

ASS. REC. BY: PqmREF: NS/INC 20003181/Fsf382

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

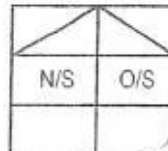
Insured: PC 76005Policy No. 5105296843-01 (15/11/2019-14/11/2020)Claims No. MT/1087438-001

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: SHC 8015 U Yr Regn: 06/05/2015

Type: 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: 929237 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD21200128154983Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrakes: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/55 R16

R: _____

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

TOYO / YOKO or no spare

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 24/02/2020 D.O.I. 25/02/2020Survey held at condotelgre (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

SHC 8015 U - (C3/A1617020619/K14352) 120A-25/11/2019

PC 76005 - X

RECEIVED 09 MAR 2020

ATLC

LIS

L/S: \$2050/- with 3 repair days

(\$78.80 Red - 4%)

confirm on 6/3/2020 with change

9/3/2020

Date/Time, File Pass to?

09/03/20

1) Typst

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend rate

Survey Fee:

Transportation:

S + RS, SI

Photos

Others:

TOTAL

Report Format:

Lump Sum / L.S. (\$ \$2,050/- LIS)

TP Claims against NTUC Income: Follow-Through Survey

Date : 09/03/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1086144-002	COMFORT TRANSPORTATION PTE LTD	SHC 8825Z	SLX 1052A	27/02/2020	10:35	\$ 14,179.42	\$ 5,550.00
2	MT/1087438-001	COMFORT TRANSPORTATION PTE LTD	SHC 8015U	PC 7600S	24/02/2020	07:10	\$ 2,128.80	\$ 2,050.00
3	MT/1085391-002	COMFORT TRANSPORTATION PTE LTD	SHD 6605A	SLT 9655D	21/02/2020	16:30	\$ 6,839.28	\$ 2,500.00

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="24/02/2020 09:10"/>
Vehicle No.(For Motor)	<input type="text" value="PC7600S"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105296843-01		TKCK TRANSPORTATION SERVICES	53386495W	GBS	Comprehensive	PC7600S	PC7600S	15/11/2019	14/11/2020

Team: ARC Repair TP(CLSO)

JOB CARD

Sales Order:

JC NO.: 305383318

STOMER

COMFORT TRANSPORTATION PTE LTD

/MS 7010045

STOMER NO 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717
65508755

(R)

(O)

(P)

COUNT CARD NO.

REGN NO. SHC8015U

MILEAGE

MAKE: MERCEDES BENZ

FUEL

MODEL E220CDI (E6)

E 1/2 F
24.02.2020 10:30
DATE/TIME IN

YR OF MANU. 06.05.2015

TARGET DATE

CHASSIS CODE WDD2120012B154983

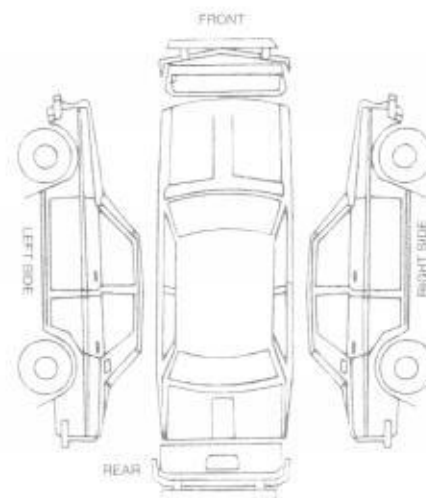
COMPLETION DATE/TIME:

Accident Date: 24.02.2020

JOB DESCRIPTION

NATURE: 3P 24.02.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

IC

SHC8015U CHIANG

Vehicle No.: SHC8015U

le No.:

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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 11:38
Date Of Accident	24/02/2020 07:10
Exact Location Of Accident	JUNCTION OF MOUNTBATTEN ROAD X AMBER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8015U
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	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 CHOON HOCK
NRIC No	SXXXX007D
Date Of Birth	18/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1975
Driving Experience	44 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90626116
Fax Number	
Contact Number	
Email Address	JIMMY6628@GMAIL.COM

Address	BLK 81 BEDOK NORTH ROAD #13-296
Postcode	460081
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200224/2010 *TYPE OF ACCIDENT :- HIT & RUN

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	PC7600S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

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.

