

TP Claims against NTUC Income: Follow-Through Survey

Date : 20/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1085136-001	COMFORT TRANSPORTATION PTE LTD	SHA 2702U	FJ 5419U	13/02/2020	10:15	\$ 4,370.30
2	MT/1082782-002	COMFORT TRANSPORTATION PTE LTD	SH 7012C	SLS 2386G	31/01/2020	18:20	\$ 1,548.25
3	MT/1083397-002	COMFORT TRANSPORTATION PTE LTD	SHD 4422Z	SGN 1605S	06/02/2020	19:55	\$ 2,722.54

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Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5104524124-01		ONG CHONG KHEE	S1372547J	GPC	drive CLASSIC	SGN16055	SGN16055	10/11/2019	09/11/2020

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	07/02/2020 11:57
Date Of Accident	06/02/2020 19:55
Exact Location Of Accident	ALONG RAFFLES LINK TOWARDS RAFFLES BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4422Z
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	IONIQ HYBRID
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	LAM HAN YANG @YONG PIANG HONG
NRIC No	SXXXX145H
Date Of Birth	29/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	10/09/1976
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90065654
Fax Number	
Contact Number	
Email Address	LAMTECTR@YAHOO.COM

Address	BLK 941 HOUGANG ST 92 #06-11
Postcode	530941
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	SGN1605S
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	FRONT LH
No. Of Passenger (Including Driver)	

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5. **Any false reporting may be referred to the Police for investigation.**
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

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/EIN No.: _____

SKETCH PLAN

A = SHD 44222

B = SGN 16055
(HONDA)

RAFFLES BLVD

RAFFLES LINK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

CHONG HONG LAM ASSURANCE BROKERS LTD
10-11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/FIN No: 117 123 456

CHONG HONG LAM ASSURANCE BROKERS LTD

Describe Circumstances of the Accident.

On the 06/02/2020 at about 19:55hrs, I was driving along Raffles Link slip road towards

Raffles Blvd direction with no passenger on board my taxi.

As I approached the give way line, I stop to checked the traffic is clear from incoming vehicle

before I drive out when there's an impact from behind my taxi. So I step out to checked and

found out a vehicle of SGN16055 front left portion had collided onto my rear right portion of

my taxi.

No injury at the point of accident.

Declaration

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Policyholder's Signature/Date &
Time



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

Olivia Weng

Witnessed by Reporting
Centre Personnel

17 FEB 2020

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

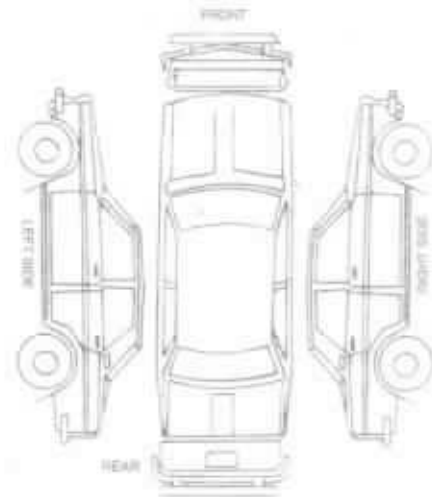
JC NO: 305379791

CUSTOMER	REGD NO.	MILEAGE
IR/MS	SHD4422Z	
CUSTOMER NO.	MAKE	FUEL
7010045	HYUNDAI	E 1/2
ADDRESS	MODEL	DATE/TIME IN
383 SIN MING DRIVE	IONIQ(G3)	07.02.2020 11:01
Singapore SINGAPORE 575717	YR OF MANU.	TARGET DATE
65508755	30.10.2019	
EL: (R)	CHASSIS CODE	COMPLETION DATE/TIME
(P)	RMC851CVLU187812	
DISCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 06.02.2020
NATURE: 3P 06.02.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SHD4422Z CHIANG

Vehicle No.: SHD4422Z

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHD4422Z

03/02/20

MAKE :

