

REF:

NSI INC 19022253/NER302

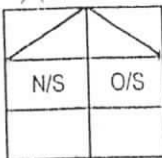
CHIANG

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspection Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SHC 64180
 Policy No. _____
 Claims No. MT/1077626-002
 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 Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SHA 1020K Yr Regn: 1 AUG 2019
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

Ch/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

N/S FR

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

Rear

R/Bal.

L/Bal.

D.O.I.

CDGE LOYANG

Date / Time

Action / Instruction

no Policy

SHC 64180 CCA/FCI 19022233/d43 DA: 12/12/2019

SHA 1020K CCA/FCI 19022233/d43 DA: 12/12/2019

26/12/19 FINALIZED PART BY PART REPAIR \$1,152.56 / 3 REPAIR DAYS
 (Red: 1346-32: 53%)

RECEIVED 27 DEC 2019

Date/Time, File Pass to?

1) 27/12/2019

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$)

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation:

) S + RS \$1

) Photos

) Others

TOTAL

160

160

Income: Follow-Through Survey

Date 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

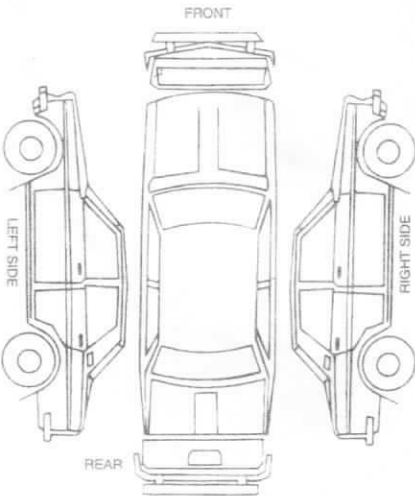
Claim received from LKK Auto

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305366765
STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.:	SHA1020K	MILEAGE
MS	7010045	MAKE :	HYUNDAI	FUEL
STOMER NO.	383 SIN MING DRIVE	MODEL	IONIQ(G2)	E.....1/2.....F
RESS	Singapore SINGAPORE 575717	YR OF MANU	01.08.2019	DATE/TIME IN
(R)	65508755	CHASSIS CODE	KMHC851CVKU164979	13.12.2019 09:35
(P)				TARGET DATE
COUNT CARD NO.				COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.12.2019
NATURE: 3P 12.12.2019

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: SHA1020K CHIANG

Vehicle No.: SHA1020K

if Service Advisor

Signature/Date

Name of Service Advisor

Date

sturned 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	13/12/2019 10:35
Date Of Accident	12/12/2019 19:30
Exact Location Of Accident	ALONG SIMS AVE EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1020K
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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	IONIQ
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	GOH HIN KOON
NRIC No	S0513232J
Date Of Birth	26/11/1947
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1970
Driving Experience	49 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97886090
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	24 LENGKONG DUA
Postcode	417703
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?	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

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	SHC6418D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHOW PENG KUAN
NRIC/Passport Number	
Contact Number	96246249
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT REAR
No. Of Passenger (Including Driver)	

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.
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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. 199303821K

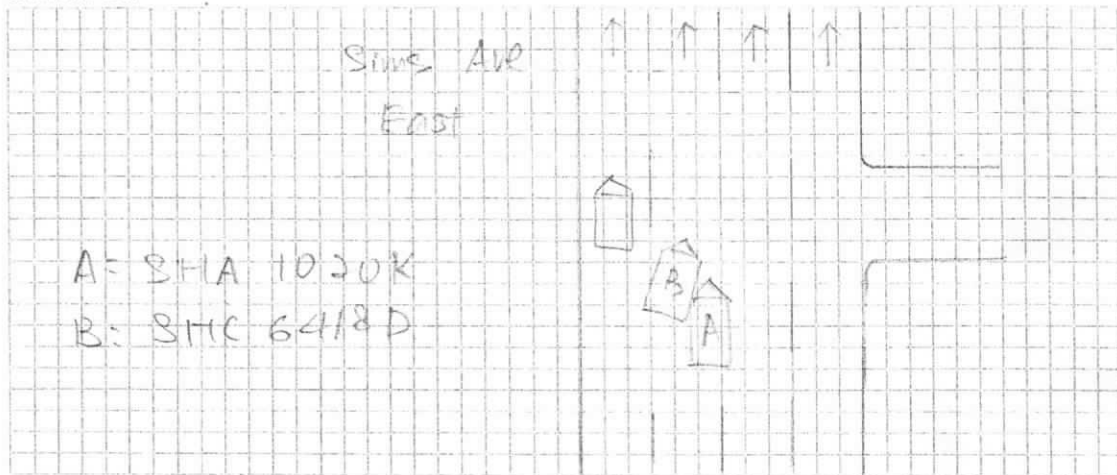
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnell's Signature
Name: Loke vvel Yiang
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/12/19 at about 19:30hrs, I Veh A

was driving at above said location without pax.

Suddenly Veh B encroached into my lane in order

overtaking an unknown on extreme left lane.

Veh B right rear portion hit & grazed onto

the left front portion of my taxi. No injury

in this accident. Scene photo taken.

