

ASS. REC. BY: Ram

REF: NSI/NC 20002763/FyB2

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: GBJ 676D

Policy No. 5110864817 (03/07/2019-04/07/2020)

Claims No. MT/1084724-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 756TT Yr Regn: 17/07/2019

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

Truck / Trailer or

Make: Hyundai i30 1.9 c.c 1580

Colour: blue A/C: Insured / Std / NI / NA

Sp. Reading: 46674 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCCS1C0K0164679

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: 195/65R15

R: _____

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

TOYO / YOKO or

Front R/Bal. 8 mm Rear R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 15/02/2020 D.O.I. 17/02/2020

Survey held at comfatelec (Loring)

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

O/S rear & rear

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

Date / Time	Action / Instruction
-------------	----------------------

SH 756TT - CC3/G BE1703902/1106302 10A-14/1/17

GBJ 676D-X

NTUC PIP

RECEIVED 11 MAR 2020

PIP \$2622-44 with 3 repair sess (Red \$1010-90, 27%)

confirm on 6/3/2020 with change

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) 10/3/20 Typist

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	<u>160</u>

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Report Format: _____

Lump Sum / L.E.C: _____

PIP \$2622-44

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

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"/>	5110864817		ASIA GREEN INDUSTRIES PTE LTD	201316662R	GCV	Comprehensive	GBJ6776D	GBJ6776D	03/07/2019	02/07/2020

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/03/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1084724-002	COMFORTDELRO	SH7567T	GBJ6776D	15/02/2020	20:20	\$ 3,633.34
2	MT/1087814-001	COMFORTDELRO	SHA9347R	SIW6534Y	27/02/2020	19:40	\$ 3,805.84
3							
4							
5							

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	17/02/2020 09:38
Date Of Accident	15/02/2020 20:20
Exact Location Of Accident	RAFFLES BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7567T
-----------------------------	---------

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	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	YEO KUEI CHWAN DONNY
NRIC No	SXXXX244D
Date Of Birth	12/08/1954
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1975
Driving Experience	44 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96828319
Fax Number	
Contact Number	
EEmail Address	YEODONNY@GMAIL.COM

Address	BLK 325 SERANGOON AVENUE 3 #08-292
Postcode	550325
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?	YES
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	GBJ6776D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YEO KUEI CHWAN DONNY
Approximate Age	
Injuries Sustain	ABDOMINAL PAIN, LOWER BACK STRAIN, NECK PAIN
Injured person in which vehicle?	SH7567T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE


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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 Purpose;
- (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.

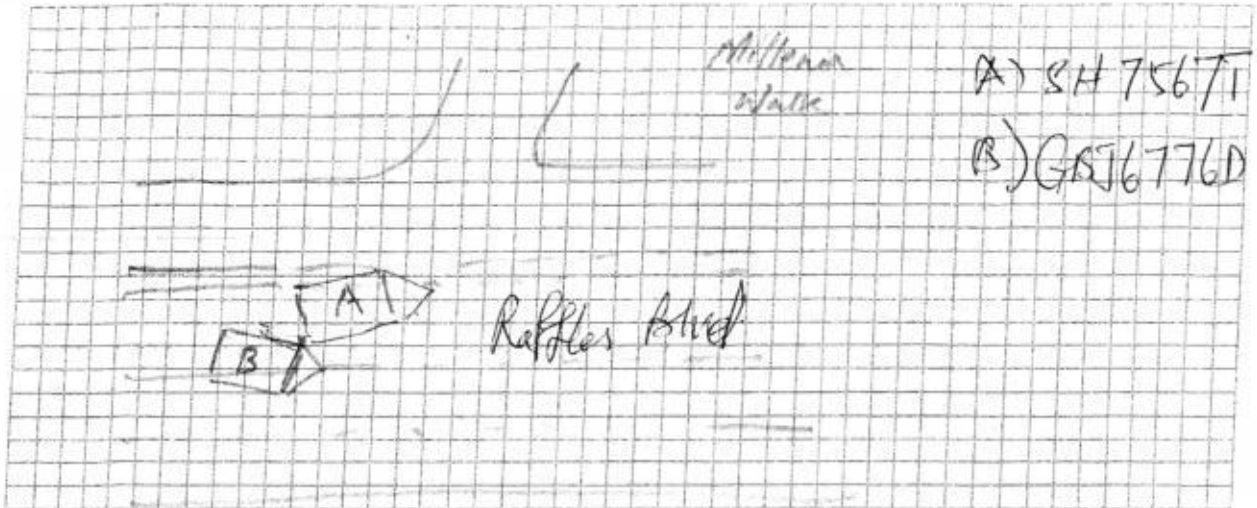
COMFORT TRANSPORTATION PTE LTD
 COURTESY NO. 44432222

Policyholder's Signature
 Date & Time:


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


 Reporting Centre Personnel's Signature
 Name: ORuborthy
 NRIC/FIN No.: CSO
16/2/20

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/2/20 at about 2020 hrs when I Veh A was slowly travelling and filtering to the left to enter Millenia Walk, Veh B collided into the right rear portion of my vehicle.