CHIANG/NTUC

MODEL IONIQ G3

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER <i>chg</i>		\$459.40
1	REAR CENTRE MOULDING ASSY <i>Bm</i>		\$451.25
1	REAR BUMPER LOWER CENTRE MOULDING <i>chg xnn</i>		\$155.00
1	TOW HOOK COVER <i>xnn</i>		\$98.00
1	REAR BUMPER REFLECTOR RH <i>xnn</i>		\$31.90
1	REAR BUMPER SIDE BRACKET RH <i>xnn</i>		\$33.10
10	REAR BUMPER CLIPS <i>rec</i>		\$22.00
	SUB TOTAL		\$1,250.65
	20.00%		\$250.13
	DISCOUNTED TOTAL		\$1,000.52
1	REAR REVERSE SENSOR <i>sho</i>		\$135.70
1	REAR BUMPER MAT <i>rec</i>		\$50.00
			\$185.70
	Labour Charge		
	Panel Beating		\$640.00
	Spray Painting Charge		\$400.00
	Tuff Kote		\$60.00
	Remove/refix Reverse sensor		\$60.00
	TOTAL LABOUR		\$1,160.00
	ESTIMATE TOTAL		\$2,346.22
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.			

Signature
11/2/2020

Ram (LKR)
7/2/2020/420hrs
Panasirina@lkrquto.co
SS622778 (P/P)
Ref paint photo
2 repair days

TYPE OF C:	TP
SURVEY B':	RAM
DATE	06/02/20

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

JOB NO : 305379791
 REGN NO : SHD4422Z
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 30.10.2019
 DATE/TIME IN : 07.02.2020 11:05
 ACCIDENT DATE : 06.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52	Cover
0002	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	20.00	361.00	Bumper
0003	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70	10.00	122.13	SG
0004	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	net
0005	04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1	50.00	2.00	50.00	net
0006	04-01-0104-2288-G	IONIQ BEAM-RR BUMPER	1	294.80	20.00	235.84	CA
0007	FNPS	NO PLATE(S)	1 N	30.00	10.00	27.00	CA
0008	04-01-0104-3919-G	IONIQ STAY-RR BUMPER RH	1	138.10	20.00	110.48	BS

SUB-TOTAL : 1,291.57

JOB NATURE

0000	PB	PANEL BEATING	320.00	/
0001	SP	SPRAYPAINT CHARGE	200.00	/
0002	20-00	TUFF COAT ON AFFECTED PARTS.	30.00	/

Our Job Ref No : 305379791

Date : 18/02/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHD4422Z

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 SGN1605S

2 The finalized amount shall be:

(a) Spare Parts after List discount \$1,291.57

(b) Labour Charges \$600.00

Total for Part-By-Part Repair Cost \$1,891.57

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

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 :

Signature :

Name : CHIANG

Name : Ram

Tel : 62148314

Date : 20/2/2020

Fax : 65468156

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/INC20002324/Fqd3n2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 21-02-2020	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGN 1605S	Veh. Inspected	SHD 4422Z
Policy No.	5104524124-01	Coverage (\$)	0.00
Claim No.	MT/1083397-002	Excess (\$)	0.00
Assign From		Assign Date	07/02/2020
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ (G3)	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVLU187812	Colour	BLUE
Odometer	41884	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	8 mm
L/H Front Tyre	195/65 R15	MICHELIN	8 mm
R/H Rear Tyre	195/65 R15	MICHELIN	8 mm
L/H Rear Tyre	195/65 R15	MICHELIN	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4422Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CRACKED	459.40	459.40
1	REAR CENTRE MOULDING ASSY	BROKEN	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING	NOT NECESSARY	155.00	-
1	TOW HOOK COVER	NOT NECESSARY	98.00	-
1	REAR BUMPER REFLECTOR RH	NOT NECESSARY	31.90	-
1	REAR BUMPER SIDE BRACKET RH	NOT NECESSARY	33.10	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	BUMPER REINFORCEMENT	CUT	294.80	294.80
1	BUMPER REINFORCEMENT STAY	BENT	138.10	138.10
	LESS 20% DISCOUNT		-336.71	-273.11
			1,346.84	1,092.44
<u>NETT ITEMS</u>				
1	REAR REVERSE SENSOR (N)	SHORTED	135.70	135.70
1	NUMBER PLATE (N)	CRACKED	30.00	30.00
	LESS 10% DISCOUNT		-	-16.57
			165.70	149.13
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	PANEL BEATING.		640.00	320.00
	SPRAY PAINTING CHARGE.		400.00	200.00
	TUFF KOTE.		60.00	30.00
	REMOVE/REFIX REVERSE SENSOR.		60.00	50.00
	-		-	-
	-		-	-
	-		-	-
			1,160.00	600.00
GRAND TOTAL			2,722.54	1,891.57

Report Ref No. NS/INC20002324/Fqd3n2

RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,891.57
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Report Ref No. NS/INC20002324/Fqd3n2



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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