ASSIGNED BY: Ram | REF: NS/INC19022241/Ftf3n2

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: GBF 8828X

Policy No. 5107018972-01 (28/10/2019-27/10/2020)

Claims No. MT/1076001-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S
X	X X

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 8750E Yr Regn 04/03/2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or

Make: Hyundai i 40 cc 1685

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

Sp.Reading 406363 T/Radio: Insured / Std / NI / NA

Eng/No: –

C/No: KMHLB41UMSU085432

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. 6 mm	
L/Bal. 6 mm		L/Bal. 6 mm	
D.O.A. 16/12/19		D.O.I. 17/12/19	

Survey held at Comfortdelgro (Loyang)

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

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

Date / Time	Action / Instruction
	GBF 8828X : X
	SHC 8750E CS/FC2170058/9gnln2 DOA 16/12/2019 (NTUC) (L/S)
	L/S: $750/- with 2 repair days (Red: 815.06; 52%.)
	confirm on 26/12/19 with Larry

RECEIVED 27 DEC 2019

Date/Time, File Pass to?

1) 24/12 Typist

Date/Time, File Return to?

2)

[ ] : Preli. Report

[✓] : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp (S$) [ ] : Interview (S$) [ ] : Tech. Invs (S$) [ ] : Weekend (S$)

Survey Fee:

Transportation:

$ × RS $

Photos

Others

160

TOTAL

Report Format :

Lump (Sum) / LCE etc: 750/-

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

• Change Language • Change Password • Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident 16/12/2019 08:31

Vehicle No.(For Motor) GBF8828X

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5107018972-01		CHENG YAP CONSTRUCTION PTE LTD	200108193N	GCV	Preferred Workshop Plan	GBF8828X	GBF8828X	28/10/2019	27/10/2020

Continue

ıcome: Follow-Through Survey

)ate 27/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	**MT/1076371-002**	COMFORT TRANSPORTATON PTE LTD	SHD 4268C	SGR7327J	18/12/2019
2	**MT/1075626-002**	COMFORT TRANSPORTATON PTE LTD	SHA 1020K	SHC 6418D	12/12/2019
3	**MT/1076001-002**	COMFORT TRANSPORTATON PTE LTD	SHC 8750E	GBF 8828X	16/12/2019
4	**MT/1076444-002**	COMFORT TRANSPORTATON PTE LTD	SHA 7720J	SJM 4699X	18/12/2019

Claim received from LKK Auto

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 witholding 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 12:20
Date Of Accident	16/12/2019 08:40
Exact Location Of Accident	T JUNCTION OF HOUGANG ST 61 AND HOUGANG AVE 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC8750E
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	HO OI SIN
NRIC No	S1262546D
Date Of Birth	05/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1980
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93831698
Fax Number	
Contact Number	
EMail Address	OISIN.HO@YAHOO.COM

Address	BLK 932B HOUGANG AVENUE 9 #08-94
Postcode	532932
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	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?	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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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	GBF8828X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	NO VISIBLE DAMAGE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	HO OI SIN
Approximate Age	62
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SHC8750E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

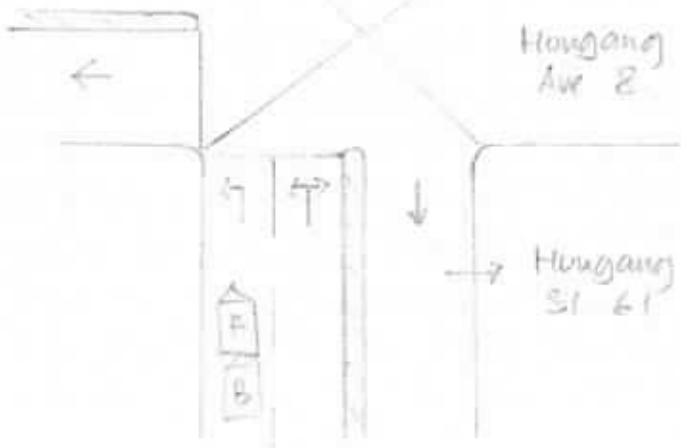
(e) the information so collected under (d) above may be shared / disclosed:

(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. [illegible]	× [signature]	[signature] 16/12/17
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Loke Wai Yiang NRIC/FIN No.:

SKETCH PLAN



A: SHC 8750E
B: GBF 8838Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/12/19 at about 08:40 hrs, I veh A was stationary at above said location waiting for traffic light change suddenly I felt an impact from behind followed by a jerk veh B front portion collided onto the rear portion of my taxi. 01 female passenger in my car I suffered pain on back due to the impact

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
GST REG. NO. 199303621R

16/12/19

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Loke Wei Yiang MLC/TIA No.

