

INS BY Ran

REF NS/IN (20002320 / FY/3/2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of: _____
 Insured: SLZ 8318C
 Policy No: MT/1085209-001
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHB 4037M Reg: 10/09/2015
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai i40 CC 1685
 Colour: blue AC: Insured / Std / NI / NA
 Sp Reading: 44624 T/Radio: Insured / Std / NI / NA
 EngNo: _____
 C/No: KMHLEBAUNMSU07A35
 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: 205/65 R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or vestlake
 Front Rear
 R/Bal: 7 mm R/Bal: 7 mm
 L/Bal: 7 mm L/Bal: 7 mm
 D.O.A: 06/02/2020 D.O.I: 7/02/2020
 Survey held at comfortable (Loyang)
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or
 Frnt
 The U/C / Chassis frame / Body Structure affected due to collision

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

X	X
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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>no lobby</u>
	<u>SHB 4037M - NS/IN (20002320) / Vehicle No - 11/10/2018</u>
	<u>SLZ 8318C - X</u>

RECEIVED 24 MAR 2020

L/S: \$1200/- with 2 repair days (Red \$1160-99, 49%)

(action on 28/02/2019 with survey)

Date/Time: File Path in? : Prel. Report : Final Report
 Days Of Repair: 2
 Resurvey No. of Trip: 2
 Survey Fee: _____
 Transportation: _____
 Add Fee: Site Insp (\$) Interview (\$) Tach (\$) _____
 Date/Time: File Path in? 18/3/20 Typist
 Report Status: Final
 Limit \$: \$1200f
 160

TP Claims against NTUC Income: Follow-Through Survey

Date : 23/03/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1086453-002	SMRT	SMB 1544B	SJP 4341L	29/02/2020	16:15	\$ 10,240.04
2	MT/1085209-001	COMFORTDELIO	SHB 4037M	SLZ 8318C	06/02/2020	15:35	\$ 2,360.94
3							
4							
5							
6							

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	07/02/2020 08:27
Date Of Accident	06/02/2020 15:35
Exact Location Of Accident	ALONG FAJAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4037M
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	SARDI B ITHNIN
NRIC No	SXXXX053F
Date Of Birth	11/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	05/05/1988
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91269207
Fax Number	
Contact Number	
EMail Address	SARDI46@HOTMAIL.COM

Address	BLK 404 FAJAR ROAD #04-267
Postcode	670404
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	SLZ8318C
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR LH
No. Of Passenger (Including Driver)	

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3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **reputate 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.

CC/MS/001 (FORM) (REVISED) 11/11/14

Policyholder's Signature
Date & Time:

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

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

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305379625

OMER
 S COMFORT TRANSPORTATION PTE LTD
 7010045
 OMER NO. 383 SIN MING DRIVE
 ESS Singapore SINGAPORE 575717
 65508755
 (P) (O)
 (P)

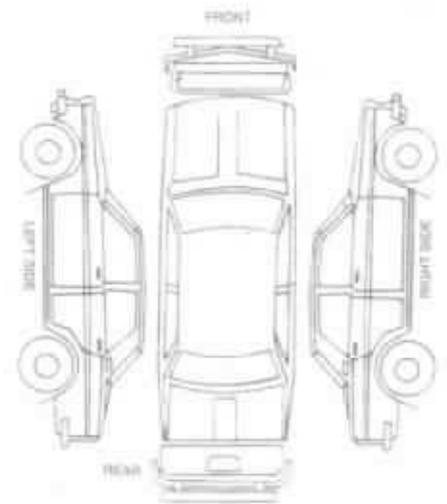
REGN NO.: SHB4037M	MILEAGE
MAKE: HYUNDAI	FUEL E _____ 1/2 _____ F
MODEL I-40	DATE/TIME IN 06.02.2020 16:20
YR OF MANU 10.09.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU077485	COMPLETION DATE/TIME:

UNIT CARD NO.

JOB DESCRIPTION

Accident Date: 06.02.2020
 NATURE: 3P 06.02.2020

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Management Slip
 No. **SHB4037M** **JU NTUC LKK**
 Service Advisor Signature/Date
 To be returned to Service Reception upon collection

Exit Pass
 Vehicle No.: **SHB4037M**
 Name of Service Advisor Date
 To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 07.02.2020

Time: 09:10:24

Page: 1

Handwritten signature

Handwritten initials

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

JOB NO : 305379625
REGN NO : SHB4037M
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.09.2015
DATE/TIME IN : 06.02.2020 16:20
ACCIDENT DATE : 06.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-2322-A	BUMPER W LIP & FOG LAMP C	1 L	1,052.20	20.00	841.76	X(R)
0002	04-01-0103-2164-A	GRILLE ASSY-RADIATOR+	1 L	1,110.10	20.00	888.08	scr
0003	04-01-0103-2175-G	SYMBOL MARK-H	1 L	39.50	20.00	31.60	scr
0004	FNPS	NO PLATE(S)WING CASING	1 N	55.00	10.00	49.50	scr

SUB-TOTAL : 1,810.94

Handwritten: \$1,919.63

JOB NATURE

0000	PB	PANEL BEATING				300.00	<i>Handwritten: \$200</i>
0001	SP	SPRAYPAINT CHARGE				200.00	<i>Handwritten: \$200</i>
0002	17-01	CHECK ALL LIGHTING				50.00	<i>Handwritten: /</i>

SUB-TOTAL : 550.00

TOTAL : 2,360.94

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Handwritten signature and date: 14/2/2020

Handwritten notes:
Rem (LKR)
7/02/2020 1250
mya@comuto.com
88622178
④② repair photo

Our Job Ref No 305379625
Date : 08/02/20

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508989
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : RAM
: SHB4037M

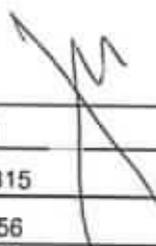
Fax :

DOA: 06/02/20

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

1. The repair job shall bill to: NTUC --- SLZ8318C
###
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) NI _____
 - Total for Lumpsum repair cost after Less: 20% \$1,200.00
 - Final Lumpsum Repair cost** _____
3. Estimated normal period for repairs: 2 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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature: 
Name : Ram
Date : 11/02/2020

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		N		
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/INC20002320/Fyf3n2			
73 BRAS BASAH ROAD		Date: 25-03-2020	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLZ 8318C	Veh. Inspected	SHB 4037M
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1085209-001	Excess (\$)	0.00
Assign From		Assign Date	07/02/2020
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU077485	Colour	BLUE
Odometer	446624	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	WEST LAKE	7 mm
L/H Front Tyre	205/65 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/65 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/65 R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	06/02/2020	Inspection Date	07/02/2020
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.			
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. SHB 4037M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER W LIP & FOG LAMP C	TO REPAIR SEE LABOUR	1,052.20	-
1	GRILLE ASSY-RADIATOR	SCRATCHED	1,110.10	1,110.10
1	SYMBOL MARK-H	NECESSARY	39.50	39.50
	LESS 20% DISCOUNT		-440.36	-229.92
			1,761.44	919.68
NETT ITEMS				
1	NO PLATE (S) WING CASING (N)	CRACKED	55.00	55.00
	LESS 10% DISCOUNT		-5.50	-5.50
			49.50	49.50
LABOUR				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF BUMPER W LIP & FOG LAMP C.		300.00	280.00
	SPRAYPAINT CHARGE.		200.00	200.00
	CHECK ALL LIGHTING.		50.00	50.00
			550.00	530.00
GRAND TOTAL			2,360.94	1,499.18
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,200.00

Report Ref No. NS/INC20002320/Fyf3n2

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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