

Surnames: **Kalvin**REF: **NS / INC17023612 / Klrbn2****ASSIGNMENT**

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop no: _____
 of: _____
 Insured: **G8D 43973**
 Policy No: **507489 8191-02 27.10.17 - 30.10.18**
 Claims No: **MT 10973067-002**
 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

Ball or Market Value: _____
 IDAO Accident Report: _____ 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 7284J** Reg: **14 May 2018**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai I40** cc: **1685**
 Colour: **Blue** A/C: **6** Std / NI / NA
 So. Reading: **378444** T. Radio: **6** Std / NI / NA
 Eng No: _____
 C No: **KMHCB44ME405389**
 Gen. Cond: Good / **6** Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / **6** S/P Air Rim or
 Tyre Size: F: **255/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Hankook**
 Front: **7** mm Rear: **2** mm
 R. Bal. **7** mm L. Bal. **7** mm
 D.O.A. **10/12/17** D.O.I. **12/12/17**
 Survey held at: **(PHE) (Goyang)**
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
o/s Front.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SH 7284J - CS / TC216001041 / migh302**DD: 14.01.18 INC****G8D 43973 - CCB / TL 17023470 / 453****DD: 10.02.17 41****18/12/17 6 hrs up \$2450 / 2 hrs.****Red: \$ 2915.04, 541.****RECEIVED 10 DEC 2017**

Date/Time: File Pass to:

☐ : Prel. Report
☒ : Final Report

typist

Date/Time: File Return to:

Days Of Repair: **2**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

3 - P1 - 18

Photos:

Detail:

Report Format: **TP**Lump Sum / **2450**

Add Fee:

☐ Site Insp
☐ Interview
☐ Tech Insp
☐ New end

\$

\$

\$

\$

TOTAL:

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/INC17023612/K1rb

73 BRAS BASAH ROAD

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

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBD 4397J	Veh. Inspected	SH 7284J
Policy No.	5074898191-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	12/12/2017

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	10/12/2017	Inspection Date	12/12/2017
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.	<input type="text"/>	Date of Accident	<input type="text" value="10/12/2017 18:12"/>						
Vehicle No. (For Motor)	<input type="text" value="GBD4397J"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5074898191-02	CHILLI API CATERING PTE LTD	200208964G	GCV	Comprehensive	GBD4397J	GBD4397J	27/10/2017	26/10/2018
<input type="button" value="Continue"/>									

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/12/2017

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/0973107-002	COMFORT TRANSPORTATION PTE LTD	SHA 6067T	SLU 3728L	09/12/2017	1:10	\$ 2,355.88	\$ 1,050.00
2	MT/0973333-002	COMFORT TRANSPORTATION PTE LTD	SHA 5334D	PA 7506S	10/12/2017	1:40	\$ 2,914.06	\$ 802.48
3	MT/0973648-002	COMFORT TRANSPORTATION PTE LTD	SHD 6887C	SIK 8561T	13/12/2017	16:10	\$ 2,461.58	\$ 850.00
4	MT/0973601-002	COMFORT TRANSPORTATION PTE LTD	SHD 8837J	SIN 6258S	13/12/2017	12:40	\$ 1,250.48	\$ 280.00
5	MT/0973067-002	COMFORT TRANSPORTATION PTE LTD	SH 7284J	GBD 4397	10/12/2017	17:10	\$ 5,365.04	\$ 2,450.00
6	MT/0970758-002	SMRT AUTOMOTIVE	SHC 4517P	SIV 9264L	21/11/2017	9:00	\$ 2,259.50	\$ 900.00
7	MT/0969123-002	SMRT AUTOMOTIVE	SMB 1394S	PC 3639H	09/11/2017	12:20	\$ 10,893.80	\$ 5,500.00

Claim received from LKK

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	11/12/2017 10:33
Date Of Accident	10/12/2017 17:10
Exact Location Of Accident	BEDOK RD X SIDE RD TWDS SHOPHOUSES NEAR SHELL PETR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7284J
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	HARUN BIN MOHD SHARIF
NRIC No	S7003411E
Date Of Birth	30/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	02/01/2002
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	55 04-172 CHAI CHEE DRIVE
Postcode	460055
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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

