

REF. FILE BY: Ram

REF: NS/INC 20003248 / Fqd3n2

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: SJH 45912

Policy No 5110886706 (8/8/2019-7/8/2020)

Claims No. M7/1085995-052

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 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: SJC 8642 J Yr Regr: 07/01/2016

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

Truck / Trailer or

Make: Hyundai i40 cc 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 51972 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 10NHLB41UM3U083080

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 Westlake

Front: _____ Rear: _____

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 25/02/2020 D.O.I: 26/02/2020

Survey held at Confidential (Laying)

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SJC 8642J-NA/CAI15005101/d2

SJH 45912-x

20A 18/3/2015
NTUC HIS

RECEIVED 9 MAR 2020

LS: \$850/= with 2 repair days Cld \$644.53, 43%

confirmation 28/02/2020 with LKE

Date/Time, File Pass to?

: Prel. Report

15/03/2020

: Final Report

Date/Time, File Return to?

3

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invt (\$)

: Workshop (\$)

Survey Fee:

Transportation:

3 + RS: \$

Floria

Other

TOTAL

160

Report Format: TI

Lump Sum / MS: 850

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 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	\$ 2,269.27
3	MT/1085476-002	COMFORT TRANSPORTATON PTE LTD	SHD 3590C	SJT 626X	22/2/2020	18:20	\$ 3,621.07
4	MT/1085995-002	COMFORT TRANSPORTATON PTE LTD	SHC 8642J	SJH 4591Z	25/2/2020	7:30	\$ 1,494.53
5	MT/1085604-002	COMFORT TRANSPORTATON PTE LTD	SHB 6692H	SJS 1058J	22/2/2020	16:35	\$ 4,702.45
6	MT/1085574-002	COMFORT TRANSPORTATON PTE LTD	SHC 2402A	GY 7954L	24/2/2020	11:30	\$ 3,707.04

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/02/2020 08:19"/>
Vehicle No.(For Motor)	<input type="text" value="SJH4591Z"/>	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"/>	S110886706		MOO YET AN	S2553069A	GPC	drive CLASSIC	SJH4591Z	SJH4591Z	08/08/2019	07/08/2020

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	25/02/2020 16:48
Date Of Accident	25/02/2020 07:30
Exact Location Of Accident	CHOA CHU KANG AVE 3 TOWARDS CHOA CHU KANG DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8642J
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	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	LEE LIAN SHIANG
NRIC No	SXXXX020A
Date Of Birth	25/06/1952
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1976
Driving Experience	44 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91374754
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 7 COMMONWEALTH AVENUE #23-650
Postcode	140007
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

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	SJH4591Z
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	FRT
No. Of Passenger (Including Driver)	

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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.**
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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.

COMPLETION OF THIS DOCUMENT IS THE BASIS FOR THE RECORDING OF THIS ACCIDENT.

Policyholder's Signature
Date & Time:

Lee Hin Sheng

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

Olivia Wong
[Signature]

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

A = SHC8642J

CCK DR

B = SJH 4591Z
(MAZDA)

lee kwing

CCK AVE 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. T99203621E

Policyholder's Signature
Date & Time:

lee kwing

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

Olivia Wendy

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

Describe Circumstances of the Accident.

On the 25/02/2020 at about 07:30hrs, I was driving along Choa Chu Kang Ave 3 slip road towards Choa Chu Kang Dr direction with no passenger on board my taxi.

As I approached the give way line, I stop to checked the traffic is clear from incoming vehicle before I drive out when there's an impact from behind my taxi. So I step out to checked and found out a vehicle of SJH4591Z front portion had collided onto my rear portion of my taxi.

No injury at the point of accident.

Declaration

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

COMFORT TRANSPORTS PTE LTD
CO. REG. NO. 100094374

Lee Han King

Wendy

Policyholder's Signature/Date & Time

Driver's Signature(if driver is not the policyholder)/Date & Time

Witnessed by Reporting Centre Personnel

25 FEB 2020



Like

NTUC

COMFORTDELGRO ENGINEERING PTE LTD

Date: 26.02.2020

Time: 09:49:58

REPAIR ESTIMATE

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 : 305383724
REGN NO : SHC8642J
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 07.01.2016
DATE/TIME IN : 25.02.2020 15:30
ACCIDENT DATE : 25.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	L	553.00	20.00	442.40	DEF
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	L	22.00	20.00	17.60	hcc
0003	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	L	228.00	20.00	182.40	Xm
0004	04-01-0103-1150-A	I40VC PROTECTOR MAT	1	N	50.00	2.00-	50.00	hcc
0005	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	N	135.70	10.00	122.13	Xm

SUB-TOTAL : 814.53

JOB NATURE

0000	L	PANEL BEATING	350.00	\$250
0001	23-502	SPRAYPAINT ON AFFECTED AREA	250.00	\$200
0002	20-22	REMOVE/REFIX REVERSE SENSOR	80.00	50

SUB-TOTAL : 680.00

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 dem(s) must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer
Signature:
Date:

[Handwritten signature]
27/2/2020

Ram (hcc)
26/02/2020 1205
pms@lkkauto.com
88622770 LIS
Aft repair photo
(2) repair days

Our Job Ref No 305383724

Date : 28.02.20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SHC8642J CTPL

25.02.20

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

1. The repair job shall bill to: NTUC --- SJH4591Z

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% \$850.00

Final Lumpsum Repair cost \$850.00

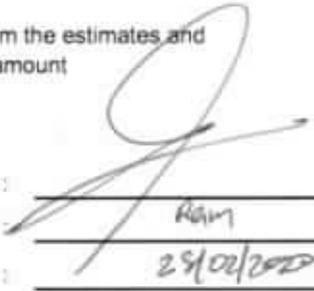
3. Estimated normal period for repairs: 2 working days.

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 :  _____

Signature :  _____

Name : LIM KWOK ENG

Name : RAM

Tel : 62148316

Date : 29/02/2020

Fax : 65468156

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/INC20003248/Fqd3n2			
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.	SJH 4591Z	Veh. Inspected	SHC 8642J
Policy No.	5110886706	Coverage (\$)	0.00
Claim No.	MT/1085995-002	Excess (\$)	0.00
Assign From		Assign Date	26/02/2020
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU083080	Colour	BLUE
Odometer	519312	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 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	25/02/2020	Inspection Date	26/02/2020
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

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8642J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	I40VC COVER ASSY-RR BUMPE	DEFORMED	553.00	553.00
10	HYUNDAI BUMPER COVER CLIP	NECESSARY	22.00	22.00
1	I40VC COVER-RR BUMPER LWR	NOT NECESSARY	228.00	-
	LESS 20% DISCOUNT		-160.60	-115.00
			642.40	460.00
NETT ITEMS				
1	HYUNDAI REVERSE SENSOR AS (N)	NOT NECESSARY	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
SPECIAL NETT ITEMS				
1	I40VC PROTECTOR MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.		350.00	280.00
	SPRAYPAINT ON AFFECTED AREA.		250.00	200.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	60.00
			680.00	540.00
GRAND TOTAL			1,494.53	1,050.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				850.00

Report Ref No. NS/INC20003248/Fqd3n2

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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