

ASS. REC. BY:

Rm

REF:

NSI/NC 20003119 / Fg 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: SJS 10583

Policy No. 5054848382-07 (13/07/2019-23/07/2020)

Claims No. M7/1085604-A7

Sum Insured:

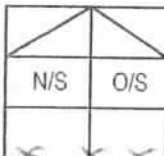
Excess:

(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:

3

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:

SHB 66924

Yr Regn:

24/10 / 2013

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

Truck / Trailer or

Make:

mercedes benz viano

c.c

2143

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

852834

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDF639 81323810048

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:

225/50 R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

22/02/2020

D.O.I.

24/02/2020

Survey held at

Confidential (Loyang)

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

SHB 66924-X

SJS 10583 - CC4 / Asm 180 / 11961 / M613xx Don - 27/06/20A

RECEIVED 11 MAR 2020

LIS: \$3500/- with 3 repair days (Red 120745, 2672)

confirmation on 2/3/2020 with charging.

Date/Time, File Pass to?



: Prel. Report

1) 10/3 thurs



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Survey Fee:

160

Transportation:

S + RS, SI

Photos

Others

TOTAL

160

Report Format:

TP

Lump Sum / L&L (\$

3500

TP Claims against NTUC Income: Follow-Through Survey

Date : 2/3/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1076772-002	COMFORT TRANSPORTATION PTE LTD	SHD 3240M	SJU 5914B	22/12/2019	14:25	\$ 1,538.88
2	MT/1086520-001	COMFORT TRANSPORTATION PTE LTD	SHC 3240T	SLR 2849T	21/2/2020	14:35	\$ 2,269.27
3	MT/1085476-002	COMFORT TRANSPORTATION PTE LTD	SHD 3590C	SJT 626X	22/2/2020	18:20	\$ 3,621.07
4	MT/1085995-002	COMFORT TRANSPORTATION PTE LTD	SHC 8642J	SJH 4591Z	25/2/2020	7:30	\$ 1,494.53
5	MT/1085604-002	COMFORT TRANSPORTATION PTE LTD	SHB 6692H	SJS 1058J	22/2/2020	16:35	\$ 4,702.45
6	MT/1085574-002	COMFORT TRANSPORTATION PTE LTD	SHC 2402A	GY 7954L	24/2/2020	11:30	\$ 3,707.04

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

22/02/2020 10:35

Vehicle No.(For Motor)

SJS1058J

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5054898382-07		MASLINDA BINTI SABTU	S8324104G	GPC	drivo CLASSIC	SJS1058J	SJS1058J	18/07/2019	28/07/2020

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	24/02/2020 07:31
Date Of Accident	22/02/2020 16:35
Exact Location Of Accident	SENGKANG WEST RD FRM YIO CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6692H
-----------------------------	----------

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	MERCEDES-BENZ
Model	VIANO

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	TAN CHWEE HAI
NRIC No	SXXXX770A
Date Of Birth	30/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	04/04/2000
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81811816
Fax Number	
Contact Number	
EMail Address	RONDE736@GMAIL.COM

Address	441D #09-339 FERNVALE ROAD
Postcode	794441
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

SEE ATTACH.

Attachment(s)

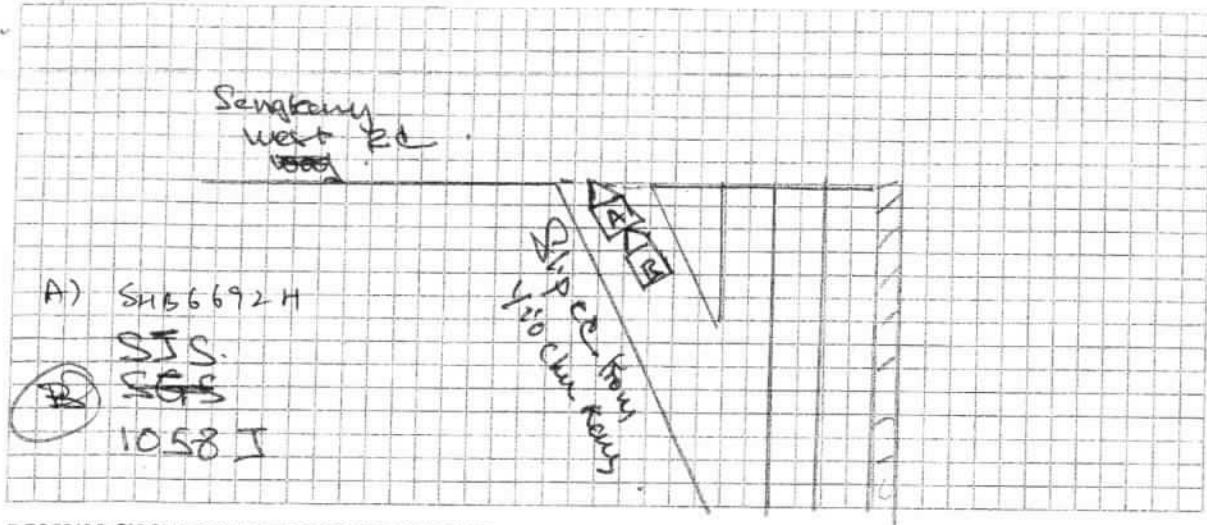
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS1058J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MAZLINDA
NRIC/Passport Number	
Contact Number	94479865
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 22 Feb 20 @ 16.35 hrs I went (A)

slowdown and stop @ the above location.

