

SALES

Kalvin

REF:

NS/WNC17033244/KIRbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop no: _____

of: _____

Insured: **SJW 8777A**

Policy No: **50 95320873 261016-010318**

Claims No: **MT/0973066-001**

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 |
| | |

Sal. 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: **SH 84845** Yr Regn: **14 May 2014**

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

Truck / Trailer or

Make: **Hyundai Ix0** cc **1685**

Colour: **Blue** A.O. Insured / Std / NI / NA

Sp. Reading: **500280** T Radio: Insured / Std / NI / NA

Eng No: _____

C No: **KMHCB414M E4 08053849**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inor / Jammed / Leaked / Burnt or

Brake: Inor / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **2.5 / 60 R 6**

R: _____

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

TOYO / YOKO or **Hankook.**

Front Rear

R/Bal. **7** mm R/Bal. **7** mm

L/Bal. **7** mm L/Bal. **7** mm

D.O.A. **5/12/17** D.O.I. **6/12/17**

Survey held at **COLE (Long)**

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

Rear

The U/C / Chassis frame / Body Structure effected due to collision.

Date / Time Action / Instruction

SH 84845 - PCU / AXA / 601932 / m1w392

QA-170616 JMC

SJW 8777A - CB / WNC / 14005535 / Tm1925

QA: 250314 4/5

11/12/17 call up \$300 / 2 hrs.

Red: \$310, 517.

RECEIVED 11 DEC 2017

Date/Time File Pass to: ☐ Preli. Report

To: **typist** ☒ Final Report

Date/Time File Return to:

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee

Transportation

Photo

Chart

Add Fee:

☐

Site Insp

\$

☐

Interview

\$

☐

Technical

\$

☐

Vehicle

\$

Report Format:

TP

Lump Sum: **300**

| |
|-----|
| 160 |
| 35 |
| 195 |

TP Claims against NTUC Income: Follow-Through Survey

Date : 08/12/2017

| 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/0966662-002 | COMFORT TRANSPORTATION PTE LTD | SHB 4977A | SIZ 5474C | 20/10/2017 | 21:50 | \$ 11,064.80 | \$ 5,750.00 |
| 2 | MT/0965716-003 | COMFORT TRANSPORTATION PTE LTD | SHA 4247D | YL 1453K | 14/10/2017 | 19:10 | \$ 2,431.58 | \$ 1,345.38 |
| 3 | MT/0971843-002 | COMFORT TRANSPORTATION PTE LTD | SHA 7047U | SJM 2865X | 30/11/2017 | 13:20 | \$ 1,077.88 | \$ 325.00 |
| 4 | MT/0972173-002 | COMFORT TRANSPORTATION PTE LTD | SHB 4334E | SGB 771P | 02/12/2017 | 1:20 | \$ 3,454.86 | \$ 2,900.00 |
| 5 | MT/0972476-002 | COMFORT TRANSPORTATION PTE LTD | SHC 3557E | GW 507B | 05/12/2017 | 16:35 | \$ 4,858.34 | \$ 1,300.00 |
| 6 | MT/0973066-001 | COMFORT TRANSPORTATION PTE LTD | SH 8484S | SIW 8777A | 05/12/2017 | 1:05 | \$ 610.00 | \$ 300.00 |



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/INC17023244/K1rb | | | | |
| 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. | SJW 8777A | Veh. Inspected | SH 8484S | |
| Policy No. | 5085320873 | Coverage (\$) | 0.00 | |
| Claim No. | | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 06/12/2017 | |
| 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 | | | | |
| | | | | |
| 5. General Information | | | | |
| Accident Date | 05/12/2017 | Inspection Date | 06/12/2017 | |
| 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. | | | | |

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 checked="" type="radio"/> | 5085320873 | CHIA PENG HWEE | S7714340H | GPC | drive CLASSIC | SJW8777A | SJW8777A | 26/10/2016 | 01/03/2018 |

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 | 06/12/2017 14:07 |
| Date Of Accident | 05/12/2017 01:05 |
| Exact Location Of Accident | BUANGKOK EAST DR X SENGKANG EAST DR |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|---------------------------------------|
| Vehicle Registration Number | SH8484S |
| Insured/Policyholder | |
| 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 | 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 | MCOM0016 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SONG HACK SEE |
| NRIC No | S0059731G |
| Date Of Birth | 24/08/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/09/1976 |
| Driving Experience | 41 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | 141 #10-790 RIVERVALE STREET |
| Postcode | 540141 |
| 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) | 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

SEE ATTACH.

