

NS/INC19018259/FSP317

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop no:

of:

Insured: SKG 8694C

Policy No: 5095998712-01 (07/12/2018-06/12/2019) C/No: KMHLBA1UMAU081003

Claims No: MT/1067154-002

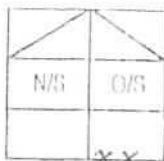
Sum Insured: Excess:

(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: days Res: Yes or No

Lum Sum: % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SHC 8543L

Yr Regn: 10 DEC 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: 620082

T/Readin: Insured / Std / NI / NA

Eng/No: -

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) or

Tyre Size: F: 205/60 R16

R: 205/60 R16

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

TOYO / YOKO or Hancock

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 15/10/19 08:45am D.O.E. 15/10/19

Survey held at: comfort delgro (Loyang)

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

ROOV

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

Date / Time

Action / Instruction

SKG 8694C-X

SHC 8543L: CC3/AIG Acc 730/H2pa32 DOA: 08/10/2019

LS: \$1050.00/- 2 repair days

confirm on 22/10/19

(\$915.46 Red - 47%)

RECEIVED 24 OCT 2019

NTUC

L/S

[Signature]

23/10/2019

Date/Time, File Pass to?

24/10/19

Typist

Date/Time, File Return to?

☐ : Preli. Report

☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Report Format:

Lump Sum / I.B.I. (\$ 1,050/- L/S)

Survey Fee:

160

Transportation:

3.45. 24

Photo:

Others:

Total:

160

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[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"/>	5095998712-01		TAN YONG CHUAN	S7825001A	GPC	drivo CLASSIC	SKG8694C	SKG8694C	07/12/2018	06/12/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 24/10/2019

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/1067401-002	COMFORT TRANSPORTATION PTE LTD	SHC 8593S	SKK 5738J	16/10/2019	21:50	\$ 2,333.60	\$ 300.00
2	MT/1067154-002	COMFORT TRANSPORTATION PTE LTD	SHC 8543L	SKG 8694C	15/10/2019	08:45	\$ 1,965.46	\$ 1,050.00
3	MT/1068310-001	COMFORT TRANSPORTATION PTE LTD	SHD 3623S	XD 5185L	14/10/2019	08:35	\$ 3,833.52	\$ 780.00
4	MT/1067698-002	COMFORT TRANSPORTATION PTE LTD	SHA 4669U	SJT 6052L	18/10/2019	23:05	\$ 8,259.14	\$ 2,155.23
5	MT/1067791-002	COMFORT TRANSPORTATION PTE LTD	SHC 8518K	SMD 5745B	19/10/2019	23:05	\$ 1,992.84	\$ 750.00
6	MT/1067892-002	COMFORT TRANSPORTATION PTE LTD	SHD 4418L	SIQ 7697K	21/10/2019	14:05	\$ 5,497.02	\$ 2,500.00
7	MT/1066782-002	COMFORT TRANSPORTATION PTE LTD	SHA 3557R	SKP 5893S	11/10/2019	19:10	\$ 1,729.36	\$ 1,000.00

Claim received from LKK

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHC8543L
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Oct 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	D4FDFU547546
Chassis No.:	KMHLB41UMGU081003
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$21,040.00
Original Registration Date:	10 Dec 2015
First Registration Date:	10 Dec 2015
Transfer Count:	0
Actual ARF Paid:	\$21,456.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Dec 2023
PARF Rebate Amount:	\$16,092.00
Intended COE Rebate Details	
COE Expiry Date:	09 Dec 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,466.00
COE Rebate Amount:	\$23,549.00
Total Rebate Amount:	\$39,641.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 17 Oct 2019

OK

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

426 Ubi Road 3 Singapore 408699

24 Serangoon Loop Singapore 756158

7 Sungai Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 766732

member of COMFORTDELGRO

Date/Time: 15.10.2019 11:58

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305341466

TOMER

COMFORT TRANSPORTATION PTE LTD VARS

MS 7010045

TOMER NO. 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

REGN NO.: SHC8543L

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 15.10.2019 09:40

YR OF MANU 10.12.2015

TARGET DATE

CHASSIS CODE KMHLB41UMGU081003

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.10.2019

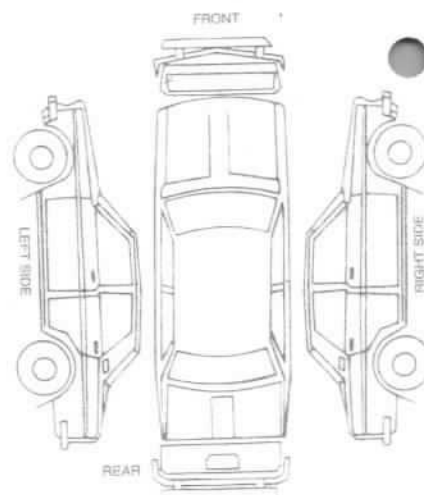
NATURE: 3P 15.10.2019

S/NO

LABOR CODE

DESCRIPTION

NTUC - Rear



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

ie:

