HEF:

# ASSIGNMENT

From Date.	Veh No: SHD 3025T Yr Regn: 03/12 12015
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi / Prime Mover /
OB / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hyundai 140 c.c 1685
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading 623843 T/Radio: Insured / Std / NI / NA
Insured: SLX 92363	Eng/No:
Policy No. 510354 2511 - 01	C/No: KMHLB416M300978
Claims No. MT/076220 - 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
	Tyre Size: F: 205/60 R16
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Hankbook
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 16/12/19 D.O.I. 17/12/19
Lum Sum: % 3 Val.: Yes or No	Survey held at comfortdagro(Loyang)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	Fra
	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
SHD 3025 T NS/INC 18021827 / 12560)	DOA: 63/12/2018 (ATUC) (S)
RECEIV	/ED 0 2 JAN 2020
415: \$18001 = 2 repaired s	
( \$ 732.48 Red - 29%)	many manto
( \$ 732.48 Red - 29%)	/ A Mass
	(2/1/2020
Dale/Time, File gass to? : Prell. Report D	Days Of Repair:
parameter and the second	lesurvey No. of Trip: 2 Survey Fee: 160
Date/Time, File Return to?	Transportation:
Add Fee:	: Site Insp (\$)s+Rs,si
	: Interview (\$) Photos
Pepert Formet:	:Tech. Invs (3 ) Oners
yang 2 yan 1 1.2 1:15 \$1.300/- L/S	: Weatend (S
	14-13.1 1 <b>60</b>

<b>eBao</b> Tech				17.00						Genera	alClaim
Hello, NAC_PAYA_UBI_BO	0601						+ Change	e Languag	e • Chan	ge Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date o	of Accident		16/12/2019	08:31	
	Vehicle	No.(For Motor)	SLX923	61		Certifi	cate Number	1			
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103542511- 01		LEE BOON PIEW	S1737786H	GPC	drivo CLASSIC	SLX9236	SLX92363	28/10/2019	27/10/2020
						Continue					

# OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

Date/Time200bf703f2020f9 12:49

Page: 1

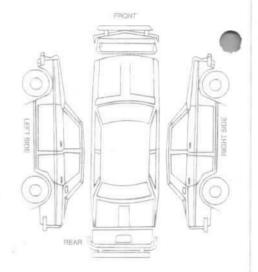
JOB CARD Team: ARC Repair TP(CLSO)1 Sales Order: JC NO.: 305367831 REGN NO.: SHD3025T OMER MILEAGE COMFORT TRANSPORTATION PTE LTD FUEL MAKE: 7010045 HYUNDAI DMERNO. 383 SIN MING DRIVE E.....1/2... DATE/TIME IN 7.12.2019 10:55 MODEL Singapore SINGAPORE 575717 I - 4065508755 YR OF MANU, 03.12.2015 (R) (O) TARGET DATE CHASSIS CODE KMHLB41UMGU080978 COMPLETION DATE/TIME: UNT CARD NO. JOB DESCRIPTION Accident Date: 16.12.2019

NATURE: 3P 16.12.19

S/NO

LABOR CODE

DESCRIPTION



					100
ED & PASSED OUT BY:					
SERVICE ADVISOR			0	SUSTOMER'S SIGNATURE	
lgement Slip		Exit Pass	*	No.	
SHD3025T	JU NTUC LKK	Vehicle No.:	SHD3025T		
ervice Advisor	Signature/Date	Name of Service Adviso	or	Date	
ned to Service Reception upon colle	ction	To be kept by Security	Guard		1

TP Claims against NTUC Income: Follow-Through Survey

Date: 31/12/2019

ncome Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
MT/1075788-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC8084U	SHC6228K	14/12/2019	\$4,366.00
MT/1075792-002	COMFORTDELGRO ENGINEERING PTE LTD	SH6184X	FBH2812U	14/12/2019	\$1,837.15
MT/1076043-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC8437K	FBD7783H	14/12/2019	\$4,762.04
MT/1076556-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA3897J	PC2602U	18/12/2019	\$4,438.18
MT/1076543-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC3149A	SHD1402B	20/12/2019	\$5,189.00
MT/1078050-001	COMFORTDELGRO ENGINEERING PTE LTD	SHC1158L	SMP5854G	13/12/2019	\$2,487.55
MT/1075564-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC2598T	SLK1839R	11/12/2019	\$2,554.85
MT/1076964-002	CITYCAB PTE LTD	SHB3268U	SJR8984E	21/12/2019	\$6,096.10
MT/1078051-001	CITYCAB PTE LTD	SHC7563K	GBH2718J	21/12/2019	\$1,815.06
MT/1076710-002	COMFORTDELGRO ENGINEERING PTE LTD	SHD3025T	SGE3956M	20/12/2019	\$2,169.06
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 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.

