

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: **SW5240B**
 Policy No. **5107532417 (12/06/2019)**
 Claims No. **MT/1075045-002**
 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
X	X

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 **SHB 4073H** (Regn: **29/10/2015**)
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai** / 40 c.c. **1685**
 Colour: **blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **678950** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **KMHLEB100100079864**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **205/60 R14**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Hankook**
 Front: _____ Rear: _____
 R/Bal: **7** mm R/Bal: **7** mm
 L/Bal: **7** mm L/Bal: **7** mm
 D.O.A. **07/12/19** D.O.I. **9/12/19**
 Survey held at **comfortdelgro (Loyang)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
SW5240B CA/AM1601207/AND312 20A 11/07/2016	
SHB 4073H CS3/1121800710/AM1602-2 D/R 5/03/2018	
	RECEIVED 16 DEC 2019
L/S: \$1100/=	
2 repairs days	
confirm with ching on 12/12/19	
C \$ 739.54 Red - 40%	

Date/Time: File Photo: **16/12/19**
 1) **Typ: 4**
 Date/Time: File Photo: _____
 2) _____
 Date/Time: File Photo: _____
 3) _____

Days Of Repair: **2**
 Resurvey No. of Trip: **1**

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Insp (\$)
☐ "Final" Insp (\$)

Survey Fee:	
Transportation:	
G + PS: \$	
Phone:	
Other:	
	160

\$1,100/- ds

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 type="radio"/>	5107572417		REIN SERVICES	53309394E	GFT	Third Party	SJWS2408	SJWS2408	12/06/2019	

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	SIW 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

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 09:45
Date Of Accident	07/12/2019 21:30
Exact Location Of Accident	AIRPORT BOULEVARD TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4073H
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	YONG SOO FONG
NRIC No	S0870528C
Date Of Birth	14/08/1947
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1966
Driving Experience	53 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96348119
Fax Number	
Contact Number	
Email Address	BERNARDZYONG@GMAIL.COM

Address	101 08-147 CLEMENTI STREET 14
Postcode	120101
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CLEMENTI 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	SJW5240B
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 FRT & REAR
No. Of Passenger (Including Driver)


DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH9039M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PAX
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJW5240B
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

	<p>Along Airport Boulevard</p> <p>DOI: 7-12-19 0130hr</p> <p>A — SHB4073H</p> <p>B — SJW5240B</p> <p>C — SH9039M</p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Attach Police Report NO:

7/20191208/2021

(The remaining lines of the section are crossed out with diagonal lines.)

DECLARATION

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

UMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Facy*
NRIC/FIN No.:

UMFORT TRANSPORTATION PTE LTD



**SINGAPORE
POLICE FORCE**



T/20191208/2021

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20191208/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2019 08:08		Vide Report No.: P/20191207/0070		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: YONG SOO FONG			Address: APT BLK 101 CLEMENTI STREET 14 #08-147 SINGAPORE 120101		
ID Type / ID No.: NRIC NO / S0870528C			Contact No.: Home/Office: Mobile: 96348119		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 72	Date of Birth: 14/08/1947	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/12/2019 21:30	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD Along Airport Boulevard towards City				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9039M	Car				Seriously Damaged	0
SHB4073H	Car				Slightly Damaged	2
SJW5240B	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20191208/2021

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No T/20191208/2021

CONTINUATION OF REPORT

Brief Details.

On 7/12/2019 at about 2130hrs, I was driving my taxi along Airport Boulevard towards City on the center lane. I had 2 passengers who I fetched at the airport. Subsequently, one vehicle in front of me slowed down. I also slowed down my taxi. Subsequently, I felt an impact at my rear. Shortly after, there was another impact from my rear again. I went out to discover that one vehicle bearing registration number SJW5240B (V2), collided with me.

Another vehicle, SH9039M (V3) collided with V2's rear. At that point, someone called for the Police and shortly, Traffic Police arrived. Some of the party involved was conveyed by Ambulance.

At the same time, Traffic Police took the memory card from my Taxi's in car camera.



