

Grd.

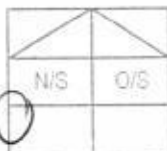
INC NSI/NC 19021274/ G4f3n2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Camfut loyang
 of: _____
 Insured: FBD 2080K
 Policy No: 5057101135-06 (05/12/2019-04/12/2019)
 Claims No: MT/1073668-002
 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
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP: / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 2974B Reg: 25 oct 2019
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai IONIQ cc: 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp Reading: 10442 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHIC 851 CVLU1871118
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: III / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65 R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIZ / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 02-12-19
 Survey held at: w/s 4AM
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
n/s rear
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
SHA 2974B - CS3/II 130243/4/ Ebel/	0-07 - 10/12/2019
FBD 2080K - X	

08/1 Finalist \$1036.8 with Km (Red \$2292-08, 68%)

RECEIVED 09 JAN 2020

Date/Time, File Pass to: ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to:

9/1/20 Typist

Report Fee:

Labour Fee:

P/P \$1036-80

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp: \$5

☐ Interview: \$5

☐ Transport: \$5

☐ Other: \$5

Survey Fee:

Transportation:

Site Fee:

Other:

Total:

Remarks:

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 08/01/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1073668-002	COMFORTDELGRO ENGINEERING	SHA2974B	FBD2080K	29/11/2019
2	MT/1073846-002	COMFORTDELGRO ENGINEERING	SHA2034P	SKL7517L	30/11/2019
3	MT/1074191-002	COMFORTDELGRO ENGINEERING	SHC2905R	SJN8065T	02/12/2019

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"/>	5057101135-06		TEO CHIN SENG GREGORY	S0126882A	GMC	Third Party, Fire & Theft	FBD2080K	FBD2080K	05/12/2018	04/12/2019

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	02/12/2019 10:03
Date Of Accident	29/11/2019 14:55
Exact Location Of Accident	BEACH ROAD X ROCHOR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2974B
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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
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	WEE KOK ANN
NRIC No	S1157210C
Date Of Birth	08/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1977
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91807288
Fax Number	
Contact Number	
Email Address	WKA.RICHARD@GMAIL.COM

Address	262 08-571 BOON LAY DRIVE
Postcode	640262
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	RAINING
Road Surface	WET

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	FBD2080K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

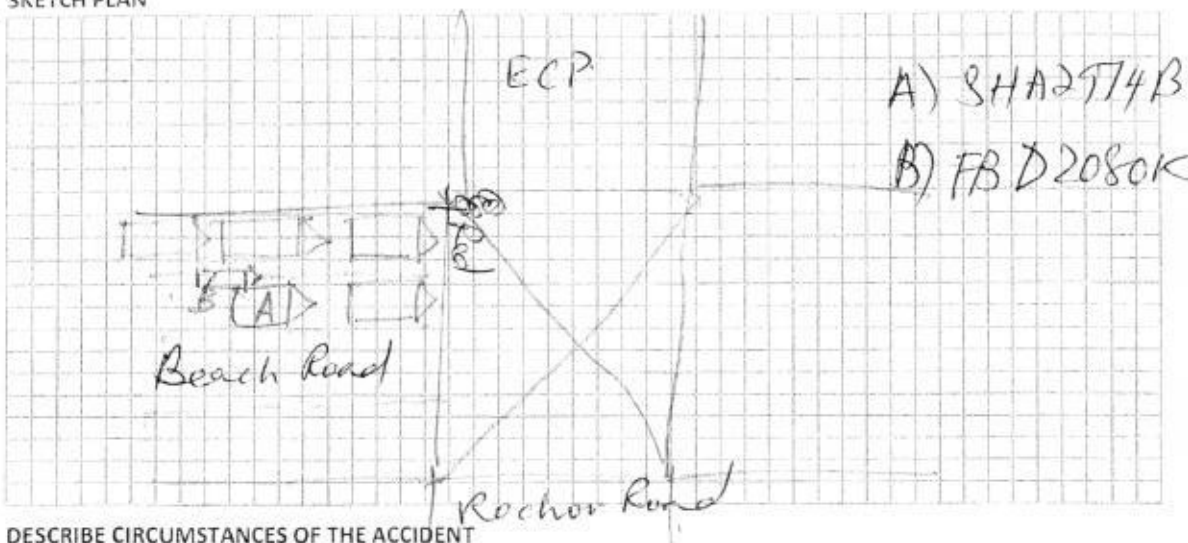
Insurance Company Name

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/11/19 at about 1455hrs when I Veh A was stationary waiting behind other vehicles in front, Veh B from rear collided onto the left rear portion of my vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
Policyholder's Signature: 199303871R