<ol> <li>By the lodgement of this report to the insurers, you aforesaid.</li> </ol>	bu hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	17/12/2019 11:58
Date Of Accident	16/12/2019 18:15
Exact Location Of Accident	BEDOK NORTH ST 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD3025T
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 Particula	ırs

Manufacturer HYUNDAI Model 140

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?

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

ONG SIEW FOO Name of Driver NRIC No S2076862B Date Of Birth 13/12/1945 Occupation OUTDOOR Date Of Driving Pass 11/05/1977

Driving Experience 42 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84381389

Fax Number

Contact Number

**EMail Address** NOEMAIL Address

85 #04-1013 CIRCUIT RD

Påstcode

370085

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by NO

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

SEE ATTACH.

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

SLX9236J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RHT REAR

No. Of Passenger (Including Driver)

Page 2 of 11

SKETCH PLAN

BIK 215

ANSHD 30257 BISL X 92365

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/12/19 at about 1815 hrs when I Wel A
Stopped my vehicle at the hellow Box junction bearing
vehicles in front had stopped - Veh B esuted from
the carpark on the left stopped at the
box junction after grazing the front orght portun
of my relide I was not able to reverse because
many rehicles were waiting behind my vehicle
A

DECLARATION

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

COMFORT TRANSPORTATION FTE L.
CO. REG. NO. 189203991R

Policyholder's Signature Date & Time 8- 12-12

Driver's Signature (If driver is not the policylinider) Date & Time. Vak Moorthy M/2/18

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

#### Sketch Plan Pg. 2

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

l 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:
  - 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.

CO. RES. NO. 189303821R

Policyholder's Signature Date & Time:

Bir G

Driver's Signature

(If driver is not the policyholder)

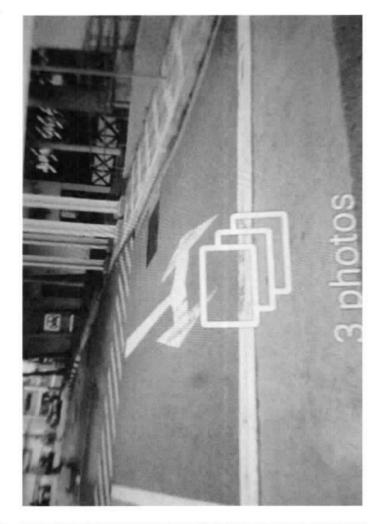
Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.









# COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO: SHD 3025T

:

MAKE

DATE 17/12/2019 14:24

DEL Qty	: HYUNDAI i40  Parts Description/ Labour	Tv	ре	Unit Pr	ice	1	Amount
X-1	Radiator Grille	1 13	F-	Jan I		S	1,110.10
	Radiator Grille H Emblem					S	39.50
	/ 100	c.				1.5	
	Front Bumper Cover					\$	1,052.20
	Front Bumper Grille (RH)	2000				\$	93.60
	Front Bumper Grille Airduct (RH)					\$	26.20
	Front Bumper Bracket Top (LH/RH) >		5		22.40	S	44.80
	Front Bumper Bracket (LH/RH) × 100		\$	S	24.60	\$	49.20
		SUB TOTAL				\$	2,415.60
		LESS 20%				\$	483.12
	DISCOUN	NTED TOTAL				\$	1,932.48
					_		61.44
			-1118 00	tify		17	61
	(2)	Sign work					
		ter a tot pertuar si					
		Education and the					
		Throught sive sone A	Ph	ejudice basis			
		"." 13 " 11" 13"   15   5 	the second	vev rand			
		s : +ct* * ii 1000v1 fr	rom )hsuta	ат се цыпрапу			
		And wining a buy Popularet					
		ignature.					
	Panel Beating	late:	_			\$	350.00
	Spray Painting Charge				\$220	\$	250.00
	₩9				,		
	TOT	AL LABOUR				\$	600.00
	(hy 23%)						
	1 11 (0:1	IATE TOTAL				\$	2,532.48
	2 m (LXX)						
	Kar I Ch	5					
	17/12/19 15/5h		_				
	12/13/1	acento.	L	KK Auto Cor			
	17/12/10 (2) 1KI	Cort	th	ne Repairer of To resurvey be			
	Javes Who	1-1-		To display dam			
	- OI THEREIVE	5 MO+0		Parts prices are	subject to	enfirm	nation
	133 244 1	conto con					t Prejudice" bas
				No illegal mod Supplementary			ed esurveyed and
	Townsinder C	7.		is subject to fin	al approval	rom In	surance Compa
	( - / ) -			cknowledged b	Renairer		
			1113	ignature:	repailer		
	ast			ate:			
	850	X					
							E

