

Ram

NS/INC19021886/PLF312

ASSIGNMENT

Frail:

Date:

Veh No: SHD 67812 Regn: 08/04 2016

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: MERCEDES BENZ E220 cc 2143

at Workshop n/s

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

of

Sp. Reading: 693851 T/Radio: Insured / Std / NI / NA

Insured: SJ27762H

Eng/No: -

Policy No: 5110055167 (17/06/2019-26/04/2020)

C/No: WDD2120012B308922

Claims No: MT/1075397-002

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.



Bal. or Market Value:

Tyre Size: F: 235/55 R16

R: -

IDAC Accident Report: Consistent? : Yes or No

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

westlake

GIA / PR. Seen: Consistent? : Yes or No

Front

Rear

Est. Repairs: days Res: Yes or No

R/Bal. 7 mm R/Bal. 6 mm

Turn Sun: % 3 Val: Yes or No

L/Bal. 7 mm L/Bal. 6 mm

D.O.A. 10/12/19 D.O.I. 11/12/19

CA / REV / REP. / 24 HRS

Survey held at Comfort delgro (Loyang)

Date: Person Contacted:

Vehicle: IN / OUT

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

Frt

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

Date / Time Action / Instruction

SJ2 7762H - X

SHD 67812: CC 3/MTZ 19003530/K 24d 352 DOA-22/02/2019

Cor: 85601 = (Red: 1298, 69%)

② repair days

confirmed on 16/12/19 with Lim TFS

RECEIVED 17 DEC 2019

16/12/2019

Date/Time: File Pass (w/)



Preli. Report

11/12 Typist



Final Report

Date/Time: File Return (w/)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

3 x PS \$1

Phone:

Other:

TOTAL

160

Report Format:

Print / Copy / E-File

Add Fee:



Site Insp. (\$)



Interview (\$)



Tech. Insp. (\$)



Threats (\$)

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/1076083-001	COMFORT TRANSPORTATON PTE LTD	SHC 6740R	SML 4246P	8/12/2019	20:35	\$ 1,669.39
2	MT/1075397-002	COMFORT TRANSPORTATON PTE LTD	SHD 6781Z	SJZ 7762H	10/12/2019	14:00	\$ 1,858.00
3	MT/1075464-002	COMFORT TRANSPORTATON PTE LTD	SHC 3860D	SKC 8788L	10/12/2019	16:30	\$ 2,832.32

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="10/12/2019 08:59"/>
Vehicle No.(For Motor)	<input type="text" value="SJZ7762H"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5110055167		LIU YANG	S8361596F	GPC	drive CLASSIC	SJZ7762H	SJZ7762H	17/06/2019	26/06/2020

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	11/12/2019 12:08
Date Of Accident	10/12/2019 14:00
Exact Location Of Accident	GRANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6781Z
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	MERCEDES-BENZ
Model	E220

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	BOBBY LIM KOON HUAT (LIN JUNFA)
NRIC No	S7706580F
Date Of Birth	11/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2002
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96853460
Fax Number	
Contact Number	
Email Address	MILYBBOB@GMAIL.COM

Address	BLK 211 YISHUN STREET 21 #08-03
Postcode	760211
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	DRIZZLING
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)	1

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	SJZ7762H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT REAR
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.

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

Policyholder's Signature
Date & Time:

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

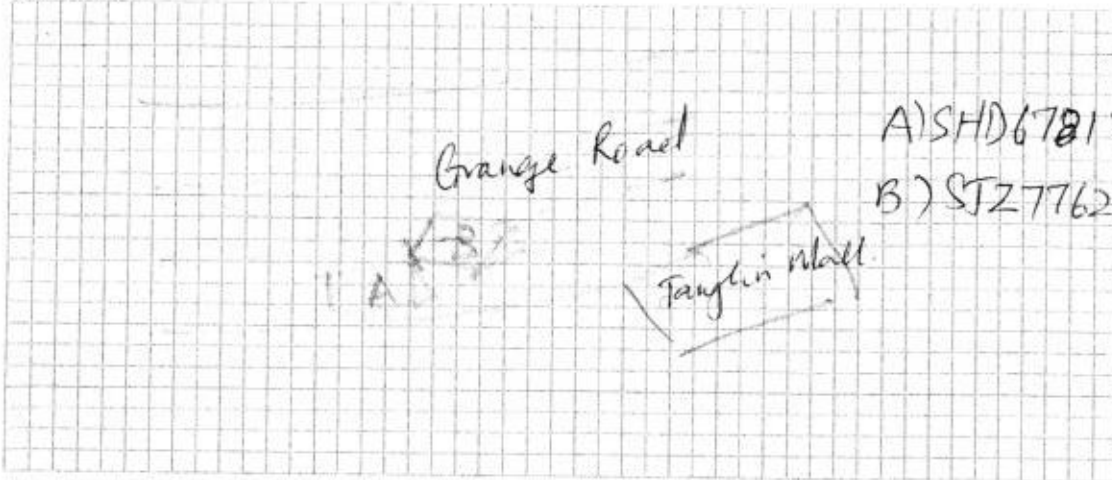
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

SIARW, Sketch Plan Form, V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/12/19 at about 1400hrs while I Veh A was travelling along lane 1, Veh B from Lane 2 intercepted on my lane and collided on the left front portion of my vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CORPORATE NO. 105103221R

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.:

Attachment SketchPlanForm 1-1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305366327

OMER

IS

COMFORT TRANSPORTATION PTE LTD

7010045

OMER NO.

IESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717.

65508755

(R)

(O)

(P)

JUNT CARD NO.

REGN NO.:

SHD6781Z

MILEAGE

MAKE :

MERCEDES BENZ

FUEL

E.....1/2.....F

MODEL

E220CDI(E6)

DATE/TIME IN

11.12.2019 09:45

YR OF MANU

08.04.2016

TARGET DATE

CHASSIS CODE

WDD2120012B308922

COMPLETION DATE/TIME:

JOB DESCRIPTION

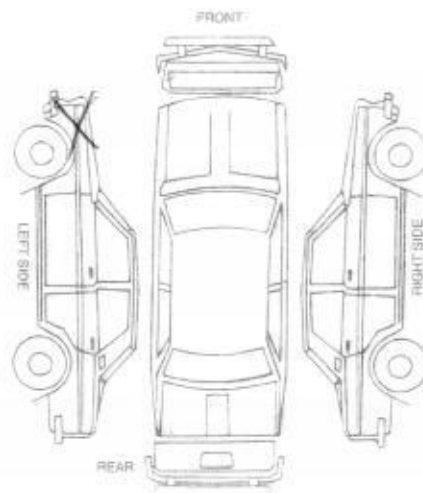
Accident Date: 10.12.2019

NATURE: 3P 10.12.19

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

io.:

SHD6781Z

LIMITS

Vehicle No.:

SHD6781Z

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC-45
LKK-Rc17/12
t

0.0

360.0+

200.0+

=

560.0*

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

JOB NO
REGN NO
MILEAGE
MAKE : MERCEDES BENZ
MODEL : E220CDI(E6)
DATE OF REGN : 08.04.2016
DATE/TIME IN : 11.12.2019 09:45
ACCIDENT DATE : 10.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0202-2292-A FRONT BUMPER

1 1,510.00 20.00 1,208.00 X(R)

SUB-TOTAL : 1,208.00

JOB NATURE

0000 PB PANEL BEATING

400.00 \$360

0001 SP SPRAYPAINT CHARGE

250.00 \$200

SUB-TOTAL : 650.00

TOTAL : 1,858.00

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

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:

16/12/19

Ram (LKK)

11/12/19 1500ms

Paragaram@LKKauto.com

886 22778

L/S

2 repairer

aft repair photo

COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.12.2019

REPAIR ESTIMATE

Time: 11:17:48

Page: 1

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

JOB NO : 305366327
REGN NO : SHD6781Z
MILEAGE : 0000000000
MAKE : MERCEDES BENZ
MODEL : E220CDI(E6)
DATE OF REGN : 08.04.2016
DATE/TIME IN : 11.12.2019 09:45
ACCIDENT DATE : 10.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE


0000 PB PANEL BEATING
0001 SP SPRAYPAINT CHARGE

360.00

200.00

SUB-TOTAL : 560.00

TOTAL : 560.00


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

Our Job Ref No : 305366327

Date : 12/12/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHD6781Z

Date of Accident : 10-Dec-19

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

1. The repair job shall bill to: NTUC --- SJZ7762H

2. The finalized amount shall be:

(a) Spare Parts after List discount

NIL

(b) Labour Charges

\$560.00

Total for Part-By-Part Repair Cost

\$560.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

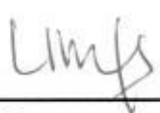
Final Lumpsum Repair cost

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : RAM

Date : 16/12/2019

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		NO		
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/INC19021886/Ftf3n2

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.	SJZ 7762H	Veh. Inspected	SHD 6781Z
Policy No.	5110055167	Coverage (\$)	0.00
Claim No.	MT/1075397-002	Excess (\$)	0.00
Assign From		Assign Date	11/12/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WDD2120012B308922	Colour	WHITE
Odometer	693851	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/55 R16	WEST LAKE	7 mm
L/H Front Tyre	225/55 R16	WEST LAKE	7 mm
R/H Rear Tyre	225/55 R16	WEST LAKE	6 mm
L/H Rear Tyre	225/55 R16	WEST LAKE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	10/12/2019	Inspection Date	11/12/2019
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 6781Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	TO REPAIR SEE LABOUR		
	FRONT BUMPER		1,510.00	-
	LESS 20% DISCOUNT		-302.00	-
			1,208.00	-
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		400.00	360.00
	SPRAYPAINT CHARGE		250.00	200.00
			650.00	560.00
GRAND TOTAL			1,858.00	560.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				560.00

Report Ref No. NS/INC19021886/Ftf3n2

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.

COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.12.2019

Time: 14:35:28

Page: 1

REPAIR ESTIMATE

NTUC-45
LKK-Ram

TS

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

JOB NO : 305366327
 REGN NO : SHD6781Z
 MILEAGE : 0000000000
 MAKE : MERCEDES BENZ
 MODEL : E220CDI(E6)
 DATE OF REGN : 08.04.2016
 DATE/TIME IN : 11.12.2019 09:45
 ACCIDENT DATE : 10.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0202-2292-A FRONT BUMPER

1 1,510.00 20.00 1,208.00

SUB-TOTAL : 1,208.00

JOB NATURE

0000 PB PANEL BEATING

400.00 \$360

0001 SP SPRAYPAINT CHARGE

250.00 \$200

SUB-TOTAL : 650.00

TOTAL : 1,858.00

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

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:

16/12/19
 Ram (LKK)
 11/12/19 1500hrs
 Paragaram @ LKK auto.com
 886 22778
 2 repair
 aft repair photo

4/5