

ASS. REC. BY: RamREF: NS/INC20002834/AF3n2

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: SMG 5846C

Policy No: _____

Claims No: MT/1034872-002

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

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SM 3261CYr Regn: 08/07/2016

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

Truck / Trailer or

Make: Hyundai 140cc 1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 56425

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: BMH11841005001970

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

Harpoon

Front:

Rear:

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 17/02/2020D.O.I. 18/02/2020

Survey held at

Confidentially (Lump)

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

No Policy

N/A 2/13

L/S 38600/2 with 2 repairs CRD: 89453: 59%

Confirm on 24/02/2020 with LKE

Date/Time, File Pass to?

☐: Prell. ReportDays Of Repair: 21) 252 Typst☐: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

3

Add Fee:

☐: Site Insp (\$)☐: Interview (1\$)☐: Tech. Inve (1\$)☐: Weekend (1\$)

Survey Fee:

Transportation:

3 - RS. \$

Photos

Other

TOTAL

160

Report Format: TPLump Sum (L/S): 600

TP Claims against NTUC Income: Follow-Through Survey

Date : 24/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	1083582-002	COMFORT TRANSPORTATION PTE LTD	SHA 7884U	SHD 1224Z	09/02/2020	16:20	\$ 2,453.17
2	1084963-002	COMFORT TRANSPORTATION PTE LTD	SHA 6962J	SGD 3686Y	17/02/2020	19:55	\$ 1,529.72
3	1084696-002	COMFORT TRANSPORTATION PTE LTD	SHA 7706B	SKG 3465E	16/02/2020	11:25	\$ 2,245.56
4	1084759-002	CITYCAB PTE LTD	SHC 526P	GBC 5665J	16/02/2020	18:25	\$ 3,325.76
5	1084707-002	COMFORT TRANSPORTATION PTE LTD	SHA 5220Z	YP 4993C	14/2/2020	15:35	\$ 7,430.02
6	1084878-002	COMFORT TRANSPORTATION PTE LTD	SHD 3261C	SMG 5846C	17/2/2020	15:15	\$ 1,494.53

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SMG5846C	17 Feb 2020 / 15:15:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)

[OK](#)

sup 326 / C

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 willful 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	18/02/2020 08:23
Date Of Accident	17/02/2020 15:15
Exact Location Of Accident	JOO CHIAT RD UPP EAST COAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3261C
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	LATIFF BIN IBRAHIM
NRIC No	SXXXX507D
Date Of Birth	29/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	26/03/1984
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97934472
Fax Number	
Contact Number	
Email Address	JAGOH129@GMAIL.COM

Address	129 01-1361 BEDOK RESERVOIR ROAD
Postcode	470129
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	CHAIN COLLISION
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	4
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	SMG5846C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD NUH ABDILLAH BIN ABDUL KARIM
NRIC/Passport Number	SXXXX827J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR
No. Of Passenger (Including Driver)	

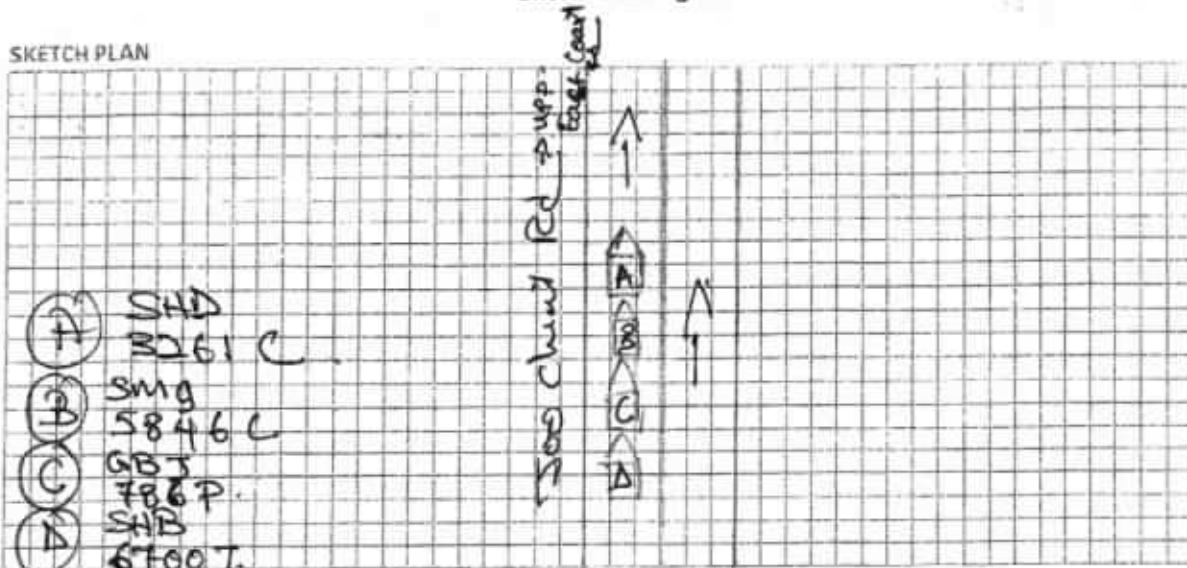
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ786P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHB6700T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 17 FEB 2020 @ 19:15 hrs. 9

VEH (A) slow down and stop suddenly.

