

AS: REC BY: Ram

REF:

NS/INC19022630/Ftd3n2

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:

8JU5914B

Policy No:

5110448073

(15/6/19 - 15/6/2020)

Claims No:

MT/1076772-002

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

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHD3240M

Yr Regn: 14/07/2016

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

510740

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB91UMG0091894

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.

22/12/19

D.O.I.

24/12/19

Survey held at

comfortable (Lorane)

Des. of Damages: Frt / Rear / O/S (N/S) / UIC / Rooftop or

N/S frt

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

SHD 3240M-CS/FCI/19011770/715d3n2

DOA: 27/6/19

8JU5914B-CS3/CTI/19009448/Fcd302

DOA: 25/05/2019

RECEIVED 03 MAR 2020

45: \$900/- with 3 repair day 3 (Red: 638-38/410%)

Confirm on 2/1/2020 with WKE

Date/Time, File Pass to?



Preli. Report

1) 3B Typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

3 x RS. 51

Photos

Other:

160

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

Report Form:

Long Form / L.F. 9001

TP Claims against NTUC Income: Follow-Through Survey

Date : 2/3/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1076772-002	COMFORT TRANSPORTATION PTE LTD	SHD 3240M	SJU 5914B	22/12/2019	14:25	\$ 1,538.88
2	MT/1086520-001	COMFORT TRANSPORTATION PTE LTD	SHC 3240T	SLR 2849T	21/2/2020	14:35	\$ 2,269.27
3	MT/1085476-002	COMFORT TRANSPORTATION PTE LTD	SHD 3590C	SJT 626X	22/2/2020	18:20	\$ 3,621.07
4	MT/1085995-002	COMFORT TRANSPORTATION PTE LTD	SHC 8642J	SJH 4591Z	25/2/2020	7:30	\$ 1,494.53
5	MT/1085604-002	COMFORT TRANSPORTATION PTE LTD	SHB 6692H	SJS 1058J	22/2/2020	16:35	\$ 4,702.45
6	MT/1085574-002	COMFORT TRANSPORTATION PTE LTD	SHC 2402A	GY 7954L	24/2/2020	11:30	\$ 3,707.04

Hello, NAC_PAYA_UBI_800601

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

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/12/2019 09:22"/>
Vehicle No.(For Motor)	<input type="text" value="SJU5914B"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5110448073		TAN KOT PENG	S1492473F	GPC	driva CLASSIC	SJU5914B	SJU5914B	15/06/2019	15/06/2020

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	24/12/2019 08:49
Date Of Accident	22/12/2019 14:25
Exact Location Of Accident	ION SERVICE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3240M
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
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	HAU THIAM HOCK
NRIC No	SXXXX342E
Date Of Birth	21/02/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1984
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90900800
Fax Number	
Contact Number	
Email Address	ANDYHAU21@GMAIL.COM

Address	BLK 104 PASIR RIS STREET 12 #10-141
Postcode	510104
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)	6
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE
Passenger 5	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

REFER 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	SJU5914B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT DOOR
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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**.
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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.

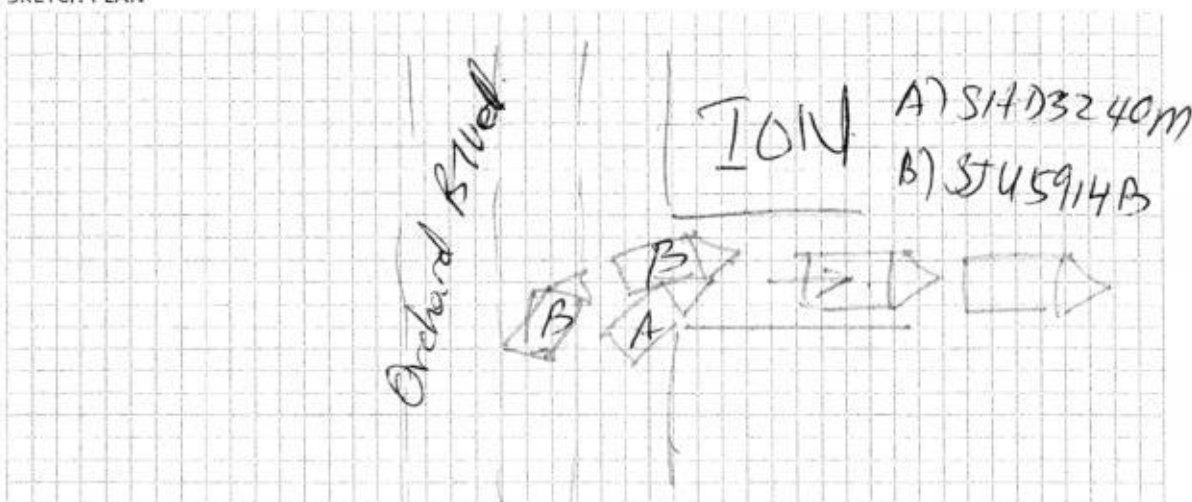
COMFORT TRANSPORTATION INTL LTD
CO. REG. NO. 199701021R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/12/19 at about 1425hrs while I Veh A was waiting on the extreme right lane behind other vehicles turning onto ION service road, Veh B from the lane on the left of the main road overtook my vehicle and collided onto the left front portion of my vehicle along the single laned ION service road.