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 |

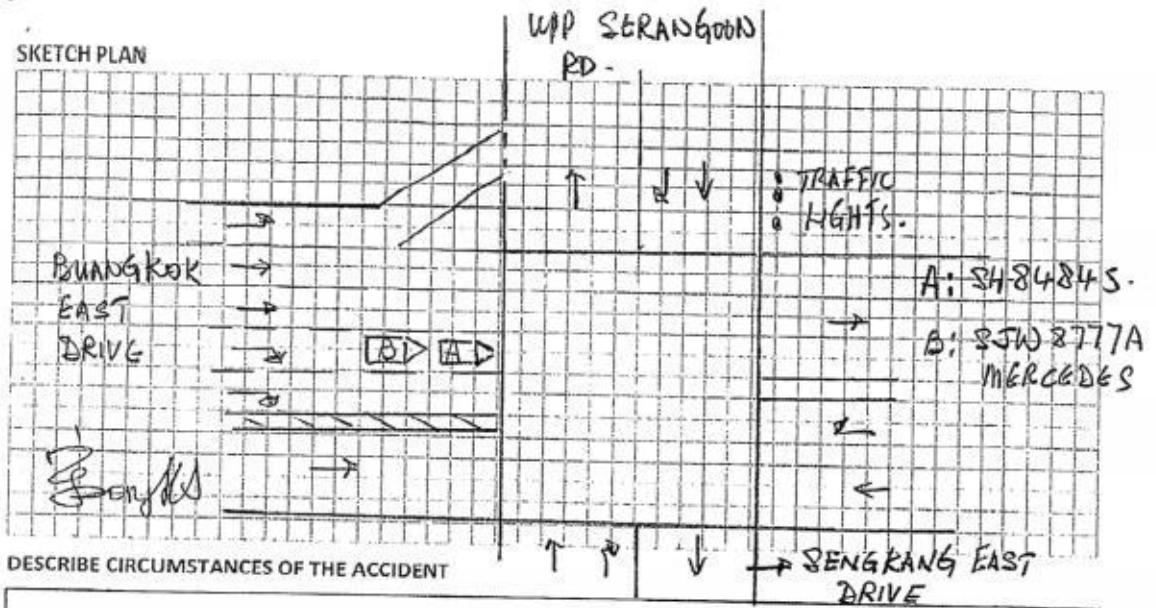
DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | SJW8777A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRT |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

Sketch Plan Pg. 1



As per attached,

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

06/12/17

Sketch Plan Pg. 2

Describe Circumstances of the Accident

On 05 Dec 2017 at about 01:05 hrs I stopped my taxi on the second lane from the right at the traffic junction of Buangkok East Drive and Sengkang East Drive/Upp Serangoon Rd waiting for the traffic lights to turn green.

Suddenly a few seconds later a Mercedes car SJW8777A came from behind collided onto the Rear Portion of my stationary taxi.

No passenger on board my taxi. No injury at the point of the accident.

Declaration

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

COMFORT TRANSPORTATION INC.
CO. REG. NO. 182003821R

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel

NTUC
LKC

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305095450

| | | | | |
|-------------|--|--------------|-------------------|-----------------------|
| CUSTOMER | | REGN NO: | SH 8484S | MILEAGE |
| MS | | MAKE: | HYUNDAI | FUEL |
| CUSTOMER NO | | MODEL | I-40 | E.....1/2.....F |
| ADDRESS | | YR OF MANU | 14.05.2014 | DATE/TIME IN |
| (R) | | CHASSIS CODE | KMHLB41UMEU053849 | TARGET DATE |
| (P) | | | | COMPLETION DATE/TIME: |

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 05.12.2017
NATURE: 3P 05.12.17

S/NO LABOR CODE DESCRIPTION

Rear

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SH 8484S

LIMITS

Exit Pass

Vehicle No.: SH 8484S

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 : SH 8484S

DATE 6/12/2017 16:04

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount | |
|---|---------------------------------|------|------------|--------------------------|------|
| | Rear Bumper Rubber Mat | | | \$ 50.00 | Nett |
| | <i>Rear Bumper x repair</i> | | | \$ 50.00 | |
| | Labour Charge | | | | |
| | Panel Beating- Repair RR Bumper | | | \$ 220.00 100 | |
| | Spray Painting Charge | | | \$ 220.00 180 | |
| | R/Refix Reverse Sensor | | | \$ 120.00 20 | |
| | TOTAL LABOUR | | | \$ 560.00 | |
| | ESTIMATE TOTAL | | | \$ 610.00 | |
| <p><i>Kalvi (CKK)</i> <i>6/12/17 16:04</i> <i>2 Pgs</i> <i>4/5</i> <i>After Repair plz</i></p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p> </div> | | | | | |
| 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

Our Job Ref No : 305095450
Date : 08/12/17

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 8484S

Date of Accident : 05-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 --- SJW8777A

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%

Final Lumpsum Repair cost

\$300.00

\$300.00

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 : 11/12/17

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/INC17023244/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 22-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SJW 8777A | Veh. Inspected | SH 8484S |
| Policy No. | 5085320873 | Coverage (\$) | 0.00 |
| Claim No. | MT/0973066-001 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 06/12/2017 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2014 |
| Chassis No. | KMHLB41UMEU053849 | Colour | BLUE |
| Odometer | 500280 | 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 REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 05/12/2017 | Inspection Date | 06/12/2017 |
| 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. |
|---|

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. SH 8484S

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|---|---------------------|---------------------------|-------------------|
| | REPLACEMENT OF PARTS | NECESSARY TO REPAIR | | |
| 1 | REAR BUMPER RUBBER MAT (SN) | | 50.00 | 50.00 |
| 1 | REAR BUMPER (NPA)(SN) | | - | - |
| | | | 50.00 | 50.00 |
| | LABOUR | | | |
| | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. | | 340.00 | 120.00 |
| | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. | | 220.00 | 180.00 |
| | | 560.00 | 300.00 | |
| GRAND TOTAL | | | 610.00 | 350.00 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 300.00 |

Report Ref No. NS/INC17023244/K1rbn2

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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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.