

ASS. REC. BY:

Ram

REF:

NSI/NC 20002633/Fyf3n2

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: SLH8162D

Policy No. 5094699783-02 (21/11/2019 - 20/1/2020)

Claims No. MT/1084781-002

Sum Insured:

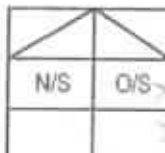
Excess:

(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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 35944

Yr Regn: 19/05/2016

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

Truck / Trailer or

Make:

Hyundai i40

cc 1685

Colour:

blue

A/C: Insured / Std / NI / NA

Sp. Reading

519712

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB41UNGU08971-7

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: 205/60 R16

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.

17/02/2020

D.O.I.

18/02/2020

Survey held at

(comfortation (company))

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

RECEIVED 27 FEB 2020

LIS: \$2750/- with 5 repair days

(Red \$3476.28, 55%)

confirm on 25/02/2020 with Larry

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2) 26/2/20 Typist

Days Of Repair:

5

Resurvey No. of Trip:

2

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS: \$

Photos

Other

TOTAL

160

Report Format:

Lump Sum / P.P. /

\$2750/-

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="17/02/2020 09:21"/>							
Vehicle No. (For Motor)	<input type="text" value="SLH8162D"/>	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"/>	5094699783-02		LIM MENG KHIAN	S1635741C	GPC	drive CLASSIC	SLH8162D	SLH8162D	21/11/2019	30/11/2020
<input type="button" value="Continue"/>										

TP Claims against NTUC Income: Follow-Through Survey

Date: 26/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1085091-002	COMFORTDELGRO	SHC 8573A	PA 8595C	20/02/2020	7:05	\$ 7,621.74
2	MT/1085154-002	COMFORTDELGRO	SHC 8049Y	SMD 6589D	19/02/2020	18:05	\$ 2,853.20
3	MT/1085121-002	COMFORTDELGRO	SHC 2639S	SLZ 5541T	20/02/2020	14:20	\$ 1,094.72
4	MT/1084571-002	COMFORTDELGRO	SH 7248P	SMP 6939P	15/02/2020	20:15	\$ 6,397.30
5	MT/1085906-001	COMFORTDELGRO	SHA 3896L	GK 5050G	16/02/2020	16:30	\$ 2,062.10
6	MT/1085749-002	COMFORTDELGRO	SHA 3896L	SKW 5590D	23/02/2020	12:30	\$ 1,509.01
7	MT/1085148-002	COMFORTDELGRO	SH 6247Z	FS 3788U	19/02/2020	19:40	\$ 1,680.60
8	MT/1084781-002	COMFORTDELGRO	SHA 3594H	SLH 8162D	17/02/2020	14:55	\$ 6,226.28
9							
10							
11							

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 15:48
Date Of Accident	17/02/2020 14:55
Exact Location Of Accident	TAMPINES ST 24 X ST 43
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3594H
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	WOO KUM WENG
NRIC No	SXXXX099Z
Date Of Birth	24/12/1949
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1982
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96668452
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 731 TAMPINES STREET 71 #10-123
Postcode	520731
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 * TYPE OF ACCIDENT :- HEAD TO SIDE

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	SLH8162D
Vehicle Make/Model/Colour	
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)	

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 purposes 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.

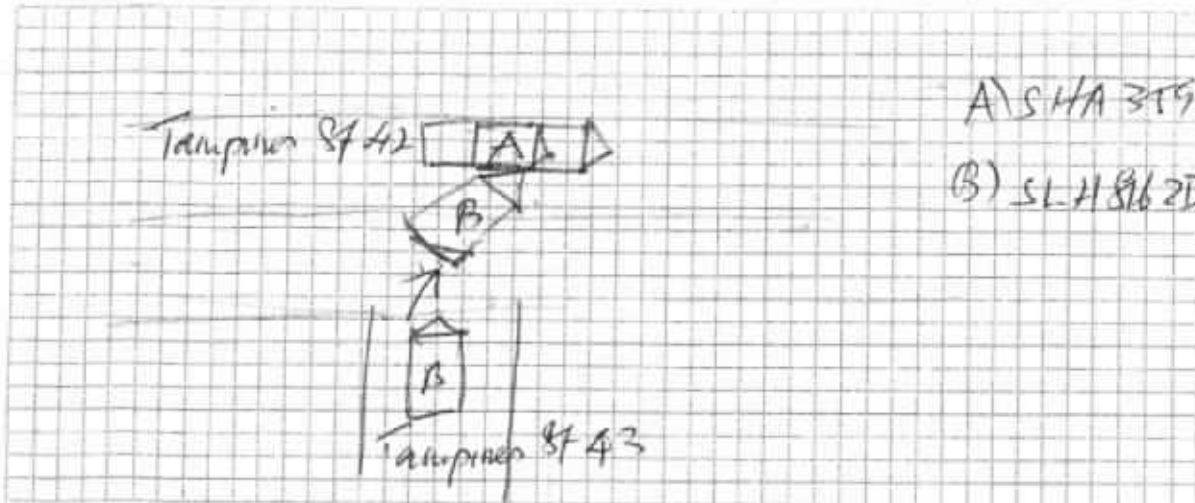
OPTIONAL: Attach a copy of the Police Report (if available)

