ASS. REC. BY: POWY	3110710036	2011
AS	SIGNMENT	01/03/201
From: Date:	Veh No: SHC 1613P	Yr Regn: 63/61/25
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lo	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	1580
To Inspect Vehicle No:	Make: Hyundai loving	(G2) c.c (5%0
at Workshop m/s	Colour blue	A/C: Insured / Std / NI / NA
of	Sp.Reading 1729A3	T/Radio: Insured / Std / NI / NA
Insured: GY 7954L	Eng/No:	
Policy No. 5015050731-13 (1018/19-9/8/2020)	C/No: KM + 1 C851 CVKUIL	11226
Claims No. MT/1085574-02	Gen. Cond. Good / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / E	Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / E	Burnt or
Make of Veh:	Modi : Nil S/Rim / STD A/Rim or	-
	Tyre Size: F: 195/65	R15
(Policy Condition)	R:	
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / M	IC / OHTSU / PIR / SUMI /
repair at the time of inspection.		ANT 1
Bal. or Market Value:	Front	Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. % mm	R/Bal. & mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. mm	L/Bal. @ mm
Est. Repairs: Yes or No	D.O.A. 24/02/2020	D.O.I. 25/02/2006
Lum Sum: % 3 Val.: Yes .or No	Survey held at confortely	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt) Rear / O/S / N	
Vehicle: IN / OUT		
Date: Person Contacted:	The U/C / Chassis frame / Body Str	ructure affected due to collision.
Date / Time Action / Instruction		
3HC2402A-CC3/TMI11002857/F1 GV7954L-X		DOA: 14/2/2071
MY -IN SALE-X	(ATUC)	610
RECEIVED	8 1440 2020 (
	J MAIS CULU	
PIP:\$1325.92/= with 2 repair days	CRED \$ 7381.12, 64%	(i)
confirm on 2/3/2000 with origing		
Date/Time, File Pass to? : Prell. Report Da	nys Of Repair: 2	
cala huster		urvey Fee: 160
Date/Time, File Return to?		ansportation:
Add Fee:	1.00 1.00	_S + RS,SI
	Interview 19	holos
Report Formst: 7	Tools Inv. 18	thers
unip 21/1 12.1:12 1379.92	: Weetend 18	

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	ate
1	MT/1076772-002	COMFORT TRANSPORTATON PTE LTD	SHD 3240M	SJU 5914B	22/12/2019	14:25	\$ 1,	,538.88
2	MT/1086520-001	COMFORT TRANSPORTATON PTE LTD	SHC 3240T	SLR 2849T	21/2/2020	14:35	\$ 2,	2,269.27
3	MT/1085476-002	COMFORT TRANSPORTATON PTE LTD	SHD 3590C	SJT 626X	22/2/2020	18:20	\$ 3,	3,621.07
4	MT/1085995-002	COMFORT TRANSPORTATON PTE LTD	SHC 8642J	SJH 4591Z	25/2/2020	7:30	\$ 1,	1,494.53
2	MT/1085604-002	COMFORT TRANSPORTATON PTE LTD	SHВ 6692H	SJS 1058J	22/2/2020	16:35	\$ 4,	1,702.45
9	MT/1085574-002	COMFORT TRANSPORTATON PTE LTD	SHC 2402A	GY 7954L	24/2/2020	11:30	\$ 3,	3,707.04

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop Notice of Loss **Policy Query**

Policy No.

Vehicle No.(For Motor) GY7954L

Date of Accident

Certificate Number

24/02/2020 12:09

Search

Select Policy No. Certificate Number

501505073113

Policyholder Name LIAN HONG CANVAS & HARDWARE TRADING Policyholder NRIC

52920940C

Product Cover Type

Vehicle No. Insured Cor Object

Commence Date Expiry Date

5.500

GCV Third Party, GY7954L GY7954L 10/08/2019 09/08/2020

Continue

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 witholding 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.

ACC	DEN.	T STAT	3-11	
ACC	DEN	ISIA		

Date Of Report 24/02/2020 13:50

Date Of Accident 24/02/2020 11:30

Exact Location Of Accident TUAS AVE 3 TUAS VILLAGE EATING HOUSE OPEN SPACE C

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2402A

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 IONIQ

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 SING HUEY ONG

 NRIC No
 SXXXX547B

 Date Of Birth
 01/10/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/12/1997

Driving Experience 22 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83839706

Fax Number

Contact Number

EMail Address KELVIN0649@YAHOO.COM.SG

BLK 141 SERANGOON NORTH AVENUE 2 Address

#08-02

Postcode 550141

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TAXI DRIVER

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

0

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GY7954L

Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver WEE KAI LIM

NRIC/Passport Number

Contact Number 97482106

Address

Postcode

Insurance Company Name

Nature Of Damage RH FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- 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.
- 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.
- 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.
- 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:
 - 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)