**SINGAPORE
POLICE FORCE**



T/20191208/2021

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3


Report No: T/20191208/2021

CONTINUATION OF REPORT

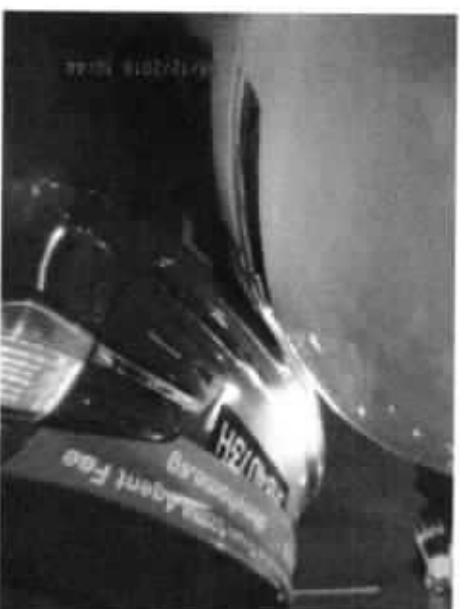
Sketch Plan

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: D / Sgt 2 KHAIRUL ANWAR LLOVIDO BIN JOHARI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/12/2019 08:08
Officer In Charge Of Case: TP / GIT / Staff Sgt TAN YUN YAN Contact No: 65476311 SN 37	Classification Of Case:
Authentication Stamp NP108 	



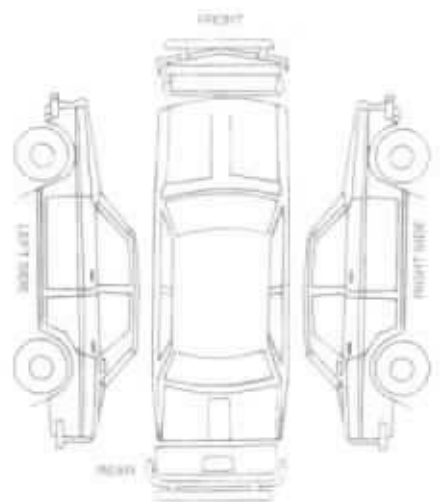


Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO: 305365481
TOMER	REGN NO: SHB4073H	MILEAGE	
MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL	
TOMER NO: 7010045	MODEL: I-40	DATE/TIME IN 08.12.2019 09:25	
RESS: 383 SIN MING DRIVE	YR OF MANU: 29.10.2015	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE: KMHLB41UMGU079864	COMPLETION DATE/TIME	
65508755 (R) (P)			
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 07.12.2019
NATURE: 3P 07.12.2019

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHB4073H CHIANG

Vehicle No.: SHB4073H

Signature/Date

Name of Service Advisor Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4073H

DATE 9/12/2019 11:06

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>cr</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>rec</i>			\$ 22.00	
	Rear Bumper Bracket <i>xm</i>		\$ 35.60	\$ 71.20	
	Rear Bumper Under Cover <i>scr</i>			\$ 228.00	
	Rear Bumper Reflector Lamp (RH) <i>xm</i>			\$ 30.60	
	SUB TOTAL			\$ 904.80	
	LESS 20%			\$ 180.96	
	DISCOUNTED TOTAL			\$ 723.84	<i>3242.4</i>
	Rear Bumper Reverse Sensor <i>xm</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>rec</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>rec</i>		\$ 100.00	\$ 200.00	Nett
				\$ 385.70	
	Labour Charge				
	Panel Beating			\$ 350.00	<i>3250</i>
	Spray Painting Charge			\$ 250.00	<i>3250</i>
	Wiring Charge			\$ 50.00	<i>85 xm</i>
	Remove/Refix Reverse Sensor			\$ 80.00	<i>330</i>
	TOTAL LABOUR			\$ 730.00	
	ESTIMATE TOTAL			\$ 1,839.54	
<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>					

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:

12/12/19

Ram (LKK)

9/12/19 1445hrs

Ramsuran@lkkauto.com

85623718 hp

2 repair dys

L/S
AA repair photo

Our Job Ref No : 305365481

Date : 11/12/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHB4073H

07/12/19

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

Total for Part-By-Part Repair Cost

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

\$1,100.00

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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : RAM

Date : 12/12/19

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		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/INC19021708/Fsd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 24-12-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJW 5240B	Veh. Inspected	SHB 4073H
Policy No.	5107572417	Coverage (\$)	0.00
Claim No.	MT/1075045-002	Excess (\$)	0.00
Assign From		Assign Date	09/12/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU079864	Colour	BLUE
Odometer	678950	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	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

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

Accident Date	07/12/2019	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.
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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 8315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4073H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CRACKED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	NOT NECESSARY	71.20	-
1	REAR BUMPER UNDER COVER	SCRATCHED	228.00	228.00
1	REAR BUMPER REFLECTOR LAMP (RH)	NOT NECESSARY	30.60	-
	LESS 20% DISCOUNT		-180.96	-160.60
			723.84	642.40
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (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
LABOUR				
	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	30.00
			730.00	510.00
GRAND TOTAL			1,839.54	1,402.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,100.00

Report Ref No. NS/INC19021708/Fsd3n2

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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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.