB 8073G	
	C/No: KMHLBATUMGU 081435
Charm, No. MT/1066747 - 002	Gen Cond. Good Fair Poor / Burnt
Summand Excess	Steering Inorder Jammed / Leaked / Burnt or
DESCRIPTION OF THE PROPERTY OF	Broke: (Inorder Dammed / Leaked / Burnt or
(Client's Record) Make at Veh:	Modi : NID I S/Rim / STD A/Rim or
NAMES OF SAME	IVID 5120 F: 205/60 R16
(Policy Condition)	R: -
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /
repair at the time of inspection.	TOYO/YOKO OF WESTLAKE
isal or Market Value.	Front Rear
IDAC Accident Riport: Complistent? Yes of No.	R/Bal. Tomm R/Bal. Tomm
GIA / PR Soon Consistent? Yes or No	L/Bal 7 mm L/Bal 7 mm
Est Repairs days Res. Yes or No	D.O.A. 13/10/19 D.O.I (4/10/19
Lam Sunc % 3 Val. Yes or No	Survey hold at comport delgro (reyoug)
CA / REV / REP. / 24 HRS Vehicle, IN / OL	Dos. of Damayos : Frt (Rear) O/S /N/S / U/C / Rooftop of
Date Person Contacted	The U/C / Chassis frame / Body Structure allected due to collision
Date / Time Action / Instruction NO Policy Pound SHIS SCARGES X SHIC SSIGS Z CC3/PAGISCOGRIGIT/Hayrax Sliver coals (NTUC) L/S: \$1150/= repair days: 3dayss	2,795.88 Red - 71%
	ECEIVED 0 7 NOV 2019 / 7/11/2019
transflow Fee Pass to? : Preli, Report	Days Of Repair:
Typist : Final Report	Resurvey No. of Trip: Survey Fee.
Date/Thire File Return to F	The state of the s
2)	Interview (\$) Plants
Report Formal .	Tech hivs (\$) allows
Imp Sym / L.B.J.: (\$ 1.150/- L/S)	Weekend (\$
Authoriting the 11/2	

TP Claims against NTUC Income: Follow-Through Survey

Date: 07/11/2019

Tentative repair cost
5 3,945.88
Time of Accident 04:05
Date of Accident 13/10/2019
Income Vehicle No. SHB 8073G
Claimant Vehicle No. SHC 8565Z
Claimant (Owner / Taxi Company) COMFORT TRANSPORTATION PTE LTD
Income Reference MT/1066747-002
S/No

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

305 Braddell Road Singspore 579701 Mainline + 65 5383 6280 Facsimile + 65 5280 9795

Workshops 59 Loyang Drive Singapore 508888 383 Sin Ming Drive Singapore 576717 45 Pandan Road Singapore 596286 Date/Time? Ub子本、子Dan 2019 15:02 Page: 1

JC NO.: 305341324 JOB CARD Sales Order: ARC Repair TP(CLSO)1 Team: MILEAGE REGN NO. SHC8565Z ... USTOMER COMFORT TRANSPORTATION PTE LTD FUEL MAKE: HYUNDAI E.....F R/MS 7010045 USTOMER NO. 383 SIN MING DRIVE 4.15.2019 08:30 MODEL. I - 40Singapore SINGAPORE 575717 DDRESS TARGET DATE YR OF MANUS. 12. 2015 65508755 EL. (R) CHASSIS CODE KMHLB41UMGU081435 COMPLETION DATE/TIME: (P)

ISCOUNT CARD NO.

