

ASS. REC. BY

REF

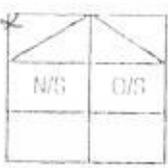
NS/INC19018401/FSF352

ASSIGNMENT

From: _____ To: _____
 Estimated Cost:
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 For Inspect Vehicle No: _____
 at Workshop no: _____
 Insured: **SKK 5738J**
 Policy No: **5100263773-01 (31-07-2019-30/02/2020)**
 Claims No: **MT/1067401-002**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

No photos upload

zip



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Est. or Market Value: _____
 IDAC Accident Report: Consistent? : Yes or No
 GIA / PH: Seen Consistent? : Yes or No
 Est. Repairs: _____ days Res: Yes or No
 Lum Dam: _____ % J Val: Yes or No

Veh No: **SHC 8593S** Vt Regn: **10 DEC 2015**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai i40** CC: **1685**
 Colour: **blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **593039** T/P: Insured / Std / NI / NA
 Eng No: -
 Ch No: **MHLB410MGU0829B**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size F: **205/60 R16**
 R: _____

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

Front R/Dat: 7 mm R/Rat: 7 mm
 L/Bal: 7 mm L/Rat: 7 mm
 D.O.A: **16/10/19** D.O.I: **17/10/19**

Survey held at: **comfort delgro (Loyang)**
 Des. of Damages: Fnt / Rear / O/S N/S / UIC / Rooftop or
N/S Front
 The UIC / Chassis frame / Body Structure affected due to collision

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time Action / Instruction
SKK 5738J : NS/INC19018401/FSF3 DCA: 16/10/2019
SHC 8593S : NS/INC19018401/FSF3 DCA: 16/10/2019
 Part repair: **\$300/= 2 Repair days**
 Confirm on **22/10/19**
(\$ 2,033.60 Red - 87%)

NTUC

[Signature]
23/10/2019

RECEIVED 24 OCT 2019

Interview, Pre Pass to? : Preli. Report
 24/01/19 : Final Report
 1) Typ. 24

Days Of Repair: **2**
 Resurvey No. of Trip: **1**

Report Format
 Lamp Sum (A.B) (\$) **300/- r/p**

Add Fee: Site Insp (\$) Interview (\$) Tech. Invs (\$) Weekend (\$)

Survey Fee:
 Transportation:
 Fuel:
 Others:
 (Total)

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

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"/>	5100263773-01		WEE KIM SENG	S16059431	GPC	drive CLASSIC	SKK5738J	SKK5738J	31/07/2019	30/07/2020

member of COMFORTDELGRO

Date/Time: 17.10.2019 11:37 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305341997

REGN NO.: SHC8593S MAKE: HYUNDAI MODEL: I-40 YR OF MANU: 10.12.2015 CHASSIS CODE: KMHLB41UMGU082913	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 17.10.2019 10:15 TARGET DATE COMPLETION DATE/TIME
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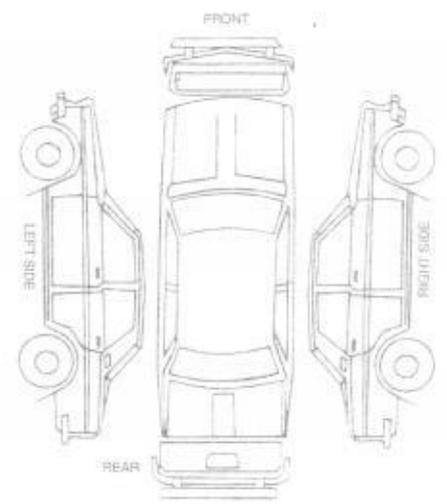
COMFORT TRANSPORTATION PTE LTD
 7010045
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755

IDENTIFICATION CARD NO.

JOB DESCRIPTION

Accident Date: 16.10.2019
 NATURE: 3P 16.10.19

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

No.: SHC8593S JU NTUC LKK

Vehicle No.: SHC8593S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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	17/10/2019 10:52
Date Of Accident	16/10/2019 21:50
Exact Location Of Accident	HOUGANG AVE 3 TWDS HOUGANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8593S
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	YAP LAI SENG
NRIC No	S6832682F
Date Of Birth	02/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82286199
Fax Number	
Contact Number	
EMail Address	LAISENGYAP@YAHOO.COM.SG

Address BLK 15 LORONG 7 TOA PAYOH
#04-607

Postcode 310015

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) 5

Passenger 1
NAME: : -
GENDER: : MALE

Passenger 2
NAME: : -
GENDER: : FEMALE

Passenger 3
NAME: : -
GENDER: : FEMALE

Passenger 4
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

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 SKK5738J

Vehicle Make/Model/Colour VOLKSWAGEN

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	WEE KIM SENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH REAR
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.