No.: SHC8543L LARRY

Vehicle No.: SHC8543L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

Larry Ng

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	15/10/2019 10:39
Date Of Accident	15/10/2019 08:45
Exact Location Of Accident	ALONG CTE TOWARDS CLEMENCEAU AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8543L
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	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	TANG KIANG MENG
NRIC No	S0069195Z
Date Of Birth	25/12/1949
Occupation	OUTDOOR
Date Of Driving Pass	31/12/1975
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82682820
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	41 11-725 BEDOK SOUTH ROAD
Postcode	460041
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	SKG8694C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YONG CHUAN
NRIC/Passport Number	
Contact Number	85888688
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TANG KIANG MENG
Approximate Age	70
Injuries Sustain	NECK,HEAD
Injured person in which vehicle?	SHC8543L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

A = CHC 8543L

B = SKG 8694C
(HONDA)

CLARENCE AVE

CTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

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.:

COMFORT sketchPlanForm_V3

Describe Circumstances of the Accident.

On the 15/10/2019 @ about 08:45hrs, I was driving along CTE towards Clemenceau Ave with 1 female passenger on board my taxi.

The front vehicle slow down to stop so I stop as well. Then in few seconds later there's an impact from behind my taxi so I step out to checked and found out a vehicle of SKG8694C front portion had collided onto my rear portion of my taxi.

I suffer slight neck and head pain. I will consult doctor later.

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

Witnessed by Reporting
Centre Personnel

15 OCT 2014

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC8543L

DATE: 15. Oct. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 15. Oct. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>cut CRA</i>			\$553.00
10	Rear Bumper Clips <i>nec.</i>		\$2.20	\$22.00
1	Rear Bumper Sponge <i>xnn</i>			\$103.50
1	Rear Bumper Reinforcement <i>xnn</i>			\$428.40
1	Rear Bumper Undercover <i>scr cut</i>			\$225.00
1	Rear Reinforcement Bracket – RH <i>xnn</i>			\$80.30
SUB TOTAL				\$1,412.20
LESS 20%				\$282.44
DISCOUNTED TOTAL				\$1,129.76
1	Reverse Sensor <i>scr cut</i>			\$135.70
1	Rear Bumper Rubber Mat <i>nec</i>			\$50.00
Labour Charge				
1	Panel Beating			\$300.00
1	Spray Painting Charge			\$250.00
1	Remove/refix Reverse Sensor			\$100.00
TOTAL LABOUR				\$650.00
ESTIMATE TOTAL				\$1,965.46
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.				

800
7160
\$640

Nett
Nett

\$280
\$200
\$30

\$510
\$1335.

Larry Ng

16/10/19
Ram (LKIC)
15/10/19 1300hrs
2nd day
L/S
qq repair
photo secured
ParaSurva@urc.com
8862277mp

Our Job Ref No : 305341466

Date : 18. Oct. 2019

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508989
Fax: 6546 8156

FINALIZATION FORM

To : LKK

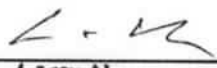

Fax :

Attn : RAM

Vehicle Reg No. : SHC8543L

Date of Accident: 15. 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** **SKG8694C**
 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: **\$1,050.00**
Final Lumpsum Repair cost
 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 : **Larry Ng**
Tel : 6214 8316
Fax : 6546 8156
- 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				
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/INC19018259/Fsf3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-11-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKG 8694C	Veh. Inspected	SHC 8543L
Policy No.	5095998712-01	Coverage (\$)	0.00
Claim No.	MT/1067154-002	Excess (\$)	0.00
Assign From		Assign Date	15/10/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU081003	Colour	BLUE
Odometer	620082	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	15/10/2019	Inspection Date	15/10/2019
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. SHC 8543L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CUT / CRACKED	553.00	553.00
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	NOT NECESSARY	103.50	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	428.40	-
1	REAR BUMPER UNDERCOVER	SCRATCHED / CUT	225.00	225.00
1	REAR REINFORCEMENT BRACKET - RH	NOT NECESSARY	80.30	-
	LESS 20% DISCOUNT		-282.44	-160.00
			1,129.76	640.00
SPECIAL NETT ITEMS				
1	REVERSE SENSOR (SN)	SHORT CIRCUIT / CUT	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	185.70
LABOUR				
	PANEL BEATING.		300.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	REMOVE / REFIX REVERSE SENSOR.		100.00	30.00
			650.00	510.00
GRAND TOTAL			1,965.46	1,335.70
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,050.00

Report Ref No. NS/INC19018259/Fsf3e2

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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