

ASS. REC. BY:

REF:

NS/INC19018115/Fq 8322

## ASSIGNMENT

From:

Date:

Veh No: SH 9922M

27 FEB 2019

Estimated Cost:

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

Truck / Trailer or

To Inspect Vehicle No:

Make: Hyundai Ioniq (82)

C/C 1580

at Workshop no:

Colour: BLUE

A/C Insured / Std / NI / NA

of

Sp. Reading: 89728

T/Radio Insured / Std / NI / NA

Insured: SLW 4498H

Eng/No: -

Policy No: 5107179345 (12/02/2019 - 11/02/2020)

C/No: KmH C851 CVK U134195

Claims No: MP/1067044-002

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

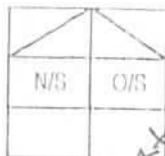
Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 195/65 R15

R: -

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



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or DAVAT

Bal. or Market Value:

Front

Rear

IDAC Accident Report:

Consistent? Yes or No

R/Bal.

7

mm

R/Bal.

7

mm

GIA / PR Seen:

Consistent? Yes or No

L/Bal.

7

mm

L/Bal.

7

mm

Est. Repairs:

7

days

Res:

Yes or No

D.O.A.

12/10/19

D.O.A.

14/10/19

Lump Sum:

%

J Val:

Yes or No

Survey held at

Comfort delgro (Loyang)

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or rear d b/s rear

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

SLW 4498H: NBA/INC19018090/Y DCA: 21/10/2019  
 SH 9922M: NBA/INC19018090/Y DCA: 21/10/2019  
 Part by Part: \$1099.28 / 2 repair days  
 Confirm on 22/10/19  
 Red \$1045.52, 49%

NTUC  
 Part by Part

RECEIVED 25 OCT 2019

Date/Time, Fee Paid to?



Preli. Report

Days Of Repair:

2

24/10 14:54



Final Report

Resurvey No. of Trip:

1

Date/Time, Fee Return to?

Add Fee:



Site Insp (\$)



Interview (\$)



Tech Invs (\$)



Weekend (\$)

Report Format:

TP

Lump Sum / I.B.E. (\$)

1099.28

Survey Fee:

Transportation:

G. + H. to

Photos

Others

Total:

160

160

# TP Claims against NTUC Income: Follow-Through Survey

Date : 23/10/19

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1067044-002	COMFORTDELGRO ENGINEERING PTE LTD	SH 9922M	SLW 4498H	12/10/2019	20:10	\$ 2,144.80
2	MT/1066675-002	COMFORTDELGRO ENGINEERING PTE LTD	SH 7942T	SGU 2403P	12/10/2019	13:20	\$ 2,622.56
3	MT/1067109-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 2040X	SLW 6921P	15/10/2019	19:50	\$ 2,419.06
4	MT/1067106-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 7379L	SIV 3669S	11/10/2019	21:25	\$ 4,953.16

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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[Notice of Loss](#)

## 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 checked="" type="radio"/>	5107179345		XU HONGFEI	G3294847U	GPC	drivo CLASSIC	SLW4498H	SLW4498H	12/02/2019	11/02/2020

## 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	14/10/2019 11:43
Date Of Accident	12/10/2019 20:10
Exact Location Of Accident	HAVELOCK RD TOWARDS EU TONG SEN ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9922M
<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	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	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	CHENG SOON CHOI
NRIC No	S0523241D
Date Of Birth	02/12/1948
Occupation	OUTDOOR
Date Of Driving Pass	14/02/1969
Driving Experience	50 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96230097
Fax Number	
Contact Number	
EMail Address	CSOONCHOI@YAHOO.COM

Address	127 10-1873 ANG MO KIO AVENUE 3
Postcode	560127
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: : 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	SLW4498H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

A = SH 9922M

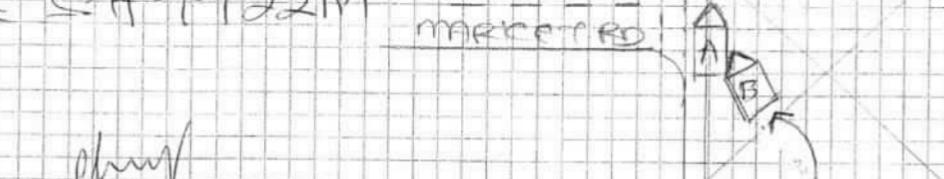
NEW MARKET RD

chmp

B = SLW 4498H

(~~area~~)

MGM BUILDING



HAVE LOCK RD

Statement as per attached

I/We declare the foregoing particulars are true in every respect.  
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Olivia Wendy

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

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

**Describe Circumstances of the Accident.**

On the 12/10/2019 @ about 20:10hrs, I was driving along Havelock Rd towards Eu Tong Sen St direction with a couple passenger on board my taxi.

As I was driving at X-Junction of New Market Rd, there's a jerk on my right rear of my taxi.


So I slow down to stop to checked and found out a vehicle of SLW4498H left front had collided onto my right rear of my taxi.