Date & Time:

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

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

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.
CO. REG. NO. 199303621R

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.:





Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SHA3721H

Make / Model
HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR

Vehicle Type :
H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1 :
Air-Con (Taxi)

Vehicle Scheme :
Taxi (Company)

Chassis No. :
KMHLB41UMFU068794

Propellant :
Diesel

Engine No. :
D4FDEU475234

Motor No. :
-

Engine Capacity :
1685 cc

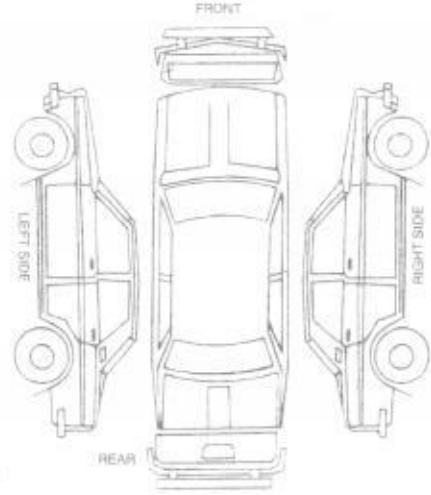
Power Rating :
-

Maximum Power Output :
100.0 kW (134 bhp)

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305358324
OWNER: COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHA2974B	MILEAGE	
OWNER NO. 7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F	
RESS 383 SIN MING DRIVE	MODEL IONIQ(G3)	DATE/TIME IN 02.12.2019 10:00	
Singapore SINGAPORE 575717	YR OF MANU. 25.10.2019	TARGET DATE	
(R) 65508755 (O)	CHASSIS CODE KMHC851CVLU187111	COMPLETION DATE/TIME:	
(P)			
OUNT CARD NO.			

NTUC

Accident Date: 29.11.2019
NATURE: 3P 29.11.2019

S/NO	LABOR CODE	DESCRIPTION
		

BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
	
Vehicle No.: SHA2974B	SHA2974B
Signature/Date	Name of Service Advisor
Date	Date

turned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 2/12/2019 11:15

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Fender (LH) X repair			\$ 1,768.30
	Rear Fender Inner Lining (LH) X			\$ 73.60
	Rear Windscreen Moulding X			\$ 28.20
	Rear Wheel Hup-Cap (LH) /			\$ 346.00
	SUB TOTAL			\$ 2,216.10
	LESS 20%			\$ 443.22
	DISCOUNTED TOTAL			\$ 1,772.88
	Rear Bumper Rubber Mat X			\$ 50.00
	Rear Windscreen Sealant X			\$ 46.00
				\$ 96.00
	Labour Charge			
	Panel Beating (320)			\$ 700.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	Rear Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 1,460.00
	ESTIMATE TOTAL			\$ 3,328.88
	2 Days After repair photos. Gao Qiang 02/12/19.		1036.8	

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
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.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305358324

Date : 04.01.20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr QUO QIANG

Vehicle Reg No. SHA2974B CTPL

29.11.19

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

1. The repair job shall bill to: NTUC --- FBD2080K
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$276.80
(b) Labour Charges	\$760.00
Total for Part-By-Part Repair Cost	\$1,036.80
(c.) Lumpsum Repair (if applicable)	
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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : _____

Date : 08/1/2020

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		NO		
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/INC19021274/Gyf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 10-01-2020



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBD 2080K	Veh. Inspected	SHA 2974B
Policy No.	5057101135-06	Coverage (\$)	0.00
Claim No.	MT/1073668-002	Excess (\$)	0.00
Assign From		Assign Date	02/12/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVLU187111	Colour	BLUE
Odometer	10442	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	6 mm
L/H Front Tyre	195/65 R15	MICHELIN	6 mm
R/H Rear Tyre	195/65 R15	MICHELIN	6 mm
L/H Rear Tyre	195/65 R15	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	29/11/2019	Inspection Date	02/12/2019
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. SHA 2974B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR FENDER (LH)	TO REPAIR SEE LABOUR	1,768.30	-
1	REAR FENDER INNER LINING (LH)	NOT NECESSARY	73.60	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.20	-
1	REAR WHEEL HUP-CAP (LH)	SCRATCHED	346.00	346.00
	LESS 20% DISCOUNT		-443.22	-69.20
			1,772.88	276.80
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			96.00	-
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER (LH).		700.00	320.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	40.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,460.00	760.00
GRAND TOTAL			3,328.88	1,036.80
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,036.80

Report Ref No. NS/INC19021274/Gyf3n2

XING GUO QIANG

M.MATAI, AMSAE-A

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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