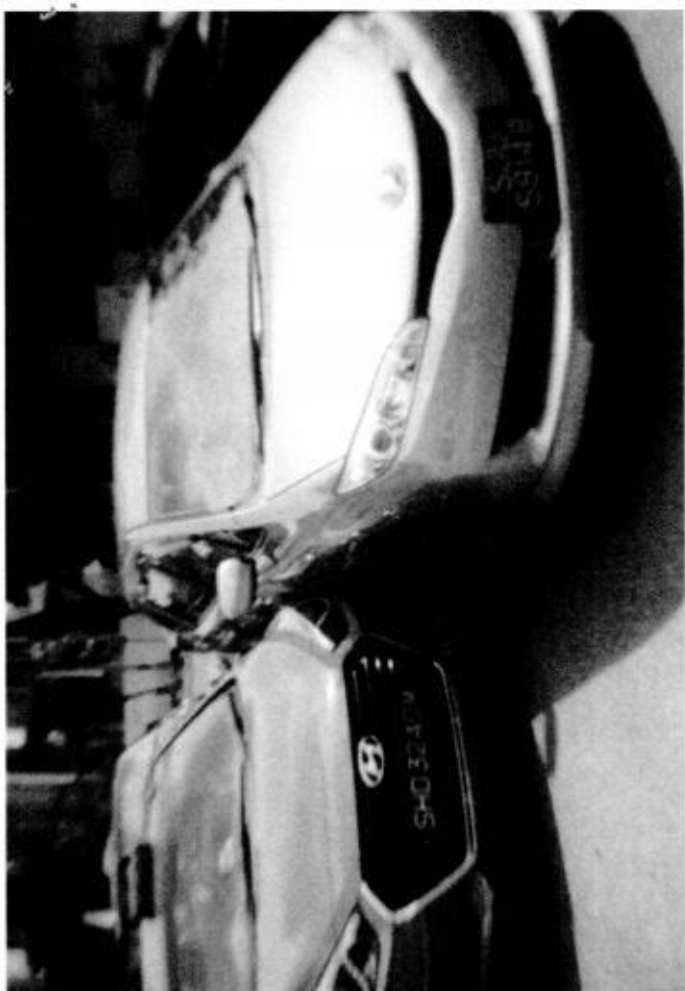
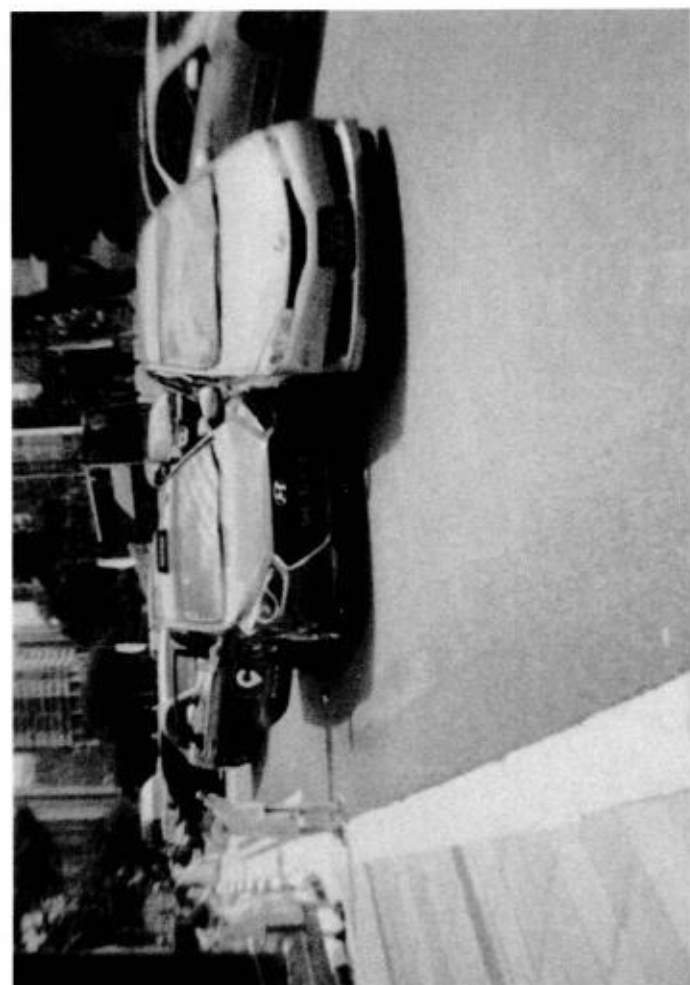
DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/PIV No:



member of COMFORTDELGRO

Date/Time: 24.12.2019 11:49

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305369540

OWNER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)

(P)

JUNT CARD NO.

