

G2.

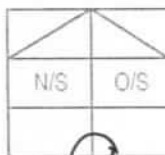
NS/INC1902449/Gaf322

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s ComfA layang
 of _____
 Insured: SGL 69854
 Policy No: 5088 123125-02 (26/03/2019-25/03/2020)
 Claims No: M1/1074711-002
 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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 3942L Regn: 28 Apr 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai 140 cc 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp Reading: 597709 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH CB41UM 04087876
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: MP / S/Rim / STD A/Rim or
 Tyre Size: F: 205/60R16
 R: 1
 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 M/S 4250pm
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 3942L - x
	SGL 69854 - x
	xgr finalized LS \$1000, 2 days. (Red \$632.66, 39%)

Date/Time, File Pass to: ☐ Preli. Report1) 11/12/2019 ☐ Final Report

Date/Time, File Return to: _____

2) _____

Report Status: _____

Insured's Name: _____

TR
1000Days Of Repair: 2Resurvey No. of Trip: 1Arid Fee: ☐ Site Insp. \$☐ Interview \$☐ Test \$☐ Other \$

Survey Fee

Transportation

Parking

Others

Total

Total

160

160

TP Claims against NTUC Income: Follow-Through Survey

Date: 10/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1074211-002	COMFORT TRANSPORTATION PTE LTD	SHA 3942L	SGL 6985Y
2	MT/1074160-002	CITYCAB PTE LTD	SHC 572E	SMK 1929C
3	MT/1073828-002	COMFORT TRANSPORTATION PTE LTD	SHA 4500Y	PC 1802R

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/12/2019 11:07"/>							
Vehicle No.(For Motor)	<input type="text" value="SGL6985Y"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088123125-02		MENGCHIN	53356742D	GPC	Third Party, Fire & Theft	SGL6985Y	SGL6985Y	26/03/2019	25/03/2020
<input type="button" value="Continue"/>										

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SHA3942L

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. :
KMHLB41UMGU087876

Propellant :
Diesel

Engine No. :
D4FDDUR31727

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	03/12/2019 14:37
Date Of Accident	02/12/2019 20:55
Exact Location Of Accident	ALONG AYE TOWARDS JURONG BEFORE EXIT 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3942L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	EDWIN CHAN CHEE HOONG
NRIC No	S2583132B
Date Of Birth	01/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1990
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97295657
Fax Number	
Contact Number	
Email Address	EDCHCHAN@YAHOO.COM

Address	404 11-1252 YISHUN AVENUE 6
Postcode	760404
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	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?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE

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	SGL6985Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOO MENG CHIN
NRIC/Passport Number	

Contact Number	96504614
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	EDWIN CHAN CHEE HOONG
Approximate Age	54
Injuries Sustain	NECK,SHOULDER
Injured person in which vehicle?	SHA3942L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

A = CHA 3942L

B = SGL 69854
(TAMPA)

Victim South
Buena
Vista
RD
Exit
8

Supra

AYE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199301821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 03 DEC 2009

Describe Circumstances of the Accident.

On the 02/12/2019 @ about 20:55hrs, I was driving along AYE towards Jurong direction with a couple and 1 child passenger on board my taxi.

I saw the front vehicle brake so I slow down to stop when suddenly there's an impact from behind my taxi. I step out to checked and found a vehicle of SGL6985Y front portion had collided onto my taxi rear portion.

My passenger no injury at the point of accident.

I felt pain on my neck and shoulder so I consult doctor at TTSH and given 02 days MC.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 189303821R