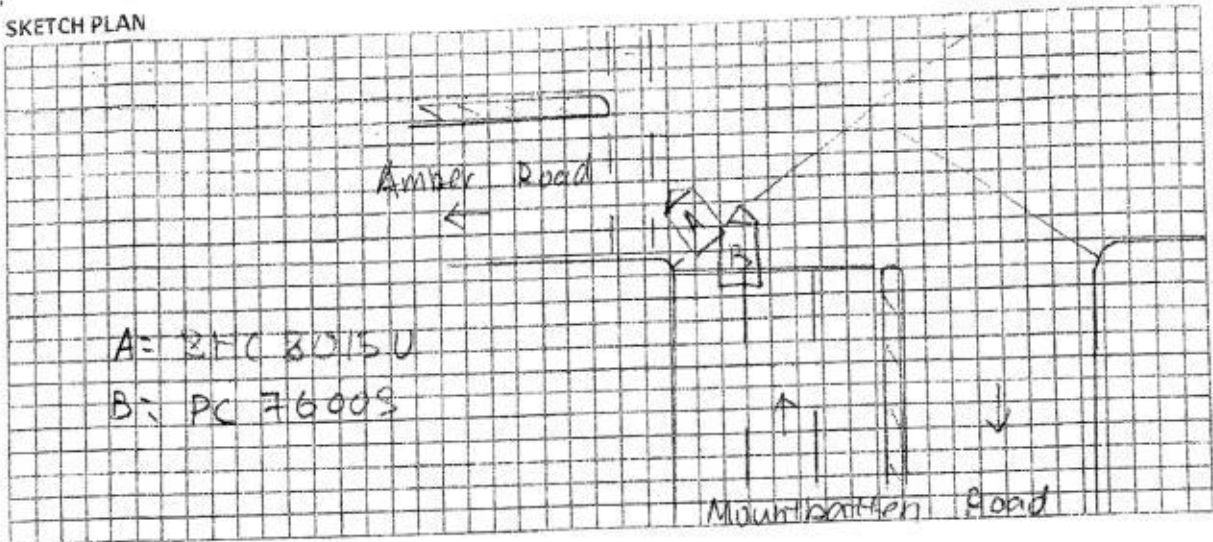
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 1993033015

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **Loke Wei Yiong**
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report

7/20200224/2010

DECLARATION

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

COMFORT TRADING CORPORATION PTE LTD
CO. REG. NO. 199503821R

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.:

Loke Wei Yieng



**SINGAPORE
POLICE FORCE**



T/20200224/2010

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200224/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2020 09:16		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: TAN CHOON HOCK			Address: APT BLK 81 BEDOK NORTH ROAD #13-296 SINGAPORE 460081		
ID Type / ID No.: NRIC NO / S1202007D			Contact No.: Home/Office:		Mobile: 90626116
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 18/09/1955	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:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/02/2020 07:10	Type of Location: Straight Road
Location: Along Road 1 EAST COAST ROAD TOWARDS MOUNTBATTEN				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Colour	Damage
PC7600S	Bus/Coach/Mi nibus				0
SHC8015U	Car				Seriously Damaged 0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200224/2010

2 of 3

Report No. T/20200224/2010

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Name	TAN CHOON HOCK		ID No.	S1202007D
Related Vehicle	SHC8015U (Car)		Contact No.	90626116
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 24/02/2020 at about 0710hrs, I was driving my vehicle SHC8015U along East Coast Road towards Mountbatten Road. While I was at the traffic light, my vehicle was stationary. A vehicle PC7600S that was behind my vehicle had collided on to the rear right side of my bumper. He did not stop and continued to drive away. No one is injured.