DECLARATION

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

COMPASS INSURANCE COMPANY LTD
CO. REG. NO. 1967C 00211

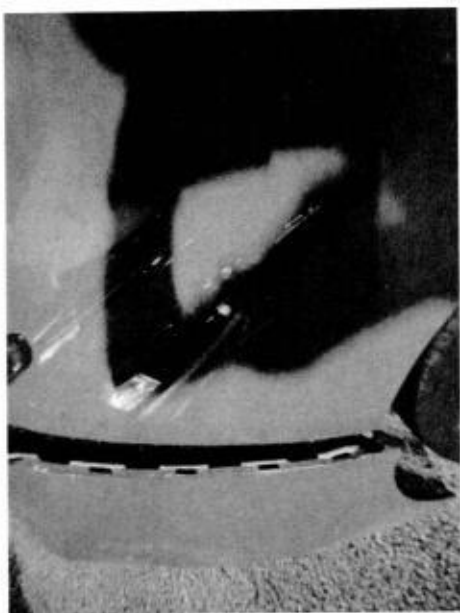
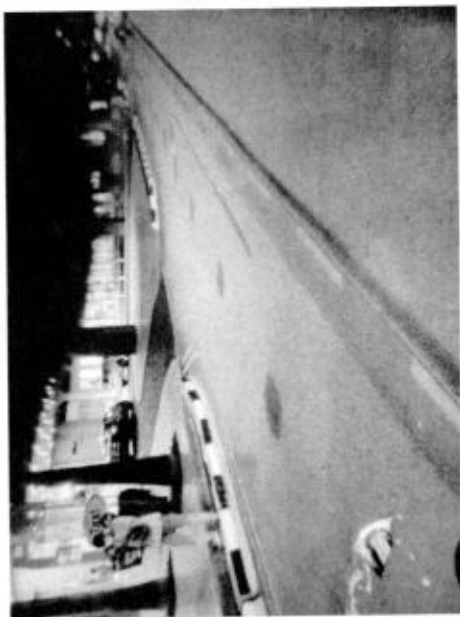
Policyholder's Signature
Date & Time:

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

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

31/07/18 SketchPlanForm_V2

S. R. MURTHY
CSO
15/2/20



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305381700

STOMER
 COMFORT TRANSPORTATION PTE LTD
 7010045
 STOMER NO.
 383 SIN MING DRIVE
 DRESS
 Singapore SINGAPORE 575717
 65508755 (R) (O)
 (P)

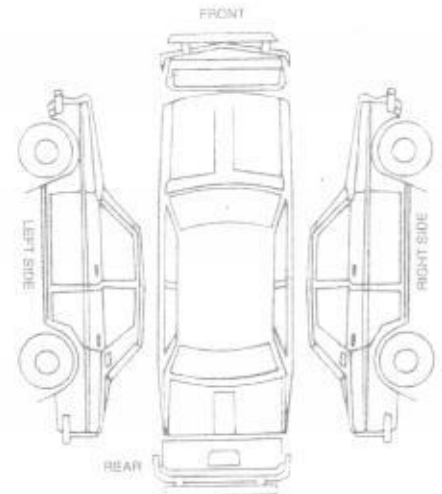
REGN NO: SH 7567T	MILEAGE
MAKE: HYUNDAI	FUEL: E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 15.02.2020 20:40
YR OF MANU 17.07.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU164679	COMPLETION DATE/TIME:

ICOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.02.2020
 NATURE: 3P 15.02.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SH 7567T** CHIANG

Vehicle No.: **SH 7567T**

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 SHC7567T

17/02/20

MAKE :

