

Bel,

NS/INC/19021417/GSF3 NL

ASSIGNMENT

SAC 8863M 24 Mar 2016

Estimated Cost: _____
 (D) / (P) / WS / TP RES / OO RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop No: **Comfort layang**
 Insured: **FBL 8406Z**
 Policy No: **5108447502 (25/03/2019-25/03/2020)**
 Claims No: **MT/1074130-002**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Year: _____
 Type: M/Car / M/Cycle / Bus / Van / Lorry / **(C)** / Private Motor
 Truck / Trailer or _____
 Make: **Hyundai i40** CC **1685**
 Colour: **Blue** AC Insured / Std / NI / NA
 Sp Reading: **415387** T/Ratio: Insured / Std / NI / NA
 Eng No: _____
 C/No: **KMH LB 41UM 6U 086797**
 Gen. Cond: **(C)** / Good / Fair / Poor / Burnt
 Steering: **(C)** / Inoper / Jammed / Leaked / Burnt or _____
 Brake: **(C)** / Inoper / Jammed / Leaked / Burnt or _____
 Mod: **(C)** / S/Rim / STD A/Rim or _____
 Tyre Size: F: **205/60R16**
 R: **11**

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Est. of Market Value: _____
 IDAC Accident Report Consistent? Yes or No
 GIA / PR Seen: Consistent? Yes or No
 Est. Repairs: **1** days Res: Yes or No
 Lim Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **westlake**
 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: **MS** **3:40pm**
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
MS RT.
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SAC 8863M -X
	FBL 8406Z -X

RECEIVED 16 DEC 2019

\$ 550

(\$ 236.00 Red - 30%)

[Signature]
 16/12/2019

Cost/Time: File Copy: _____
 16/12/19
 Typist
 : Prel. Report
 : Final Report

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

1/rd Fee: Site Inv: 15
 Interview: 15
 Testimony: 15
 Report: 15

Survey Fee	
Expenditure	
1st Rd	
2nd Rd	
3rd Rd	
4th Rd	
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[Signature]
 \$ 550/ 45

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"/>	5108447502		RAZIB BIN SHARIFF	S8126345J	GMC	Comprehensive	FBL8406Z	FBL8406Z	25/03/2019	23/03/2020

TP Claims against NTUC Income: Follow-Through Survey

Date: 13/12/2019

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/1075045-002	COMFORT TRANSPORTATION PTE LTD	SHB 4073H	51W 5240B	07/12/2019	21:30	\$ 1,839.54	\$ 1,100.00
2	MT/1074130-002	COMFORT TRANSPORTATION PTE LTD	SHC 8863M	FBL 8406Z	01/12/2019	16:45	\$ 786.00	\$ 550.00

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto)
Sent: Monday, 16 December 2019 3:17 pm
To: Ng Nyuk Phin
Cc: SUR
Subject: RE: SHC8863M FINALISATION DOA: 01.12.2019

Dear Nyuk Phin,

Finalize amount confirmed.

Kindly send Final invoice and all supporting documents to NTUC INCOME.

"Best Wishes for Merry Christmas & Happy New Year 2020"

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ng Nyuk Phin <ngnp@cde.com.sg>
Sent: Friday, 6 December 2019 12:59 pm
To: Guo Qiang (LKKAuto) <GuoQiang@lkkauto.com>
Subject: SHC8863M FINALISATION DOA: 01.12.2019

Dear Guo Qiang,

Please see attached Finalisation Form and photos.



Think Before Printing

Regards,
Larry Ng
ComfortDelgro Engineering Pte Ltd
Loyang Taxi Crash Repair

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SHC8863M

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. :

KMHLB41UMGU086797

Propellant :

Diesel

Engine No. :

D4DFU606265

Motor No. :

-

Engine Capacity :

1685 cc

Power Rating :

-

Maximum Power Output :

100.0 kW (134 bhp)

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 15:26
Date Of Accident	01/12/2019 16:45
Exact Location Of Accident	HOUGANAG AVE 2 > HOUGANAG AVE 3 B4 HOUGANG AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8863M
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	TAN HONG KAI
NRIC No	S1611012D
Date Of Birth	30/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1981
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96907287
Fax Number	
Contact Number	
Email Address	GARYTANHK@GMAIL.COM