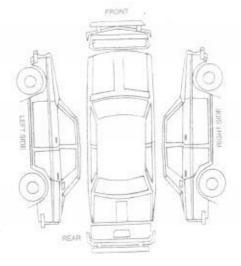
JOB DESCRIPTION

Accident Date: 13.10.2019 NATURE: 3P 13.10.2019

S/NO

LABOR CODE

DESCRIPTION



:HECKED & PASSED OUT BY:		
SERVICE ADVISOR	CUSTOMER'S SIGNATURE	
:nowledgement Slip	Exit Pasa	
ne: No.: SHC8565Z CHIANG	Vehicle No.: SHC8565Z	
me of Service Advisor Signature/Date be returned to Service Reception upon collection	Name of Service Advisor Date To be kept by Security Guard	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to
- 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.
- 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.

foresaid.	ACCIDENT STATEMENT
Date Of Report Date Of Accident Exact Location Of Accident Country/State of Loss	14/10/2019 13:57 13/10/2019 04:05 ORANGE GROVE RD X TANGLIN RD SINGAPORE DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC8565Z
Insured/Policyholder	A STATION DIE LTD
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	OFFICE-65508768

Alternative Phone No Vehicle Particulars

HYUNDAI Manufacturer

140 Model

Exact Purpose for which vehicle was being used at

Are you claiming under your own insurance policy NO for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

TAXI Vehicle Category

Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

MCOM0015 Policy Number

Cover Note Number

Driver

LOW KENG KWONG Name of Driver

S1337186E NRIC No 26/09/1958 Date Of Birth OUTDOOR Occupation 12/10/1978 Date Of Driving Pass

41 YEARS AND 0 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97571958 Mobile Number

Fax Number

Contact Number

STEVENLOW8663@GMAIL.COM **EMail Address**

Address

84 11-325 LORONG 2 TOA PAYOH

310084

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

OTHER - TAXI DRIVER

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)

2

involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

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

Page 2 of 19

No. Of Passenger (including Driver)

Sketch Plan Pg. 1

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	BUNGETHAN	
Ownard		
Hotel	Charles 4	2000
	ACCIDENT	
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of a parked v	elucle infrirt ble	cang mo up
lane of the si	ide lane. When	noring forward, let
grazed onto the	e left rear door	portion of my vehic
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TI- 1999/F TI-200		
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		A
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/We declare the foregoing particulars		5 Noglay ~
DECLARATION I/We declare the foregoing particulars ORT TRANSPORTATION FTE L. OO. REG. NO. 199303821R Policyholder's Signature		Reporting Centre Personner's Signature

KSARMC ShorthRianTotto, V3

Page 4 of 19

Sketch Plan Pg. 2

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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 aforesald.
- Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that:

- 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)
 - (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
- 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.
- 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.

OMFORT TRANSPORTATION PTE L Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

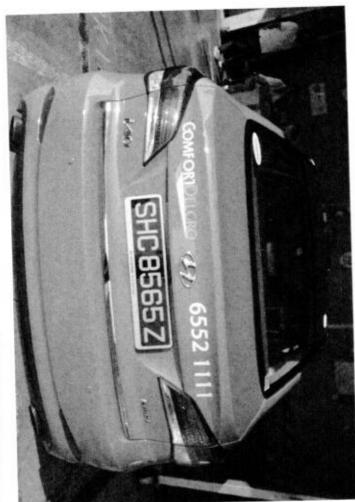
Date & Time:

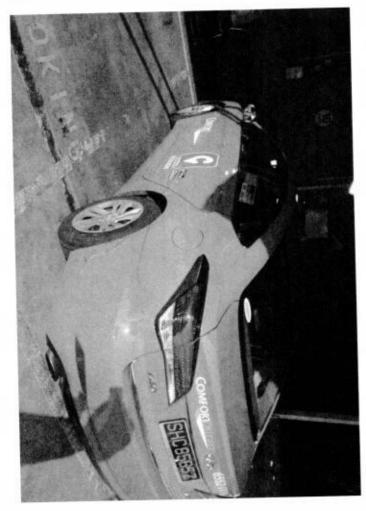
Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

