

RQR

N5/INC/9021414/GYF32

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s **Comfort Layang**
 of _____
 Insured: **SKL 7517L**
 Policy No: **5107337025 (31/01/2019-19/06/2020)**
 Claims No: **MT/1073846-002**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

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 2034P** (Page **13 Aug 2015**)
 Type: M.Car / M.Cycle / Bus / Van / Lorry / **3** Prime Mover /
 Truck / Trailer or
 Make: **Hyundai i40** a/c **1685**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp Reading: **605933** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **KMH LB 41UM 6U075520**
 Gen. Cond: **3** / Fair / Poor / Burnt
 Steering: **3** / Jammed / Leaked / Burnt or
 Brake: **3** / Jammed / Leaked / Burnt or
 Mod: **3** / S/Rim / STD A/Rim or
 Tyre Size: F: **205/60 R16**
 R: **4**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Hankook**
 Front: _____ Rear: _____
 R/Bal: **6** mm R/Bal: **6** mm
 L/Bal: **6** mm L/Bal: **6** mm
 D.O.A: _____ D.O.I: **03-12-19**
 Survey held at **w/s 2240pm**
 Des. of Damages **3** Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SHA 2034P-X

SKL 7517L-X

08/11 finalised @ 1050 with lim (Red #1397-64, 57%)

RECEIVED 09 JAN 2020

Date/Time, File Pass in? ☐ : Prel. Reportj) ☐ : Final Report

Date/Time, File Report in?

09/01/20 Typist

Days Of Repair: **2**Resurvey No. of Trip: **3**

Survey Fee:

Transportation

Add Fee: ☐ Site Insp: 15☐ Interview: 15☐ Tech. Insp: 15☐ Road Test: 15**\$1050/=**

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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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"/>	5107337025		L2 METAL FINISHING PTE LTD	201218921G	GPC	drive CLASSIC	SKL7517L	SKL7517L	31/01/2019	19/06/2020

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 15:14
Date Of Accident	30/11/2019 18:50
Exact Location Of Accident	LORONG CHUAN TWDS BRADELL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2034P
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	GOH KIM HO
NRIC No	S1581902B
Date Of Birth	26/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90488828
Fax Number	
Contact Number	
Email Address	GOLDENVERGOH@HOTMAIL.COM

Address	BLK 136 SIMEI STREET 1 #05-74
Postcode	520136
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	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

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	SKL7517L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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. 199303821K

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.:

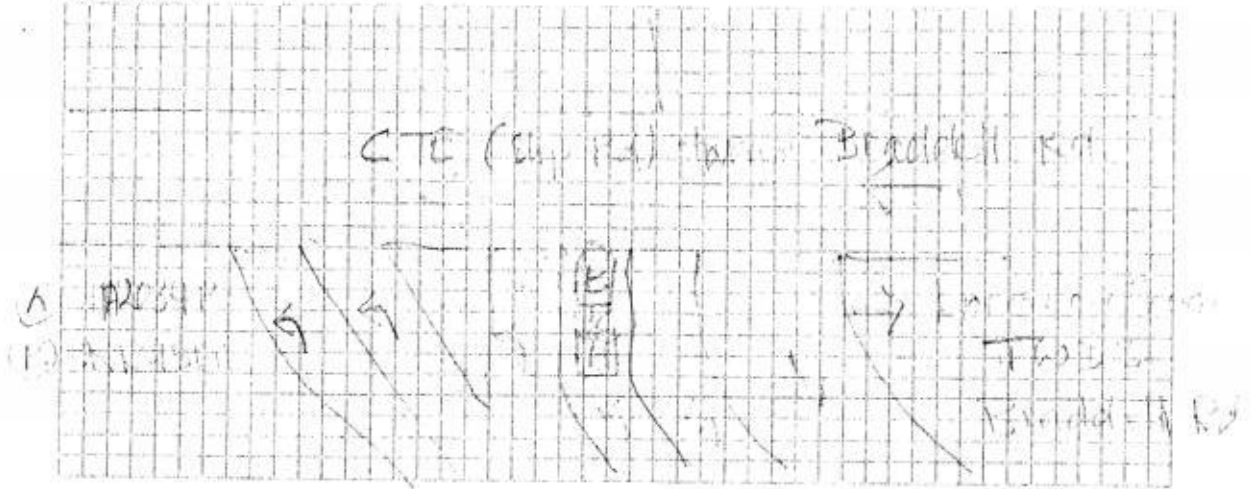
02/12/19

COMFORT TRANSPORTATION PTE LTD

COMFORT TRANSPORTATION PTE LTD



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/11/2019 at about 1850 hrs, I vehicle A was stationary at Dorong Chuan traffic junction behind vehicle B. Suddenly, vehicle B reverse he vehicle collided onto vehicle A front position. No one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CC 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:
NRIC/FIN No.:

