

ASS. REC. BY: Ram

REF: NS/INC 20602977/Fsf 302

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: PA 8595C

Policy No. _____

Claims No. MT/1085091-002

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: SHC8573A Yr Regn: 10/12/2015

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

Truck / Trailer or

Make: Hyundai 120 c.c 1685

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

Sp. Reading: 661161 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: kmH841umg002285

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. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 20/2/2020 07:05 D.O.I. 20/2/2020

Survey held at comfort+degre (Lovers)

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

SHC 8573A - CC3/AIG/10/6/23/11/15/1K2: D.M-06/09/2011

PA 8595C - X

L/S: \$1000/- with 3 repair days

(\$ 3,621.74 Red - 48%)

Confirm on 26/02/2020 with LIMITS

RECEIVED 27 FEB 2020

26/2/2020

Date/Time, File Pass to?

27/02/20

1) Typ: sf

Date/Time, File Return to?

2)



: Prel. Report



: Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Insp (\$)



: Weekend (\$)

Survey Fee:

160

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

160

Report Format:

Lump Sum / L.P.R (\$ 4,000/- 45)

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							

Team: ARC Repair TP(CLSO)

Sales Order:

3053827

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

SHC8573A

HYUNDAI

I-40

10.12.2015

KMHLB41UMGU082885

305382722

20.02.2020 11

Accident Date: 20.02.2020

NATURE: 3P 20.02.2020

S/NO	LABOR CODE	DESCRIPTION
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SHC8573A

LIMITS

SHC8573A

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	20/02/2020 13:27
Date Of Accident	20/02/2020 07:05
Exact Location Of Accident	UPP JURONG RD TWDS ST 93
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8573A
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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	S HARON BIN SHAIK DAWOOD
NRIC No	SXXXX035I
Date Of Birth	14/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1992
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94564877
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 786F WOODLANDS DRIVE 60 #02-05
Postcode	736786
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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	PA8595C
Vehicle Make/Model/Colour	PRIVATE BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

S HARON BIN SHAIK DAWOOD

Approximate Age

Injuries Sustain

NECK, BACK AND SHOCK

Injured person in which vehicle?

SHC8573A

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 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. 15920521R

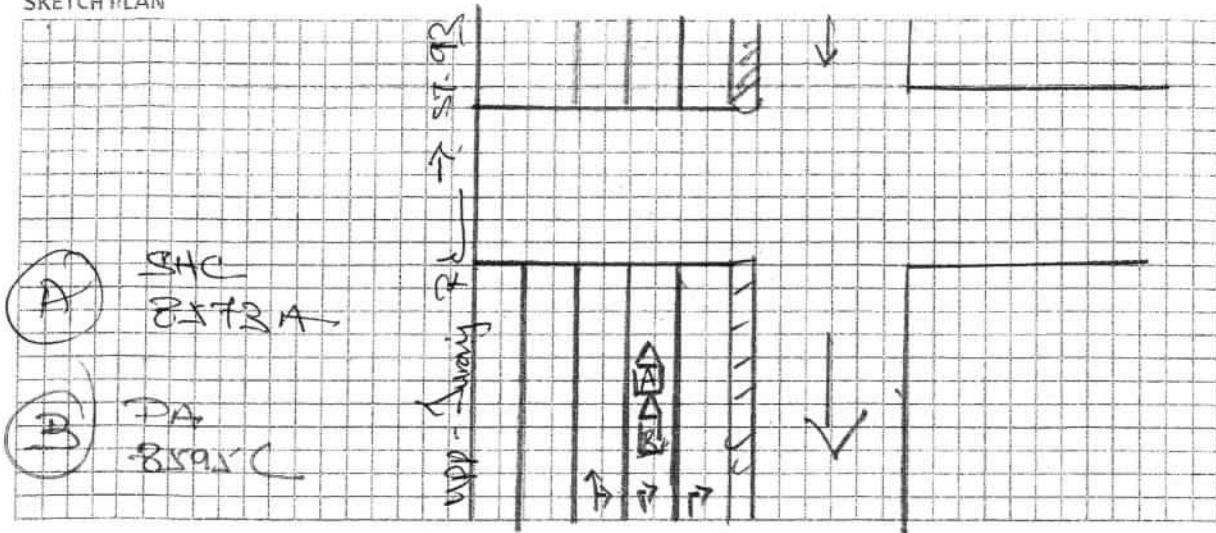
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20 Feb 2020 @ 07.05 hr I vert (A)
 slow down and stop. few seconds later
 vert (B) from the Rear hit vert (A)
 @ the point accident vert (A) ferry
 a male, 44x not injured.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 300303021R

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

LKK - Ram

DATE: 20.02.2020

P1/2

MODEL: Hyundai i40 (Rear)

INSURANCE: NTUC (LHS)

