Ram NS/INC19021709/Fyd3n2

ASSIGNMENT

From: [redacted] Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SMD 6857E

Policy No. 5111208162 (30/08/2019-29/08/2020)

Claims No. MT/1075110-002

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

Bal. or Market Value:

IDAC Accident Rport: 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: SHB 434TT Yr Regn: 16/07/2015

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: 570694 T/Radio: Insured / Std / NI / NA

Eng/No: –

C/No: KMHLB41UMFUD75421

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

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 comfort delgro (Loyang)

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

Frt & N/S Frt

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

Date / Time	Action / Instruction
	SMD 6857E X
	SHB 434TT OS/FC1 19018815 / Fyd3n2 DOA 19/10/2018 NTUC LTS
	RECEIVED 31 JAN 2020
	L/C: $1200/= (Red $2545.52, 67%)
	3 repair days
	confirmed 17/12/19 with Cheng
	17/12/2019

Date/Time File Pass to? [ ] : Preli. Report

[ ] : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Date/Time File Return to?

29/1/20 Typist

Add Fee: [ ] Site Insp. $

[ ] Interview $

[ ] Tech. Insp $

[ ] Wkshop $

Survey Fee:

Transportation:

$ + RS $

Phone

Other

Total 160

$1200F

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 07/12/2019 08:52

Vehicle No.(For Motor) SMD6857E

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5111208162		SOH PUAY GUAN	S7440119H	GPC	drivo PREMIUM	SMD6857E	SMD6857E	30/08/2019	29/08/2020

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date : 30/01/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1074998-002	COMFORTDELGRO ENGINEERING	SH 7607L	SLU 5118J	07/12/2019	16:25	$ 6,350.00
2	MT/1075110-002	COMFORTDELGRO ENGINEERING	SHB 4347T	SMD 6857E	07/12/2019	15:30	$ 3,745.52
3							
4							
5							
6							
7							
8							
9							
10							
11							

MCD619181658 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 09/12/2019 11:37
SUBMITTED BY: Huang XiaoYan

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 11:37
Date Of Accident	07/12/2019 15:30
Exact Location Of Accident	KEPPEL RD X TELOK BLANGAH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB4347T
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	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	TAN KIM BUCK
NRIC No	S0183519Z
Date Of Birth	09/09/1950
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2006
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96679535
Fax Number	
Contact Number	
EMail Address	DPIVINCENT64@GMAIL.COM

Address	BLK 470C FERNVALE LINK #20-422
Postcode	793470
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	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?	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)	2
Passenger 1	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

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	SMD6857E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH PUAY GUAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT DOORS

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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

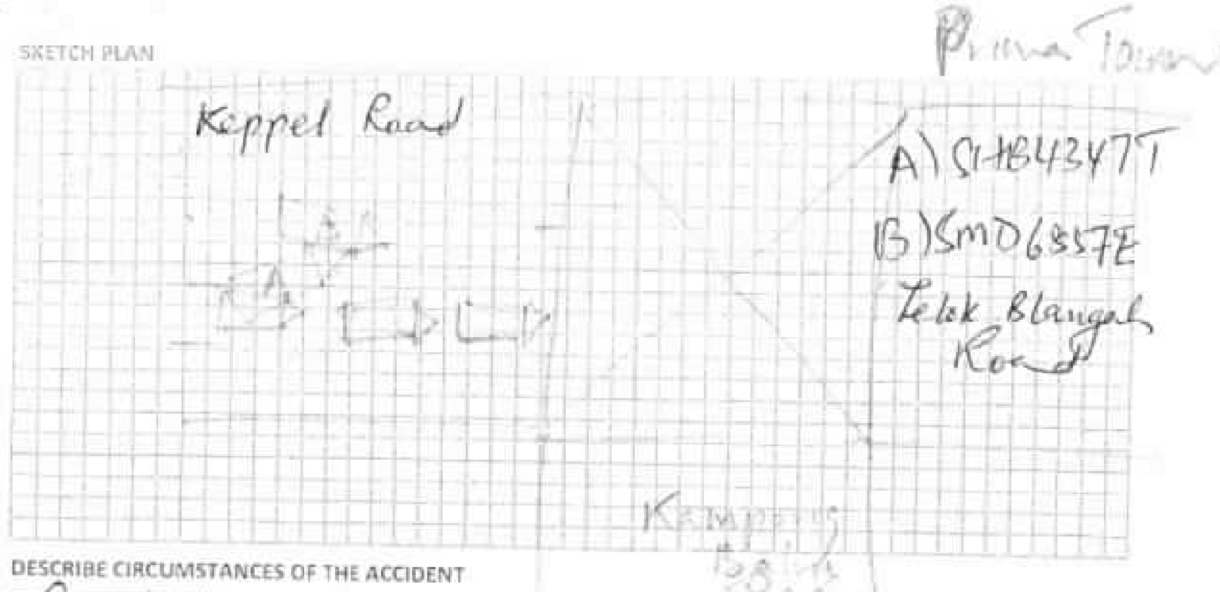
   (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821H

