

ASS. REC. BY:

Rqm

REF:

NS/IN(20003038 / Fv f302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

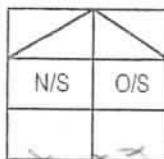
Insured: SMD 6589DPolicy No. 5113221369 (11/10/2019 - 11/10/2020)Claims No. MT/1085154 - 002

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 Report: _____ 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: SAC 80494 Yr Regn: 06/05 / 2015Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mercedes BENZ E220 C.C. 2143Colour: white A/C: Insured / Std / NI / NASp. Reading: 633941 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2120012B158071Gen. Cond: Good (Fair) Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modi: NH / S/Rim / STD A/Rim or _____Tyre Size: F: 225/55 R16

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 19/02/2020 D.O.I. 21/02/2020Survey held at Comfort delgro (Lorans)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

SAC 80494 - (C3/AXA 130/6340/M/Rm 303) DUA - 31/03/2013
SMD 6589D - X

RECEIVED 27 FEB 2020

L/S: \$1700/- with 2 repair days (Red 1153.00, 40%)

confirm on 25/02/2020 with LMTS

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2) X6/2 - typistDays Of Repair: 2Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

TOTAL

160

160

Report Format: TPLump Sum / L.S. (\$ 1700/-)

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							

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/02/2020 11:00"/>
Vehicle No.(For Motor)	<input type="text" value="SMD6589D"/>	Certificate Number	<input type="text"/>

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"/>	5113221369		LEE CHOON KWEE	S1204409G	GPC	drivo CLASSIC	SMD6589D	SMD6589D	12/10/2019	11/10/2020

Continue

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHC8049Y
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Feb 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E220 BLUETEC
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	65192432708419
Chassis No.:	WDD2120012B158071
Maximum Power Output:	130.0 kW (174 bhp)
Open Market Value:	\$43,891.00
Original Registration Date:	06 May 2015
First Registration Date:	06 May 2015
Transfer Count:	0
Actual ARF Paid:	\$38,448.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 May 2023
PARF Rebate Amount:	\$28,836.00
Intended COE Rebate Details	
COE Expiry Date:	05 May 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,756.00
COE Rebate Amount:	\$20,281.00
Total Rebate Amount:	\$49,117.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 24 Feb 2020

OK

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 16:32
Date Of Accident	19/02/2020 18:05
Exact Location Of Accident	WHITLEY RD B4 EXIT OF PIE(TUAS EXIT) LAMPOST 74
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8049Y
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	MERCEDES-BENZ
Model	E220

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	ANG BOON THEAN (HONG WENTENG)
NRIC No	SXXXX645D
Date Of Birth	14/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2000
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97908967
Fax Number	
Contact Number	
EMail Address	FALANC@GMAIL.COM

Address	BLK 501B YISHUN STREET 51 #06-476
Postcode	762501
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	3
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200220/2078

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	SMD6589D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	TIMOTHY TAN
NRIC/Passport Number	
Contact Number	93830733
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT & REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE3442M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AW CHIN PAH
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT & REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XD2691L
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
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG BOON THEAN (HONG WENTENG)
Approximate Age	
Injuries Sustain	NECK SPRAIN
Injured person in which vehicle?	SHC8049Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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. 189303821R

Policyholder's Signature
Date & Time:

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

Shah 20/02/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A SHC 8049Y	A	
B SMD 6571D	B	
C GBE 3442M	C	
D XD 2691L	D	

Whitby Road towards PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS attached police report no: 7/20200220/2078

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199312821R

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.:



**SINGAPORE
POLICE FORCE**



T/20200220/2078

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20200220/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2020 13:58	Vide Report No.:	Station Diary No.: 57
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ANG BOON THEAN			Address: APT BLK 501B YISHUN STREET 51 #06-476 SINGAPORE 762501		
ID Type / ID No.: NRIC NO / S7614645D			Contact No.: Home/Office: Mobile: 97908967		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 14/05/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/02/2020 18:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 WHITLEY ROAD PAN ISLAND EXPRESSWAY Whitley Road, before the exit of Pan Island Expressway (Tuas Exit) Lamp Post Number: 74				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE3442M	Lorry					0
SHC8049Y	Car				Slightly Damaged	2
SMD6589D	Car					0
XD2691L	TIPPER TRUCK					0