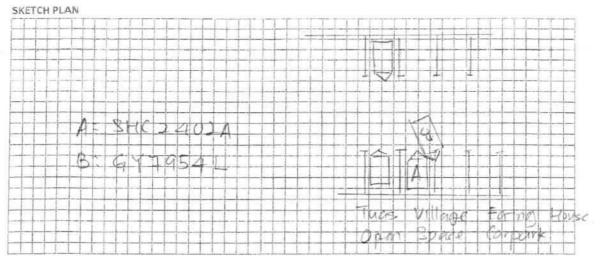
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No::

Loke Vvei Yieng

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		(On_	24 3	12000	OH	abar	1 11:	30 hrs	, 1	parted
my	comfor	t -	Taxi	3nc	2402	1 04	above	said	d co	rpark	
While	1 +	uve	my	me	al In	cof	feshop	. a	men	аррп	onchod
ne	said	the	17	his	lorry	GY	7954L	(0	llreed	onto	my
part.	ed -	laxi.	1	90	back	70 S	icene	to	TUED	Some	photo
No	passu	nger	in	m) lexi	No	injo	ny,	eport	ed.	

DECLARATION

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

GOMFORT THANKING MIASTON PTE LTD

CO. REG. IND. 11930303821R

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

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

Policyholder's Signature Date & Time:

GIARMIC SketchPlanForm_73







member of COMFORTDELGRO

of Service Advisor

sturned to Service Reception upon collection

ComfortDelGro Engineering Pte Ltd

Date

205 Braddel Road Singapore 579701
Mainline + 65 6383 6280 Facsimilia + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508989
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 809286
320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156 7 Sungai Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

JOB	CARD	JC NO.:
TOMER	Date/TimesN 204.02.2020 15:18	MILEAPage: 1
#Team: ARC Repair TP(CLSO) TOMER NO.	SMANS Order:	FUEL 305383486 EF
RESS	MODEL SHC2402A	DATE/TIME IN
COMFORT TRANSPORTATION PTE LTD	YR OF MANYUNDAI	
(P) 7010045 (O) (P) 383 SIN MING DRIVE	YR OF MANU.	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS GONIQ (G2)	260M2E7979A73M20
	01.03.2019 ESCRIPTION KMHC851CVKU141226	ō
JOB DE	SCRIPTION	ō

Accident Date: 24.02.2020 NATURE: 3P 24.02.2020 S/NO LABOR CODE	JOB DESCRIPTION DESCRIPTION	KMHC851CVKU141226
		REAR SEAR
CKED & PASSED OUT BY:		
SERVICE ADVISOR		CUSTOMER'S SIGNATURE
/ledgement Slip	Exit Pass	
No.:	Vehicle No.:	
SHC2402A CHIANG	SHC2	2402A

Name of Service Advisor

To be kept by Security Guard

Signature/Date

COMFORTDEIGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO . SHC2402A

24/02/20

MAKE MODEL

IONIO C2

CHIANG/ NTUC

NODEL	IONIQ C2	CHIANG/	NIUC	-	
Qty	Parts Description/ Labour	Туре	Unit Price	Amount	
1	FRONT FENDER RETAINER RH			\$41.40	
1	FRONT FENDR RH XMM			\$490.70	
	FRONT FENDER LINING RH			\$114.70	
	FRONT BUMPER			\$418.30	
1	FRONT BUMPER BRACKET RH			\$28.00	
	FRONT BUMPER GRILLE RH			\$186.90	
1	FRONT HEADLAMP ASSY RH XMM			\$1,198.80	
1	FRONT WHEELCOVER Ser			\$346.40	
1	DAY LIGHT RH X NO			\$642.50	
	SUB TOTA	4		\$3,467.70	
	20.00%	6		\$693.54	
	DISCOUNTED TOTA	4		\$2,774.16	
	Labour Charge				
	Panel Beating			\$640.00	\$320
	Spray Painting Charge			\$450.00	
	Check Wiring			\$60.00	
	Tuff kote		1 200	\$60.00	\$30
	TOTAL LABOUR	8	(moran)	\$1,210.00	
			My Spar	\$3,707.04	
	ESTIMATE TOTAL	4	11 11 61-1		
			Pam(ckr) 25/02/2020	JAEDHUS DANSCHAM	b Ou
	This is an initial estimate based on a visual inspection of t	he above ve		1	COU

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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:

88622728

Bet Pount

Photo

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 27.02.2020 Time: 18:23:38

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305383486

REGN NO MILEAGE

: SHC2402A

MAKE

: 0000000000

: HYUNDAI

MODEL DATE OF REGN : IONIQ(G2)