M Moore CEO 2/12/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/12/19 at 1530 hrs when I veh A filtered from my lane 2 onto lane 3, veh B from lane 4 also filtered onto lane 3 and there was a collision. My vehicle was damage on the left front portion and veh B sustained damages on the right doors portion

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature
Date & Time:

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

8/12/19

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


SHB4347T


SHB4347T


SMD6857E


SMD6857E


SHB4347T

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Workshops

Date/Time: 09.12.2019 13:41 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

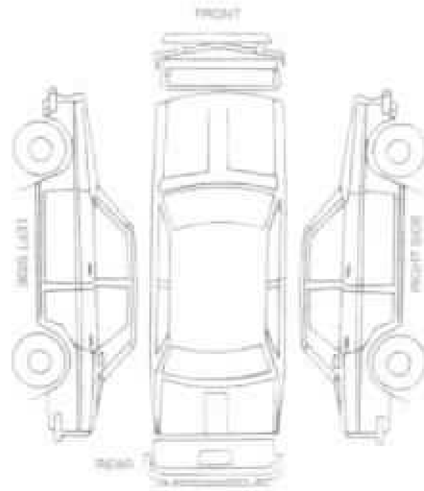
Sales Order: JC NO.: 305365486

TOMER		REGN NO.: SHB4347T	MILEAGE
MS	COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E 1/2 F
TOMER NO.	7010045		
RESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 09.12.2019 09:45
(R)	65508755 (O)	YR OF MANU. 16.07.2015	TARGET DATE
(P)			
OUNT CARD NO.		CHASSIS CODE KMHLB41UMGU075421	COMPLETION DATE/TIME

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

ledgement Slip	Exit Pass
No.: SHB4347T CHIANG	Vehicle No.: SHB4347T
f Service Advisor — Signature/Date	Name of Service Advisor — Date
turned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4347T **DATE 9/12/2019 15:18**

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille			$ 251.00
	Radiator Grille H Emblem			$ 27.50
	Front Bumper Cover			$ 544.50
	Front Bumper Bracket Top (LH)			$ 22.40
	Front Bumper Bracket (LH)			$ 24.60
	Headlamp (LH)			$ 1,388.00
	Front Fender (LH)			$ 566.30
	Front Fender Shield (LH)			$ 175.90
	Front Fender Retainer			$ 24.60
	Front Wheel Hub Cap,LH			$ 107.10
	SUB TOTAL			**$ 3,131.90**
	LESS 20%			$ 626.38
	DISCOUNTED TOTAL			**$ 2,505.52**
	Labour Charge			
	Panel Beating			$ 560.00
	Spray Painting Charge			$ 500.00
	Wiring			$ 50.00
	Tuff Kote			$ 50.00
	Frt Wheel Alignment			$ 80.00
	TOTAL LABOUR			**$ 1,240.00**
	ESTIMATE TOTAL			**$ 3,745.52**

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

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.

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305365486

Date : 11/12/19

FINALIZATION FORM

To : LKK Fax :

Attn : RAM

: SHB4347T 07/12/19

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

Z 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 $1,200.00

3. Estimated normal period for repairs: 3 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.

Signature :

Name : CHIANG

Tel : 62148314

Fax : 65468156

We confirm the estimates and finalized amount

Signature :

Name : RAM

Date : 17/12/19

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

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Ref: NS/INC19021709/Fyd3n2

Date: 03-02-2020

Code: INC4

1.	Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	SMD 6857E	**Veh. Inspected**	SHB 4347T
	Policy No.	5111208162	**Coverage ($)**	0.00
	Claim No.	MT /1075110-002	**Excess ($)**	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.	KMHLB41UMGU075421	**Colour**	BLUE
	Odometer	570694	**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 FRONT AND N/S FRONT PORTION. DAMAGES SEE DETAILS.

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.

5b.	Estimate Days of Repair	
	ESTIMATED NORMAL PERIOD FOR REPAIR:	**3 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4347T

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	RADIATOR GRILLE	NOT NECESSARY	251.00	-
1	RADIATOR GRILLE H EMBLEM	NOT NECESSARY	27.50	-
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER BRACKET TOP (LH)	NOT NECESSARY	22.40	-
1	FRONT BUMPER BRACKET (LH)	NOT NECESSARY	24.60	-
1	HEADLAMP (LH)	NOT NECESSARY	1,388.00	-
1	FRONT FENDER (LH)	BUCKLED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	NOT NECESSARY	175.90	-
1	FRONT FENDER RETAINER	NOT NECESSARY	24.60	-
1	FRONT WHEEL HUB CAP,LH	SCRATCHED	107.10	107.10
	LESS 20% DISCOUNT		-626.38	-134.68
			2,505.52	538.72
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		560.00	560.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	30.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,240.00	990.00
	GRAND TOTAL		**3,745.52**	**1,528.72**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			**1,200.00**

Report Ref No. NS/INC19021709/Fyd3n2

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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