

Rem

NS/INC 19022914 / F2F307

ASSIGNMENT

Form: _____ Date: _____
 Estimated Cost: _____
 U/D / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of: _____
 Insured: **SLB 9544K**
 Policy No: _____
 Claims No: **WT / 1077351002**
 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: _____ 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**

N/S	O/S
X	X

Web No: **SH 9890X** Page: **08/12/2016**
 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 / Nil / NA**
 Sp Reading: **270'8.72** T/Ratio: **Insured / Std / Nil / NA**
 Eng/No: **-**
 C/No: **KmHLB41UMHV096674**
 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 R/Bal: **6** mm Rear R/Bal: **6** mm
 L/Bal: **6** mm L/Bal: **6** mm
 D.O.A: **29/12/19** D.O.I: **29/12/19**
 Survey held at: **comfortdelgro (copy)**
 Des. of Damages: **Fr / (Rear) / O/S / N/S / U/C / Rooftop** or
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time: _____ Action / Instruction: **policy not found.**
SLB 9544K X
SH 9890X NS/INC 19022914 / F2F307 DEP 21/6/2017
NTUC **L/S**
RECEIVED 06 MAR 2020
L/S: \$1000/= with 2 repair days (Red 1098.53 : 52%)
confirm on 6/3/2020 with Jovan

Days Of Repair: **2**
 Resurvey No. of Trip: **1**
 Survey Fee: **160**
 Site Insp: \$
 Interview: \$
 Photo: \$
 Other: \$
 Total: **160**

Our Job Ref No 305370547
Date : 31/12/2019

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

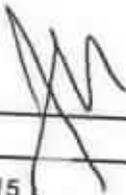
To : LKK
Attn : RAM
: SH 9890X

Fax :
5367141 29.12.19

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

- The repair job shall bill to: NTUC --- SLB9544K
###
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges ###
 - Total for Part-By-Part Repair Cost** ###
 - Lumpsum Repair (if applicable) ###
 - Total for Lumpsum repair cost after Less: 20% \$1,000.00
 - Final Lumpsum Repair cost**
- Estimated normal period for repairs: 2 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : RAM
Date : 02/01/19

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:

TP Claims against NTUC Income: Follow-Through Survey

Date : 6/3/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1085996-002	COMFORT TRANSPORTATION PTE LTD	SHA 4610M	SBV 32T	26/2/2020	13:55	\$ 4,085.97
2	MT/1083320-002	COMFORT TRANSPORTATION PTE LTD	SHD 3430G	SGS 830M	6/2/2020	8:20	\$ 2,238.53
3	MT/1077851-002	COMFORT TRANSPORTATION PTE LTD	SH 9890X	SLB 9544K	29/12/2019	10:50	\$ 2,098.53
4	MT/1086221-002	COMFORT TRANSPORTATION PTE LTD	SHA 5868E	SGU 2306L	28/2/2020	9:10	\$ 2,566.48
5	MT/1085416-002	COMFORT TRANSPORTATION PTE LTD	SHD 3398S	SLJ 9580M	22/2/2020	3:30	\$ 6,130.40

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	30/12/2019 10:40
Date Of Accident	29/12/2019 10:50
Exact Location Of Accident	ALONG CTE TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9890X
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
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	WONG YEW DHAK
NRIC No	SXXXX768E
Date Of Birth	14/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/09/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81822757
Fax Number	
Contact Number	
EMail Address	WYDHYD@YAHOO.COM

Address	BLK 104 HOUGANG AVENUE 10 #06-1154
Postcode	530401
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?	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)	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	SLB9544K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOOI SEE WAN JACQUINE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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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 PTE LTD
CO. REG. NO. 199303821R

Wang

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No: 11 1111 1111

KTMU-JH
Yam

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

JOB NO : 305370547
 REGN NO : SH 9890X
 MILEAGE : 000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 08.12.2016
 DATE/TIME IN : 30.12.2019 09:10
 ACCIDENT DATE : 29.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	COVER ASSY-RR BUMPER#	1	553.00	20.00	442.40	Cra
0002	04-01-0103-0738-G	COVER-RR BUMPER LWR#	1	228.00	20.00	182.40	Cra
0003	04-01-0103-0739-G	ABSORBER-RR BUMPER ENERGY	1	103.50	20.00	82.80	1 Xnn
0004	04-01-0103-0740-G	BEAM-RR BUMPER#	1	428.40	20.00	342.72	1 Xnn
0005	04-01-0103-0743-G	STAY-RR BUMPER RH	1	80.30	20.00	64.24	1 Xnn
0006	04-01-0103-0742-G	STAY-RR BUMPER LH	1	80.30	20.00	64.24	1 Xnn
0007	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	rec
0008	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13	1 Xnn
0009	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	1.00	50.00	rec

SUB-TOTAL : 1,368.53

JOB NATURE

0000	PB	PANEL BEATING	300.00	\$ 280
0001	SP	SPRAYPAINT CHARGE	300.00	\$ 200

750-26
692-4

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 SINGAPORE SINGAPORE 575717
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JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0002 17-01 CHECK ALL LIGHTING	50.00		\$30		
0003 L REMOVE/REFIX REVERSE SENSOR	80.00		\$50		
SUB-TOTAL :					730.00
TOTAL :					2,098.53

Jumani

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

LKK Auto Consultants hereby 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:

(Handwritten signature)
 31/12/19 Ramelkked
 30/12/19 13104.5
 Pavaniswami@lkkauto.com
 REG22728
 (2) repair dgs
 (LS)
 aft repair photo



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/INC19022914/Ftf3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 09-03-2020	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLB 9544K	Veh. Inspected	SH 9890X
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1077851-002	Excess (\$)	0.00
Assign From		Assign Date	30/12/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU096674	Colour	BLUE
Odometer	270872	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	29/12/2019	Inspection Date	30/12/2019
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. SH 9890X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	COVER ASSY-RR BUMPER	CRACKED	553.00	553.00
1	COVER-RR BUMPER LWR	CRACKED	228.00	228.00
1	ABSORBER-RR BUMPER ENERGY	NOT NECESSARY	103.50	-
1	BEAM-RR BUMPER	NOT NECESSARY	428.40	-
1	STAY-RR BUMPER RH	NOT NECESSARY	80.30	-
1	STAY-RR BUMPER LH	NOT NECESSARY	80.30	-
10	HYUNDAI BUMPER COVER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-299.10	-160.60
			1,196.40	642.40
NETT ITEMS				
1	HYUNDAI REVERSE SENSOR AS (N)	NOT NECESSARY	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
SPECIAL NETT ITEMS				
1	140VC PROTECTOR MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.		300.00	280.00
	SPRAYPAINT CHARGE.		300.00	200.00
	CHECK ALL LIGHTING.		50.00	30.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	50.00
			730.00	560.00
GRAND TOTAL			2,098.53	1,252.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,000.00

Report Ref No. NS/INC19022914/Ftf3e2

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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