[illegible] Ram | NS/INC19021711/Fsd3112

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: SPH 1618Z

Policy No. 5114069149 (13/11/2019 - 14/11/2020)

Claims No. MT/1075118-002

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: SHC 3383P Regn: 19/11/2015

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

Make: Hyundai I40 cc 1685

Colour: blue A/C: Insured / Std / NI / NA

Sp Reading: 575101 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KMHLB41UMGU080554

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~~ Westlake

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 08/12/19 D.O.I. 9/12/19

Survey held at [illegible] (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
	SPH 1618Z [illegible]
	SHC 3383P [illegible]
	NTC LS
	LS: $2500/=
	3 repair days
	16/12/2019
	confirmed 16/12/19 with [illegible]
	($ 1,099.28 Red - 31%)

RECEIVED 18 DEC 2019

Date/Time File Pass to: 16/12/19 [illegible]

Date/Time File Return to:

[ ] : Preli. Report

[✓] : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: [ ] Site Insp. ($) [ ] Interview ($) [ ] Tech. Insp. ($) [ ] Weekend ($)

$2,500/- LS

160

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_80D601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SFH1618Z

Date of Accident 08/12/2019 08:52

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	S114069149		TAN HOO GUAN	S1663474C	GPC	drivo CLASSIC	SFH1618Z	SFH1618Z	13/11/2019	14/11/2020

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date : 17/12/2019

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	Not our insured	COMFORT TRANSPORTATION PTE LTD	SHA 1123Y	SJU 5226D	05/12/2019	07:45	$ 3,275.68	$ 1,395.81
2	MT/1075061-002	COMFORT TRANSPORTATION PTE LTD	SH 6545M	SLR 7328Y	10/12/2019	11:10	$ 6,018.08	$ 900.00
3	MT/1075118-002	COMFORT TRANSPORTATION PTE LTD	SHC 3383P	SFH 1618Z	08/12/2019	22:10	$ 3,599.28	$ 2,500.00
4	MT/1074824-002	COMFORT TRANSPORTATION PTE LTD	SHD 7183T	SKG 5243R	05/12/2019	19:20	$ 4,846.88	$ 2,500.00

Claim received from LKK

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 witholding 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 11:03
Date Of Accident	08/12/2019 22:10
Exact Location Of Accident	PIE(TUAS) B4 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3383P
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	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	MUTHIAH JAYA RAMESH
NRIC No	S7184355F
Date Of Birth	22/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2005
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98530040
Fax Number	
Contact Number	
EMail Address	MUTHIAHJAYARAMESH@YAHOO.COM.SG

Address	BLK 34 CIRCUIT ROAD #06-390
Postcode	370034
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

REFER 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	SFH1618Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAWN TAN PENG YONG
NRIC/Passport Number	
Contact Number	
Address	

Postcode	
Insurance Company Name	
Nature Of Damage	RIGHT DOORS
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 **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. 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.
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.

S R Moorthy CSO 1/12/15

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 8/12/19 at about 2210hrs while I Veh A was travelling along the lane 1, Veh B suddenly vehicle B collided onto the left front portion of my vehicle.

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	9/12/19 Reporting Centre Personnel's Signature Name: M Moorthy CSO NRIC/FIN No.:

COMFORTDELGRO ENGINEERING

a member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
[illegible]
[illegible]
Workshops
[illegible]

Date/Time: 09.12.2019 13:46 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305365482

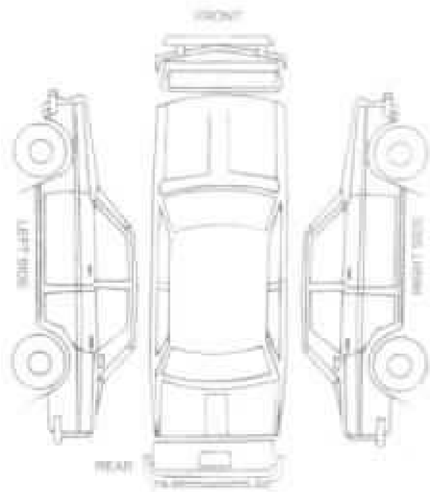
CUSTOMER	
M/S	COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO.	7010045
ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717
(R)	65508755 (O)
(P)	
ACCOUNT CARD NO.	

REGN NO.: SHC3383P	MILEAGE
MAKE: HYUNDAI	FUEL: E 1/2 F
MODEL: I-40	DATE/TIME IN: 09.12.2019 09:55
YR OF MANU.: 19.11.2015	TARGET DATE
CHASSIS CODE: KMHLB41UMGU080554	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.12.2019
NATURE: 3P 08.12.2019

S/NO	LABOR CODE	DESCRIPTION



CHECKED & PASSED OUT BY: ______

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHC3383P CHIANG

Name of Service Advisor

Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3383P

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3383P **DATE 9/12/2019 15:06**

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	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)			$ 663.00
	Front Fender Shield (LH)			$ 174.90
	Front Fender Retainer			$ 24.60
	Front Wheel Hub Cap (LH)			$ 107.10
	SUB TOTAL			**$ 2,949.10**
	LESS 20%			$ 589.82
	DISCOUNTED TOTAL			**$ 2,359.28**
	Labour Charge			
	Panel Beating			$ 560.00
	Spray Painting Charge			$ 500.00
	Wiring Charge			$ 50.00
	Tuff Kote			$ 50.00
	Frt Wheel Alignment			$ 80.00
	TOTAL LABOUR			**$ 1,240.00**
	ESTIMATE TOTAL			**$ 3,599.28**

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 1610hrs

3 repair days

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 : 305365482

Date : 12/12/19

FINALIZATION FORM

To : LKK Fax :

Attn : PARAM

: SHC3383P 08/12/19

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 $2,500.00

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 : 16/2/19

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/INC19021711/Fsd3n2

Date: 24-12-2019

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SFH 1618Z	**Veh. Inspected**	SHC 3383P
	Policy No.	5114069149	**Coverage ($)**	0.00
	Claim No.	MT/1075118-002	**Excess ($)**	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.	KMHLB41UMGU080554	**Colour**	BLUE
	Odometer	575101	**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	WEST LAKE	6 mm
	L/H Front Tyre	205/60 R16	WEST LAKE	6 mm
	R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm
	L/H Rear Tyre	205/60 R16	WEST LAKE	6 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	08/12/2019	**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. SHC 3383P

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	CUT	544.50	544.50
1	FRONT BUMPER BRACKET TOP (LH)	NOT NECESSARY	22.40	-
1	FRONT BUMPER BRACKET (LH)	NOT NECESSARY	24.60	-
1	HEADLAMP (LH)	SCRATCHED	1,388.00	1,388.00
1	FRONT FENDER (LH)	BUCKLED	663.00	663.00
1	FRONT FENDER SHIELD (LH)	NOT NECESSARY	174.90	-
1	FRONT FENDER RETAINER	NOT NECESSARY	24.60	-
1	FRONT WHEEL HUB CAP (LH)	SCRATCHED	107.10	107.10
	LESS 20% DISCOUNT		-589.82	-540.52
			2,359.28	2,162.08
	LABOUR			
	PANEL BEATING.		560.00	560.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	30.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,240.00	990.00
	GRAND TOTAL		**3,599.28**	**3,152.08**

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			**2,500.00**

Report Ref No. NS/INC19021711/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