

Ram

NS/INC19021888/FLF302

ASSIGNMENT

Phone

Date

Veh No

SHC 3960 D

Regn 05/02-2015

Insurance Code

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

Hyundai i40

cc 1685

at Workshop no

Colour

Blue

AC Insured / Std / NI / NA

at

Sp Reading

75643

T/Radio: Insured / Std / NI / NA

Insured

SKC 8788L

Eng/No

-

Policy No

509128356-02 (24/06/2019-23/06/20)

C/No

KMHLEBAUMFUC4528

Claim No

MT/1075464-002

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.

NIS	O/S

Bal. or Market Value

Tyre Size

F: 205/60 R16

R: -

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

C

mm

R/Bal.

C

mm

L/Bal.

G

mm

L/Bal.

G

mm

D.O.A

10/12/19

D.O.I.

11/12/19

Survey held at

comfortable (Layang)

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or

REAR

The UIC / Chassis frame / Body Structure affected due to collision.

CA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date

Person Contacted

Date / Time

Action / Instruction

SKC 8788L X

SHC 3960 D: NS/INC19021888/FLF302: 05/02/2015

NTUC

LIS

L/S: \$1100/-

2 repair days

confirm on 16/12/19 with LARRY

RECEIVED 17 DEC 2019

16/12/2019

Date/Time: File Photo (if)



Prel. Report

01/12 Typist



Final Report

Date/Time: File Photo (if)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation

L/A/R

Grand

Total

Net

Total

Total

3rd Fee:



Site Insp

05



Interview

05



Tech Insp

05



Road Insp

05

Report Fee

Total

6

TP

1100/-

160

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

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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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 checked="" type="radio"/>	5091283756-02		XIE YUAN	S8677186A	GPC	drive CLASSIC	SKC8788L	SKC8788L	24/06/2019	23/06/2020

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 11:24
Date Of Accident	10/12/2019 16:30
Exact Location Of Accident	ALONG ORCHARD TURN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3860D
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	MOHAMAD NOH BIN ABDUL HAMID
NRIC No	S7211047A
Date Of Birth	29/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1994
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90303222
Fax Number	
Contact Number	
Email Address	MDNOH7211@YAHOO.COM.SG

Address	BLK 770 WOODLANDS DRIVE 60 #01-144
Postcode	730770
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	COLLISION - HEAD TO REAR
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)	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

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	SKC8788L
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

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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.

EDMUNDO TRANSPORTATION PTE LTD
COL REG NO: 102304211

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

A = SHC 3860D

B = SKC 8788L
(HONDA)

ORCHARD TURN
→
→
←

TON ORCHARD MALL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

COMMONWEALTH TRANSPORTATION ITS LTD
POL. REF. NO.: 1057029218

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.:

Reported to Police Station

Nivia Wendy

11 DEC 2018

Describe Circumstances of the Accident.

On the 10/12/2019 @ about 16:30hrs, I was driving out from ION Orchard Mall at Orchard Turn with 1 male passenger on board my taxi.

I stop at the stopping line to checked any incoming vehicle before proceed to drive out when suddenly there's an impact from behind my taxi.

I step out to checked and found out a vehicle of SKC8788L front portion had collided onto my taxi rear left portion.

No injury at the point of accident.

Declaration

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

COMM-FBI-TERMINATION-DISCARD

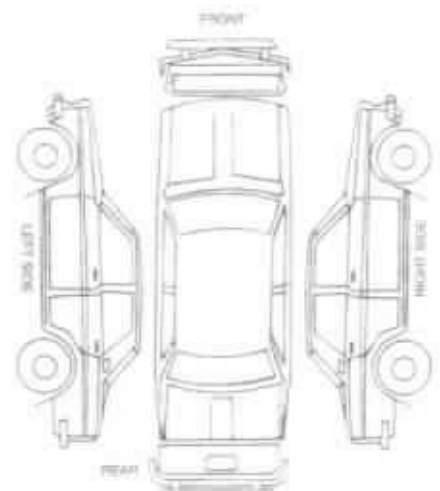
Policyholder's Signature/Date &
Time:

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

Olivia Wendy

Witnessed by Reporting
Centre Personnel

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JO NO: 305366329
STOMER	REGN NO: SHC3860D	MILEAGE	
MS	MAKE: HYUNDAI	FUEL	
STOMER NO. 7010045	MODEL I-40	DATE/TIME IN 10.12.2019 17:30	
DRESS 383 SIN MING DRIVE	YR OF MANU 05.02.2015	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMFU064528	COMPLETION DATE/TIME	
65508755 (O)			
(R)			
(P)			
COUNT CARD NO.			