CIARIAC Sketch@lanForm_V2









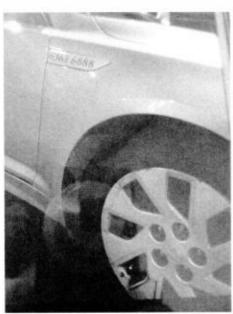


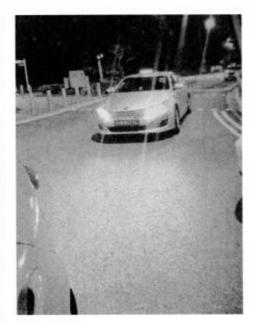












COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHC 8565Z

DATE 14/10/2019 14:24

Rear Bumper	MODEL	: HYUNDAI i40		Cour			
Rear Bumper Rear Bumper Rear Bumper Clip 10 pes Rear Door (LH) Rear Door (LH) Rear Door Comfortdelgro & Apps Sticker (LH) Front Door Coloured Comfort Logo (LH) Front Door Coloured Comfort Logo (LH) Rear Door Comfortdelgro & Apps Sticker (LH) Front Door Coloured Comfort Logo (LH) Rear Door Comfortdelgro & Apps Sticker (LH) Rear Door Comfortdelgro & Apps Sticker (LH) Rear Door Comfortdelgro & Apps Sticker (LH) S	Qty	Parts Description/ Labour	Type	Unit Price	-		
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This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will							
		This is an initial estimate based on a visual inspection	of the above	vehicle. The final repa	ir qua	ntum will	

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

	Job Ref	T	9/10/19		ComfortD 59 Lovens	elGro Engineering Pte Ltd g Drive Singapore 508969
ate			3/10/13		Fax: 6546	8156
NA	ALIZATI	ON FORM			Fax:	
0			NTUC		rax.	
ttn	:		PARA			
		SHC586	52 SHC 8565	52	-	13/10/2019
he	survey	and estimates of the	repairs of the above-me	ntioned vehicle a	re as follows:-	
	The r	epair job shall bill to:	1	NTUC		SHB8073G
	The f	inalized amount shall	l be:			
	(a)	Spare Parts after L	ist discount			
	(b)	Labour Charges				
	1850	Total for Part-By-F	Part Repair Cost			
	(c.)	Lumpsum Repair (i	f applicable)			
		Total for Lumpsum Final Lumpsum R	repair cost after Less:	-		\$1,150.00
	Wes	nated normal period t	for repairs:		king days. here is no reply	y from you within 7
	We s		amount as Correct an	d Confirmed if t		y from you within 7
3. 1.	We s	shall treat the above	amount as Correct an	d Confirmed if t	here is no reply	y from you within 7
000	We s work	shall treat the above	amount as Correct an	d Confirmed if t We fina	here is no reply	y from you within 7
000	We s work	shall treat the above king days	amount as Correct an	d Confirmed if t We fina	confirm the est	y from you within 7 imates and
000	We s work Than	shall treat the above king days ak you for your assist ature :	amount as Correct an	d Confirmed if t We fina	confirm the est	y from you within 7
000	We s work Than Sign Nam	ature: CHIANG 62148314	amount as Correct an	d Confirmed if t We fina Sig Na	confirm the est	y from you within 7 imates and
	We s work Than Sign Nam Tel Fax	ature: CHIANG 65468156	amount as Correct an	d Confirmed if t We fina Sig Na	confirm the est	y from you within 7 imates and
	We s work Than Sign Nam Tel Fax	ature: CHIANG 62148314	amount as Correct an	d Confirmed if to	confirm the est lized amount nature:	y from you within 7 imates and
	We s work Than Sign Nam Tel Fax	ature: CHIANG 65468156	amount as Correct an	d Confirmed if t We fina Sig Na	confirm the est	y from you within 7 imates and
· (0)	We s work Than Sign Nam Tel Fax	ature: CHIANG 62148314 65468156	amount as Correct and	d Confirmed if to We find Sig Na Da	confirm the est	ry from you within 7 imates and Rown 23/10/1 9
0	We s work Than Sign Nam Tel Fax r Officia	ature: CHIANG 62148314 65468156	amount as Correct and	d Confirmed if t We fina Sig Na Da Document Attached Yes or No	confirm the est	representation of the second s
	We swork Than Sign Nam Tel Fax r Officia	ature: CHIANG 62148314 65468156 I Use Only Item Rate P/Day Income Paid	amount as Correct and	d Confirmed if to We find Sig Na Da Document Attached Yes or No YES	confirm the est	representation of the second s
1. 2.	We s work Than Sign Nam Tel Fax r Officia	ature: CHIANG 62148314 65468156 I Use Only Item Rate P/Day Income Paid Fees	amount as Correct and	d Confirmed if to We find Sig Na Da Document Attached Yes or No YES	confirm the est	representation of the second s
1. 2. 3.	We s work Than Sign Nam Tel Fax r Officia Rental Loss of Survey LTA Se Medica	ature: CHIANG 62148314 65468156 I Use Only Item Rate P/Day Income Paid	amount as Correct and ance.	d Confirmed if to We find Sig Na Da Document Attached Yes or No YES	confirm the est	ry from you within 7 imates and Rown 23/10/1 9