No injury at the point of accident.


**Declaration**

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

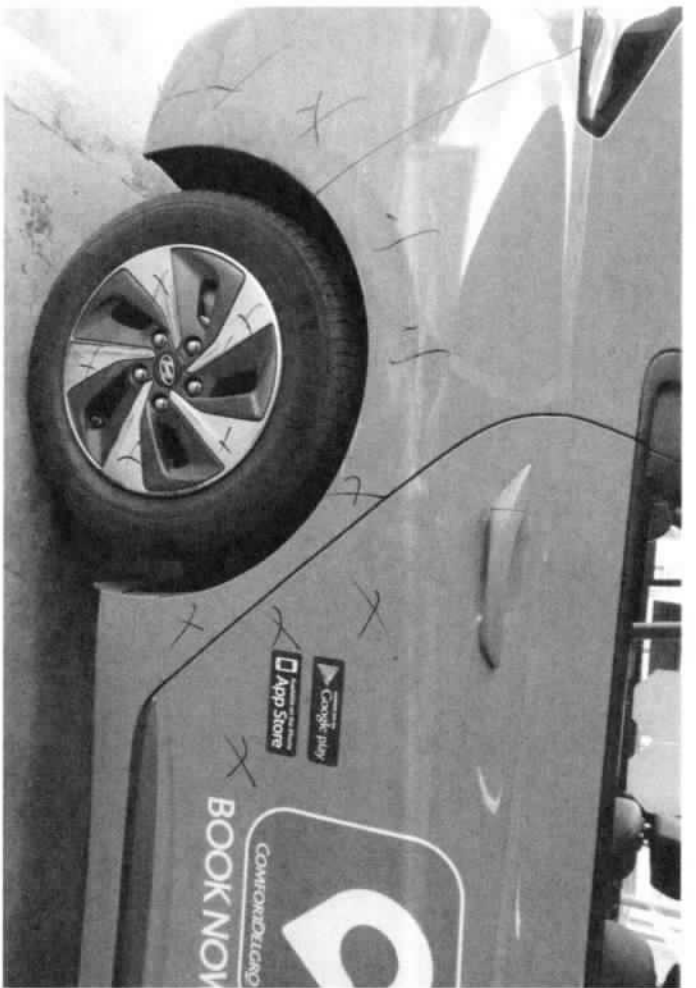
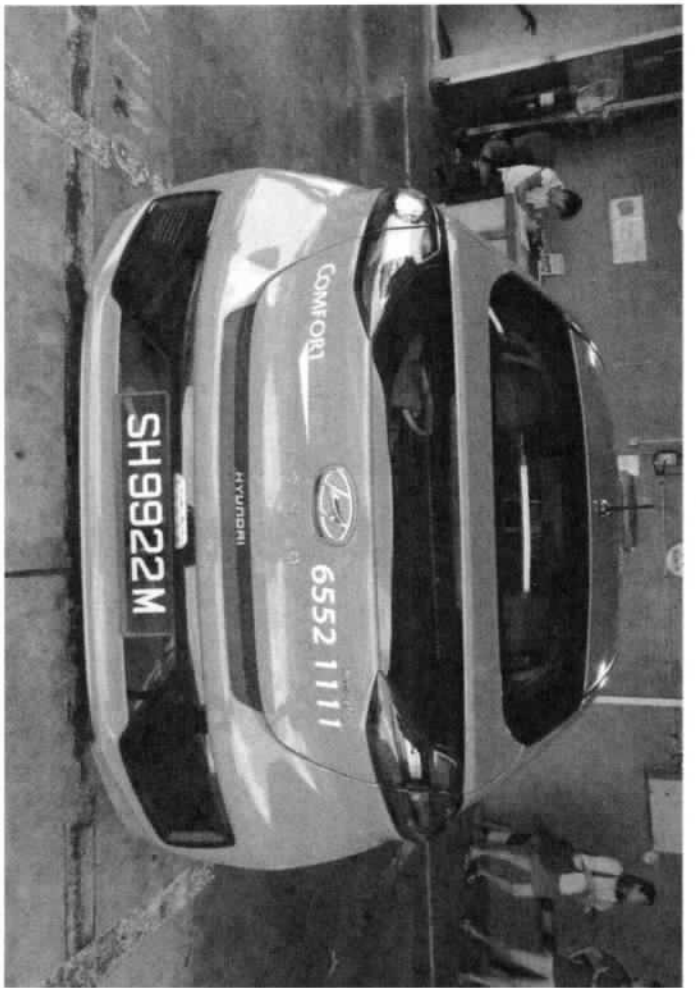
\_\_\_\_\_  
Policyholder's Signature/Date &  
Time

  
\_\_\_\_\_  
Driver's Signature(if driver is not the policyholder)/Date  
& Time

Olivia Wendy

  
\_\_\_\_\_  
Witnessed by Reporting  
Centre Personnel

13 OCT 2019





Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305341065

OWNER

IS COMFORT TRANSPORTATION PTE LTD  
OWNER NO. 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755  
(R) (O)  
(P)