NTUC

MODEL IONIQ G2

CHIANG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER <i>CRW</i>			\$459.40
1	REAR BUMPER BRACKET RH <i>XNN</i>			\$33.10
1	REAR BUMPER CENTRE MOULDING <i>SCR</i>			\$451.25
1	REAR BUMPER LOWER MOULDING <i>XNN</i>			\$155.00
1	REAR BUMPER REFLECTOR RH <i>XNN</i>			\$31.90
1	REAR BLIND SPOT RADAR <i>1 SEXNA</i>			\$758.50
1	RH TAIL LAMP ASSY <i>SCR</i>			\$870.40
	<i>Rear bumper clip etc</i>			\$22
	SUB TOTAL			\$2,759.55
	20.00%			\$551.91
	DISCOUNTED TOTAL			\$2,207.64
1	REAR BUMPER MAT <i>NO</i>			\$50.00
1	REAR REVERSE SENSOR <i>XNN</i>			\$135.70
				\$185.70
	Labour Charge			
	Panel Beating			\$700.00 <i>\$640</i>
	Spray Painting Charge			\$440.00 <i>\$400</i>
	Tuff Kote			\$40.00
	Reset blind spot radar			\$280.00 <i>\$200</i>
	Remove/refix reverse sensor			\$60.00 <i>\$50</i>
	TOTAL LABOUR			\$1,240.00
	ESTIMATE TOTAL			\$3,633.34
				<i>3930.94</i>

Signature
19/2/2020

17/02/2020 1300
from

Ref print photo
3 repair days

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.

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 by Repairer
Signature:
Date:

2.02.2020 / Advice

COMFORTDELGRO ENGINEERING PTE LTD

Date: 27.02.2020

Time: 17:41:43

Page: 1

REPAIR ESTIMATE

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

JOB NO : 305381700
REGN NO : SH 7567T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 17.07.2019
DATE/TIME IN : 15.02.2020 20:40
ACCIDENT DATE : 15.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	<i>nee</i>
0002	04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1	50.00	-	50.00	<i>nee</i>
0003	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	20.00	361.00	<i>scr</i>
0004	04-01-0104-2396-G	IONIQV1-3 LAMP ASSY-REAR	1	870.40	20.00	696.32	<i>scr</i>
0005	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52	<i>scr</i>

SUB-TOTAL : 1,492.44

JOB NATURE

0000	PB	PANEL BEATING	640.00	<i>/</i>
0001	SP	SPRAYPAINT CHARGE	400.00	<i>/</i>
0002	20-22	REMOVE/REFIX REVERSE SENSOR	50.00	<i>/</i>
0003	20-00	TUFF COAT ON AFFECTED PARTS.	40.00	<i>/</i>

SUB-TOTAL : 1,130.00

Signature

Our Job Ref No : 305381700
Date : 28/02/20

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

FINALIZATION FORM

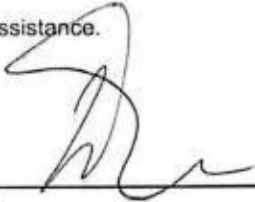

To : LKK Fax : _____
Attn : RAM
: SH7567T 15/02/2020

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

2. The repair job shall bill to: NTUC GBJ6776D
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | <u>\$1,492.44</u> |
| (b) Labour Charges | <u>\$1,130.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$2,622.44</u> |
| (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: | _____ |
| Final Lumpsum Repair cost | _____ |

3. Estimated normal period for repairs: 3 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 : <u>CHIANG</u> Tel : <u>62148314</u> Fax : <u>65468156</u>	Signature :  Name : <u>RAM</u> Date : <u>6/3/2020</u>
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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/INC20002763/Fyf3n2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 16-03-2020	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBJ 6776D	Veh. Inspected	SH 7567T
Policy No.	5110864817	Coverage (\$)	0.00
Claim No.	MT/1084724-002	Excess (\$)	0.00
Assign From		Assign Date	17/02/2020
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU164679	Colour	BLUE
Odometer	46674	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 O/S REAR AND REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/02/2020	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:		3 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 7567T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CRACKED	459.40	459.40
1	REAR BUMPER BRACKET RH	NOT NECESSARY	33.10	-
1	REAR BUMPER CENTRE MOULDING	SCRATCHED	451.25	451.25
1	REAR BUMPER LOWER MOULDING	NOT NECESSARY	155.00	-
1	REAR BUMPER REFLECTOR RH	NOT NECESSARY	31.90	-
1	REAR BLIND SPOT RADAR	NOT NECESSARY	758.50	-
1	RH TAIL LAMP ASSY	SCRATCHED	870.40	870.40
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-556.31	-360.61
			2,225.24	1,442.44
SPECIAL NETT ITEMS				
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
1	REAR REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
			185.70	50.00
LABOUR				
	PANEL BEATING.		700.00	640.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	TUFF KOTE.		40.00	40.00
	RESET BLIND SPOT RADAR.	NOT NECESSARY	280.00	-
	REMOVE/REFIX REVERSE SENSOR.		60.00	50.00
			1,520.00	1,130.00
GRAND TOTAL			3,930.94	2,622.44
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,622.44

Report Ref No. NS/INC20002763/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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