

RAM

NS/IN(2000/976/F3f3n2

ASSIGNMENT

Vehicle: SHA 4833L

Date: 11/01/2017

Type: M/Cnr / M/Cycle / Bus / Van / Lotry / Truck / Other Motor

Truck / Trailer or

Make: Hyundai i40

Yr: 1695

Color: blue

Insured / Std / NI / NA

Chassis No: 461386

Trailer Insured / Std / NI / NA

Eng No: -

Chassis: KmHLB41UMH098255

Year / Make / Good / Fair / Poor / Damaged

Steering: In order / Jammed / Leaked / Burnt

Brake: In order / Jammed / Leaked / Burnt

Model: NI / S/Rim / STD A/Rim or

Tyre Size: F: 205/65 R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PR / SUMI

TOYO / YOKO or HANKOOK

Front

Rear

R/L

6

mm

R/L

6

mm

L/R

6

mm

L/R

6

mm

DUA: 80/1/2020

DAT: 09/02/2020

Survey held at

Comfort Hotel (Loyang)

Des. of Damages: Frt Rear / O/S / NS / U/C / Roof top /

The WC / Chassis frame / Body Structure: affected due to collision

Event

Signature: (X)

OT / TR / WS / TP RES / OR RES / EVA / INV / MV

Tr. Report / Vehicle No.

Tr. Report / Vehicle No.

Tr.

Policy No.

FBQ 31716

Policy No.

5112568452 (10/09/2019-09/09/2020)

Policy No.

MT/1082304 - 002

Policy No.

Policy No.

Make of Veh

Policy Condition

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



Dist. or Market value:

IDAC Accident Report

Consistent? Yes or No

IDA / PH. Data

Consistent? Yes or No

Est. repairs

days

Res.

Yes or No

Line Item

to

Line

Yes or No

CA / REV / REP / 24 HRS

Date

Person Conducted

Vehicle: IN / OUT

Date / Time

Action / Instruction

SHA 4833L - CC4 / ID13015404 / T16 6392 - Rm - 21/02/20

FBQ 31716 - X

RECEIVED 18 FEB 2020

L/S \$4550/- with 4 near days

confirm on: 19/02/2020 with UNEX

(\$1,423.86 Red - 24%)

18/2/2020

Condition: For Purpose

19/02/20

Typical

☐

Prel. Report

☒

Final Report

Days Of Repair:

42

Resurvey No. of Trip:

Add Fee:

☐

Site Insp. \$

☐

Interview \$

☐

Lock line \$

☐

Witness \$

Report Format:

Lump Sum

L.B. \$

\$ 4,550/- L/S

Survey Fee:

Survey Fee:

Survey Fee:

Survey Fee:

Survey Fee:

Survey Fee:

Survey Fee:

160
160

eBaoTech

GeneralClaim

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="30/01/2020 10:02"/>
Vehicle No.(For Motor)	<input type="text" value="FBQ3171G"/>	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"/>	5112568452		LEXTER NG YI SHENG	S98430658	GMC	Third Party	FBQ3171G	FBQ3171G	10/09/2019	09/09/2020
<input type="button" value="Continue"/>										

TP Claims against NTUC Income: Follow-Through Survey

Date: 18/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1082304-002	COMFORT TRANSPORTATION PTE LTD	SHA 4833L	FBQ 3171G	30/01/2020	14.00	\$ 5,973.86	\$ 4,550.00

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	31/01/2020 08:41
Date Of Accident	30/01/2020 14:00
Exact Location Of Accident	HOUGANG AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4833L
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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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	CHEE SIEW KHEONG
NRIC No	SXXXX455C
Date Of Birth	07/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	21/05/1980
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98161238
Fax Number	
Contact Number	
EMail Address	CHEESIMON@YMAIL.COM

Address	BLK 201D COMPASSVALE DRIVE #10-561
Postcode	544201
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)	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

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	FBQ3171G
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LEXTER NG YI SHENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	UNSURE
No. Of Passenger (Including Driver)	

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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.

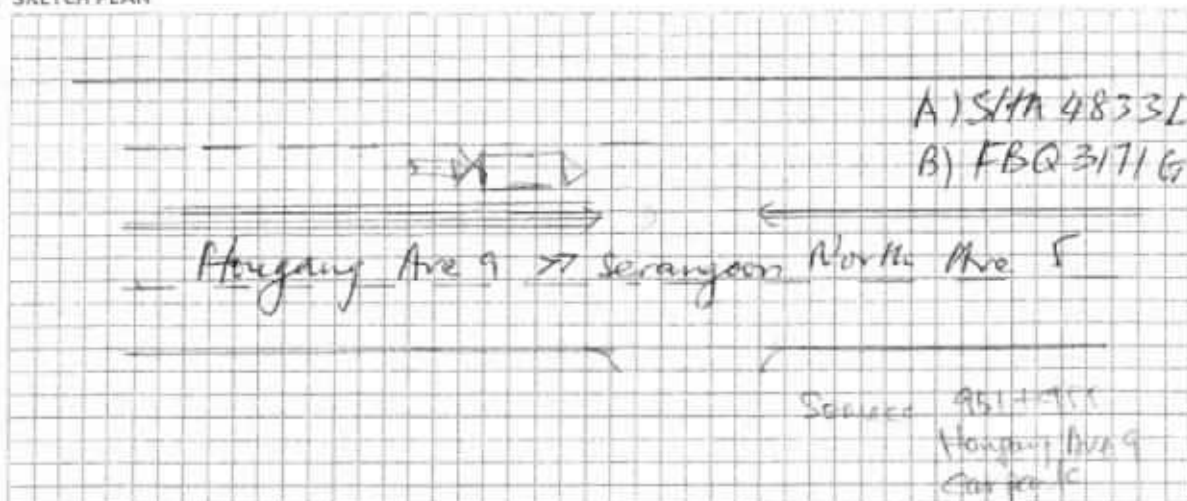
COMFORT TRANSPORTATION LTD
CO. REG. NO. 199301321H