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 16.12.2019 18:01 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305367538

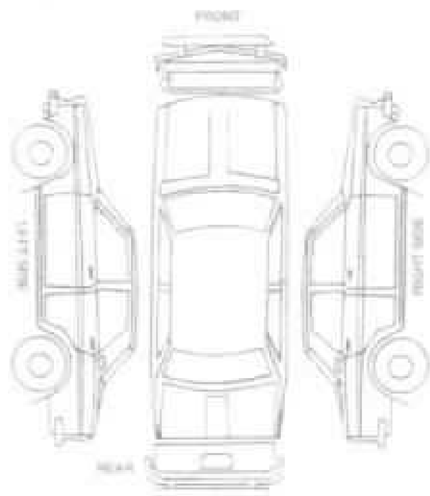
TOMER		REGN NO.: SHC8750E	MILEAGE
MS	COMFORT TRANSPORTATION PTE LTD V13P3	MAKE: HYUNDAI	FUEL E 1/2 F
TOMER NO.	7010045	MODEL I-40	DATE/TIME IN 16.12.2019 10:05
RESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 04.03.2016	TARGET DATE
(R)	65508755 (O)		
(P)	(B)	CHASSIS CODE KMHLB41UMGU085432	COMPLETION DATE/TIME:
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 16.12.2019
NATURE: 3P 16.12.2019

S/NO	LABOR CODE	DESCRIPTION

NTUC – Rear
LEE/Ram –



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

No.: SHC8750E LARRY

Larry NG

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8750E

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8750E **DATE 16/12/2019 15:23**

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			$ 553.00
	Rear Bumper Clip 10 pcs			$ 22.00
	Rear Bumper Bracket		$ 35.60	$ 71.20
	Rear Bumper Under Cover			$ 228.00
	SUB TOTAL			**$ 874.20**
	LESS 20%			$ 174.84
	DISCOUNTED TOTAL			**$ 699.36**
				$460
	Rear Bumper Reverse Sensor			$ 135.70 Nett
				$ 135.70
	Labour Charge			
	Panel Beating			$ 350.00 $250
	Spray Painting Charge			$ 250.00 $200
	Wiring Charge			$ 50.00
	Remove/Refix Reverse Sensor			$ 80.00 $30
	TOTAL LABOUR			**$ 730.00**
	ESTIMATE TOTAL			**$ 1,565.06**
	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:

Ram (LKK)

17/12/19 1335hrs

Paneshan@lkkauto.com

88622778 hp

2 repair days

aft repair photo

Larry Ng

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305367538

Date : 24. Dec. 2019

FINALIZATION FORM

To : **LKK** Fax :

Attn : RAM

Vehicle Reg No. : **SHC8750E** Date of Accident: 16. 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** **GBF8828X**

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 **$750.00**

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Ram

Date : 26/12/19

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

idac

NTUC INCOME INSURANCE CO-OPERATIVE LTD	Ref:	NS/INC19022241/Ftf3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date:	03-01-2020	
	Code:	INC4	

1.	Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	GBF 8828X	**Veh. Inspected**	SHC 8750E
	Policy No.	5107018972-01	**Coverage ($)**	0.00
	Claim No.	MT/1076001-002	**Excess ($)**	0.00
	Assign From		**Assign Date**	17/12/2019

2.	Vehicle Particulars & Condition			
	Make & Model	HYUNDAI I40	**c.c**	1685
	Engine No.	HIDDEN	**Year of Reg.**	2016
	Chassis No.	KMHLB41UMGU085432	**Colour**	BLUE
	Odometer	406363	**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	6 mm
	L/H Front Tyre	205/60 R16	HANKOOK	6 mm
	R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
	L/H Rear Tyre	205/60 R16	HANKOOK	6 mm

4.	Description of Damages
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.

5.	General Information			
	Accident Date	16/12/2019	**Inspection Date**	17/12/2019
	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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8750E

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DENTED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @$35.60	NOT NECESSARY	71.20	-
1	REAR BUMPER UNDER COVER	NOT NECESSARY	228.00	-
	LESS 20% DISCOUNT		-174.84	-115.00
			699.36	460.00
	SPECIAL NETT ITEMS			
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
			135.70	-
	LABOUR			
	PANEL BEATING.		350.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			730.00	510.00
	GRAND TOTAL		**1,565.06**	**970.00**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			**750.00**

Report Ref No. NS/INC19022241/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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