COMFORTDELGRO Our Job Ref No 305367831 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 Date 26/12/2019 **FINALIZATION FORM** To LKK Fax: Attn RAM SHD3025T 5367141 16.12.19 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-1. The repair job shall bill to: NTUC SLX9236J ### 2. The finalized amount shall be: Spare Parts after List discount (a) (b) Labour Charges ### Total for Part-By-Part Repair Cost ### NI Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 20% \$1,800.00 Final Lumpsum Repair cost Estimated normal period for repairs: 3. working days We shall treat the above amount as Correct and Confirmed if there is no reply from you 4. within 7 working days 5, Thank you for your assistance. We confirm the estimates and finalized amount Signature: Signature: Name : JUMANI Ram Name 6214 8315 Tel 19 Date

#### For Official Use Only

65468156

Fax

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
Rental Rate P/Day		YES		
Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
<ol> <li>Medical Fees (on behalf of driver, if applicable)</li> </ol>				
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



	The state of the s		-100	The state of the s	
NTL	IC INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref:	NS/INC190222	43/Fsf3e2
		D UNION HOUSESINGAPORE	Date:	06-01-2020 INC4	
1.		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SLX 9236J	Veh. II	nspected	SHD 3025T
	Policy No.	5103542511-01	Cover	age (\$)	0.00
	Claim No.	MT/1076220-002	Exces	s (\$)	0.00
	Assign From		Assig	n Date	17/12/2019
2.		Vehicle Parti	culars 8	Condition	
	Make & Model	HYUNDAI I40	c.c		1685
	Engine No.	HIDDEN	Year o	f Reg.	2015
	Chassis No.	KMHLB41UMGU080978	Colou	r	BLUE
	Odometer	623843	Steeri	ng	IN ORDER
	Brakes	IN ORDER	Modifi	cation	STANDARD ALLOY RIM
	General	FAIR			
3.	A LONDON LOND	Conditi	ons of	Tyres	
		Size	Make		Balance
	R/H Front Tyre	205/60 R16	HANKO	ок	6 mm
	L/H Front Tyre	205/60 R16	HANKO		6 mm
	R/H Rear Tyre	205/60 R16	HANKO		6 mm
	L/H Rear Tyre	205/60 R16	HANKO	ООК	6 mm
4.		Description			
	THE VEHICLE SU	STAINED DAMAGES AT THE FR	ONT PO	RTION.	
	DAMAGES SEE D	ETAILS.			
5.			Inform	ation	
	Accident Date	16/12/2019		tion Date	17/12/2019
	Survey held at	COMFORTDELGRO ENGINEER	RING PT	E LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.		R	emarks	a of the second	ALL DESCRIPTION OF THE PARTY OF
	A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT P	REJUDICE" BASIS NOT AUTHORISE	S. D REPAIRS.
5b.		Estimate	Days of	Repair	
	ESTIMATED NOR	MAL 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. SHD 3025T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			100
1	RADIATOR GRILLE	SCRATCHED	1,110.10	1,110.10
1	RADIATOR GRILLE H EMBLEM	SCRATCHED	39.50	39.50
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
1	FRONT BUMPER GRILLE (RH)	NOT NECESSARY	93.60	-
1	FRONT BUMPER GRILLE AIRDUCT (RH)	NOT NECESSARY	26.20	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	NOT NECESSARY	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	NOT NECESSARY	49.20	
	LESS 20% DISCOUNT		-483.12	-440.36
			1,932.48	1,761.44
	LABOUR			
	PANEL BEATING.		350.00	280.00
	SPRAY PAINTING CHARGE.		250.00	220.00
			600.00	500.00
	GRAND TOTAL		2,532.48	2,261.44

RECOMMENDED COST OF LUMP SUM REPAIRS	1,800.00
(TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	

Report Ref No. NS/INC19022243/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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