

Surveyor: Kelvin

REF: NS/2NC17023005 /Kltbn2

## 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: CB 7404T

Policy No. 5067400449-B 04092017

Claims No. M1/0997451-002

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: SHC804T Yr Regn: 6 May 2015

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

Truck / Trailer or

Make: Mercedes Benz E220 c.c. 2143

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

Sp. Reading: 351045 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WPD2120012B160616

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: 225/55R16

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. 2/12/17 D.O.I. 4/12/17

Survey held at COGE (107231)

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 804T - NBA / 2NC14018731 / h4

RA: 230914

Jm

CB 7404T - X

4s

6/12/17 Combined 45 \$400 / 2 days CRD \$3458, 90%.

RECEIVED 03 DEC 2017

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I.: (\$ 400)

Add Fee: ☐ : Site Insp (\$ )☐ : Interview (\$ )☐ : Tech. Invs (\$ )☐ : Weekend (\$ )

160

35

195



# 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/INC17023005/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-12-2017

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	CB 7424T	Veh. Inspected	SHC 8041T
Policy No.	5067400449-03	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

## 2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	02/12/2017	Inspection Date	04/12/2017
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.
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Reference No.: NS/MC/7023005/KH6  
Policy Type: OD / TP / TP RES / TL / EVA

SHC 8041T

Typist

C	Reference No.
C	Customer Code
N	Assign From
C	Assign Date
C	Veh No (Inspected)
C	Veh No (Insured)
C	D.O.A
C	Policy No
C	Claim No
C	Insurance Authorisation (CA /REV/REP)
C	Report Type
C	Weekend Charges
N	Survey held at/Repairer
C	Excess

[illegible]

C	Vehicle No
C	Regn Month/Year
N	Vehicle Type
N	Make & Model
C	Engine Capacity. (C.C)
N	Colour
C	Odometer. (Sp.Reading)
C	Chassis No
N	General Condition
N	Steering
N	Brake
N	Modification (Modi)
C	Tyre Size
N	Tyre Make
C	Tyre Balance
C	Date of Inspection
N	Survey held
N	Des.of Damages

[illegible]

### C Damaged Vehicle Photographs Uploaded



✓			
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N	ALL Parts condition
C	Market Value for OD cases
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)
C	Days of repair
C	Finalised Amount
C	Re-inspection Cases to Finalize within 5 Days

✓	
✓	
✓	


C Resurvey photo Uploaded

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Case Handler  Date 

Date \_\_\_\_\_

21/05/2014

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0972062-002	COMFORT TRANSPORTATION PTE LTD	SHB 4016Z	SJM 6450H
2	MT/0972433-002	COMFORT TRANSPORTATION PTE LTD	SHA 7836J	GX 8202Y
3	MT/0972164-002	COMFORT TRANSPORTATION PTE LTD	SHA 2392E	SJE 7509J
4	MT/0971935-002	COMFORT TRANSPORTATION PTE LTD	SHA 7136X	SLK 4227L
5	MT/0972451-002	COMFORT TRANSPORTATION PTE LTD	SHC 8041T	CB 7424T
6	MT/0972537-001	CITYCAB PTE LTD	SHC 7881S	SGT 2645M
7	MT/0972539-001	COMFORT TRANSPORTATION PTE LTD	SHD 4760Y	YM 6630C

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5067400449-03	TOH YEW GUAN	S7004704G	GFT	Third Party, Fire & Theft	CB7424T	CB7424T	04/09/2017	

## 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 ability.
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 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	04/12/2017 09:09
Date Of Accident	02/12/2017 18:00
Exact Location Of Accident	TANJONG KATONG RD TWDS T.KATONG SOUTH.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8041T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.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	MCOM0016
Cover Note Number	

### Driver

Name of Driver	KWEK BEN LEE
NRIC No	S7803893D
Date Of Birth	17/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	04/04/2000
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	BENKWEK93@ICLOUD.COM

Address	BLK 79C TOA PAYOH CENTRAL #33-33
Postcode	313079
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
Was any body injured in the Accident?	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

#### 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

REFER 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	CB7424T
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Name of Driver	TANG YEW CHONG
NRIC/Passport Number	S1662277Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	



## 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.
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: 3/12/17

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

COMFORT TRANSPORTATION PTE LTD





# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON, 2 Dec 2017 @ 1800 hrs. I

veh A was driving along Tanjong katong rd

twds T-katay South. I veh A was on 1<sup>st</sup> lane.

vehicle. When slow down I veh A also

slow down and stop. Suddenly veh B from

behind hit veh A from behind. at the point of

accident I ferry one male passenger

he was ok. when veh. A chke with him.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 109303821R

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.:

NTUC  
LKK

Date/Time: 04.12.2017 10:32 Page : 1

am: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO.305094329

OMER	REGN NO: SHC8041T	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
OMER NO 7010045	MODEL E220CDI (E6)	DATE/TIME IN 03.12.2017 11:40
ESS 383 SIN MING DRIVE	YR OF MANU 06.05.2015	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE WDD2120012B160616	COMPLETION DATE/TIME:
65508755 (R) (P)		

OUNT CARD NO.

## JOB DESCRIPTION

ccident Date: 02.12.2017  
ATURE: 3P 02.12.17

/NO LABOR CODE DESCRIPTION

Reav

OKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHC8041T LIMTS

Vehicle No.: SHC8041T

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

**REPAIR ESTIMATE\***

DATE 4/12/2017

**MODEL : MERCEDES BENZ**

NTUC-4sum

TS

LKK-Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X repair			\$ 1,510.00
	Rear Bumper Reinforcement X su			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH) X su	\$	135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH) X su	\$	125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) X su	\$	115.00	\$ 230.00
	Rear Bumper Lower Cover X su			\$ 325.00
	SUB TOTAL			\$ 3,735.00
	LESS 20%			\$ 747.00
	DISCOUNTED TOTAL			\$ 2,988.00
	Rear Bumper Rubber Mat / ne			\$ 50.00 Nett
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 250.00 260
	Wiring Charge			\$ 50.00 X 12
	Remove/Refix Reverse Sensor			\$ 120.00 20
	TOTAL LABOUR			\$ 820.00
	ESTIMATE TOTAL			\$ 3,858.00
	Kalan 11/11/17 ✓ 4/12/17 13 dh 2 Pys. 4/s After Repair photo.			
	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.			

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305094329

Date : 05/12/17

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC8041T

Date of Accident : 02-Dec-17

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

1. The repair job shall bill to: NTUC --- CB7424T

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% \$400.00

**Final Lumpsum Repair cost \$400.00**

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 : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 6/12/17

### 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				
3. Survey Fees	-----			
4. LTA Search Fee				
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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023005/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 07-12-2017



Code: INC4

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	CB 7424T	Veh. Inspected	SHC 8041T
Policy No.	5067400449-03	Coverage (\$)	0.00
Claim No.	MT/0972451-002	Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

**2. Vehicle Particulars & Condition**

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WDD2120012B160616	Colour	WHITE
Odometer	351045	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY 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	02/12/2017	Inspection Date	04/12/2017
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.
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**5b. Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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 8041T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	TO REPAIR	1,510.00	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	1,150.00	-
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
1	REAR BUMPER LOWER COVER	SERVICEABLE	325.00	-
	LESS 20% DISCOUNT		-747.00	-
			2,988.00	-
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		570.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			820.00	420.00
<b>GRAND TOTAL</b>			<b>3,858.00</b>	<b>470.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>400.00</b>

Report Ref No. NS/INC17023005/K1tbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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