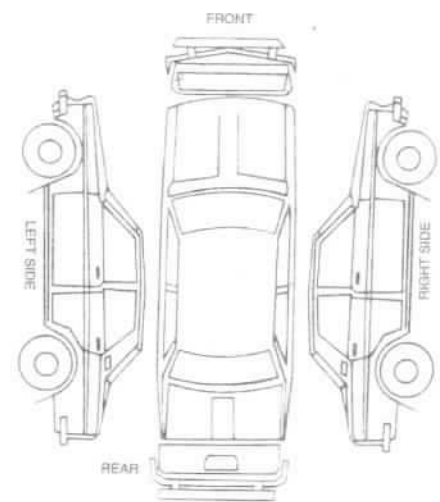
IDENTIFICATION CARD NO.

REGN NO.: SH 9922M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 13.10.2019 10:40
YR OF MANUF 27.02.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU134195	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.10.2019  
NATURE: 3P 12.10.2019

S/NO LABOR CODE DESCRIPTION



ISSUED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

SH 9922M

CHIANG

Vehicle No.:

SH 9922M

Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SH 9922M

DATE : 14.10.2019

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper x (R)			\$ 459.40
	Rear Wheel Hup-Cap (RH) <i>SCV</i>			\$ 134.10
	Rear RH FENDER x Repair			
	Rear RH DOOR x Repair			
	<b>SUB TOTAL</b>			<b>\$ 593.50</b>
	<b>LESS 20%</b>			<b>\$ 118.70</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 474.80</b> <i>\$107.28</i>
	Rear Bumper Rubber Mat <i>xnn</i>			\$ 50.00 <b>Nett</b>
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>rec</i>			\$ 80.00 <b>Nett</b>
				<b>\$ 130.00</b> <i>372</i>
	<b>Labour Charge</b>			
	Panel Beating-Repair Rear RH Fender & Rear RH Door			\$ 500.00 <i>\$320</i>
	Spray Painting Charge			\$ 750.00 <i>\$600</i>
	Wiring Charge			\$ 50.00 <i>220 xnn</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>800 xnn</i>
	Rear Wheel Alignment			\$ 120.00 <i>xnn</i>
				<b>\$ 1,540.00</b> <i>8920</i>
	<b>TOTAL LABOUR</b>			
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,144.80</b> <i>\$1099.2</i>
	<b>Acknowledged by Repairer</b>			
	Signature:			
	Date:			

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 : 305341065

Date : 19/10/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : PARA

: SH9922M

12/10/19

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

- Z The repair job shall bill to: NTUC SLW4498H
2. The finalized amount shall be:
- |   |                   |
|---|-------------------|
| (a) Spare Parts after List discount       | \$179.28          |
| (b) Labour Charges                        | \$920.00          |
| <b>Total for Part-By-Part Repair Cost</b> | <b>\$1,099.28</b> |
| (c) Lumpsum Repair (if applicable)        |                   |
| Total for Lumpsum repair cost after Less: |                   |
| <b>Final Lumpsum Repair cost</b>          |                   |

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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : Ram

Date : 22/10/19

## 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:

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305341065  
REGN NO : SH 9922M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 27.02.2019  
DATE/TIME IN : 13.10.2019 10:40  
ACCIDENT DATE : 12.10.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 03-01-0104-2061-G IONIQV1&3 CAP ASSY-WHEEL 1 134.10 20.00 107.28

0002 28-01-9999-2023-A APP LOGO REAR DOOR L/R CT 1 80.00 10.00 72.00

SUB-TOTAL : 179.28

## JOB NATURE

0000 PB PANEL BEATING 320.00

0001 SP SPRAYPAINT CHARGE 600.00

SUB-TOTAL : 920.00

TOTAL : 1,099.28

MVA NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME &amp; SIGNATURE

DATE :



## 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/INC19018115/Fqf3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 30-10-2019

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLW 4498H	Veh. Inspected	SH 9922M
Policy No.	5107179345	Coverage (\$)	0.00
Claim No.	MT/1067044-002	Excess (\$)	0.00
Assign From		Assign Date	14/10/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU134195	Colour	BLUE
Odometer	89728	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	DAVANTI	7 mm
L/H Front Tyre	195/65 R15	DAVANTI	7 mm
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR AND O/S REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	12/10/2019	Inspection Date	14/10/2019
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.
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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 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9922M**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR WHEEL HUP-CAP (RH)	SCRATCHED	134.10	134.10
1	REAR RH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR RH DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-118.70	-26.82
			474.80	107.28
<b><u>NETT ITEMS</u></b>				
1	REAR BUMPER RUBBER MAT (N)	NOT NECESSARY	50.00	-
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-8.00
			130.00	72.00
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER, REAR RH FENDER AND REAR RH DOOR.		500.00	320.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,540.00	920.00
<b>GRAND TOTAL</b>			<b>2,144.80</b>	<b>1,099.28</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,099.28</b>

Report Ref No. NS/INC19018115/Fqf3e2

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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