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SHA2034P

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

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

Vehicle Attachment 1 :
Air-Con (Taxi)

Vehicle Scheme :
Taxi (Company)

Chassis No. :
KMHLB41UMGU075520

Propellant :
Diesel

Engine No. :
D4FDFU529920

Motor No. :
-

Engine Capacity :
1685 cc

Power Rating :
-

Maximum Power Output :
100.0 kW (134 bhp)

Workshops

59 Loyang Drive Singapore 508959
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609266
320 Ubi Road 3 Singapore 408619

24 Serangoon Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 02.12.2019 17:42

Page : 1

Team: , ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305358543

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO.:

SHA2034P

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

02.12.2019 13:45

YR OF MANU.

13.08.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU075520

COMPLETION DATE/TIME:

JOB DESCRIPTION

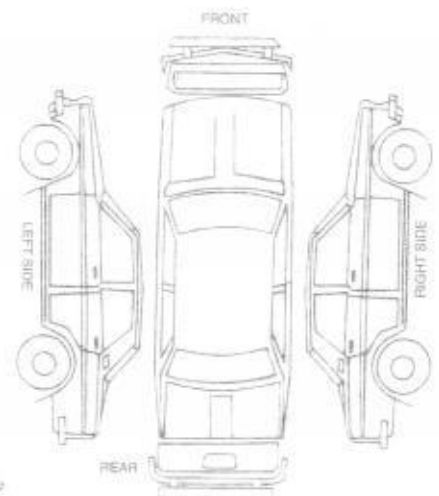
Accident Date: 30.11.2019

NATURE: 3P 30.11.2019

S/NO

LABOR CODE

DESCRIPTION



VED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

idgement Slip

Exit Pass

o.: SHA2034P

LKE

Vehicle No.:

SHA2034P

Service Advisor

Signature/Date

Name of Service Advisor

Date

igned to Service Reception upon collection

To-be kept by Security Guard

REPAIR ESTIMATE*

DATE 3/12/2019 9:18

MODEL : HYUNDAI i40

Like

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille <i>X NN</i>			\$ 1,110.10
	Front Bumper Cover <i>X rep part / QRA</i>			\$ 1,052.20
	Front Bumper Bracket Top (LH/RH) <i>X NN</i>	\$	22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) <i>X NN</i>	\$	24.60	\$ 49.20
	Front Bumper Clips <i>X NN</i>			\$ 22.00
	SUB TOTAL			\$ 2,278.30
	LESS 20%			\$ 455.66
	DISCOUNTED TOTAL			\$ 1,822.64
	Front Number Plate <i>X NN</i>			\$ 25.00
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	TOTAL LABOUR			\$ 600.00
	ESTIMATE TOTAL			\$ 2,447.64
	<i>2 Days.</i>			
	<i>After repair photos.</i>			
	<i>Emo Qup.</i>			
	<i>03/12/19 2:20pm</i>			

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

Approved by Repairer

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 305358543Date : 04.01.20ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508989
Fax: 6546 8156**FINALIZATION FORM**To : LKK

Fax :

Attn : Mr GUO QIANGVehicle Reg No. SHA2034P CTPL30.11.19

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

1. The repair job shall bill to: NTUC --- SKL7517L
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: 20% \$1,050.00
- Final Lumpsum Repair cost** \$1,050.00

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 amountSignature : Name : LIM KWOK ENGTel : 62148316Fax : 65468156Signature : 

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/INC19021414/Gyf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 29-01-2020



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKL 7517L	Veh. Inspected	SHA 2034P
Policy No.	5107337025	Coverage (\$)	0.00
Claim No.	MT/1073846-002	Excess (\$)	0.00
Assign From		Assign Date	03/12/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075520	Colour	BLUE
Odometer	605933	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	30/11/2019	Inspection Date	03/12/2019
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.
--

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 2034P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	RADIATOR GRILLE	NOT NECESSARY	1,110.10	-
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
2	FRONT BUMPER BRACKET TOP (LH/RH) @ \$22.40	NOT NECESSARY	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @ \$24.60	NOT NECESSARY	49.20	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-455.66	-210.44
			1,822.64	841.76
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN)	NOT NECESSARY	25.00	-
			25.00	-
<u>LABOUR</u>				
	PANEL BEATING.		350.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
			600.00	480.00
GRAND TOTAL			2,447.64	1,321.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,050.00

Report Ref No. NS/INC19021414/Gyf3s2

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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