**SINGAPORE
POLICE FORCE**



T/20200220/2078

2 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20200220/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AW CHIN PAH	ID No.	S7529125F
Related Vehicle	GBE3442M (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ANG BOON THEAN	ID No.	S7614645D
Related Vehicle	SHC8049Y (Car)	Contact No.	97908967
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/02/2020	Date Discharge	20/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TIMOTHY TAN	ID No.	NIL
Related Vehicle	SMD6589D (Car)	Contact No.	93830733
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/02/2020 at about 1805hrs, I was driving my taxi along Whitley Road left lane, before the exit of Pan Island Expressway (Tuas Exit), with 2 passengers in my taxi. The road was dry and the traffic was moderate. At that juncture, I saw a car that had stopped in front of me and I managed to stop in time. However, I felt two bangs from the rear and got down to take a look. I then saw that there was a chain accident which involved my taxi, another car and a lorry. The lorry had collided onto a car behind me, which resulted in the car banging onto my taxi. My passengers were alright. However, I felt neck sprain and went to seek medical attention. I was then given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20200220/2078

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 4

Report No. T/20200220/2078

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200220/2078

4 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20200220/2078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

L /

Sgt 2 BENJAMIN TAN CHAO FENG

Signature Of Informant:

Francis

Signature Of Interpreter:

Not applicable

Date/Time:

20/02/2020 13:58

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168

member of COMFORTDELGRO

Date/Time: 21.02.2020 08:29 Page 1

am: ARC Repair TP(CLSO)

JOB CARD

Sales Order: 3993372

305382726
JC NO.:

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

REGN NO.:	SHC8049Y	MILEAGE
MAKE:	MERCEDES-BENZ	FUEL
MODEL	E220CDI(E6)	19.02.2020 19:15
YR OF MANU.	06-05-2015	TARGET DATE
CHASSIS CODE	WDD2120012B158071	COMPLETION DATE/TIME:

(R)
(P)

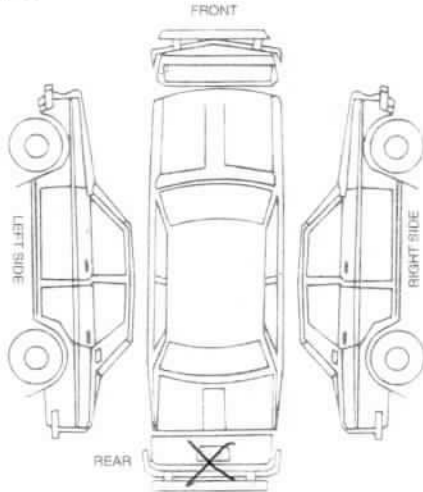
UNT CARD NO.

cident Date: 19.02.2020
ATURE: 3P 19.02.2020

JOB DESCRIPTION

4S
LKK-Ram
NTUC-SMD 6589D

NO	LABOR CODE	DESCRIPTION
10070	PB	PANEL BEATING
10080	SP	SPRAYPAINT CHARGE
10090	L	R/I REVERSE SENSOR
10100	23-01	TOWING FEE



KED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip	Exit Pass
SHC8049Y	Vehicle No.: SHC8049Y
do.:	
Service Advisor	Signature/Date
Name of Service Advisor	Date
turned 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 : 305382726
 REGN NO : SHC8049Y
 MILEAGE : 0000000000
 MAKE : MERCEDES BENZ
 MODEL : E220CDI(E6)
 DATE OF REGN : 06.05.2015
 DATE/TIME IN : 19.02.2020 19:15
 ACCIDENT DATE : 19.02.2020

NTUC-4S
 LKK - Ram

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0202-2282-G	REAR BUMPER ASSY	1	1,510.00	20.00	1,208.00	CR
0002 04-01-0202-2283-G	REAR BUMPER LOWER COVER	1	325.00	20.00	260.00	XUN
0003 04-01-0202-3986-G	BUMPER BRACKET RR/RH	1	135.00	20.00	108.00	XUN
0004 04-01-0202-3886-G	BUMPER BRACKET RR/LH	1	135.00	20.00	108.00	XUN
0005 09-01-0299-2005-A	REVERSE SENSOR	1	388.00	10.00	349.20	Sc
0006 04-01-0103-1150-A	REAR BUMPER Plate Garnish	1	50.00		50.00	DD