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 17/6/20 at about 14:55hrs when I Veh A was driving at the main road, Veh B dashed out of the side road and collided onto the right rear portion of my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

member of COMFORTDELGRO

Date/Time: 17.02.2020 17:09 Page : 1

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO: 305382024
CUSTOMER COMFORT TRANSPORTATION PTE LTD VARS 7010045 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (P) (Q)		REGN NO: SHA3594H	MILEAGE
		MAKE HYUNDAI	FUEL E 1/2 F
		MODEL I-40	DATE/TIME IN 17.02.2020 15:10
		YR OF MANU 19.05.2016	TARGET DATE
		CHASSIS CODE KMHLB41UMGU089717	COMPLETION DATE/TIME
COUNT CARD NO.			

Accident Date: 17.02.2020 NATURE: 3P 17.02.2020			TAKE PHOTOGRAPH BEFORE / AFTER SPRAY PAINTING
JOB DESCRIPTION			
S/NO	LABOR CODE	DESCRIPTION	
		XTM C - Right Rear	
			

CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
No.: SHA3594H	LARRY	Vehicle No.: SHA3594H	
Signature/Date		Date	
Returned to Service Reception upon collection		To be kept by Security Guard	

REPAIR ESTIMATE*

VEHICLE NO : SHA3594H

DATE: 18. Feb. 2020

MAKE : HYUNDAI

MODEL : i40

DOA: 17. Feb. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Door – RH <i>x(R)</i>			\$1,403.00
1	Rear Door – RH <i>DD</i>			\$1,351.10
1	Rear Fender – RH <i>x(R)</i>			\$566.30
1	Rocker Panel Garnish – RH <i>x(R)</i>			\$483.60
1	Rear Bumper <i>x(R)</i>			\$553.00
1	Rear Wheel Cover – RH <i>scr</i>			\$107.10
SUB TOTAL				\$4,464.10
LESS 20%				\$892.82
DISCOUNTED TOTAL				\$3,571.28
1	Front Door ComfortDelgro Logo <i>nee</i>			\$75.00
1	Rear Door APP Logo <i>nee</i>			\$80.00
				\$155.00
Labour Charge				
1	Panel Beating			\$1,000.00 <i>\$840</i>
1	Spray Painting Charge			\$1,000.00 <i>\$200</i>
1	Wiring Charge			\$100.00 <i>\$80</i>
1	Tuff Kote			\$100.00 <i>\$80</i>
2	Transfer of Door		\$150.00	\$300.00 <i>\$160</i>
TOTAL LABOUR				\$2,500.00
ESTIMATE TOTAL				\$6,226.28

Larry Ng

UKK 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

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:

18/02/2020

Para Surveyor

28822774

Aft repair photo

(S)eparately

LIS

Our Job Ref No : 305382024

Date : 24. Feb. 2020

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

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHA3594H

Date of Accident: 17. 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 SLH8162D
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 \$2,750.00

3. Estimated normal period for repairs: 5 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 amountSignature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : RAM

Date : 25/02/2020

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		NO		
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/INC20002833/Fyf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 27-02-2020



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLH 8162D	Veh. Inspected	SHA 3594H
Policy No.	5094699783-02	Coverage (\$)	0.00
Claim No.	MT/1084781-002	Excess (\$)	0.00
Assign From		Assign Date	18/02/2020

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU089717	Colour	BLUE
Odometer	519712	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 O/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	17/02/2020	Inspection Date	18/02/2020
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:	5 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. SHA 3594H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT DOOR-RH	TO REPAIR SEE LABOUR	1,403.00	-
1	REAR DOOR-RH	DENTED	1,351.10	1,351.10
1	REAR FENDER-RH	TO REPAIR SEE LABOUR	566.30	-
1	ROCKER PANEL GARNISH-RH	TO REPAIR SEE LABOUR	483.60	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
1	REAR WHEEL COVER-RH	SCRATCHED	107.10	107.10
	LESS 20% DISCOUNT		-892.82	-291.64
			3,571.28	1,166.56
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT DOOR COMFORTDELGRO LOGO (SN)	NECESSARY	75.00	75.00
1	REAR DOOR APP LOGO (SN)	NECESSARY	80.00	80.00
			155.00	155.00
	<u>LABOUR</u>			
	PANEL BEATING,INCLUSIVE OF THE REPAIR OF FRONT DOOR-RH,REAR FENDER-RH,ROCKER PANEL GARNISH-RH AND REAR BUMPER.		1,000.00	840.00
	SPRAY PAINTING CHARGE.		1,000.00	950.00
	WIRING CHARGE.		100.00	80.00
	TUFF KOTE.		100.00	80.00
	TRANSFER OF DOOR.		300.00	160.00
	-		-	-
	-		-	-
	-		-	-
			2,500.00	2,110.00
	GRAND TOTAL		6,226.28	3,431.56

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,750.00
--	--	--	----------

Report Ref No. NS/INC20002833/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

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.