Suddenly went (R) from the Rear lot went

(A) Rear @ the point of accident

Went (A) NO PHE.

DECLARATION

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

JOHNSON TRANSPORTATION FTEV X.

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.:

GP140 SketchPlanForm_1/0

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:

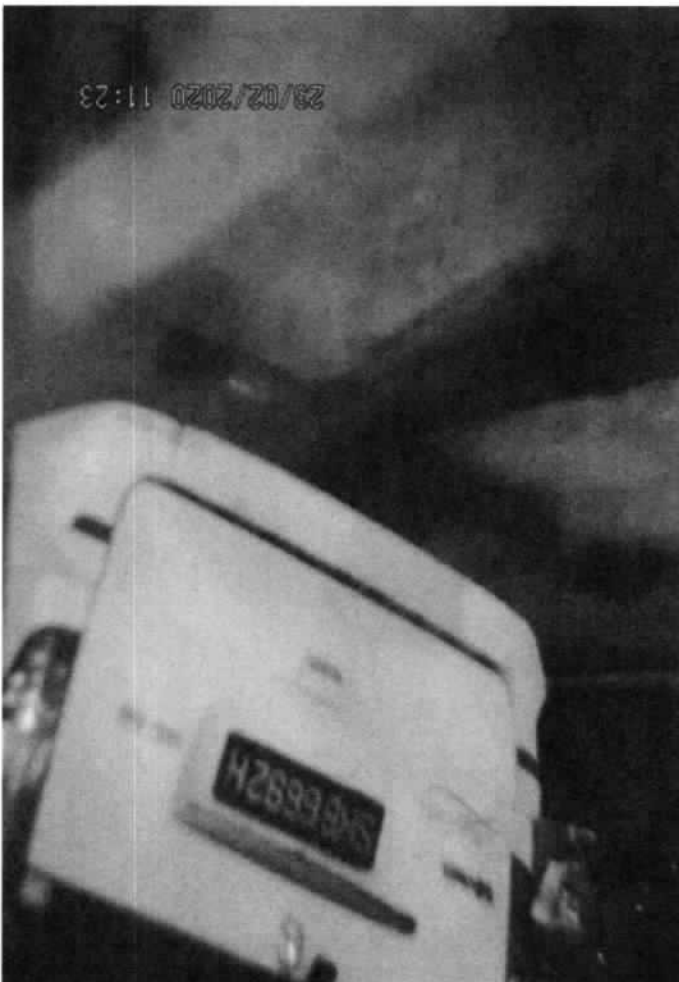
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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. 199303821R

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.:



A member of COMFORTDELGRO
Team: ARC Repair TP(CLSO)

JOB CARD

Sales Order: 305383038
JC NO.:

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

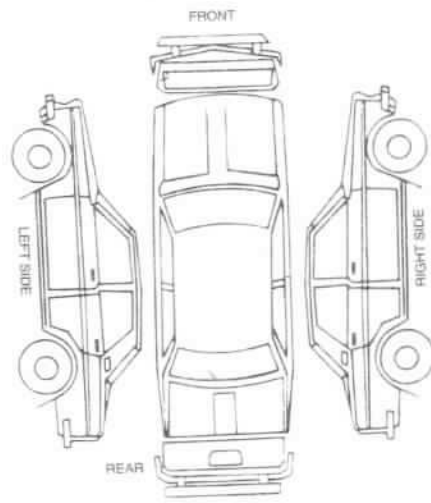
REGN NO.:	SHB6692H	MILEAGE
MAKE :	MERCEDES BENZ	FUEL
MODEL	VIANO CDI 2.2L	25.02.2020 10:00 DATE/TIME IN
YR OF MANU.	24.10.2013	TARGET DATE
CHASSIS CODE	WDR63981323810048	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.02.2020
NATURE: ACCIDENT REPAIR (AR)

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:
/C No.: SHB6692H
Vehicle No.:

Exit Pass

Vehicle No.: SHB6692H

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO SHB6692H

22/02/20

MAKE :