VEH NO.: SHC8573A

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	LIST PRICE	
	Boot Lid <i>BUC</i>	1		\$2,174.90	
	Boot Lid Hinge (LH/RH) <i>1 xnn</i>	2	\$142.30	\$284.60	
	Boot Lid Lock Upper <i>xnn</i>	1		\$102.60	
	Boot Lid Lock Lower <i>xnn</i>	1		\$31.70	
	Bootlid i40 Emblem <i>nee</i>	1		\$27.90	
	Boot Lid 'H' Emblem <i>nee</i>	1		\$28.70	
	Boot Lid CRDI Plate <i>nee</i>	1		\$27.90	
	Boot Lid Lamp (LH/RH) <i>xnn</i>	2	\$565.60	\$1,131.20	
	Licence Lamp (LH/RH) <i>xnn</i>	2	\$33.95	\$67.90	
	Bootlid Moulding <i>xnn</i>	1		\$85.00	
	Bootlid Lower Garnish <i>xnn</i>	1		\$227.90	
	Rear Bumper <i>nee</i>	1		\$553.00	
	Rear Bumper Reinforcement <i>xnn</i>	1		\$428.40	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>xnn</i>	2	\$80.30	\$160.60	
	Rear Bumper Clip 10 pcs <i>nee</i>	10		\$22.00	
	Rear Bumper Bracket <i>xnn</i>	2	\$35.60	\$71.20	
	Rear Bumper Sponge <i>xnn</i>	1		\$103.50	
	Rear Bumper Under Cover <i>scr</i>	1		\$228.00	
	Rear Bumper Reflector Lamp (LH/RH) <i>xnn</i>	2	\$30.60	\$61.20	
	Tail Lamp (LH/RH) <i>cha</i>	2	\$697.80	\$1,395.60	
				<i>3565.92</i>	
	SUB TOTAL			\$7,213.80	
	LESS 20%			\$1,442.76	
	DISCOUNTED TOTAL			\$5,771.04	
	Boot Lid ComfortDelGro Sticker <i>nee</i>	1		\$30.00	Nett
	Boot Lid 65521111 Sticker <i>nee</i>	1		\$30.00	Nett
	Rear No.Plate W/Trim Cover <i>xnn</i>	1		\$55.00	Nett
	Rear Bumper Reverse Sensor <i>xnn</i>	1		\$135.70	Nett
	Boot Lid Advertisement Logo <i>nee</i>	1		\$100.00	Nett
	Rear Bumper Advertisement Logo <i>nee</i>	1		\$50.00	Nett
	Rear Bumper Rubber Mat <i>nee</i>	1		\$50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>nee</i>	2		\$100.00	Nett
	NETT TOTAL			\$550.70	
	SPARE PARTS TOTAL			\$6,321.74	

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305382722
Date : 24/02/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHC8573A

Date of Accident : 20-Feb-20

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

1. The repair job shall bill to: NTUC --- PA8595C

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%

Final Lumpsum Repair cost

\$4,000.00

\$4,000.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : RAM

Date : 26/02/2020

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/INC20002977/Fsf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 02-03-2020	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	PA 8595C	Veh. Inspected	SHC 8573A	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1085091-002	Excess (\$)	0.00	
Assign From		Assign Date	20/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU082885	Colour	BLUE	
Odometer	661101	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	20/02/2020	Inspection Date	20/02/2020	
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8573A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	BUCKLED	2,174.90	2,174.90
2	BOOT LID HINGE (LH/RH) @\$142.30	NOT NECESSARY	284.60	-
1	BOOT LID LOCK UPPER	NOT NECESSARY	102.60	-
1	BOOT LID LOCK LOWER	NOT NECESSARY	31.70	-
1	BOOTLID I40 EMBLEM	NECESSARY	27.90	27.90
1	BOOT LID 'H' EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
2	BOOT LID LAMP (LH/RH) @\$565.60	NOT NECESSARY	1,131.20	-
2	LICENCE LAMP (LH/RH) @\$33.95	NOT NECESSARY	67.90	-
1	BOOTLID MOULDING	NOT NECESSARY	85.00	-
1	BOOTLID LOWER GARNISH	NOT NECESSARY	227.90	-
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	NOT NECESSARY	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	NOT NECESSARY	71.20	-
1	REAR BUMPER SPONGE	NOT NECESSARY	103.50	-
1	REAR BUMPER UNDER COVER	SCRATCHED	228.00	228.00
2	REAR BUMPER REFLECTOR LAMP (LH/RH) @\$30.60	NOT NECESSARY	61.20	-
2	TAIL LAMP (LH/RH) @\$697.80	CRACKED	1,395.60	1,395.60
	LESS 20% DISCOUNT		-1,442.76	-891.60
			5,771.04	3,566.40
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORTDELGRO STICKER (SN)	NECESSARY	30.00	30.00
1	BOOT LID 65521111 STICKER (SN)	NECESSARY	30.00	30.00
1	REAR NO. PLATE W/TRIM COVER (SN)	NOT NECESSARY	55.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	BOOT LID ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00

Report Ref No. NS/INC20002977/Fsf3e2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) (SN)	NECESSARY	100.00	100.00
			550.70	360.00
	LABOUR			
	PANEL BEATING.		600.00	560.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		40.00	40.00
	TUFF KOTE.		40.00	40.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	60.00
			1,300.00	1,100.00
GRAND TOTAL			7,621.74	5,026.40

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,000.00
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Report Ref No. NS/INC20002977/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

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