

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SLA 1089R

Policy No. 5104197485 (26/09/2018-21/07/2020)

Claims No. MT/1075406-001

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: days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC 8640P

Vt Regn: 29/12/2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai i40

c.c 1685

Colour:

blue

A/C:

Insured / Std / NI / NA

Sp Reading:

405062

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLBA10M5U082989

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60 R16 Hankook

R:

CAMPEON

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / 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.

3/12/19

D.O.I.

5/12/19

Survey held at

comfortdelgro (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

SLA 1089R CS/02G1300728/3h32 DOP: 4/6/2019

SHC 8640P CS/02G1300728/3h32 DOP: 4/6/2019

PIP repair: 480/- (Red: 593.20, 5590)

2 repair day

confirm on 12/12/19

RECEIVED 12 DEC 2019

Date/Time, File Path to?



Prel. Report

12/12 Typist



Final Report

Date/Time, File Path to?

3

Days Of Repair: 2

Resurvey No. of Trip:

Arid Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



TAXI (\$

Survey Fee:

Transportation:

3 + RS 31

Phone

Fax

Total

Total

Report Fee:

Total:

0 = 480

TP

16

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1075394-001	COMFORT TRANSPORTATON PTE LTD	SHC 2469H	SJT 5730U
2	MT/1074777-002	COMFORT TRANSPORTATON PTE LTD	SH 6630A	SKM 6171B
3	MT/1075406-001	COMFORT TRANSPORTATON PTE LTD	SHC 8640P	SLA 1089R
4	MT/1074478-002	COMFORT TRANSPORTATON PTE LTD	SHC 1410H	SLQ 8451Y
5	MT/1075409-001	COMFORT TRANSPORTATON PTE LTD	SHC 1641H	GBA 7033E
6	MT/1074726-002	COMFORT TRANSPORTATON PTE LTD	SHA 2230P	SLD 1411C
7	MT/1075165-002	CITYCAB	SHC 970P	SKH 175G
8	MT/1075410-001	COMFORT TRANSPORTATON PTE LTD	SHC 3860D	SGL 2656Z

eBaoTech

General Claim

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"/>	S104197485		KH LEASING PTE. LTD.	201611813C	GPC	Drive CLASSIC	SLA1089R	SLA1089R	26/09/2018	21/02/2020

## 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	04/12/2019 13:56
Date Of Accident	03/12/2019 19:35
Exact Location Of Accident	JURONG WEST CENTRAL 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8640P
<b>Insured/Policyholder</b>	
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	ZULKEFFLE BIN OTHMAN
NRIC No	S1551443D
Date Of Birth	20/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1995
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91061450
Fax Number	
Contact Number	
Email Address	S_ZUL62@YAHOO.COM

Address	666A #02-199 JURONG WEST STREET 65
Postcode	641666
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	NANYANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

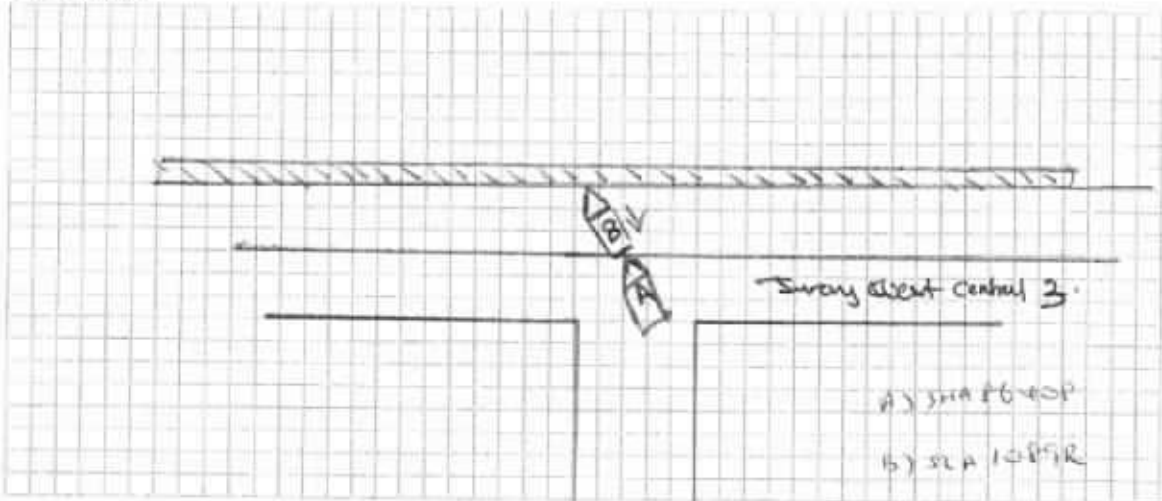
#### Attachment(s)