DATE/TIME IN

: 01.03.2019

24.02.2020 13:00

ACCIDENT DATE

: 24.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL: 725.92

PART REQUISITION

0001 04-01-0104-2534-G IONIQV2&3 COVER-FR BUMPER 1 418.30 20.00 334.64 Cre-

0002 04-01-0104-2934-G IONIQ GUARD ASSY-FRONT WH 1 114.70 20.00 91.76

0003 04-01-0104-3918-G IONIQ BRACKET-FR BUMPER S 1

28.00, 20.00

22.40 nec

0004 03-01-0104-2061-G IONIQV1&3 CAP ASSY-WHEEL 1 346.40,20.00 277.12

JOB NATURE

0000 PB

PANEL BEATING

320.00

0001 SP

SPRAYPAINT CHARGE

200.00

0002 17-01

CHECK ALL LIGHTING

50.00

0003 20-00

TUFF COAT ON AFFECTED PARTS.

30.00

SUB-TOTAL: 600.00

COMFORTDELGRO

Our Job Ref No : 305383486 ComfortDelGro Engineering Pte Ltd Date 28/02/20 59 Loyang Drive Singapore 508969 Fax: 6546 8156 FINALIZATION FORM LKK Fax: Attn : RAM : SHC2402A 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 GY7954L 2. The finalized amount shall be: Spare Parts after List discount (a) \$725.92 (b) Labour Charges \$600.00 Total for Part-By-Part Repair Cost \$1,325.92 Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost 3. Estimated normal period for repairs: 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: Signature: Name : CHIANG Name 2020 Tel : 62148314 Date Fax : 65468156 For Official Use Only Document Confirm By Item Amount Attached Remarks (Signature) Yes or No Rental Rate P/Day YES Loss of Income Paid N Survey Fees 4. LTA Search Fee 7.49 Medical Fees (on behalf of driver, if applicable) 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



NTU	C INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref:	NS/INC2000319	8/Fqd3e2
		D UNION HOUSESINGAPORE	Date:	11-03-2020	
			Code:	INC4	
1.		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	GY 7954L	Veh. I	nspected	SHC 2402A
	Policy No.	5015050731-13	Cover	age (\$)	0.00
	Claim No.	MT/1085574-002	Exces	s (\$)	0.00
	Assign From		Assig	n Date	25/02/2020
2.		Vehicle Parti	culars &	& Condition	
	Make & Model	HYUNDAI IONIQ	c.c		1580
	Engine No.	HIDDEN	Year o	of Reg.	2019
	Chassis No.	KMHC851CVKU141226	Colou	r	BLUE
	Odometer	172943	Steeri	ng	IN ORDER
	Brakes	IN ORDER	Modif	ication	SPORTS RIM
	General	GOOD			
3.		Conditi	ons of	Tyres	
		Size	Make		Balance
	R/H Front Tyre	195/65 R15	DAVAN	NTI .	7 mm
	L/H Front Tyre	195/65 R15	DAVAN	ITI	7 mm
	R/H Rear Tyre	195/65 R15	DAVAN	ITI	8 mm
	L/H Rear Tyre	195/65 R15	DAVAN	ITI	8 mm
4.		Description	on of D	amages	
	THE VEHICLE SU	STAINED DAMAGES AT THE FR	ONT PO	RTION.	
	DAMAGES SEE D	ETAILS.			
5.		Genera	Inform	ation	
	Accident Date	24/02/2020	Inspe	ction Date	25/02/2020
	Survey held at	COMFORTDELGRO ENGINEER	RING PT	E LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.		R	emarks		
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			
5b.		Estimate	Days o	f Repair	
	ESTIMATED NOR	MAL 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





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2402A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT FENDER RETAINER RH	NOT NECESSARY	41.40	-
1	FRONT FENDER RH	NOT NECESSARY	490.70	-
1	FRONT FENDER LINING RH	сит	114.70	114.70
1	FRONT BUMPER	CRACKED	418.30	418.30
1	FRONT BUMPER BRACKET RH	NECESSARY	28.00	28.00
1	FRONT BUMPER GRILLE RH	NOT NECESSARY	186.90	-
1	FRONT HEADLAMP ASSY RH	NOT NECESSARY	1,198.80	
1	FRONT WHEELCOVER	SCRATCHED	346.40	346.40
1	DAY LIGHT RH	NOT NECESSARY	642.50	3
	LESS 20% DISCOUNT		-693.54	-181.48
			2,774.16	725.92
	LABOUR			
	PANEL BEATING.		640.00	320.00
	SPRAY PAINTING CHARGE.		450.00	200.00
	CHECK WIRING.		60.00	50.00
	TUFF KOTE.		60.00	30.00
			1,210.00	600.00
	GRAND TOTAL		3,984.16	1,325.92

RECOMMENDED COST OF REPAIRS (CONFIRMED)	1,325.92

Report Ref No. NS/INC20003198/Fqd3e2

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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.