

ASS. REC. BY: Ram

REF:

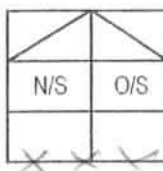
NS/INC 19022158/Fyf327

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SHC 6228K
 Policy No. _____
 Claims No. MT/1075788-002
 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: SHC 8084U Yr Regn: 28/05/2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /
 Truck / Trailer or _____
 Make: Mercedes Benz E220CDI c.c. 2143
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 690688 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDD2120012B171627
 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: 225/55 R16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or westlake

Front	Rear
R/Bal. <u>7</u> mm	R/Bal. <u>86</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>86</u> mm
D.O.A. <u>14/12/19</u>	D.O.I. <u>16/12/19</u>

Survey held at comfort delgro (Loyang)
 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
	NO Policy
	SHC 6228K: CC3/A2G15019148/12 jh392 DOA: 07/11/2015
	SHC 8084U: CC4/AXA16023738/k2j392 DOA: 08/12/2016
	L/S: \$1450/- with 2 repair days (Red \$2916-00, 66%)
	confirm on 30/12/19 with LARRY
RECEIVED 07 JAN 2020	

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

3/1/20 Typist

Report Format:

Lump Sum / LBS: \$1450/-

Days Of Repair: 2

Resurvey No. of Trip: 2

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

160
160

TP Claims against NTUC Income: Follow-Through Survey

Date : 31/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
1	MT/1075788-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC8084U	SHC6228K	14/12/2019	\$4,366.00
2	MT/1075792-002	COMFORTDELGRO ENGINEERING PTE LTD	SHG184X	FBH2812U	14/12/2019	\$1,837.15
3	MT/1076043-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC8437K	FBH7783H	14/12/2019	\$4,762.04
4	MT/1076556-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA3897J	PC2602U	18/12/2019	\$4,438.18
5	MT/1076543-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC3149A	SHD1402B	20/12/2019	\$5,189.00
6	MT/1078050-001	COMFORTDELGRO ENGINEERING PTE LTD	SHC1158L	SMP5854G	13/12/2019	\$2,487.55
7	MT/1075564-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC2598T	SLK1839R	11/12/2019	\$2,554.85
8	MT/1076964-002	CITYCAB PTE LTD	SHB3268U	SJR8984E	21/12/2019	\$6,096.10
9	MT/1078051-001	CITYCAB PTE LTD	SHC7563K	GBH2718J	21/12/2019	\$1,815.06
10	MT/1076710-002	COMFORTDELGRO ENGINEERING PTE LTD	SHD3025T	SGE3956M	20/12/2019	\$2,169.06
11	MT/1076220-002	COMFORTDELGRO ENGINEERING PTE LTD	SHD3025T	SLX9236J	16/12/2019	\$2,532.48

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	16/12/2019 08:54
Date Of Accident	14/12/2019 22:40
Exact Location Of Accident	HAVELOCK ROAD INFRONT OF RIVER PLACE CONDO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8084U
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	MERCEDES-BENZ
Model	MERC
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	SEAN SEBASTIAN CONN
NRIC No	S7444338I
Date Of Birth	25/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1992
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83665660
Fax Number	
Contact Number	
EMail Address	SEAN.CONN@HOTMAIL.COM

Address	122 #12-157 OTONG PASIR AVENUE 1
Postcode	350122
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	RAINING
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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGI NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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

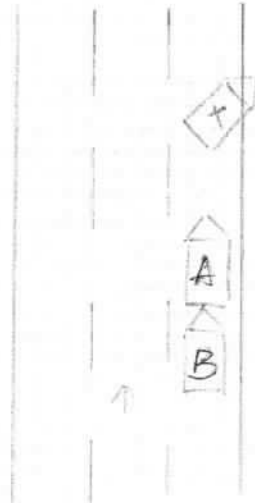
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6228K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SEAN SEBASTIAN CONN
Approximate Age	45
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHC8084U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

A: 31C 8084U
B: 31C 6228K



Refer to attached police report
T/20141215/2042

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

[Signature]

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

Reporting Centre Personnel's Signature
Name: **Loke Wei Yieng**
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20191215/2042

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20191215/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2019 10:35		Vide Report No.:		Station Diary No.: 27
Informant's Particulars				
Name of Informant: SEAN SEBASTIAN CONN		Address: APT BLK 122 POTONG PASIR AVENUE 1 #12-157 SINGAPORE 350122		
ID Type / ID No.: NRIC NO / S7444338I		Contact No.: Home/Office: Mobile: 83665660		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 45	Date of Birth: 25/09/1974	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2019 22:40	Type of Location: Straight Road
Location: HAVELOCK ROAD In front of River Place condo				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6228K	Car				Slightly Damaged	0
SHC8084U	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191215/2042

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20191215/2042

CONTINUATION OF REPORT

Driver			
Name	SEAN SEBASTIAN CONN	ID No.	S7444338I
Related Vehicle	SHC8084U (Car)	Contact No.	83665660
Hospital/Clinic	CHERN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/12/2019	Date Discharge	15/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above date and time, I was driving my Taxi SHC8084U on the first lane of Havelock Road when I notice an accident in front of me as such I slowed down and stopped a distance away from the accident location. Suddenly, another taxi SHC6228K hit onto the rear of my taxi. The impact causes damages to the rear bumper of the taxi and some body works. I went to Chern Medical clinic and was given 3 days MC from 15/12/2019. I suffered neck pain all the way down to the spine area.