REGN NO.: SHD3240M

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL: I-40

DATE/TIME IN 23.12.2019 16:30

YR OF MANU 14.07.2016

TARGET DATE

CHASSIS CODE RMHLB41UMGU091894

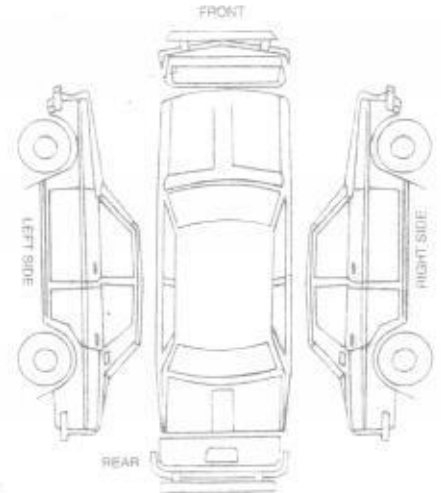
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 22.12.2019

NATURE: 3P 22.12.2019

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Id.: SHD3240M

LKE

RAM

Vehicle No.:

SHD3240M

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3240M

DATE 24/12/2019 9:26

MAKE :

MODEL : HYUNDAI i40

Like

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover x(R)			\$ 544.50
	Front Bumper Bracket Top (LH) xnn			\$ 22.40
	Front Bumper Bracket (LH) xnn			\$ 24.60
	Front Wheel Hub Cap, LH Scr			\$ 107.10
	Front Left Fender x(R)			
	SUB TOTAL			\$ 698.60
	LESS 20%			\$ 139.72
	DISCOUNTED TOTAL			\$ 558.88
	<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>			
	Labour Charge			\$560
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 500.00 \$400
	Tuff Kote			\$ 50.00 xnn
	Frt Wheel Alignment			\$ 80.00 \$50
	TOTAL LABOUR			\$ 980.00
	ESTIMATE TOTAL			\$ 1,538.88
				1748.88

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.

26/12/19
Rm (LKK)
24/12/19
Para Surveyor LKK Auto.com
88622778 NP
3rd Air Mail 215
get repair photo

REPAIR ESTIMATE*

VEHICLE NO : SHD 3240M

MAKE :

DATE 24/12/2019 9:26

MODEL : HYUNDAI i40

Like

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover x(R)			\$ 544.50
	Front Bumper Bracket Top (LH) xnn			\$ 22.40
	Front Bumper Bracket (LH) xnn			\$ 24.60
	Front Wheel Hub Cap, LH Scr			\$ 107.10
	Front Left Fender x(R)		107.10	
	SUB TOTAL		- 20%	\$ 698.60
	LESS 20%			\$ 139.72
	DISCOUNTED TOTAL		85.68	\$ 558.88
	Labour Charge			\$560
	Panel Beating			\$ 350.00
	Spray Painting Charge		1,020	\$ 500.00
	Tuff Kote			\$ 50.00
	Frt Wheel Alignment		1,105.68	\$ 80.00
			- 20%	
	TOTAL LABOUR		884.54	\$ 980.00
	ESTIMATE TOTAL			\$ 1,538.88

Rgn (LKR)
 24/12/19 1300hrs
 Presurveyed by LK Auto.com
 88622778 (nr)
 3 repair order
 215 \$900
 9AT repair photo

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 305369540
Date : 27.12.19

COMFORTDELGRO ENGINEERING

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


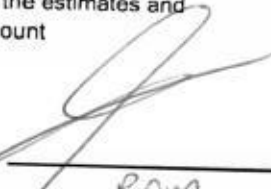
FINALIZATION FORM

To : LKK
Attn : Mr RAM
Vehicle Reg No. SHD3240M CTPL

Fax :

22.12.19

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

1. The repair job shall bill to: NTUC --- SJU5914B
 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: 20% \$900.00
Final Lumpsum Repair cost \$900.00
 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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156
- Signature : 
Name : Ram
Date : 2/1/2020

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		NO		
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/INC19022630/Ftd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-03-2020

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJU 5914B	Veh. Inspected	SHD 3240M
Policy No.	5110448073	Coverage (\$)	0.00
Claim No.	MT/1076772-002	Excess (\$)	0.00
Assign From		Assign Date	24/12/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU091894	Colour	BLUE
Odometer	510740	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	22/12/2019	Inspection Date	24/12/2019
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
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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. SHD 3240M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER BRACKET TOP (LH)	NOT NECESSARY	22.40	-
1	FRONT BUMPER BRACKET (LH)	NOT NECESSARY	24.60	-
1	FRONT WHEEL HUB CAP,LH	SCRATCHED	107.10	107.10
1	FRONT LEFT FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-139.72	-21.42
			558.88	85.68
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT LEFT FENDER.	NOT NECESSARY	560.00	560.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.		50.00	-
	FRT WHEEL ALIGNMENT.		80.00	80.00
			1,190.00	1,040.00
GRAND TOTAL			1,748.88	1,125.68
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC19022630/Ftd3n2

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.