DECLARATION

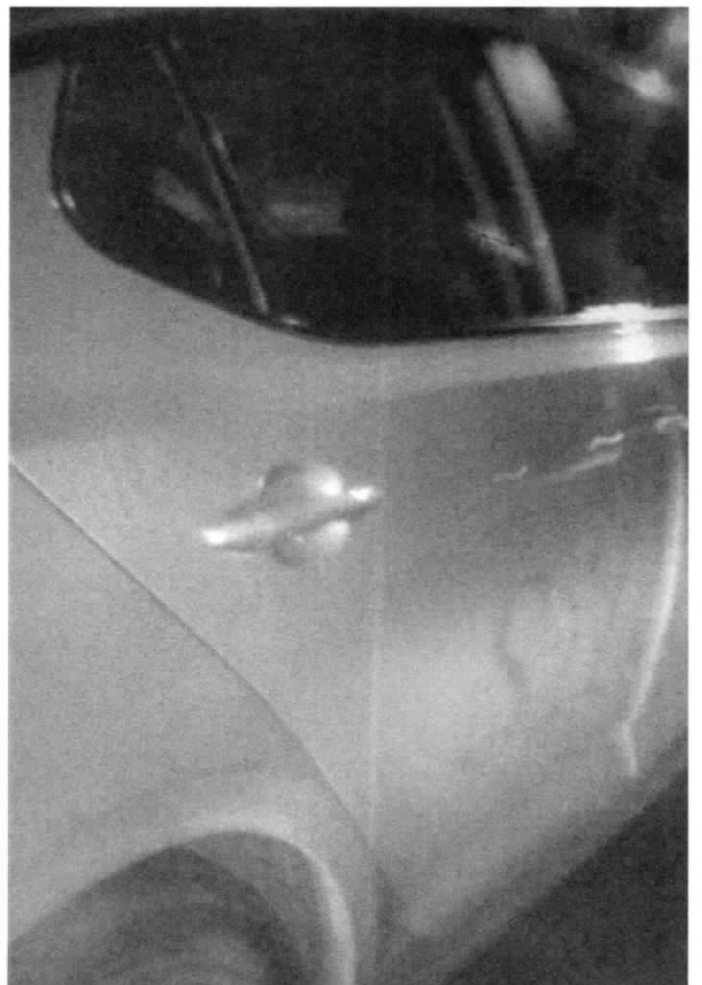
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821K

Policyholder's Signature
Date & Time

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

Reporting Centre Personnels Signature
Name: Loke Vwei Yieng
NRIC/FIN No.



DATE 13/12/2019 11:02

MODEL : HYUNDAI IONIQ

Page 1 of 1

Our Job Ref No : 305366765
Date : 20/12/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : NAZ
: SHA1020K

Fax :

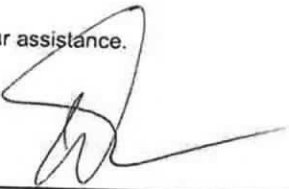
12/12/19


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

- 2 The repair job shall bill to: NTUC SHC6418D
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | <u>\$392.56</u> |
| (b) Labour Charges | <u>\$760.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$1,152.56</u> |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: | |
| Final Lumpsum Repair cost | |

3. Estimated normal period for repairs: 3 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : NAZ LKK
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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 20.12.2019

Time: 10:00:36

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305366765
REGN NO : SHA1020K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2019
DATE/TIME IN : 13.12.2019 09:35
ACCIDENT DATE : 12.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0574-G IONIQVC PANEL-FENDER LH# 1 490.70 20.00 392.56

SUB-TOTAL : 392.56

JOB NATURE

0000 PB PANEL BEATING 320.00
0001 SP SPRAYPAINT CHARGE 400.00
0002 20-00 TUFF COAT ON AFFECTED PARTS. 40.00

SUB-TOTAL : 760.00

TOTAL : 1,152.56

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :


**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/INC19022253/Ntf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 30-12-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 6418D	Veh. Inspected	SHA 1020K	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1075626-002	Excess (\$)	0.00	
Assign From		Assign Date	13/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	KMHC851CVKU164979	Colour	BLUE	
Odometer	30239	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	MICHELIN	5 mm	
L/H Front Tyre	195/65 R15	MICHELIN	5 mm	
R/H Rear Tyre	195/65 R15	MICHELIN	5 mm	
L/H Rear Tyre	195/65 R15	MICHELIN	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/12/2019	Inspection Date	13/12/2019	
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:		3 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 1020K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	418.30	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$35.00	SERVICEABLE	70.00	-
2	FRONT BUMPER BRACKET (LH/RH) @\$28.00	SERVICEABLE	56.00	-
10	FRONT BUMPER CLIPS	SERVICEABLE	22.00	-
1	FRONT FENDER (LH)	DEFORMED	490.70	490.70
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	114.70	-
1	FRONT FENDER RETAINER	SERVICEABLE	41.40	-
1	EMBLEM - BLUE DRIVE (LH)	SERVICEABLE	26.60	-
1	FRONT WHEEL HUB CAP (LH)	SERVICEABLE	346.40	-
	LESS 20% DISCOUNT		-317.22	-98.14
			1,268.88	392.56
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		560.00	320.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.		50.00	40.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,230.00	760.00
	GRAND TOTAL		2,498.88	1,152.56
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,152.56

Report Ref No. NS/INC19022253/Ntf3e2

MUHAMMAD NAZRIL BIN ABDULLAH

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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