

Ram

NS/INC 19021701/Fyf302

ASSIGNMENT

Trip

Date:

Veh No:

SHD 42070

Vt Regn:

30/10/19

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

Hyundai 1011g(93) C.C. 1380

at Workshop n/s

Colour:

blue

A/C: Insured / Std / NI / NA

of

Sp. Reading

16659

T/Radio: Insured / Std / NI / NA

Insured:

SGU 83857

Eng/No:

Policy No.

MT/1074600-002

C/No:

KMHCB510VL0187764

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt: Consistent? Yes or No

R/Bal.

8

mm

R/Bal.

8

mm

GIA / PR Seen: Consistent? Yes or No

L/Bal.

8

mm

L/Bal.

8

mm

Est. Repairs: days Res.: Yes or No

D.O.A.

05/12/19

D.O.I.

9/12/19

Lum Sum: % 3 Val: Yes or No

Survey held at

Comfortdelgro (Loyang)

CA / REV / REP. / 24 HRS

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

N/S rear

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

NO Policy

SGU 83857 X

SHD 42070 - NPA/INC 19021701/SHD 42070/SHD 42070/SHD 42070

PIF = \$792 (Red \$4162-08, 84%)

2 repairing days

confirm on 16/12/19 with LARRY

RECEIVED 18 DEC 2019

17/12/2019

Date/Time: File Pass to?

☐

Prel. Report

Days Of Repair:

2

Date/Time: File Return to?

☐

Final Report

Resurvey No. of Trip:

1

Date/Time: File Return to?

18/12/19 Typist

Addl Fee:

☐

Site Insp. \$

☐

Interview \$

☐

Tech. Insp. \$

☐

Total \$

Survey Fee:

Transportation:

F + PS \$

Fees:

Fees:

Fees:

Fees:

Date/Time: File Return to?

Date/Time: File Return to?

PIF = \$792-00

16

TP Claims against NTUC Income: Follow-Through Survey

Date : 16/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1071690-002	SMRT AUTOMOTIVE	SHC4674T	GBD5506E	16/11/2019	12:00	\$ 10,650.00
2	MT/1074600-002	COMFORT TRANSPORTATION	SHD4207D	SGU8385T	05/12/2019	19:50	\$ 4,954.08
3							
4							

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	09/12/2019 10:08
Date Of Accident	05/12/2019 19:50
Exact Location Of Accident	PATTERSON ROAD TWDS RIVER VALLEY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4207D
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	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	WEE SOON HEE
NRIC No	S2028918Z
Date Of Birth	19/08/1945
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1963
Driving Experience	56 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97687227
Fax Number	
Contact Number	
Email Address	KENNETH_WEESH@HOTMAIL.COM

Address	BLK 430B FERNVALE LINK #03-213
Postcode	792430
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

PLS REFER TO 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	SGU8385T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93847645
Address	

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

RIGHT FRT

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 regulate 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.

3. 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. T093038211

Policyholder's Signature
Date & Time:

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

6/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

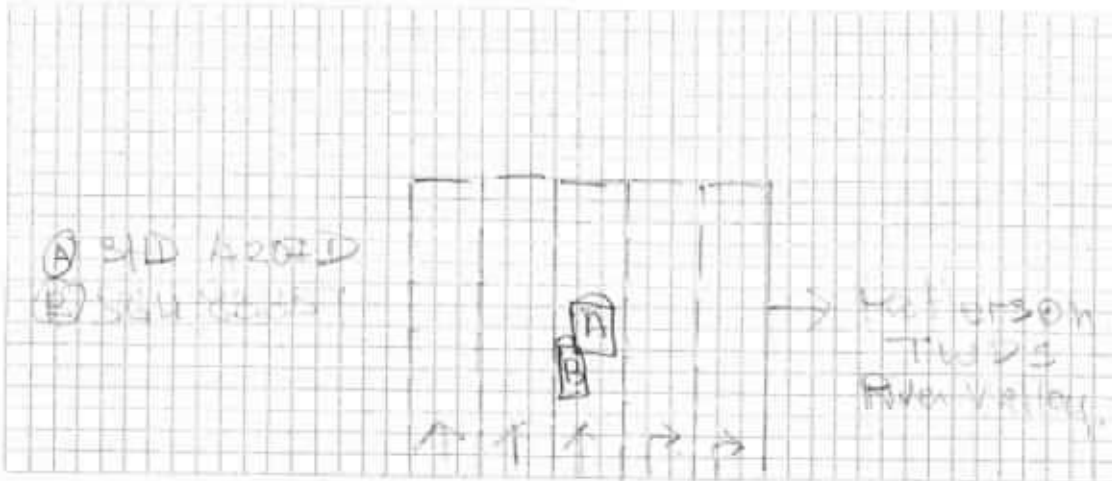
COMFORT Motor Insurance, S2

1-1
1-1

1-1
1-1

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/12/2019 at about 1950 hrs, I vehicle A was driving my taxi along Patterson road toward River Valley. while I was in my lane, vehicle B try to Squeeze in and brush against vehicle A left rear portion. NO one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION LTD LTD
CO. REG. NO. 190203821H

