

Ram

NS/INC1902712/FLD372

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

at

Insured: SKM6171B

Policy No. 5107029748 / 17106/2019

Claims No. MT/1074777-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

X	
N/S	O/S

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

Turn Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No

SH 6630A

yr Regn:

20/12/2017

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

Truck / Trailer or

Make:

Hyundai 140

cc 1685

Colour:

blue

A/C:

Insured / Std / NI / NA

Sp Reading

276318

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLEB1UMHUCAB55

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.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

07/12/19

D.O.I.

9/12/19

Survey held at

comfortable (Layang)

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

SKM 6171B X

SH 6630A - NS/INC13019003/18day SEP 07/12/2013

P/P: \$1045.68 / = (Red: 1303.20! 53%)

2 repair days

12/12/19

RECEIVED 12 DEC 2019

Date/Time: File Pass to?



: Prel. Report



: Final Report

D/P Typist

Date/Time: File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



Site Insp \$



Interview \$



Tech Insp \$



Final Insp \$

Survey Fee:

Transportation:

3 - RS 3

Hire:

Other:

Total:

Report Printed:

Total Cost:

0 : 1045.68

TP

166

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_8D0601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.		Date of Accident	07/12/2019 09:19
Vehicle No. (For Motor)	SKM61718	Certificate Number	
Search			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	S107039748		SENG LEE HONG CAR LEASING	S3391324A	GFT	Third Party	SKM61718	SKM61718	19/06/2019	

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 09:20
Date Of Accident	07/12/2019 12:25
Exact Location Of Accident	ORCHARD LINK TOWARDS PARAGON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6630A
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	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 YONG CHAI
NRIC No	S1195482J
Date Of Birth	05/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1976
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97652244
Fax Number	
Contact Number	
Email Address	YONGCHAI_TAN@YAHOO.COM.SG

Address	640 12-520 PASIR RIS DRIVE 1
Postcode	510640
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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

SEE ATTACH.

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	SKM6171B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number	90500096
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT REAR DOOR
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7-12-2019 Ca 1225hrs, I was driving along Orchard Link Straight Road with 3 Pax on board of my taxi - the traffic was heavy and slow moving. Suddenly Vehicle (B) SKM 6171B change lane from my Left without signal and cause my Taxi (A) SH 6630A Collision and damaged On Front Left Portion.

There is video footage on the scene.
Total is 3 Pax on board and No injury.

DECLARATION

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

COMFORT TRANSPORTATION, INC.
CO REG NO 180304621R

Policyholder's Signature

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature _____

Name: Tony
NRIC/FIN No. 970101000000

NHC/FIN No. 1

IMPORTANT NOTICE

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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

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 19930J621R

Policyholder's Signature
Date & Time:

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

Reporting Crime Personnel's Signature
Name: Tracy
NRIC/PRN No.:





REPAIR ESTIMATE*

VEHICLE NO : SH 6630A

DATE 9/12/2019 10:50

MAKE :

MODEL : HYUNDAI i40

NTMC-JH
P/P

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover X(R)			\$ 544.50
	Front Bumper Bracket Top (LH) Xnn			\$ 22.40
	Front Bumper Bracket (LH) Xnn			\$ 24.60
	Front Fender (LH) X(R)			\$ 663.00
	Front Fender Shield (LH) Xnn			\$ 174.90
	Front Fender Retainer Xnr			\$ 24.60
	Front Wheel Hub Cap (LH) SCR			\$ 107.10
	SUB TOTAL			\$ 1,561.10
	LESS 20%			\$ 312.22
	DISCOUNTED TOTAL			\$ 1,248.88
	Labour Charge			
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 500.00
	Tuff Kote			\$ 50.00
	FRT Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 1,190.00
	ESTIMATE TOTAL			\$ 2,438.88
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.				

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:


 10/12/19
 Ram (LKK)
 125045 9/12/19
 Parasuram@lkkauto.com
 88622772
 aft repair photo
 (P/P) 2 repair by S

\$400
 Xnn
 Xnn

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

JOB NO : 305361882
REGN NO : SH 6630A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 20.12.2017
DATE/TIME IN : 08.12.2019 09:05
ACCIDENT DATE : 07.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0658-G I40VC CAP ASSY-WHEEL HUB 1 107.10 20.00 85.68

SUB-TOTAL : 85.68

JOB NATURE

0000 PB PANEL BEATING 560.00

0001 SP SPRAYPAINT CHARGE 400.00

SUB-TOTAL : 960.00

TOTAL : 1,045.68

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No 305361882

Date 11/12/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SH 6630A

07/12/19

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

1. The repair job shall bill to: NTUC --- SKM6171B
###

2. The finalized amount shall be:

(a) Spare Parts after List discount 9 \$85.68

(b) Labour Charges ### \$960.00

Total for Part-By-Part Repair Cost

\$1,591.22 \$1045.68

###

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

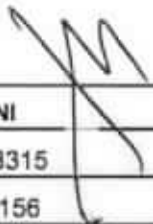
Final Lumpsum Repair cost

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 : JUMANI

Tel : 6214 8315

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/INC19021712/Ftd3n2			
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.	SKM 6171B	Veh. Inspected	SH 6630A
Policy No.	5107039748	Coverage (\$)	0.00
Claim No.	MT/1074777-002	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.	2017
Chassis No.	KMHLB41UMHU099355	Colour	BLUE
Odometer	276318	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
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	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S 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:		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. SH 6630A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
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	FRONT FENDER (LH)	TO REPAIR SEE LABOUR	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		-312.22	-21.42
			1,248.88	85.68
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT FENDER (LH).		560.00	560.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,190.00	960.00
GRAND TOTAL			2,438.88	1,045.68
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,045.68

Report Ref No. NS/INC19021712/Ftd3n2

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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