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





TUC INCOME INSURA	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1901811	3/Fsf3s2		
3 BRAS BASAH ROAD 05-01 NTUC TRADE U 89556) INION HOUSESINGAPORE	Date:	14-11-2019 INC4			
	Policy Particulars	:- THIR	D PARTY CLAIM			
Insured Veh.	SHB 8073G	_	nspected	SHC 8565Z		
Policy No.	- V3D 3DVA (115 WHILE II	Cover	rage (\$)	0.00		
Claim No.	MT/1066747-002	Exces	ss (\$)	0.00		
Assign From		Assig	n Date	14/10/2019		
2.	Vehicle Parti	iculars	& Condition			
Make & Model	HYUNDAI 140	c.c		1685		
Engine No.	HIDDEN	Year	of Reg.	2015		
Chassis No.	KMHLB41UMGU081435	Color	ır	BLUE		
Odometer	584119	Steer	ing	IN ORDER		
Brakes	IN ORDER	Modi	fication	NIL		
General	FAIR					
3.	Condi	tions of	Tyres			
	Size	Make	1	Balance		
R/H Front Tyre	205/60 R16	WES	T LAKE	7 mm		
L/H Front Tyre	205/60 R16	WES	T LAKE	7 mm		
R/H Rear Tyre	205/60 R16	WES	TLAKE	7 mm		
L/H Rear Tyre	205/60 R16	WES	T LAKE	7 mm		
4.	Descrip	tion of I	Damages			
THE VEHICLE SU	STAINED DAMAGES AT THE RI	EAR PO	RTION AND N/S BO	DY.		
5.	Gener	ral Infor	mation			
Accident Date	13/10/2019	Insp	ection Date	14/10/2019		
Survey held at	COMFORTDELGRO ENGINE	ERING F	TE LTD			
	59 LOYANG DRIVE SINGAPORE 508969					
5a.	Remarks					
A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A"W ICE TO YOUR INSTRUCTIONS,	WE HAV	E NOT AUTHORIS	IS. ED REPAIRS.		
5b.		te Days	of Repair			
ESTIMATED NO	RMAL PERIOD FOR REPAIR:		3 Working Day	s		



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8565Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
	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	-	D=
4	LH REAR RIM COVER	SCRATCHED	107.10	107.10
	LESS 20% DISCOUNT		-576.64	-21.42
			2,306.56	85.68
	SPECIAL NETT ITEMS		00.00	72.00
	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	W UNIVERSAL
	FRONT DOOR COLOURED COMFORT LOGO (LH) (SN)	NECESSARY	75.00	
			155.00	139.50
	LABOUR		560.00	420.00
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER, REAR DOOR (LH), LH ROCKER PANEL (OUTER), LH FRONT DOOR AND LH REAR FENDER.		1 22.000	
	SPRAY PAINTING CHARGE.		800.0	
	TUFF KOTE.	NOT NECESSARY	50.0	
	TRANSFER OF DOOR.	NOT NECESSARY	80.0	(i)
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.0	
	MARKA MODIONARIA CALC		1,570.0	
	GRAND TOTAL		4,031.5	1,445.1
100	RECOMMENDED COST OF REPAIRS			1,150.0

Report Ref No. NS/INC19018113/Fsf3s2





Report Ref No. NS/INC19018113/Fsf3s2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

L

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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