VEH (B) from the rear hit VEH (A)

Rear: VEH C hit VEH (B) Rear VEH

(A) hit VEH C Rear. @ the point of accident - VEH (A) NO park.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

CP REG NO 100003821R

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.:

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. 199303621R

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.:





Date/Time: 18.02.2020 09:40

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305382027

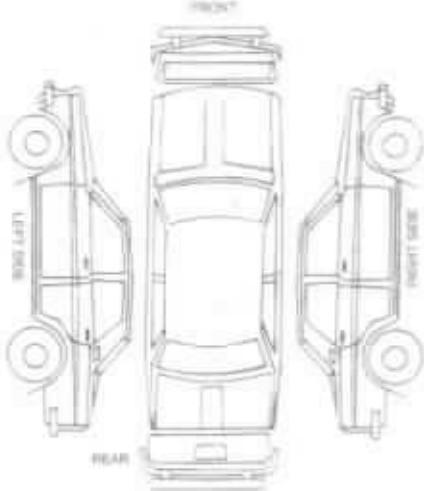
OWNER
COMFORT TRANSPORTATION PTE LTD
7010045
OWNER NO.
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO.	SHD3261C	MILEAGE
MAKE	HYUNDAI	FUEL E 1/2 F
MODEL	I-40	DATE/TIME IN 17.02.2020 15:55
YR OF MANU.	08.07.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMGU091870	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 17.02.2020
NATURE: 3P 17.02.2020

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

SHD3261C LKE Vehicle No. SHD3261C

Service Advisor Signature/Date Name of Service Advisor Date

med to Service Reception upon collection To be kept by Security Guard

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

JOB NO : 305382027
 REGN NO : SHD3261C
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 08.07.2016
 DATE/TIME IN : 17.02.2020 15:55
 ACCIDENT DATE : 17.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	553.00	20.00	442.40	x(R)
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	xm
0003 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1 L	228.00	20.00	182.40	scr
0004 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13	xm
0005 04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	1.00	50.00	xm

SUB-TOTAL : 814.53

JOB NATURE

0000 L	PANEL BEATING	350.00	\$280
0001 23-502	SPRAYPAINT ON AFFECTED AREA	250.00	\$200
0002 20-22	REMOVE/REFIX REVERSE SENSOR	80.00	\$80

SUB-TOTAL : 680.00

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:

19/2/2020
 Ram (LKK)
 18/2/2020 1310
 Parasuram@lkkauto.com
 86622778
 1/5
 Add repair photo
 2 repair photo

COMFORTDELGRO ENGINEERING PTE LTD

Date: 18.02.2020

REPAIR ESTIMATE

Time: 10:13:54

Page: 2

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

JOB NO : 305382027
REGN NO : SHD3261C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 08.07.2016
DATE/TIME IN : 17.02.2020 15:5
ACCIDENT DATE : 17.02.2020

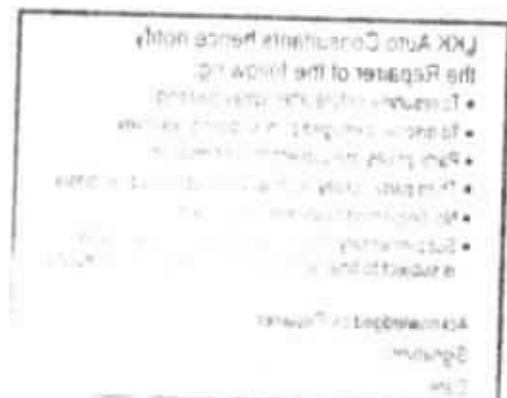
JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,494.53

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



Our Job Ref No 305382027

Date : 21.02.20

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SHD3261C CTPL

17.02.20

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

1. The repair job shall bill to: **NTUC** **SMG5846C**

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:

20%

\$600.00

Final Lumpsum Repair cost

\$600.00

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature :

Name :

Date :

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/INC20002834/Ftf3n2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 26-02-2020	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SMG 5846C	Veh. Inspected	SHD 3261C
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1084878-002	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.	KMHLB41UMGU091870	Colour	BLUE
Odometer	565425	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	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. 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:		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. SHD 3261C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	I40VC COVER ASSY-RR BUMPE	TO REPAIR SEE LABOUR	553.00	-
10	HYUNDAI BUMPER COVER CLIP	NOT NECESSARY	22.00	-
1	I40VC COVER-RR BUMPER LWR	SCRATCHED	228.00	228.00
	LESS 20% DISCOUNT		-160.60	-45.60
			642.40	182.40
NETT ITEMS				
1	HYUNDAI REVERSE SENSOR AS (N)	NOT NECESSARY	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
SPECIAL NETT ITEMS				
1	I40VC COVER PROTECTOR MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF I40VC COVER ASSY-RR BUMPE.		350.00	280.00
	SPRAYPAINT ON AFFECTED AREA.		250.00	200.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	80.00
			680.00	560.00
GRAND TOTAL			1,494.53	742.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				600.00

Report Ref No. NS/INC20002834/Ftf3n2

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.