

ASS REC BY:

REF

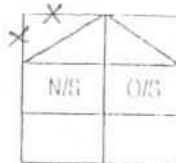
NS/ANC 19018116/Fqf302

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop no: \_\_\_\_\_  
 of: \_\_\_\_\_  
 Insured: **SGU 2403P**  
 Policy No: \_\_\_\_\_  
 Claim No: **MT/1066675-002**  
 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 Seen: \_\_\_\_\_ Consistent? Yes or No  
 Est. Repairs: **2** days Res. Yes or No  
 Lump Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: **SH 7942T** Year: **14MMY** 2015  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: **Hyundai i40** C.C. **1685**  
 Colour: **Blue** A/C: Insured / Std / NI / NA  
 Sp. Reading: **656676** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **KMHLB41VMFU068960**  
 Gen. Cond: Good / **Fair** / Poor / Burnt  
 Steering: **Inorder** / Jammed / Leaked / Burnt or  
 Brake: **Inorder** / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / **STD A/Rim**  
 Tyre Size: F: **205/60 R16**  
 R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OITSU / PIR / SUMI /  
 TOYO / YOKO or **NESTLE**

Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. **7** / mm L/Bal. **7** / mm  
 L/Bal. **7** / mm R/Bal. **7** / mm  
 D.O.A. **12/10/2019** E.O.A. **14/11/2019**

Survey held at **Comfort delgro (Loyang)**Des. of Damages: **Frt** / Rear / O/S / **NIS** / U/C / Rooftop or**Frt** / **N/S Frt**

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

Date / Time Action / Instruction

No Policy

SGU 2403P-X

SH 7942T: N/A/MSG19015059/F DCA-2862/2019

L/S: **1500** / **2** repair days (Red \$1338.56, 42%)

confirm on 23/10/19

NTUL

L/S

RECEIVED 25 OCT 2019

Date/Time: For Pass out?

☐ : Prel. Report☐ : Final ReportDays Of Repair: **2**Resurvey No. of Trip: **1**Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech Invs (\$)☐ Weekend (\$)Report Format: **7P**

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

**1900**

Survey Fee:

Transportation

Toll Road

Parking

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	SJV 3669S	11/10/2019	21:25	\$ 4,953.16

## Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SGU2403P	12 Oct 2019 / 13:20:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)

[OK](#)

SH1942T

## 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 10:15
Date Of Accident	12/10/2019 13:20
Exact Location Of Accident	BLK 708 CLEMENTI WEST ST 2 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7942T
<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	CHONG POH LIAN
NRIC No	S1812903E
Date Of Birth	12/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1996
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96169088
Fax Number	
Contact Number	
EMail Address	LUCKYCHONG1@GMAIL.COM

Address	BLK 154 LORONG 2 TOA PAYOH #20-618
Postcode	310154
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)	1

#### 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

PLS REFER TO ATTACHED / Type Of Accident : 3P REVERSE

#### 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	SGU2403P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD HAKKIM BIN ROSLAN
NRIC/Passport Number	
Contact Number	83366255
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT WING MIRROR
No. Of Passenger (Including Driver)	

# **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.

COMMON TRANSPORTATION (TEL) LTD.  
(U) REG. NO. 109303821K

Policyholder's Signature  
Date & Time:

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

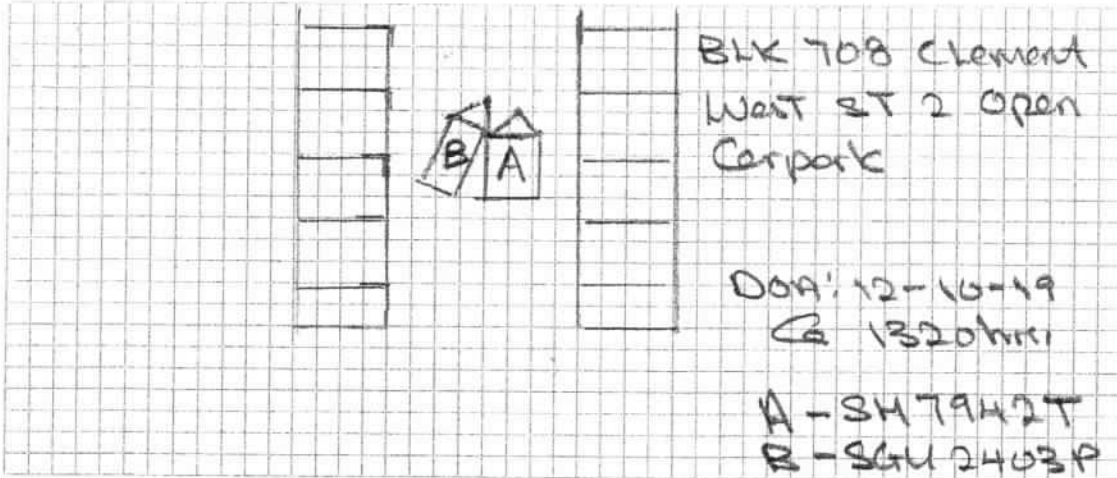
Reporting Centre Personnel's Signature  
Name: *Fay*  
NRIC/FIN No.:

GIA/MAC Sketch Plan Form\_V3



# Sketch Plan Pg. 2

## SKETCH PLAN



BLK 708 Clement West ST 2 Open Carpark

DOA: 12-10-19  
G 1320hrs

A-SH7942T  
B-SGU2403P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the car park in front of BLK 708 Clement West Street 2. As I drove past a stationary car, this car reverse a knock onto me.