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 30/1/20 at about 1400hrs when I vol A gradually stopped to enter the carpark on the right side. Vol B collected onto the rear left portion of my stationary.

DECLARATION

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

CONFIDENTIALITY STATEMENT (S. 11(1) POLICE ACT 1967)

Policyholder's Signature _____
Date & Time: _____

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

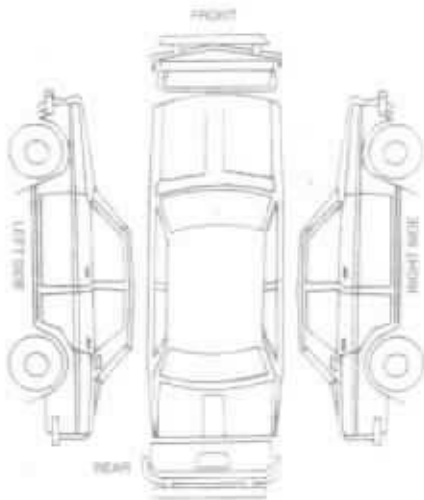
Reporting Centre Personnel's Signature _____
Name: _____
NRIC/FIN No. _____

30/1/20

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305378834
TOMER	REGN NO: SHA4833L	MILEAGE	
VS COMFORT TRANSPORTATION PTE LTD VARS	MAKE: HYUNDAI	FUEL	
TOMER NO. 7010045	MODEL I-40	DATE/TIME IN 04.02.2020 09:30	
RESS 383 SIN MING DRIVE	YR OF MANU 11.01.2017	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMHU098235	COMPLETION DATE/TIME	
65508755			

Accident Date: 30.01.2020
NATURE: 3P 30.01.2020

S/NO	LABOR CODE	DESCRIPTION
	NTUC - Lea	
	LKE/	



OKED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Acknowledgment Slip

Exit Pass

No: SHA4833L LARRY

Vehicle No: SHA4833L

Larry Ng

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

305378834

REPAIR ESTIMATE*

DATE: 4. Feb. 2020

DOA: 30. Jan. 2020

NTUC

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 Signature Date	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.
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[illegible]

Our Job Ref No : 305378834

Date : 11. Feb. 2020

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHA4833L

Date of Accident: 30. Jan. 2020

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

1. The repair job shall bill to: NTUC FBQ3171G

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

\$4,550.00

3. Estimated normal period for repairs: 4 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 : 19/02/2020

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				
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/INC20001976/Fsf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 19-02-2020



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBQ 3171G	Veh. Inspected	SHA 4833L
Policy No.	5112568452	Coverage (\$)	0.00
Claim No.	MT/1082304-002	Excess (\$)	0.00
Assign From		Assign Date	04/02/2020

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU096235	Colour	BLUE
Odometer	461386	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R16	HANKOOK	6 mm
L/H Front Tyre	205/65 R16	HANKOOK	6 mm
R/H Rear Tyre	205/65 R16	HANKOOK	6 mm
L/H Rear Tyre	205/65 R16	HANKOOK	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	30/01/2020	Inspection Date	04/02/2020
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4833L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER UNDERCOVER	SCRATCHED / CUT	228.00	228.00
1	REAR BUMPER REFLECTOR - LH	NOT NECESSARY	30.60	-
1	EXHAUST MUFFLER - LH	DENTED	967.70	967.70
1	EXHAUST CENTRE PIPE	BENT	730.10	730.10
1	REAR BUMPER REINFORCEMENT	CUT	428.40	428.40
1	REAR BUMPER SPONGE	BROKEN	103.50	103.50
1	BOOT LID ASSY	BUCKLED	2,174.90	2,174.90
1	BOOT LID 'H' EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID 'CRDI' EMBLEM	NECESSARY	27.90	27.90
1	BOOT LID 'I40' EMBLEM	NECESSARY	27.90	27.90
	LESS 20% DISCOUNT		-1,064.54	-1,058.42
			4,258.16	4,233.68
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	ADVERTISEMENT - REAR BUMPER (SN)	NECESSARY	50.00	50.00
2	ADVERTISEMENT - REAR FENDERS LH / RH @\$100.00 (SN)	NECESSARY	200.00	200.00
			435.70	300.00
<u>LABOUR</u>				
	PANEL BEATING.		580.00	560.00
	SPRAY PAINTING CHARGE.		450.00	400.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	50.00
	REMOVE / REFIX EXHAUST.		120.00	100.00
	WIRING CHARGE.		50.00	50.00
			1,280.00	1,160.00
GRAND TOTAL			5,973.86	5,693.68

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,550.00
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Report Ref No. NS/INC20001976/Fsf3n2



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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