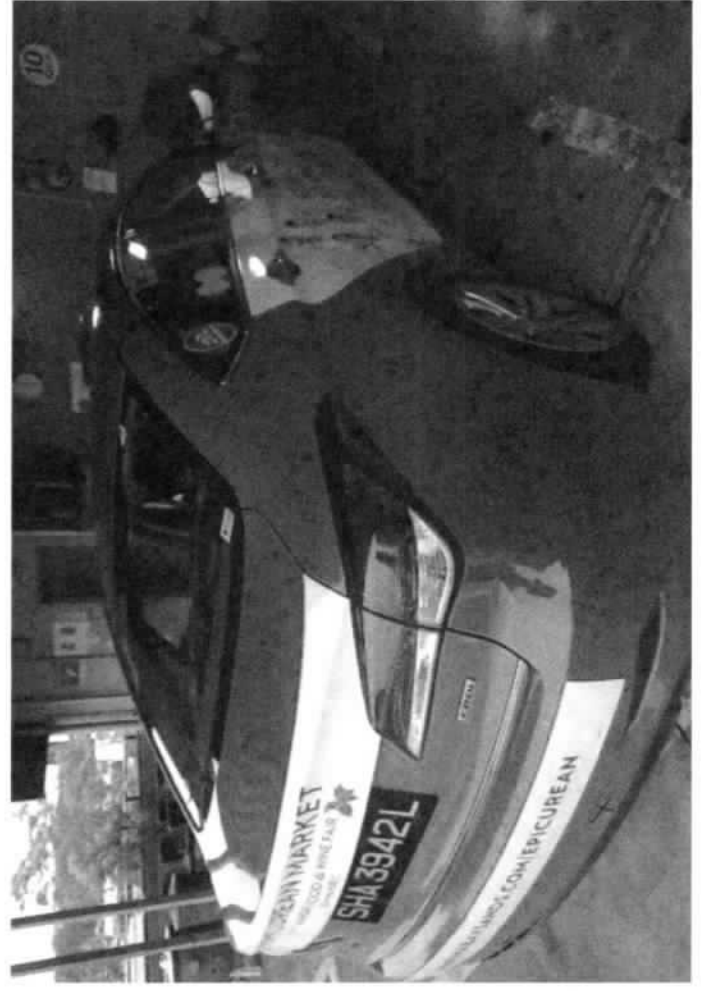
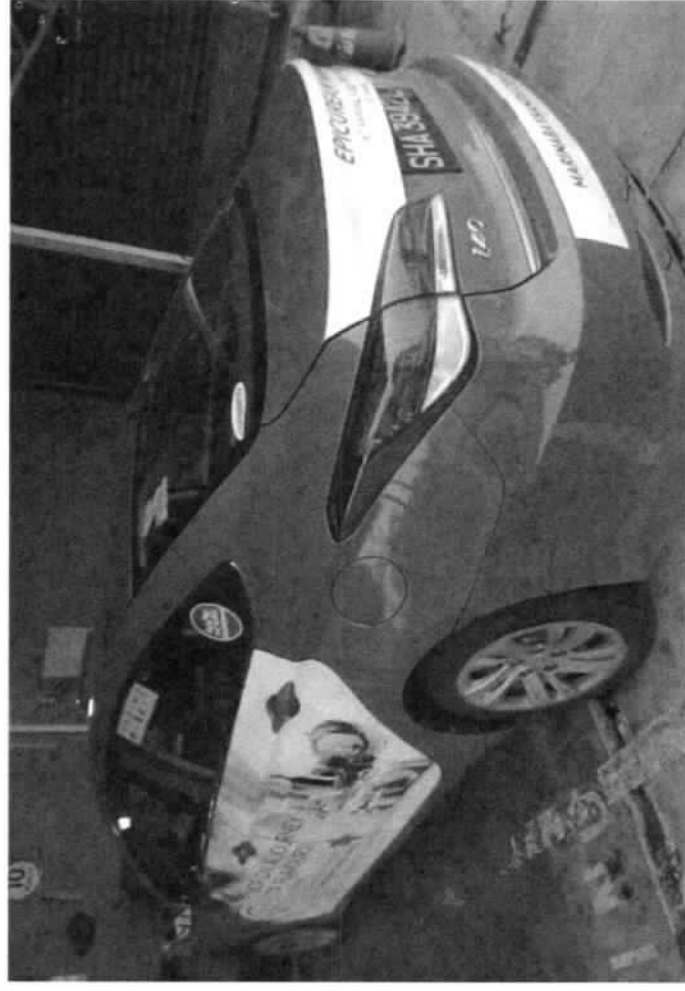
Policyholder's Signature/Date &
Time

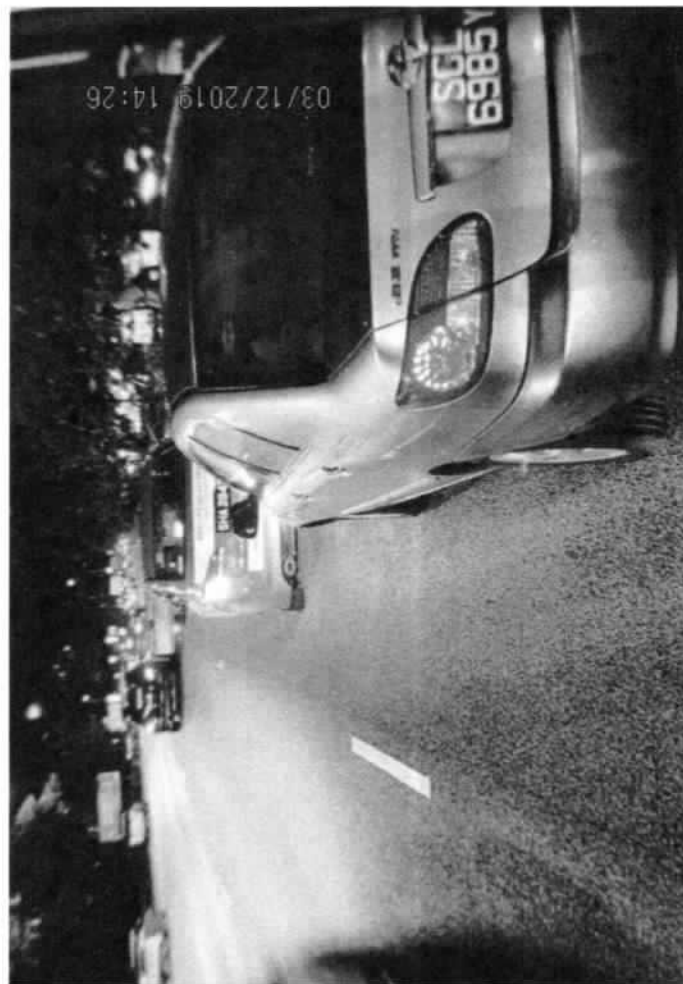
Driver's Signature(if driver is not the policyholder)/Date
& Time

Olivia Wendy

Witnessed by Reporting
Centre Personnel

03 DEC 2019





Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3974514

JC NO.: 305358706

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

UNT CARD NO.