There is Video Footage on the Scene.  
No Pax on board at my taxi

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 159303821R

Policyholder's Signature  
Date & Time:

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

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

GIA/RAC SketchPlanForm V3





Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305340992

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

VMS

STOMER NO.

DRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R)

(Q)

(P)

COUNT CARD NO.

REGN NO.:

SH 7942T

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

13.10.2019 08:40

YR OF MANU

14.05.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU068960

COMPLETION DATE/TIME:

## JOB DESCRIPTION

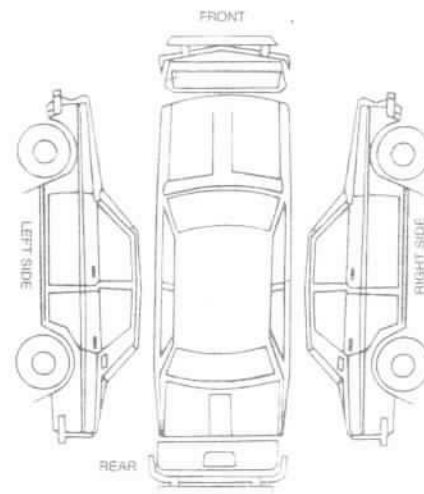
Accident Date: 12.10.2019

NATURE: 3P 12.10.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

1:

2:

3:

SH 7942T

CHIANG

Vehicle No.:

SH 7942T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

**REPAIR ESTIMATE\***

VEHICLE NO : SH 7942T

DATE 14/10/2019 10:02

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Covers			\$ 544.50
	Front Bumper Bracket Top (LH)			\$ 22.40
	Front Bumper Bracket (LH)			\$ 24.60
	Front Fender (LH) X (R)			\$ 566.30
	Front Fender Shield (LH)			\$ 175.90
	Front Fender Retainer			\$ 24.60
	Front Wheel Rim (LH)			\$ 325.30
	Front Wheel Hub Cap (LH)			\$ 107.10
	Front LH wing mirror Xnn (R)			
	<b>SUB TOTAL</b>			<b>\$ 1,790.70</b>
	<b>LESS 20%</b>			<b>\$ 358.14</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,432.56</b>
	<b>Labour Charge</b>			
	Panel Beating		\$ 420	\$ 560.00
	Spray Painting Charge		\$ 450	\$ 500.00
	Tuff Kote		\$ 20	\$ 50.00
	Frt Wheel Alignment		\$ 60	\$ 80.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,190.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,622.56</b>
<p><b>LKK Auto Consultants</b> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer Signature: Date:</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>				

Ram (LKK)  
14/10/19 1230pm  
repair days : 2 days  
paraSuram@LKKAuto.com  
88622778 (4P)

1731.60  
L/S: 1350  
2838.56

Our Job Ref No : 305340992

Date : 19/10/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : PARA

: SH7942T

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 SGU2403P

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**

**\$1,500.00**

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 : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : RAN

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:

12 वी. 6.

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

JOB NO : 305340992  
REGN NO : SH 7942T  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 14.05.2015  
DATE/TIME IN : 13.10.2019 08:40  
ACCIDENT DATE : 12.10.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0103-0578-G	I40V2 COVER-FR BUMPER#	1	0.00	0.00	0.00
0002	04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	0.00	0.00	0.00
0003	03-01-0103-0098-G	I40VC WHEEL ASSY-STEEL	1	0.00	0.00	0.00
0004	T-205 WL-RP26	(I40/E220)WESTLAKE TYRE 2	1	0.00	0.00	0.00

SUB-TOTAL : 0.00

## JOB NATURE

0000	PB	LUMP SUM	1500.00
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SUB-TOTAL : 1,500.00

TOTAL : 1,500.00

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & 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/INC19018116/Fqf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 30-10-2019	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SGU 2403P	Veh. Inspected	SH 7942T	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1066675-002	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.	KMHLB41UMFU068960	Colour	BLUE	
Odometer	656676	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
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 FRONT AND N/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	12/10/2019	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:		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. SH 7942T**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER COVER	SCRATCHED	544.50	544.50
1	FRONT BUMPER BRACKET TOP (LH)	NOT NECESSARY	22.40	-
1	FRONT BUMPER BRACKET (LH)	NOT NECESSARY	24.60	-
1	FRONT FENDER (LH)	TO REPAIR SEE LABOUR	566.30	-
1	FRONT FENDER SHIELD (LH)	NOT NECESSARY	175.90	-
1	FRONT FENDER RETAINER	NOT NECESSARY	24.60	-
1	FRONT WHEEL RIM (LH)	DENTED	325.30	325.30
1	FRONT WHEEL HUB CAP (LH)	SCRATCHED	107.10	107.10
1	FRONT LH WING MIRROR (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-358.14	-195.38
			1,432.56	781.52
<b><u>SPECIAL NETT ITEMS</u></b>				
1	TYRE FRT / LH (SN)	CUT	216.00	129.60
			216.00	129.60
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT FENDER (LH) AND FRONT LH WING MIRROR.		560.00	420.00
	SPRAY PAINTING CHARGE.		500.00	450.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.		80.00	60.00
			1,190.00	950.00
<b>GRAND TOTAL</b>			<b>2,838.56</b>	<b>1,861.12</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,500.00</b>

Report Ref No. NS/INC19018116/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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