Address	BLK 329 SERANGOON AVE 3 #03-356
Postcode	550329
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)	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

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	FBL8406Z
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	RAZIB BIN SHARIFF
NRIC/Passport Number	
Contact Number	
Address	

- Postcode

- Insurance Company Name

- Nature Of Damage UNSURE

- 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

COMPASS INVESTMENT SERVICES PTE. LTD.
 100, ROBINSON ROAD, #04-01, COMPASS CENTRE

Policyholder's Signature
 Date & Time:

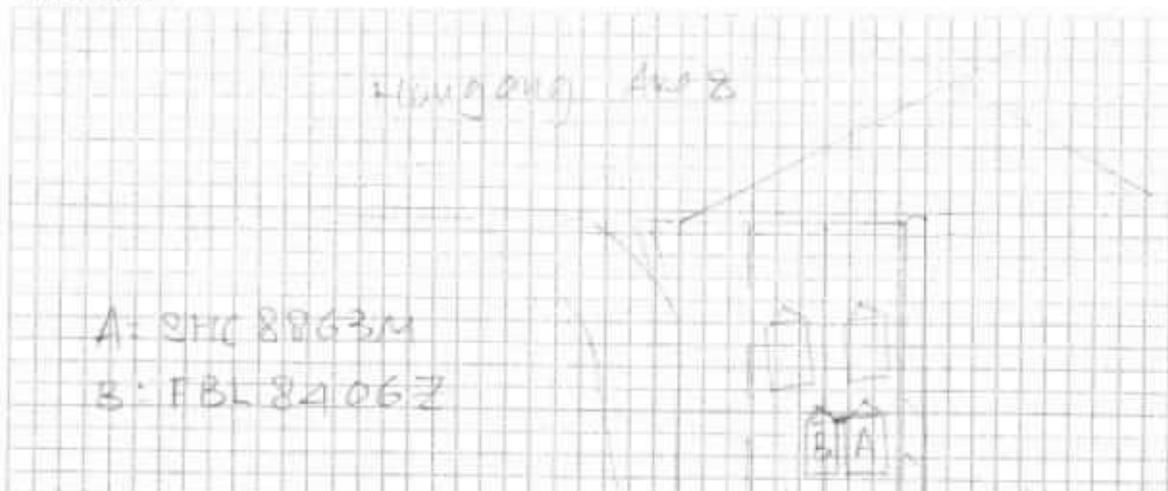


Driver's Signature
 (If driver is not the policyholder)
 Date & Time:



Reporting Centre Personnel's Signature
 Name: **Loke Wei Yeng**
 NRIC/Pass No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/12/19 at about 10:45 hrs, I Veh A comes to stop at above said location. as red light. Suddenly Veh B motorcycle come from behind collided onto the left wing mirror thus damaging it. Scene photo taken to support claims. A couple passengers in my taxi. No injury reported in this accident.

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:

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

[Handwritten Signature]

[Handwritten Signature] 2/12/19

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305358513

Date : 26. Nov. 2019

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508669
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : GUO QIANG

Vehicle Reg No. : SHC8863M

Date of Accident: 1. Dec. 2019

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

1. The repair job shall bill to: NTUC FBL8406Z

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: _____

Final Lumpsum Repair cost \$550.00 ✓

3. Estimated normal period for repairs: 1 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 : [Signature]

Name : Lairy Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : [Signature]

Name : _____

Date : 16/12/19.

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/INC19021417/Gsf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 24-12-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBL 8406Z	Veh. Inspected	SHC 8863M
Policy No.	5108447502	Coverage (\$)	0.00
Claim No.	MT/1074130-002	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.	2016
Chassis No.	KMHLB41UMGU086797	Colour	BLUE
Odometer	415387	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

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

4. Description of Damages

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

5. General Information

Accident Date	01/12/2019	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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	1 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 8863M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	SIDE MIRROR -LH	CRACKED	670.00	670.00
	LESS 20% DISCOUNT		-134.00	-134.00
			536.00	536.00
	LABOUR			
	LABOUR CHARGE.		100.00	80.00
	SPRAY PAINTING CHARGE.		100.00	80.00
	WIRING CHARGE.		50.00	20.00
			250.00	180.00
	GRAND TOTAL		786.00	716.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			550.00

Report Ref No. NS/INC19021417/Gsf3n2

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.