

ASS. REC. BY: PamREF: NS/INC20003128/Fvd3er

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

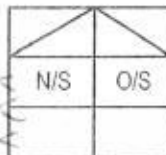
Insured: SLI 9580MPolicy No. 5096496520-02 (30/12/19-29/12/2020)Claims No. MT/1085416-002

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD3398SYr Regn: 28/07/2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 140

c.c 1685

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 552495

T/Radio: Insured / Std / NI / NA

Eng/No: _____

Chassis No: KMHLEB410M5U093229

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

Van Kook

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 22/02/2020D.O.I. 24/02/2020Survey held at comptelabs (wong)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

SHD3398S - NA/INC20003020/h4SLI 9580M - NA/INC20003020/h4

RECEIVED 09 MAR 2020

L/S: \$1350/- with 3 repair days CRd 4780-40, 78bconfirm on 5/3/2020 with Larry

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 6/3 - typist

Report Format:

TP

Lump Sum / L.S. / G:

1350/2Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

160

Transportation:

S + RS: \$

Photos

Others

TOTAL

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 6/3/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1085996-002	COMFORT TRANSPORTATION PTE LTD	SHA 4610M	SBV 32T	26/2/2020	13:55	\$ 4,085.97
2	MT/1083320-002	COMFORT TRANSPORTATION PTE LTD	SHD 3430G	SGS 830M	6/2/2020	8:20	\$ 2,238.53
3	MT/1077851-002	COMFORT TRANSPORTATION PTE LTD	SH 9890X	SLB 9544K	29/12/2019	10:50	\$ 2,098.53
4	MT/1086221-002	COMFORT TRANSPORTATION PTE LTD	SHA 5868E	SGU 2306L	28/2/2020	9:10	\$ 2,566.48
5	MT/1085416-002	COMFORT TRANSPORTATION PTE LTD	SHD 3398S	SLJ 9580M	22/2/2020	3:30	\$ 6,130.40

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="22/02/2020 12:51"/>
Vehicle No.(For Motor)	<input type="text" value="SLJ9580M"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5096496520-02		LIM CHIN HUAT	S1334595C	GPC	drivo CLASSIC	SLJ9580M	SLJ9580M	30/12/2019	29/12/2020

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	22/02/2020 10:01
Date Of Accident	22/02/2020 03:30
Exact Location Of Accident	TRAS ST BF OASIA HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3398S
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	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	HO WEI HSIEN
NRIC No	SXXXX116C
Date Of Birth	18/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1988
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96260492
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 95 GEYLANG BAHRU #06-3132
Postcode	330095
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	SIDE SWIPE
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)	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

PLS REFER TO 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	SLJ9580M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT

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 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 Purpose
- (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.

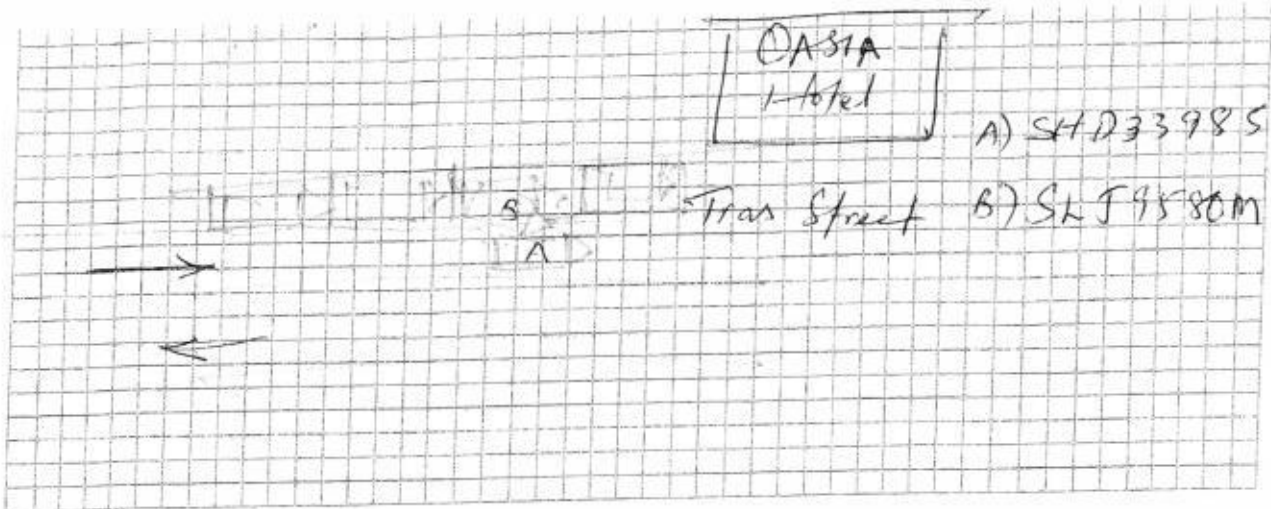
COMFORT TRANSPORTATION PTE LTD
CORPORATE SECRETARY

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/7/20 at about 0330hr when I Veh A was driving along the driveway, Veh B that was parked on the extreme left of the road, suddenly started from stationary position and collided onto the left rear portion of my moving vehicle.