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	SLA1089R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

Report to Police

Report: T/2019/203/2164

DECLARATION

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

COMFORT TRANSPORTATION PTY LTD  
CO. REG. NO. 189301831R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: J. D. Smith 4/12  
NRIC/PIR No.:

www.comforttransportation.co.za



**SINGAPORE  
POLICE FORCE**



T/20191203/2164

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20191203/2164

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/12/2019 20:35	Vide Report No.:	Station Diary No.: 557
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**Informant's Particulars**

Name of Informant: ZULKEFFLE BIN OTHMAN	Address: APT BLK 666A JURONG WEST STREET 65 #02-199 SINGAPORE 641666		
ID Type / ID No.: NRIC NO / S1551443D	Contact No.: Home/Office: Mobile: 91061450		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 56	Date of Birth: 20/12/1962	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/12/2019 19:35	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST CENTRAL 2 <sup>3</sup> YELLOW BOX NEAR JURONG POINT BUS INTERCHANGE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8640P	Car	HYUNDAI	I40 1.7 CRD F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20191203/2164

2 of 3

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20191203/2164

**CONTINUATION OF REPORT**

**Brief Details.**

On the 03/12/19 at about 1935hrs to about 1940hrs, I was driving my taxi (SHC8640P). I was exiting Jurong Point's taxi stand area, and was driving out onto the main road (Jurong West Central 2). At this point in time, there was another vehicle in front of me.

Jurong West Central 2<sup>3</sup> is a 2 lane road, and at that point in time, there was a bus on the left most lane, in front of the yellow box. The righter lane, was empty and clear.

The car in front of me then tried exiting the taxi stand area, and moved forward. I believe he was trying to drive into the right most lane, to be beside the bus. After moving forward, he was partially inside the yellow box on Jurong West Central 2 when he realised that he did not have sufficient space to manuevere, because if he continued forward, he would collide into the central divider.

Seeing this, the car reversed behind. However, I was behind his car, and his vehicle then reversed into the front of my taxi and hit me. I did not have enough time to react.

I then immediately horned at him, and that when was when I saw that one of his passengers poke her head out of the window and looked at me and my taxi, while saying something to the driver. I am hence certain that they know that they had reversed into me. A few seconds later, the car moved forward and drove off. I was unable to go after him as the bus was blocking my way. I thought that he would pull up in front and wait for me, however after I overtook the bus, I saw that he was no where in sight.

Unfortunately, I do not exactly remember the car plate number, but I roughly remember SLA1089. I do not remembe the last alphabet. I have in car camera footage of the accident, but I have to check back with my taxi company to obtain the footage. I have pictures of the damages on my taxi.

SLA1089K.

Jurong West Central  
(3)