SUB-TOTAL : 2,083.20

JOB NATURE

0000 PB	PANEL BEATING	400.00	\$360
0001 SP	SPRAYPAINT CHARGE	250.00	\$200
0002 L	R/I REVERSE SENSOR	120.00	\$90
0003 23-01	TOWING FEE	0.00	

SUB-TOTAL : 770.00

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:

25/2/2020
 Ram (LKK)
 -1530hrs 21/02/2020
 Ram@lkk.com
 @lkkphoto
 2 days

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.02.2020

REPAIR ESTIMATE

Time: 08:33:43

Page: 2

NTUC-45
LKK-Ram

TS

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

JOB NO : 305382726
REGN NO : SHC8049Y
MILEAGE : 0000000000
MAKE : MERCEDES BE
MODEL : E220CDI(E6)
DATE OF REGN : 06.05.2015
DATE/TIME IN : 19.02.2020 19:1
ACCIDENT DATE : 19.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,853.20

Limfs

MVA NAME & SIGNATURE
DATE :

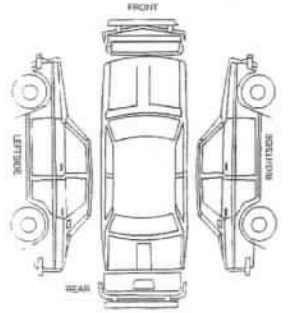
AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE
DATE :



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition	
Date: 19/12/20 Time Received: 1915	
<input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis	
Name of Customer :	
Contact No. : 97908967	
Vehicle No. : SHC8049Y	
Make / Model / Colour :	
Email :	
3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
6. Parts Replaced/Remarks:	
7. Location: 501 Yeshu St	
8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:	
10. Odometer Reading : Fuel Level : F 1/4 1/2 3/4 E	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Job Attended	
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : HAZAM Vehicle No. : Y255663 Time Dispatch : 1915 Time of Arrival : 1945 Time Completed :	
13. Cash Invoice No. :	
14. WORKSHOP	



: Cracked X : Dented
/ : Scratched O : Missing

Signature of Customer

Cash Invoice Details (if applicable)

Customer Acknowledgement

1. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
2. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
3. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

19/12/20 1945
Date Time Signature of Customer

14. WORKSHOP
Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard

Our Job Ref No : 305382726

Date : 24/02/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHC8049Y

Date of Accident : 19-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 --- SMD6589D

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% \$1,700.00

Final Lumpsum Repair cost \$1,700.00

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 T S

Tel : 62148398

Fax : 65468156

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/INC20003038/Fvf3e2				
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.	SMD 6589D	Veh. Inspected	SHC 8049Y	
Policy No.	5113221369	Coverage (\$)	0.00	
Claim No.	MT/1085154-002	Excess (\$)	0.00	
Assign From		Assign Date	21/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ E220	c.c	2143	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	WDD2120012B158071	Colour	WHITE	
Odometer	633947	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/55 R16	WEST LAKE	8 mm	
L/H Front Tyre	225/55 R16	WEST LAKE	8 mm	
R/H Rear Tyre	225/55 R16	WEST LAKE	8 mm	
L/H Rear Tyre	225/55 R16	WEST LAKE	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	19/02/2020	Inspection Date	21/02/2020	
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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8049Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER ASSY	CRACKED	1,510.00	1,510.00
1	REAR BUMPER LOWER COVER	NOT NECESSARY	325.00	-
1	BUMPER BRACKET RR/RH	NOT NECESSARY	135.00	-
1	BUMPER BRACKET RR/LH	NOT NECESSARY	135.00	-
	LESS 20% DISCOUNT		-421.00	-302.00
			1,684.00	1,208.00
	<u>NETT ITEMS</u>			
1	REVERSE SENSOR (N)	SHORT CIRCUIT	388.00	388.00
	LESS 10% DISCOUNT		-38.80	-38.80
			349.20	349.20
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER PLATE GARNISH (SN)	DENTED	50.00	50.00
			50.00	50.00
	<u>LABOUR</u>			
	PANEL BEATING.		400.00	360.00
	SPRAYPAINT CHARGE.		250.00	200.00
	R/I REVERSE SENSOR.		120.00	80.00
	TOWING FEE. (NPA)		-	-
			770.00	640.00
	GRAND TOTAL		2,853.20	2,247.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,700.00

Report Ref No. NS/INC20003038/Fvf3e2

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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