JOB DESCRIPTION	
Accident Date: 10.12.2019	
NATURE: 3P 10.12.2019	
S/NO	LABOR CODE
KOTUC - Rear Left	
LKR	
DESCRIPTION	
	

CHECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Wedge ment Slip	Exit Pass
No. SHC3860D LARRY	Vehicle No. SHC3860D
Larry Ng	
of Service Advisor	Signature/Date
Signature/Date	Name of Service Advisor
Signature/Date	Date
Signature/Date	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC3860D

DATE: 11. Dec. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 10. Dec. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>cut</i>			\$553.00
10	Rear Bumper Clips <i>rec</i>		\$2.20	\$22.00
1	Rear Bumper Sponge <i>2 xnn</i>			\$103.50
1	Rear Bumper Reinforcement <i>2 xnn</i>			\$428.40
1	Rear Bumper Undercover <i>cut</i>			\$228.00
1	Rear Bumper Reflector – LH <i>xnn</i>			\$32.00
1	Rear Bumper Reflector – LH <i>xnn</i>			\$32.00
1	Rear Exhaust – LH <i>xnn</i>			\$954.00
SUB TOTAL				\$2,352.90
LESS 20%				\$470.58
DISCOUNTED TOTAL				\$1,882.32
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:				
1	Advertisement – Rear Bumper <i>rec</i>			\$50.00
2	Advertisement – Rear Fender RH/LH <i>rec</i>		\$100.00	\$200.00
Labour Charge				
1	Panel Beating			\$300.00
1	Spray Painting Charge			\$250.00
1	Wiring Charge			\$50.00
1	Remove/refix Exhaust			\$100.00
TOTAL LABOUR				\$700.00
ESTIMATE TOTAL				\$2,832.32
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.				

3642

Nett

Nett

\$230

\$200

\$20

xnn

Larry Ng

4/5: \$1100/=

16/12/19
Ram (LKK)
11/12/19
88622718 hp
@repair.djs
1515hrs
lkkauto.com
LIS
after repair photo

Our Job Ref No : 305366329

Date : 14. Dec. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHC3860D

Date of Accident: 10. Dec. 2019

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

1. The repair job shall bill to: NTUC SKC8788L

2. The finalized amount shall be:

(a) Spare Parts after List discount 9

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: \$1,100.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Ram

Date : 16/12/19

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				
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/INC19021888/Ft3n2				
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.	SKC 8788L	Veh. Inspected	SHC 3860D	
Policy No.	5091283756-02	Coverage (\$)	0.00	
Claim No.	MT/1075464-002	Excess (\$)	0.00	
Assign From		Assign Date	11/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMFU064528	Colour	BLUE	
Odometer	756443	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 REAR 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. SHC 3860D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CUT	553.00	553.00
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	NOT NECESSARY	103.50	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	428.40	-
1	REAR BUMPER UNDERCOVER	CUT	228.00	228.00
1	REAR BUMPER REFLECTOR - LH	NOT NECESSARY	32.00	-
1	REAR BUMPER REFLECTOR - LH	NOT NECESSARY	32.00	-
1	REAR EXHAUST - LH	NOT NECESSARY	954.00	-
	LESS 20% DISCOUNT		-470.58	-160.60
			1,882.32	642.40
<u>SPECIAL NETT ITEMS</u>				
1	ADVERTISEMENT - REAR BUMPER (SN)	NECESSARY	50.00	50.00
2	ADVERTISEMENT - REAR FENDER RH / LH @\$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	250.00
<u>LABOUR</u>				
	PANEL BEATING.		300.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.		50.00	20.00
	REMOVE / REFIX EXHAUST.	NOT NECESSARY	100.00	-
			700.00	500.00
GRAND TOTAL			2,832.32	1,392.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,100.00

Report Ref No. NS/INC19021888/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**

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