**SINGAPORE  
POLICE FORCE**



T/20191203/2164

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No. T/20191203/2164

**CONTINUATION OF REPORT**

**Sketch Plan**

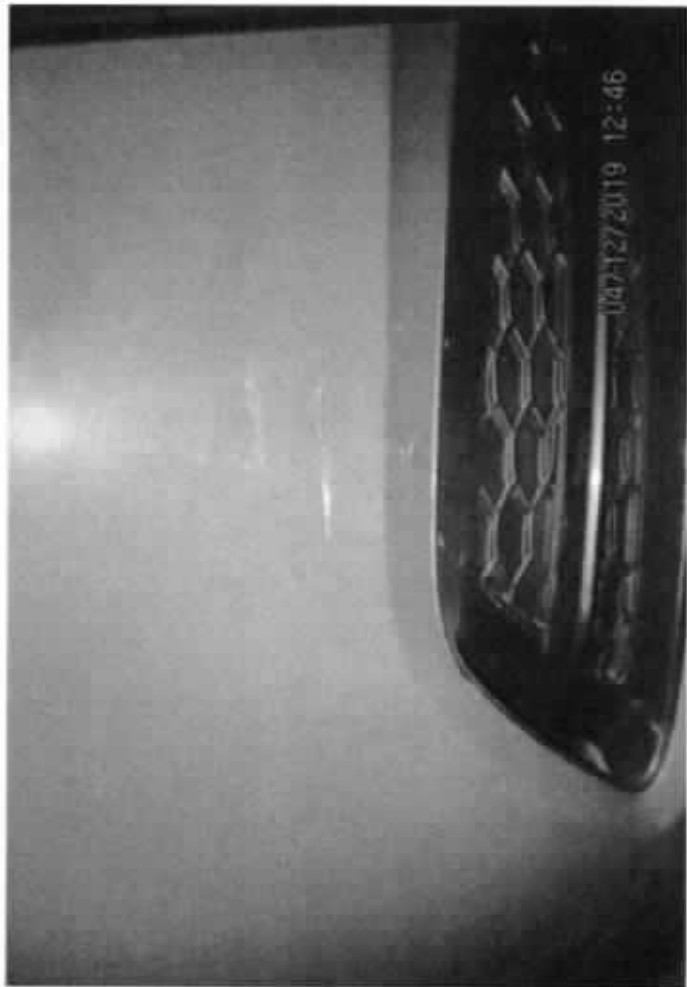
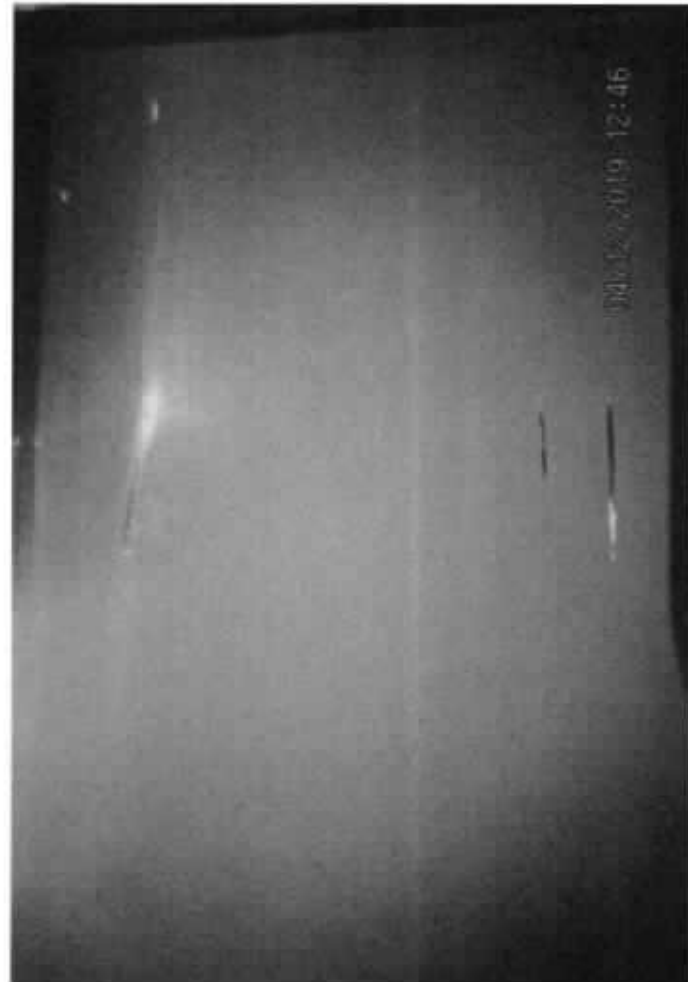
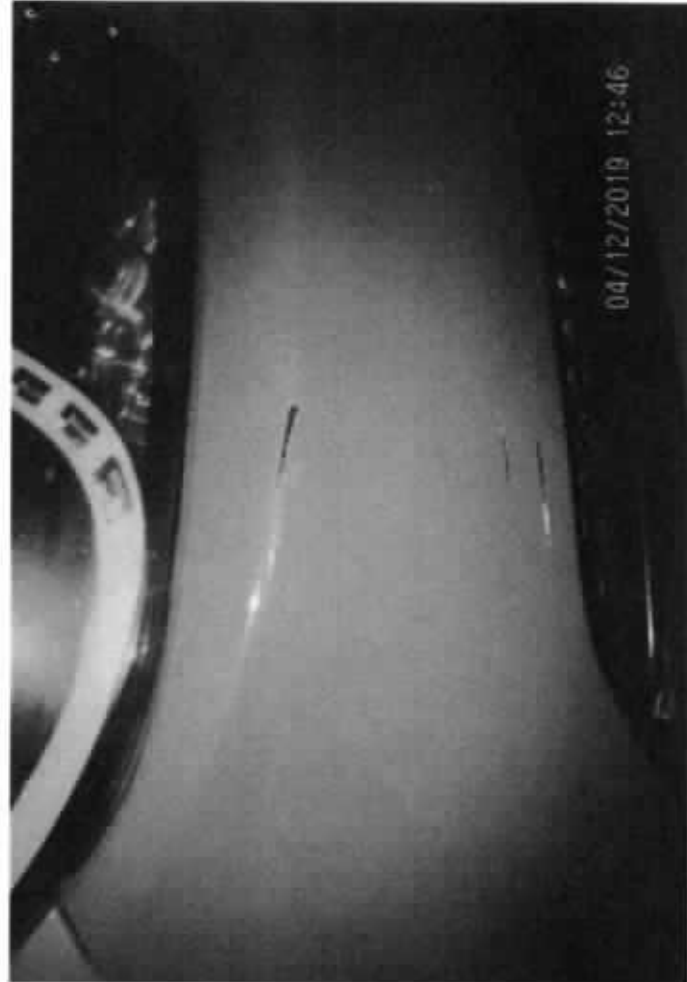
Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / TAN JUN HERN, DAMIAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2019 20:35
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