**SINGAPORE
POLICE FORCE**



T/20200224/2010

3 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200224/2010

CONTINUATION OF REPORT

Sketch Plan

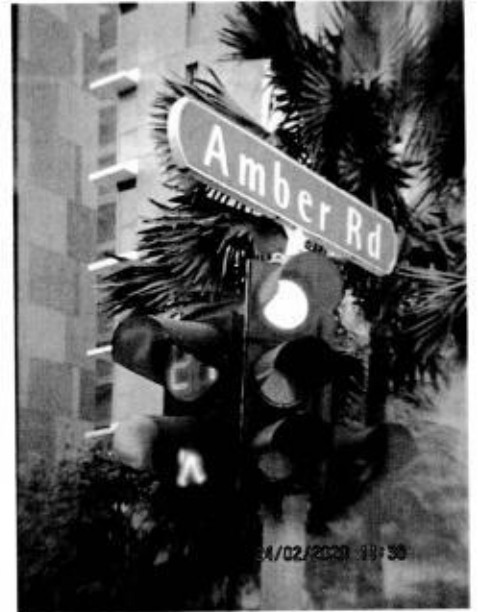
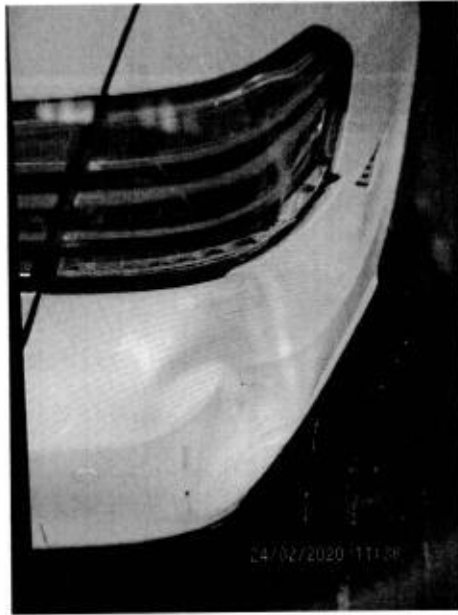
Informant is not able to provide sketch plan

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: G / Staff Sgt GOH SZE HAO, VALENTINE
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:
Date/Time: 24/02/2020 09:16
Classification Of Case:



DATE 08.01.2020

Chiang / Africa

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$1,510.00
1	REAR LOWER COVER			\$325.00
1	REAR BUMPER MOUNTING			\$115.00
1	TAIL LAMP RH			\$536.00
	SUB TOTAL			\$2,486.00
	LESS 20%			\$497.20
				\$1,988.80
1	REAR BUMPER MAT			\$50.00
	Labour Charge			
	Panel Beating			\$450.00
	Spray Painting Charge			\$280.00
	Check Wiring			\$60.00
	TOTAL LABOUR			\$790.00
	ESTIMATE TOTAL			\$2,128.80
				2828.80
	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.

Our Job Ref No : 305383318

Date : 04/02/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC8015U

24.02.2020

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

Z The repair job shall bill to: NTUC SBV32T

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

\$2,050.00

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 : Rama

Date : 6/3/2020

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		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/INC20003181/Fsf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 10-03-2020



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 7600S	Veh. Inspected	SHC 8015U
Policy No.	5105296843-01	Coverage (\$)	0.00
Claim No.	MT/1087438-001	Excess (\$)	0.00
Assign From		Assign Date	25/02/2020

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WDD2120012B154983	Colour	WHITE
Odometer	929237	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	7 mm
L/H Front Tyre	225/55 R16	WEST LAKE	7 mm
R/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
L/H Rear Tyre	225/55 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	24/02/2020	Inspection Date	25/02/2020
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
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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. SHC 8015U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR LOWER COVER	SCRATCHED	325.00	325.00
1	REAR BUMPER MOUNTING	NOT NECESSARY	115.00	-
1	TAIL LAMP RH	CRACKED	536.00	536.00
	LESS 20% DISCOUNT		-497.20	-474.20
			1,988.80	1,896.80
	SPECIAL NETT ITEMS			
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	LABOUR			
	PANEL BEATING.		450.00	366.00
	SPRAY PAINTING CHARGE.		280.00	200.00
	CHECK WIRING.		60.00	60.00
			790.00	626.00
	GRAND TOTAL		2,828.80	2,572.80
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,050.00

Report Ref No. NS/INC20003181/Fsf3s2

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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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.