

ASS. REC. BY:

Ran

REF:

NS/INC 20002748/ Fsf302

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: SJP 8813R

Policy No. 5108891886 (17/04/2019 - 16/04/2020)

Claims No. MT/1085455 - 001

Sum Insured:

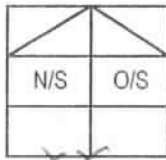
Excess:

(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 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:

SHB 4363X

Yr Regn:

11/01/2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai 140

c.c 1685

Colour:

blue

A/C:

Insured / Std / NI / NA

Sp. Reading:

419066

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLEB10MHU098241

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:

205/60R16

R:

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

13/02/2020

D.O.I.

17/02/2020

Survey held at

comfatekwa (Layang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SHB 4363X - CC4 / 118002140 / Kead392 RPA-21/01/2013

SJP 8813R - X

RECEIVED 24 FEB 2020

P/P Repair: \$530/- with 2 repair days

confirm on 21/02/2020 with LITERY.

(\$ 1,403.62 Red - 73%)

Labour only

21/2/2020

Date/Time, File Pass to?

24/02/20

1) Typist

Date/Time, File Return to?

2)



Preli. Report



Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Week end (\$

Survey Fee:

160

Transportation:

S + RS, SI

Photos

Others

TOTAL

160

Report Format:

Lump Sum / P/P \$ 530/- P/P

eBaoTech

General Claim

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="13/02/2020 11:49"/>
Vehicle No.(For Motor)	<input type="text" value="SJP8813R"/>	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"/>	5108891886		NG KIN LEONG	S7418665C	GPC	drivo CLASSIC	SJP8813R	SJP8813R	17/04/2019	16/04/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 21/02/2020

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/1081086-002	SMRT TAXIS PTE LTD	SHC 4323G	SGD 7075J	21/01/2020	06:50	\$ 5,700.69	\$ 2,279.18
2	MT/1085455-001	COMFORT TRANSPORTATION PTE LTD	SHB 4363X	SJP 8813R	13/02/2020	11:30	\$ 1,933.62	\$ 530.00
3	MT/1080979-002	SMRT TAXIS PTE LTD	SHB 1745Y	SMN 7077E	19/01/2020	16:50	\$ 6,248.29	\$ 2,950.00

COMFORTDELGRO
ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 8280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sungai Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 706730

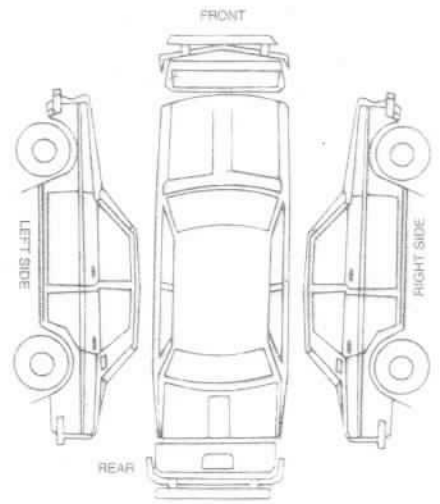
A member of COMFORTDELGRO

Date/Time: 17.02.2020 10:48 Page : 1

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305381702
Customer: COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: SHB4363X MAKE: HYUNDAI MODEL: I-40 YR OF MANU: 11.01.2017 CHASSIS CODE: KMHLB41UMHU098241	MILEAGE FUEL DATE/TIME IN: 17.02.2020 08:50 TARGET DATE COMPLETION DATE/TIME:	

Accident Date: 13.02.2020
NATURE: 3P 13.02.2020

S/NO	LABOR CODE	DESCRIPTION
	NTUC - Rear	



CHECKED & PASSED OUT BY:		CUSTOMER'S SIGNATURE	
SERVICE ADVISOR			
Acknowledgement Slip		Exit Pass	
No.: SHB4363X	LARRY	Vehicle No.: SHB4363X	
Signature/Date		Date	
Name of Service Advisor		To be kept by Security Guard	

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	13/02/2020 16:06
Date Of Accident	13/02/2020 11:30
Exact Location Of Accident	ANG MO KIO AVE 6 X AMK AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4363X
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	AHMAD BIN YUSOFF
NRIC No	SXXXX930D
Date Of Birth	05/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	16/12/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98263556
Fax Number	
Contact Number	
Email Address	AHMADYUSOFF1959@GMAIL.COM

Address	164 #06-404 SIMEI ROAD
Postcode	520164
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

SEE ATTACH.