Authentication Stamp  
NP158



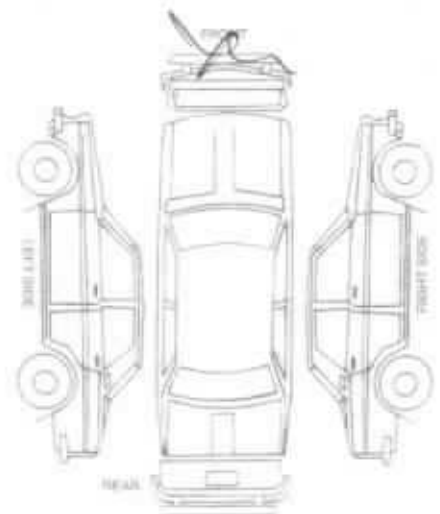


Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305359565
STOMER	REGN NO.: SHC8640P	MILEAGE	
COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL	
7010045	MODEL: I-40	DATE/TIME IN	05.12.2019 11:00
STOMER NO. 383 SIN MING DRIVE	YR OF MANU. 29.12.2015	TARGET DATE	
DRESS Singapore SINGAPORE 575717	CHASSIS CODE RMHLB41UMGU082989	COMPLETION DATE/TIME	
65508755			
(R) (P)			
ICOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 03.12.2019  
NATURE: 3P 03.12.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8640P CHIANG

Vehicle No.: SHC8640P

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

**Enquire Vehicle Insurance Details**

Vehicle No	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLA1089R	03 Dec 2019 / 19:35:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)[OK](#)

SM &amp; P + OP

**REPAIR ESTIMATE\***

VEHICLE NO : SHC 8640P

DATE 5/12/2019 14:30

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover X(R)			\$ 544.50
	Front Bumper Bracket Top (RH) X(R)			\$ 22.40
	Front Bumper Bracket (RH) X(R)			\$ 24.60
	<b>SUB TOTAL</b>			<b>\$ 591.50</b>
	<b>LESS 20%</b>			<b>\$ 118.30</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 473.20</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	<b>TOTAL LABOUR</b>			<b>\$ 600.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,073.20</b>
<div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer Signature: Date:</p> </div> <div style="margin-top: 20px; text-align: right;"> <p><i>[Signature]</i> 6/12/19</p> <p>Rain (LKK) 45 9A repair photo 2020/12/19 RMS@lkkauto.com 88622778</p> </div>				
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.				

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305359565  
REGN NO : SHC8640P  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 29.12.2015  
DATE/TIME IN : 05.12.2019 11:00  
ACCIDENT DATE : 03.12.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

0000 PB	PANEL BEATING	280.00
0001 SP	SPRAYPAINT CHARGE	200.00

SUB-TOTAL : 480.00

TOTAL : 480.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :

Our Job Ref No : 305359565

Date : 11/12/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC8640P

03/12/19

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

2 The repair job shall bill to: NTUC

2 The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

\$480.00

Total for Part-By-Part Repair Cost

\$480.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature :

Name :

Date :

## 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/INC19021556/Ftf3n2

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.	SLA 1089R	Veh. Inspected	SHC 8640P
Policy No.	5104197485	Coverage (\$)	0.00
Claim No.	MT/1075406-001	Excess (\$)	0.00
Assign From		Assign Date	05/12/2019

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU082989	Colour	BLUE
Odometer	405062	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	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	CAMPEON	6 mm
L/H Rear Tyre	205/60 R16	CAMPEON	6 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.
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**5. General Information**

Accident Date	03/12/2019	Inspection Date	05/12/2019
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. SHC 8640P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER BRACKET TOP (RH)	NOT NECESSARY	22.40	-
1	FRONT BUMPER BRACKET (RH)	NOT NECESSARY	24.60	-
	LESS 20% DISCOUNT		-118.30	-
			473.20	-
	<b><u>LABOUR</u></b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		350.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
			600.00	480.00
	<b>GRAND TOTAL</b>		<b>1,073.20</b>	<b>480.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>480.00</b>

Report Ref No. NS/INC19021556/Ft3n2

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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