**SINGAPORE
POLICE FORCE**



T/20191215/2042

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20191215/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Sr Staff Sgt MUHAMMAD IMRAN BIN RAMLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/12/2019 10:35

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168

Date/Time: 16.12.2019 15:20

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305367316

TOMER

MS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

VARS

REGN NO.: SHC8084U

MILEAGE

MAKE: MERCEDES BENZ

FUEL

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

MODEL E220CDI(E6)

DATE/TIME IN 15.12.2019 22:40

YR OF MANU. 28.05.2015

TARGET DATE

CHASSIS CODE WDD2120012B171627

COMPLETION DATE/TIME:

OUNT CARD NO.

(B)

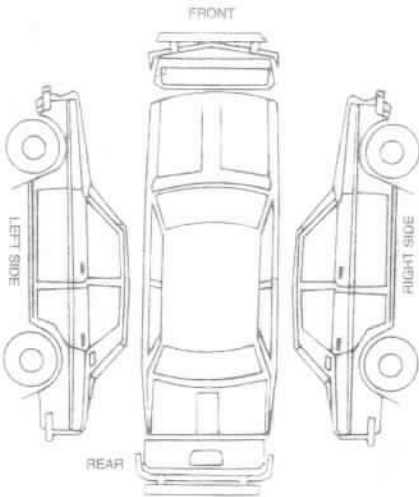
JOB DESCRIPTION

Accident Date: 14.12.2019
NATURE: 3P 14.12.2019

S/NO LABOR CODE

DESCRIPTION

RTUC - Rear



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHC8084U

LARRY

Vehicle No.:

SHC8084U

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*

VEHICLE NO : SHC8084U

DATE: 16. Dec. 2019

MAKE : MERCEDES

MODEL : E220 (E6)

DOA: 14. Dec. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>DP</i>			\$1,510.00
1	Rear Bumper Reinforcement <i>XNN</i>			\$1,150.00
2	Rear Bumper Bracket Lower – RH/LH <i>XNN</i>		\$135.00	\$270.00
2	Rear Bumper Bracket Top – RH/LH <i>XNN</i>		\$125.00	\$250.00
2	Rear Bumper Retainer Mounting – RH/LH <i>XNN</i>		\$115.00	\$230.00
1	Rear Bumper Lower Cover <i>XNN</i>			\$325.00
1	Rear Bumper Tow Hook Cover <i>X(R)</i>			\$175.00
SUB TOTAL				\$3,910.00
LESS 20%				\$782.00
DISCOUNTED TOTAL				\$3,128.00
				\$1200
1	Reverse Sensor <i>XNN</i>			\$388.00
				Nett
				\$388.00
Labour Charge				
1	Panel Beating			\$400.00
1	Spray Painting Charge			\$300.00
1	Remove/ refix reverse sensor			\$150.00
TOTAL LABOUR				\$850.00
ESTIMATE TOTAL				\$4,366.00
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:

Larry Ng

Rain (LKK)

16/12/19 1616hrs

P9105000@LKKauto.com

88622779

(45)

aft repair photo

(2hrs 15 mins)

Our Job Ref No . 305367316

Date : 24. Dec. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHC8084U

Date of Accident: 14. 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 SHC6228K
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: \$1,450.00
 - 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 : Ram

Name : Ram

Date : 30/12/19

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/INC19022158/Fyf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 10-01-2020	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 6228K	Veh. Inspected	SHC 8084U	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1075788-002	Excess (\$)	0.00	
Assign From		Assign Date	16/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ E220 CDI	c.c	2143	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	WDD2120012B171627	Colour	WHITE	
Odometer	690689	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY 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 REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/12/2019	Inspection Date	16/12/2019	
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 8084U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DENTED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	1,150.00	-
2	REAR BUMPER BRACKET LOWER-RH/LH @\$135.00	NOT NECESSARY	270.00	-
2	REAR BUMPER BRACKET TOP-RH/LH @\$125.00	NOT NECESSARY	250.00	-
2	REAR BUMPER RETAINER MOUNTING-RH/LH @\$115.00	NOT NECESSARY	230.00	-
1	REAR BUMPER LOWER COVER	NOT NECESSARY	325.00	-
1	REAR BUMPER TOW HOOK COVER	TO REPAIR SEE LABOUR	175.00	-
	LESS 20% DISCOUNT		-782.00	-302.00
			3,128.00	1,208.00
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR (SN)	NOT NECESSARY	388.00	-
			388.00	-
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER TOW HOOK COVER.		400.00	360.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	REMOVE/REFIX REVERSE SENSOR.		150.00	60.00
			850.00	620.00
GRAND TOTAL			4,366.00	1,828.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,450.00

Report Ref No. NS/INC19022158/Fyf3e2

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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