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:

COMFORT TRANSPORTATION LTD

6/12/19

Signature

COMFORTDELGRO
ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Seletar Road Singapore 757051
Mainline + 65 6383 6260 Facsimile + 65 6386 6763
Workshops
59 Loring Drive Singapore 308666 54 Serangoon Road Singapore 736196
383 Sin Ming Drive Singapore 575117 7 Geylang Road Singapore 729191
45 Pandan Road Singapore 605296 501 Yew Tee Industrial Park A Singapore 750777
220 Lorong 3 Singapore 750007

Date/Time: 09.12.2019 15:13 Page : 1

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO: 305365693
STOMER	REGN NO: SHD4207D	MILEAGE	
COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL	
7010045	MODEL: IONIQ(G3)	DATE/TIME IN	
383 SIN MING DRIVE	YR OF MANU: 30.10.2019	09.12.2019 14:00	
Singapore SINGAPORE 575717	CHASSIS CODE: RMHC851CVLU187764	TARGET DATE	
65508755		COMPLETION DATE/TIME	
ACCOUNT CARD NO.			

JOB DESCRIPTION	
Accident Date: 05.12.2019	
NATURE: 3P 05.12.2019 (C)	
S/NO	LABOR CODE
NTUC - Left Rear	
DESCRIPTION	
	

CHECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	
Exit Pass	
No.: SHD4207D	Vehicle No.: SHD4207D
Larry Ng	
Name of Service Advisor	Name of Service Advisor
Signature/Date	Date
Returned to Service Reception upon collection	
To be kept by Security Guard	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD4207D

DATE: 9. Dec. 2019

MAKE : HYUNDAI

MODEL : IONIQ

DOA: 5. Dec. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Door – LH X R			\$1,789.90
1	Rear Fender – LH X R			\$1,768.30
1	Rear Bumper XUN			\$459.40
<div data-bbox="164 593 597 857"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p> </div>				
SUB TOTAL				\$4,017.60
LESS 20%				\$803.52
DISCOUNTED TOTAL				\$3,214.08
1	Rear Door APP Sticker nec -		\$72	\$80.00
<div data-bbox="611 1299 1176 1747"> <p>Ram (LKK) 9/12/19 1545 hrs PamBuran@LKKmotor.com 88622778 hp 2 repair days P/P 9 pt repair photo</p> </div>				Nett
				\$80.00
Labour Charge				
1	Panel Beating			\$700.00
1	Spray Painting Charge			\$700.00
1	Wiring Charge			\$80.00
1	Tuff Kote			\$80.00
1	Remove / Refix Reverse Sensor			\$100.00
TOTAL LABOUR				\$1,660.00
ESTIMATE TOTAL				\$4,954.08
<p>Note: BSD – Blind Spot Detection sensors in the rear bumper</p> <p>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.</p>				

.8

Larry Ng

\$320
\$400
XUN
XUN
XUN

Our Job Ref No : 305365693

Date : 16. Dec. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHD4207D

Date of Accident: 5. 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 SGU8385T

2. The finalized amount shall be:

(a) Spare Parts after List discount \$72.00

(b) Labour Charges \$720.00

Total for Part-By-Part Repair Cost \$792.00

(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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : RAM

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:

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

JOB NO : 305365693
REGN NO : SHD4207D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 30.10.2019
DATE/TIME IN : 09.12.2019 14:00
ACCIDENT DATE : 05.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 28-01-9999-2023-A APP LOGO REAR DOOR L/R CT 1 80.00 10.00 72.00 *hec*

SUB-TOTAL : 72.00

JOB NATURE

0000 PB PANEL BEATING

320.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA

400.00

SUB-TOTAL : 720.00

TOTAL : 792.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

**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/INC19021701/Fyf3n2	
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.	SGU 8385T	Veh. Inspected	SHD 4207D
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1074600-002	Excess (\$)	0.00
Assign From		Assign Date	09/12/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVLU187784	Colour	BLUE
Odometer	16659	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	8 mm
L/H Front Tyre	195/65 R15	MICHELIN	8 mm
R/H Rear Tyre	195/65 R15	MICHELIN	8 mm
L/H Rear Tyre	195/65 R15	MICHELIN	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	05/12/2019	Inspection Date	09/12/2019
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. SHD 4207D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR - LH	TO REPAIR SEE LABOUR	1,789.90	-
1	REAR FENDER - LH	TO REPAIR SEE LABOUR	1,768.30	-
1	REAR BUMPER	NOT NECESSARY	459.40	-
	LESS 20% DISCOUNT		-803.52	-
			3,214.08	-
NETT ITEMS				
1	REAR DOOR APP STICKER (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-8.00
			80.00	72.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR DOOR - LH AND REAR FENDER - LH.		700.00	320.00
	SPRAY PAINTING CHARGE.		700.00	400.00
	WIRING CHARGE.	NOT NECESSARY	80.00	-
	TUFF KOTE.	NOT NECESSARY	80.00	-
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	100.00	-
			1,660.00	720.00
GRAND TOTAL			4,954.08	792.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				792.00

Report Ref No. NS/INC19021701/Fyf3n2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.