

ASS. REC. BY

REF NS/INC19018342/Fydber

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop info:

At

Insured: **SME 2469M**

Policy No:

Claims No:

MT/1067181-002

Sum Insured:

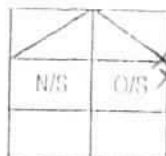
Excess:

(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:

%

3 Val.

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle IN / OUT

Veh No: **SHC 3347U**Vt Regn: **1 mar 2019**Type: M.Car / M.Cycle / Bus / Van / Lorry / **(Taxi)** / Prime Mover /

Truck / Trailer or

Make: **Hyundai i10 (G2)**CC: **1580**Colour: **blue**

A/C: Insured / Std / NI / NA

Sp. Reading: **108932**

T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: **KMHLC851CVKUIA430**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orMod: Nil / S/Rim / **STD A/Rim** orTyre Size: F: **195 / 65 R15**

R: -

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

TOYO / YOKO or **Avanti**

Front

Rear

R/Bal:

7

mm

R/Bal:

7

mm

L/Bal:

7

mm

L/Bal:

7

mm

D.O.A:

15/10/19

D.O.A:

16/10/19

Survey held at

comfort delgro (Layang)Des. of Damages: Frt / Rear / **O/S** / NIS / UIC / Rooftop or**O/S**

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

Date / Time

Action / Instruction

No policy found**SHC 3347U - CFI/8005774/M/1/bc2****SME 2469M - ACA/ASM 18023087/Kf/b3j2****Part by Part: \$1135.90 = 2 repair days****confirm on 22/10/19****(Red \$1462.54, 56%)**

D.O.A: 2013/18

D.O.A: 17/6/2019

NTUC**Part by Part****7/11/2019**

Date/Time, File Pass to:



: Prel. Report

D)



: Final Report

Date/Time, File Return to:

At:

14/11/19 Typist

Report Format:

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

PIP \$1135-90

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation

T. & R.S. (\$)

Others

Others

Total

160**160**

RECEIVED 15 NOV 2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 14/11/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1067181-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 3347U	SMF 2469M
2	MT/1069285-002	SMRT BUSES LTD	SG 6136R	PC 5625J
3	MT/1071372-001	SMRT BUSES LTD	SMB 1316T	GBG 3513G

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	16/10/2019 11:15
Date Of Accident	15/10/2019 21:55
Exact Location Of Accident	NORTH BRIDGE ROAD X JALAN SULTAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3347U
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	IONIQ HYBRID
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	PUAH PUAY THIAM
NRIC No	S0108976E
Date Of Birth	15/11/1954
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1974
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96694006
Fax Number	
Contact Number	
Email Address	PTPUAH@YAHOO.COM.SG

Address	BLK 813 JELlicoe ROAD
	#09-22
Postcode	200813
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?	YES
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

REFER ATTACHED

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	SME2469M
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG JUNJIE
NRIC/Passport Number	
Contact Number	82734582
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name

PUAH PUAY THIAM

Approximate Age

Injuries Sustain

GIDDY AND NECK PAIN

Injured person in which vehicle?

SHC3347U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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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.**
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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.

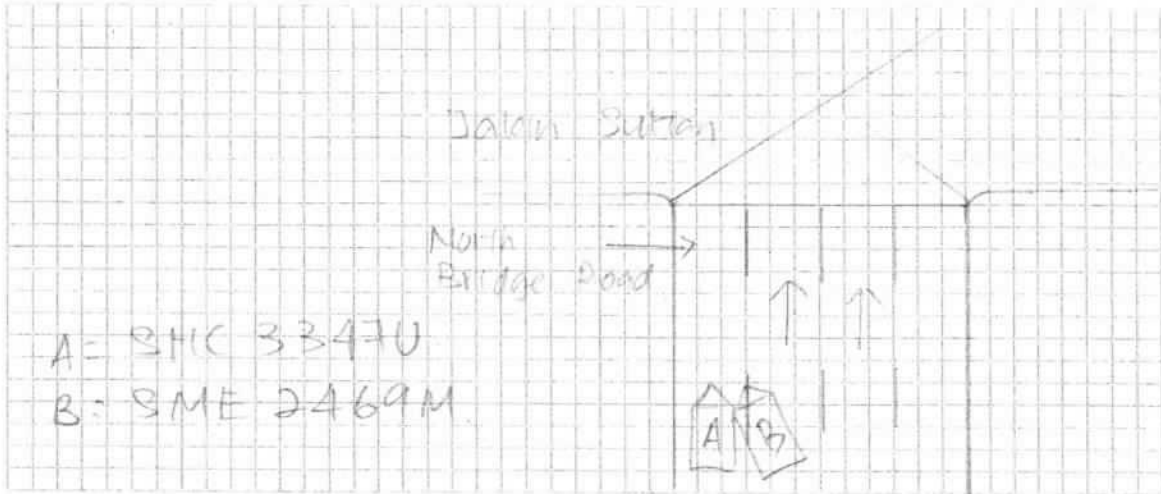
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19970821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/10/19 at about 21:55 hrs, I was driving at above said location without pax. Suddenly Ven B cut into my lane, it front left portion hit onto the right front portion of my taxi. Scene photo taken to support my claims. I feel giddy and suffered neck pain, will consult doctor later on.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
GO. REG. NO. 19030382117

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Loke Wai Yeng
NRIC/FIN No:





• Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SME2469M	15 Oct 2019 / 21:55:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)

[OK](#)

SHC 33474

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305341699

OMER
S
COMFORT TRANSPORTATION PTE LTD
7010045
OMER NO.
ESS
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R)
(P)

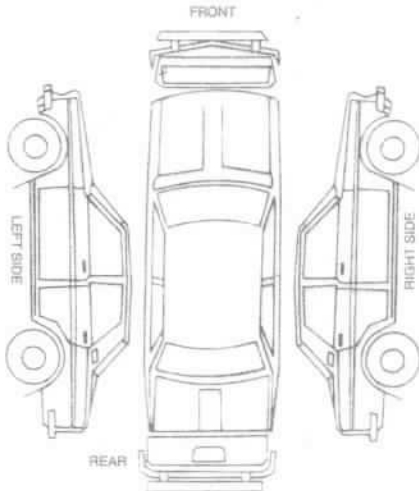
REGN NO.: SHC3347U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 16.10.2019 10:35
YR OF MANU 01.03.2019	TARGET DATE
CHASSIS CODE RMHC851CVKU141430	COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.10.2019
NATURE: 3P 15.10.19

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

Vehicle No.: SHC3347U

JU NTUC LKK

Vehicle No.: SHC3347U

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHC 3347U

DATE 16/10/2019 12:01

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Emblem-Blue Drive (RH) <i>nec</i>			\$ 26.60
	Front Door Mirror (RH) <i>x repair</i>			\$ 1,054.60
	Front Door Mirror Holder (RH) <i>x repair</i>			\$ 175.90
	Front Door Mirror Lamp (RH) <i>x n n</i>			\$ 97.10
	Front Door Protector (RH) <i>x repair</i>			\$ 116.20
	Front Wheel Hub Cap (RH) <i>scr</i>			\$ 346.40
	<i>Frt RH Fender x repair</i>			
	<i>Frt RH DOOR x repair</i>			
	SUB TOTAL			\$ 1,816.80
	LESS 20%			\$ 363.36
	DISCOUNTED TOTAL			\$ 1,453.44
	Front Door Comfort Logo (RH) <i>nec</i>			\$ 75.00
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Frt Wheel Alignment			\$ 120.00
	TOTAL LABOUR			\$ 1,070.00
	ESTIMATE TOTAL			\$ 2,598.44
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.				

HANC-JM
PIP

\$373
74.6
\$298.4

Nett 67.5

\$320

\$450

X

X

X

\$1135.9

[Signature]
16/10/19

Ram (LCC)
repairs: 2

16/10/19 1300

PavaSavan@kkauto-car

88622228

Part by Part

2nd repair photo
Required

Our Job Ref No 305341699

Date : 17/10/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC3347U

15/10/2019

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

1. The repair job shall bill to: NTUC --- SME2469M
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		\$365.90
(b) Labour Charges	###	\$770.00
Total for Part-By-Part Repair Cost		\$1,135.90
	###	
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: 20%		
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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Ram

Date : 22/10/2019

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 : 305341699
REGN NO : SHC3347U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.03.2019
DATE/TIME IN : 16.10.2019 10:35
ACCIDENT DATE : 15.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 03-01-0104-2061-G	IONIQV1&3 CAP ASSY-WHEEL	1 N	346.40	20.00	277.12
0002 04-01-0104-3913-G	IONIQ EMBLEM-BLUE DRIVE R	1 N	26.60	20.00	21.28
0003 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1 N	75.00	10.00	67.50

SUB-TOTAL : 365.90

JOB NATURE

0000 PB	PANEL BEATING	320.00
0001 SP	SPRAYPAINT CHARGE	450.00

SUB-TOTAL : 770.00

TOTAL : 1,135.90

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/INC19018342/Fyd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 26-11-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SME 2469M	Veh. Inspected	SHC 3347U
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1067181-002	Excess (\$)	0.00
Assign From		Assign Date	16/10/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU141430	Colour	BLUE
Odometer	108932	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 O/S BODY. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	15/10/2019	Inspection Date	16/10/2019
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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3347U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	EMBLEM - BLUE DRIVE (RH)	NECESSARY	26.60	26.60
1	FRONT DOOR MIRROR (RH)	TO REPAIR SEE LABOUR	1,054.60	-
1	FRONT DOOR MIRROR HOLDER (RH)	TO REPAIR SEE LABOUR	175.90	-
1	FRONT DOOR MIRROR LAMP (RH)	NOT NECESSARY	97.10	-
1	FRONT DOOR PROTECTOR (RH)	TO REPAIR SEE LABOUR	116.20	-
1	FRONT WHEEL HUB CAP (RH)	SCRATCHED	346.40	346.40
1	FRT RH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRT RH DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-363.36	-74.60
			1,453.44	298.40
<u>NETT ITEMS</u>				
1	FRONT DOOR COMFORT LOGO (RH) (N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-7.50
			75.00	67.50
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT DOOR MIRROR (RH), FRONT DOOR MIRROR HOLDER (RH), FRONT DOOR PROTECTOR (RH), FRT RH FENDER AND FRT RH DOOR.		350.00	320.00
	SPRAY PAINTING CHARGE.		500.00	450.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,070.00	770.00
GRAND TOTAL			2,598.44	1,135.90
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,135.90

Report Ref No. NS/INC19018342/Fyd3e2



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Report Ref No. NS/INC19018342/Fyd3e2

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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