CHIANG /NTUC

MODEL VIANO

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	TAILGATE ASSY <i>DD</i>			\$1,975.99
1	TAILGATE TRIM <i>xm</i>			\$160.00
1	TAILGATE MERC TSTAR LOGO <i>neo</i>			\$39.00
1	TAILGATE CDI LOGO <i>neo</i>			\$39.00
1	TAILGATE 212 <i>neo</i>			\$39.00
1	TAILGATE VIANO LOGO <i>neo</i>			\$39.00
1	TAILGATE LOCK <i>xm</i>			\$136.70
1	TAILGATE LOCK OUTER HANDLE <i>xm</i>			\$87.70
1	TAILGATE STEP GARNISH <i>* xxx xm</i>			\$52.17
1	REAR BUMPER <i>DEF</i>			\$686.00
1	REAR BUMPER SIDE LH <i>DEF</i>			\$236.00
	SUB TOTAL			\$3,490.56
	LESS 20%			\$698.11
				\$2,792.45
1	REVERSE SENSOR <i>Ram</i>			\$388.00
2	BUMPER MAT <i>xm</i>			\$50.00
1	SEALANT <i>neo</i>			\$46.00
	MAXICAB STICKER <i>neo</i>			\$30.00
				\$514.00
	Labour Charge			
	Panel Beating			\$1,080.00
	Spray Painting Charge			\$600.00
	Check Wiring			\$60.00
	Transfer Part to Tail Gate .			\$90.00
	Remove/refix reverse sensor			\$80.00
	TOTAL LABOUR			\$1,910.00
	ESTIMATE TOTAL			\$4,702.45
				<i>\$216.45</i>
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.				

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:

3 repair days

Ram (KKE)
24/2/2020 1320
Pate Surin@kkrmate.com
65627778
(4/5)
not repair photo

Our Job Ref No : 305383038
Date : 28/02/20

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

FINALIZATION FORM

To : LKK
Attn : RAM
: SHB6692H

Fax :

22/02/2020

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


1. The repair job shall bill to: NTUC SJS1058J
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 \$3,500.00

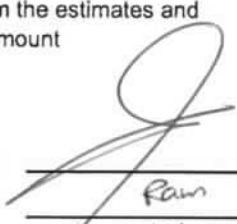
3. Estimated normal period for repairs: 3 working days.

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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Ram
Date : 2/3/2022

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/INC20003119/Fqf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 12-03-2020	
Code: INC4				
1.	Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	SJS 1058J	Veh. Inspected	SHB 6692H
	Policy No.	5054898382-07	Coverage (\$)	0.00
	Claim No.	MT/1085604-002	Excess (\$)	0.00
	Assign From		Assign Date	24/02/2020
2.	Vehicle Particulars & Condition			
	Make & Model	MERCEDES BENZ VIANO	c.c	2143
	Engine No.	HIDDEN	Year of Reg.	2013
	Chassis No.	WDF63981323810048	Colour	WHITE
	Odometer	852834	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	FAIR		
3.	Conditions of Tyres			
		Size	Make	Balance
	R/H Front Tyre	225/50 R16	PIRELLI	7 mm
	L/H Front Tyre	225/50 R16	PIRELLI	7 mm
	R/H Rear Tyre	225/50 R16	PIRELLI	7 mm
	L/H Rear Tyre	225/50 R16	PIRELLI	7 mm
4.	Description of Damages			
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5.	General Information			
	Accident Date	22/02/2020	Inspection Date	24/02/2020
	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. SHB 6692H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILGATE ASSY	DENTED	1,975.99	1,975.99
1	TAILGATE TRIM	NOT NECESSARY	160.00	-
1	TAILGATE MERC TSTAR LOGO	NECESSARY	39.00	39.00
1	TAILGATE CDI LOGO	NECESSARY	39.00	39.00
1	TAILGATE 212	NECESSARY	39.00	39.00
1	TAILGATE VIANO LOGO	NECESSARY	39.00	39.00
1	TAILGATE LOCK	NOT NECESSARY	136.70	-
1	TAILGATE LOCK OUTER HANDLE	NOT NECESSARY	87.70	-
1	TAILGATE STEP GARNISH	NOT NECESSARY	52.17	-
1	REAR BUMPER	DEFORMED	686.00	686.00
1	REAR BUMPER SIDE LH	DEFORMED	236.00	236.00
	LESS 20% DISCOUNT		-698.11	-610.80
			2,792.45	2,443.19
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR (SN)	DAMAGED	388.00	388.00
2	BUMPER MAT (SN)	NOT NECESSARY	50.00	-
1	SEALANT (SN)	NECESSARY	46.00	46.00
1	MAXICAB STICKER (SN)	NECESSARY	30.00	30.00
			514.00	464.00
<u>LABOUR</u>				
	PANEL BEATING.		1,080.00	800.00
	SPRAY PAINTING CHARGE.		600.00	550.00
	CHECK WIRING.		60.00	60.00
	TRANSFER PART TO TAIL GATE.	NOT NECESSARY	90.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	80.00
			1,910.00	1,490.00
GRAND TOTAL			5,216.45	4,397.19
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,500.00

Report Ref No. NS/INC20003119/Fqf3e2

Report Ref No. NS/INC20003119/Fqf3e2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

A handwritten signature in black ink, appearing to be "K.K. LAU".

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.