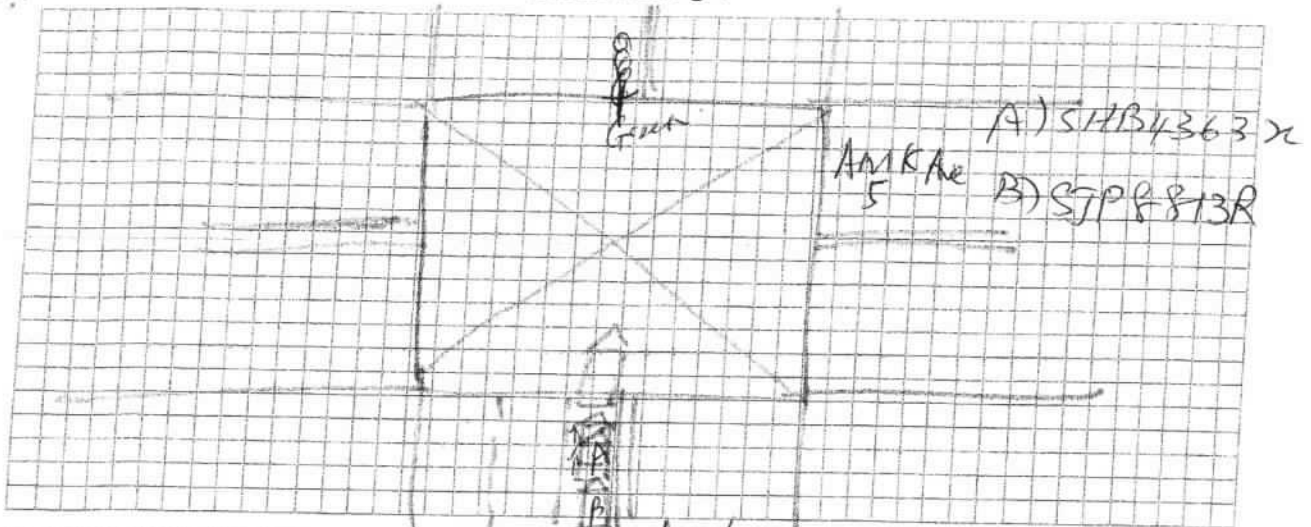
Attachment(s)

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	SJP8813R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KIN FOONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Any Mo Kuo Ave 6

On 13/2/20 at about 1130hrs when I Vol A just moved following another vehicle in front, Vol B collided into the rear of my vehicle.

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE.
CO. REG. NO. 189303621R

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 Pg. 2

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. 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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 182000427K

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.:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB4363X

DATE: 17. Feb. 2020

MAKE : HYUNDAI

MODEL : i40

DOA: 13. Feb. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper X(R)			\$553.00
10	Rear Bumper Clips Xnn		\$2.20	\$22.00
1	Rear Bumper Undercover Xnn			\$228.00
1	Rear Bumper Sponge Xnn			\$103.50
1	Rear Bumper Reinforcement Xnn			\$428.40
SUB TOTAL				\$1,334.90
LESS 20%				\$266.98
DISCOUNTED TOTAL				\$1,067.92
1	Rear Bumper Rubber Mat Xnn			\$50.00
1	Reverse Sensor Xnn			\$135.70
				\$185.70
Labour Charge				
1	Panel Beating			\$300.00
1	Spray Painting Charge			\$250.00
1	Remove/refix Reverse Sensor			\$80.00
1	Wiring Charge			\$50.00
TOTAL LABOUR				\$680.00
ESTIMATE TOTAL				\$1,933.62

Larry M9
 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.
 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.

Acknowledged by Repairer

Signature:

Date:

19/2/2020
 Ram (acc)
 17/02/2020 1250
 88622778
 (1/3) (2 repair days)
 aft repair photo

Nett

Nett

\$280

\$200

\$200

\$200

Our Job Ref No . 305381702

Date : 20. Feb. 2020

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHB4363X

Date of Accident: 13. Feb. 2020

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

1. The repair job shall bill to: NTUC SJP8813R
2. The finalized amount shall be:
- (a) Spare Parts after List discount 1
- (b) Labour Charges \$530.00
- Total for Part-By-Part Repair Cost** \$530.00
- (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: Larry Ng Signature: RAM
- Name : Larry Ng Name : RAM
- Tel : 6214 8316 Date : 21/02/2020
- Fax : 6546 8156

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:

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

JOB NO : 305381702
REGN NO : SHB4363X
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.01.2017
DATE/TIME IN : 17.02.2020 08:50
ACCIDENT DATE : 13.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 PB PANEL BEATING
0001 23-502 SPRAYPAINT ON AFFECTED AREA
0002 17-01 WIRING CHARGE

280.00

200.00

50.00

SUB-TOTAL : 530.00

TOTAL : 530.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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/INC20002748/Fsf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 25-02-2020	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJP 8813R	Veh. Inspected	SHB 4363X	
Policy No.	5108891886	Coverage (\$)	0.00	
Claim No.	MT/1085455-001	Excess (\$)	0.00	
Assign From		Assign Date	17/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KMHLB41UMHU098241	Colour	BLUE	
Odometer	419066	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	7 mm	
L/H Front Tyre	205/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/02/2020	Inspection Date	17/02/2020	
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 4363X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	REAR BUMPER UNDERCOVER	NOT NECESSARY	228.00	-
1	REAR BUMPER SPONGE	NOT NECESSARY	103.50	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	428.40	-
	LESS 20% DISCOUNT		-266.98	-
			1,067.92	-
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
			185.70	-
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		300.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	WIRING CHARGE.		50.00	50.00
			680.00	530.00
	GRAND TOTAL		1,933.62	530.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				530.00

Report Ref No. NS/INC20002748/Fsf3e2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.