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
 (INCORPORATED IN SINGAPORE)

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.:

1.00 SketchPlanForm_V3

Date/Time: 22.02.2020 11:57

Page : 1

A member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305383036

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

/MS

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(O)

(F)

(P)

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.02.2020

NATURE: 3P 22.02.2020

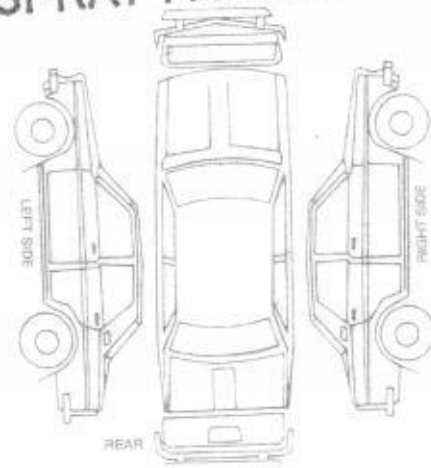
S/NO

LABOR CODE

DESCRIPTION

NTUC - Left Rear
LKK /

TAKE PHOTOGRAPH
~~BEFORE~~ AFTER
SPRAY PAINTING



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Ref:

No.:

File No.:

SHD3398S

LARRY

Vehicle No.:

SHD3398S

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

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD3398S

DATE: 24. Feb. 2020

MAKE : HYUNDAI

MODEL : i40

DOA: 22. Feb. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Door – LH			\$2,201.10
1	Rear Fender – LH			\$2,171.40
1	Rear Bumper			\$553.00
SUB TOTAL				\$4,925.50
LESS 20%				\$985.10
DISCOUNTED TOTAL				\$3,940.40
1	Rear Bumper Rubber Mat			\$50.00
Nett				\$50.00
Labour Charge				
1	Panel Beating			\$900.00
1	Spray Painting Charge			\$750.00
1	Tuff Kote			\$80.00
1	Wiring Charge			\$80.00
1	Transfer of Door			\$150.00
1	Remove/refix Reverse Sensor			\$100.00
TOTAL LABOUR				\$2,060.00
ESTIMATE TOTAL				\$6,050.40
				6130.40

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:

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.

26/2/2020

Paint (LKR)
24/02/2020 1230
Palas@lkkauto.com
88627739
3 working days
aft repair photo

\$240
\$400
\$50
\$50
\$150
\$60

[illegible]

Our Job Ref No : 305383036

Date : 26. Feb. 2020

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHD3398S

Date of Accident: 22. 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 SLJ9580M
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost** L/S: \$1,350.00
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : [Signature]

Name : [Name]

Date : 25/3/2020

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/INC20003128/Fvd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 09-03-2020



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLJ 9580M	Veh. Inspected	SHD 3398S
Policy No.	5096496520-02	Coverage (\$)	0.00
Claim No.	MT/1085416-002	Excess (\$)	0.00
Assign From		Assign Date	24/02/2020

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093229	Colour	BLUE
Odometer	552485	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 N/S BODY. 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3398S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR - LH	TO REPAIR SEE LABOUR	2,201.10	-
1	REAR FENDER - LH	TO REPAIR SEE LABOUR	2,171.40	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
	LESS 20% DISCOUNT		-985.10	-
			3,940.40	-
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR DOOR APP STICKER (SN)	NECESSARY	80.00	80.00
			130.00	80.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR DOOR - LH, REAR FENDER - LH AND REAR BUMPER.		900.00	840.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	TUFF KOTE.		80.00	50.00
	WIRING CHARGE.		80.00	50.00
	TRANSFER OF DOOR.	NOT NECESSARY	150.00	-
	REMOVE / REFIX REVERSE SENSOR.		100.00	60.00
			2,060.00	1,600.00
GRAND TOTAL			6,130.40	1,680.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,350.00

Report Ref No. NS/INC20003128/Fvd3e2

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.