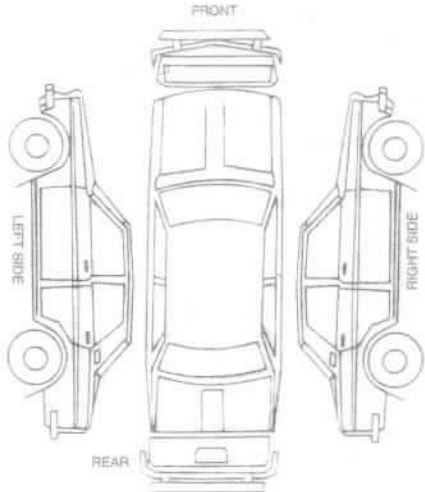
REGN NO.: SHA3942L	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 02.12.2019 22:20
YR OF MANU 28.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU087876	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.12.2019
NATURE: 3P 02.12.19

S/NO
000010
LABOR CODE
23-01

DESCRIPTION
TOWING FEE



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

SHA3942L

JU NTUC LKK

Vehicle No.:

SHA3942L

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 3942L

DATE 3/12/2019 15:00

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper / <i>RL</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>- MC</i>			\$ 22.00	
	Rear Bumper Bracket <i>X NN</i>		\$ 35.60	\$ 71.20	
	SUB TOTAL		<i>575</i>	\$ 646.20	
	LESS 20%			\$ 129.24	
	DISCOUNTED TOTAL		<i>460</i>	\$ 516.96	
	Rear Bumper Reverse Sensor <i>X NN</i>			\$ 135.70	Nett
	Rear Bumper Advertisement Logo <i>- MC</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>- MC</i>		\$ 100.00	\$ 200.00	Nett
			<i>250</i>	\$ 385.70	
	Labour Charge				
	Panel Beating			\$ 350.00	<i>280</i>
	Spray Painting Charge			\$ 250.00	<i>200</i>
	Wiring Charge			\$ 50.00	<i>X NN</i>
	Remove/Refix Reverse Sensor			\$ 80.00	<i>40</i>
	TOTAL LABOUR		<i>520</i>	\$ 730.00	
	ESTIMATE TOTAL		<i>1230</i>	\$ 1,632.66	
			<i>20% : 1000</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

Acknowledged by Repairer
Signature:
Date:

*2 Days.
Lump sum repair.
After repair photos.
Auto Repair
03/12/19.*

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.

NOTE - SH
Usum

Date : 04/12/19

To : LKK
Attn : GUO QIANG
: SHA3942L

Fax :

02/12/19

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

- | | | | |
|------|---|-------------|-----------------------------|
| 1. | The repair job shall bill to: | <u>NTUC</u> | <u>SGL6985Y</u> |
| | | | <u>###</u> |
| 2. | The finalized amount shall be: | | |
| (a) | Spare Parts after List discount | | <u> </u> |
| (b) | Labour Charges | <u>###</u> | <u> </u> |
| | Total for Part-By-Part Repair Cost | | <u> </u> |
| | | | <u>###</u> |
| (c.) | Lumpsum Repair (if applicable) | | |
| | Total for Lumpsum repair cost after Less: | <u>20%</u> | <u>\$1,000.00</u> |
| | Final Lumpsum Repair cost | | <u> </u> |

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

We confirm the estimates and finalized amount

Signature : _____
Name : **JUMANI** _____
Tel : **6214 8315** _____
Fax : **65468156** _____

Signature : _____
Name : _____
Date : 10/02/19

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/INC19021419/Gqf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 19-12-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGL 6985Y	Veh. Inspected	SHA 3942L	
Policy No.	5088123125-02	Coverage (\$)	0.00	
Claim No.	MT/1074211-002	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.	KMHLB41UMGU087876	Colour	BLUE	
Odometer	597709	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 REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	02/12/2019	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.				
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. SHA 3942L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	NOT NECESSARY	71.20	-
	LESS 20% DISCOUNT		-129.24	-115.00
			516.96	460.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			385.70	250.00
<u>LABOUR</u>				
	PANEL BEATING.		350.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	40.00
			730.00	520.00
GRAND TOTAL			1,632.66	1,230.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,000.00

Report Ref No. NS/INC19021419/Gqf3e2

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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