COMFORT TRANSPORTATION PTE. LTD
100, CROSS STREET, SINGAPORE 058201

12/16/19

Policyholder's Signature
Date & Time:

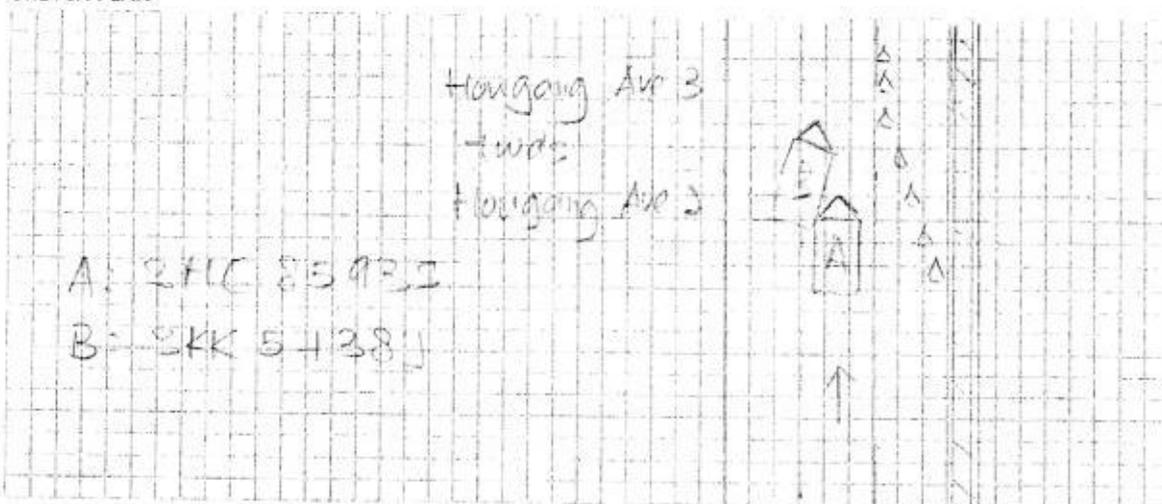
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: **Loke Weng Yeng**
NRIC/FIN No.:

Please Attach the Form to:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/10/19 at about 21:50 hrs, I was driving at above said location with 4 passengers onboard. Suddenly Veh B encroached into my lane from left hand side in reckless. Due to this course, Veh B right rear portion hit & grazed onto the front left portion of my taxi. Veh B flee away after the collision. Luckily policemen pass by able to stop him at further down. No injury at the point of accident. Scene photo taken.

DECLARATION

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

SOMFORT TRANSPORTATION PTE LTD
 06-7333 8888

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.:

17/10/19
 Loke Wai Yeng

REPAIR ESTIMATE*

VEHICLE NO : SHC 8593S

DATE 17/10/2019 13:56

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>x Repair</i>			\$ 544.50
	Front Bumper Bracket Top (LH) <i>x 1/1</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>x 1/1</i>			\$ 24.60
	Headlamp (LH) <i>x 1/1</i>			\$ 1,388.00
	SUB TOTAL			\$ 1,979.50
	LESS 20%			\$ 395.90
	DISCOUNTED TOTAL			\$ 1,583.60
	Front Fender Advertisement Logo (LH) <i>x 1/1</i>			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 350.00 <i>\$100</i>
	Spray Painting Charge			\$ 250.00 <i>\$200</i>
	Wiring			\$ 50.00 <i>x 1/1</i>
	TOTAL LABOUR			\$ 650.00
	ESTIMATE TOTAL			\$ 2,333.60

Nett

LKK Auto Consultants hence notify the Repairs to be following:

- To survey before/after spray painting.
- To display damaged parts during survey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modifications is allowed
- Supplementary terms must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Ram (Lkk)
17/10/19 14:30 hrs
2 repair days
4/5
988 repair photo Request
Parasuram@lkkauto.com
886 22778 hp

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 305341997

Date : 19/10/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC8593S

16/10/2019

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

1. The repair job shall bill to: NTUC --- SKK5738J
###
2. The finalized amount shall be:

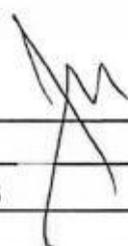
(a) Spare Parts after List discount		<u>\$0.00</u>	
(b) Labour Charges	###	<u>\$300.00</u>	
Total for Part-By-Part Repair Cost		<u>\$300.00</u>	
			###
(c) Lumpsum Repair (if applicable)			N/A
Total for Lumpsum repair cost after Less: <u>20%</u>			
Final Lumpsum Repair cost			

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 : 22/10/19

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:



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/INC19018401/Fsf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 29-10-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKK 5738J	Veh. Inspected	SHC 8593S
Policy No.	5100263773-01	Coverage (\$)	0.00
Claim No.	MT/1067401-002	Excess (\$)	0.00
Assign From		Assign Date	17/10/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU082913	Colour	BLUE
Odometer	593039	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 N/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	16/10/2019	Inspection Date	17/10/2019
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.

5b. Estimate Days of Repair

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. SHC 8593S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER BRACKET TOP (LH)	NOT NECESSARY	22.40	-
1	FRONT BUMPER BRACKET (LH)	NOT NECESSARY	24.60	-
1	HEADLAMP (LH)	NOT NECESSARY	1,388.00	-
	LESS 20% DISCOUNT		-395.90	-
			1,583.60	-
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NOT NECESSARY	100.00	-
			100.00	-
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		350.00	100.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING.	NOT NECESSARY	50.00	-
			650.00	300.00
GRAND TOTAL			2,333.60	300.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				300.00

Report Ref No. NS/INC19018401/Fsf3s2

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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