

Ram

NS/NC 9022060/Fsf302

ASSIGNMENT

Route

Date

Estimated Cost

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

To Inspect Vehicle No.

at Workshop m/s

of

Insured: GBC 7205R

Policy No. 50612230306 / 07/03/2019 - 06/03/2020

Claims No. MT/1075349 - 002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt: 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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SHA 4453A

Regn 29/09/2016

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 505249 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UMTU093641

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

Survey held at confort delgro (Layang)

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

O/S frt

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

Date / Time Action / Instruction

SHA 4453A - C4 / 1111 / 10/12/19 / GEG 392 12/12/19

GBC 7205R - NS/NC 16017301 / EUBC 12/12/2016

RECEIVED 23 DEC 2019

L/S: \$2500/- (\$ 1,056.00 Red - 30%)

2 repair days

confirm with LARRY on 20/12/19

Date/Time, File Pass to?

23/12/19

Type

Date/Time, File Return to?

3



Prel. Report



Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Audit Fee:



Site Insp. (\$



Interview (\$



Tech. Insp. (\$



Final Insp. (\$

Survey Fee:

160

Transportation

3 + 13 \$

Phone

Fax

Total

160

\$ 2,500/- 4/5

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

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 type="radio"/>	5061222503-06		ACE EXPRESS COURIERS	50267200E	GCV	Comprehensive	GBC7205R	GBC7205R	07/08/2019	06/08/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 20/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1075349-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 4453A	GBC 7205R	10/12/2019	17:25	\$ 3,556.00
2	MT/1075166-002	CITYCAB PTE LTD	SHC 389T	SLU 119P	10/12/2019	15:25	\$ 8,314.40
3	MT/1075256-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 2334Z	SHD 1182K	11/12/2019	9:30	\$ 8,088.28

Claim received from LKK

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305366385

STOMER

VMS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (P) (O)

3COUNT CARD NO.

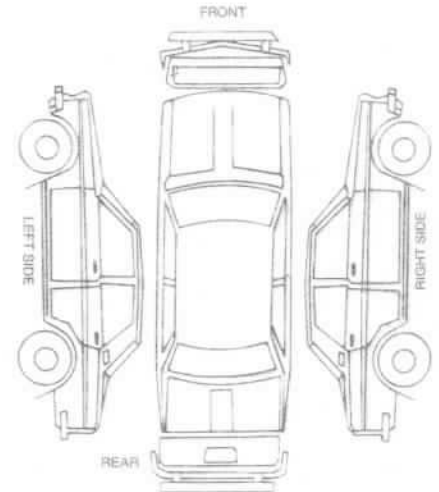
REGN NO.: SHA4453A	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 11.12.2019 11:00
YR OF MANU 29.09.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093641	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 10.12.2019
NATURE: 3P 10.12.2019 (C)

S/NO LABOR CODE DESCRIPTION

K2 TUC - Right Front
LKR/Ram -



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

e No.: SHA4453A LARRY

Vehicle No.: SHA4453A

Larry Ng
of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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 13:49
Date Of Accident	10/12/2019 17:25
Exact Location Of Accident	ALONG CIRCUIT ROAD TOWARDS CIRCUIT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4453A
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	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	CHEN YUAN
NRIC No	S2644410A
Date Of Birth	15/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2000
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96656155
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	111 12-29 PASIR RIS GROVE
Postcode	518170
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?	
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

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC7205R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMAD ALI BIN ABDUL RAHIM
NRIC/Passport Number	
Contact Number	94230704
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

A = SHH 4A 53A

B = GBC 7205R
(HYUNDAI)

CIRCUIT

← ↑ ↑

CIRCUIT RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

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

PT TRANSPORTATION PTE LTD
CO REG NO: 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SIASAP SketchPlanForm_V3

Describe Circumstances of the Accident.
On the 10/12/2019 at about 17:25hrs, I was driving along Circuit Rd towards Circuit Link direction with no passenger on board my taxi.
I stopped at the traffic light junction and waited for the green light. When the traffic light Turned on to green I started to slowly move my taxi. Suddenly a van of GBC7205R on my right Side behind hit onto my taxi. Immediately I stop the taxi and come down to check. Then I found the right front car body was damage as per photo.
No injury at the point of accident.

Declaration

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

COMFORT TRANSPORTATION PT

CD REG NO 199303821R

Policyholder's Signature/Date &
Time

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

Olivia Wendy

Witnessed by Reporting
Centre Personnel

11 DEC 2019

REPAIR ESTIMATE*

VEHICLE NO : SHA 4453A

DATE 12/12/2019 9:25

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover 8DEF			\$ 544.50
	Front Bumper Grille (RH) xnn			\$ 41.60
	Front Bumper Bracket Top (RH) xnn			\$ 22.40
	Front Bumper Bracket (RH) xnn			\$ 24.60
	Headlamp (RH) Br			\$ 1,388.00
	Front Fender (RH) BUC			\$ 566.30
	Front Fender Shield (RH) xnn			\$ 175.90
	Front Fender Retainer xnn			\$ 24.60
	Front Wheel Hub Cap, RH SCR			\$ 107.10
	SUB TOTAL			\$ 2,895.00
	LESS 20%			\$ 579.00
	DISCOUNTED TOTAL			\$ 2,316.00
				<u>2084.12</u>
	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			\$ 3,556.00
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p> <p>Ram (LKK) 12/12/19 1330 hrs 52 days parasuram@lkkauto.com 88622778 hp Art print photo</p> <p>Larry Ng</p> <p>L/S: \$2500</p>				
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.				

Our Job Ref No : 305366385Date : 19. Dec. 2019ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156**FINALIZATION FORM**To : LKK

Fax :

Attn : RAMVehicle Reg No. : SHA4453ADate 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 GBC7205R

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\$2,500.003. 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 amountSignature : L. L.Name : Larry NgTel : 6214 8316Fax : 6546 8156Signature : RamName : RamDate : 20/12/19**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/INC19022060/Fsf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 27-12-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBC 7205R	Veh. Inspected	SHA 4453A	
Policy No.	5061222503-06	Coverage (\$)	0.00	
Claim No.	MT/1075349-002	Excess (\$)	0.00	
Assign From		Assign Date	12/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU093641	Colour	BLUE	
Odometer	505248	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 O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/12/2019	Inspection Date	12/12/2019	
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. SHA 4453A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER GRILLE (RH)	NOT NECESSARY	41.60	-
1	FRONT BUMPER BRACKET TOP (RH)	NOT NECESSARY	22.40	-
1	FRONT BUMPER BRACKET (RH)	NOT NECESSARY	24.60	-
1	HEADLAMP (RH)	BROKEN	1,388.00	1,388.00
1	FRONT FENDER (RH)	BUCKLED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	NOT NECESSARY	175.90	-
1	FRONT FENDER RETAINER	NOT NECESSARY	24.60	-
1	FRONT WHEEL HUB CAP, RH	SCRATCHED	107.10	107.10
	LESS 20% DISCOUNT		-579.00	-521.18
			2,316.00	2,084.72
LABOUR				
	PANEL BEATING.		560.00	560.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING.		50.00	30.00
	TUFF KOTE.		50.00	30.00
	FRT WHEEL ALIGNMENT.		80.00	50.00
			1,240.00	1,070.00
GRAND TOTAL			3,556.00	3,154.72
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,500.00

Report Ref No. NS/INC19022060/Fsf3e2

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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