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

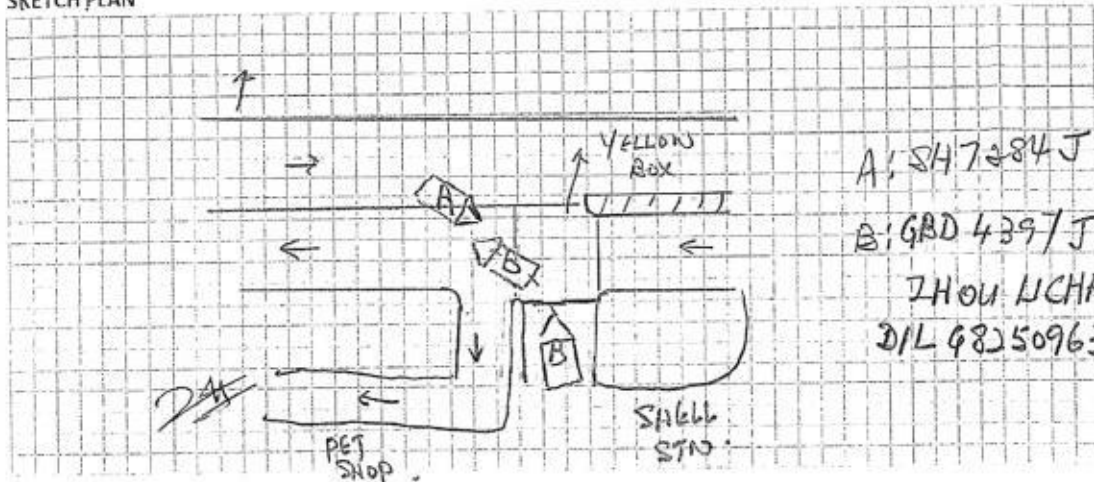
Vehicle Registration Number	GBD4397J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ZHOU LICHANG
NRIC/Passport Number	G8250963T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

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

COMFORT TRANSPORTATION P.L.C.
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2

Describe Circumstances of the Accident
On 10 Dec 2017 at about 17:10 hrs I was driving along Bedok Rd heading towards the Pet Shop
which is on my right.
As I approached the entrance of the side road just before the Shell Station I switched on my
right hand lights at the same time reduced my taxi speed and check for the traffic from the
opposite direction.
After ensuring the traffic from the opposite direction is clear I further reduced my taxi speed
to make the right turn towards the entrance of the side road.
At the point of turning right suddenly I felt an impact coming from the right hand side front
of my taxi followed by a jerk.
Shortly after I stopped my taxi and stepped out to check. Found that a lorry GBD4397J had
driven out from the Shell Petrol Station, failed to stop before entering into the main road
and continued to drive forward and make a left turn into the main road thus caused this
accident to happen. In the process the right hand side front of the lorry hit and grazed the
right hand side front of my taxi thus damaging them.
01 passenger on board my taxi. No injury at the point of the accident.

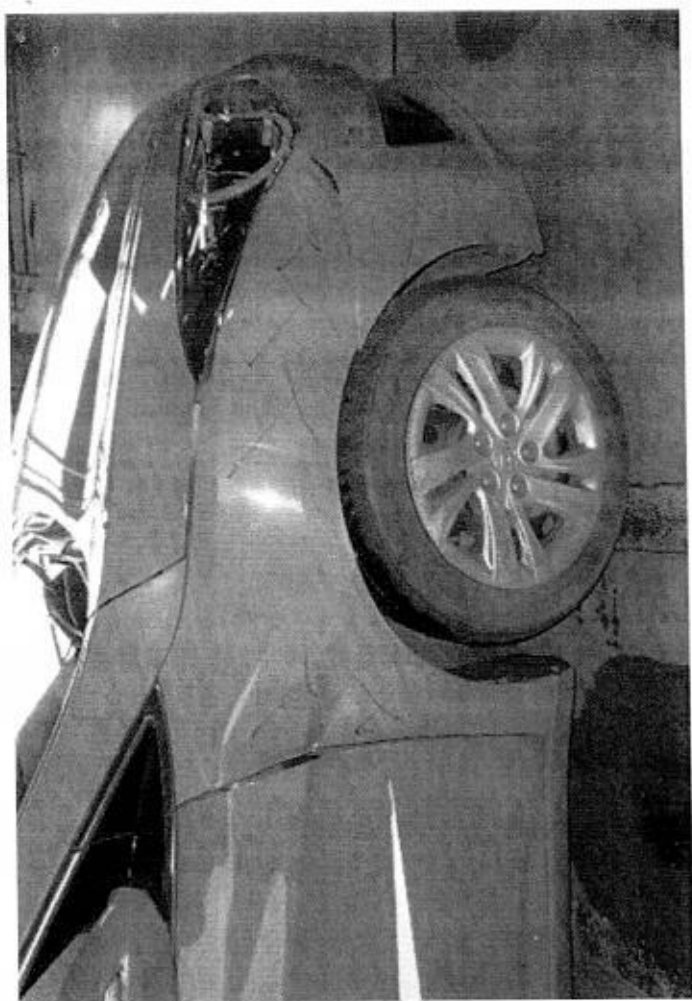
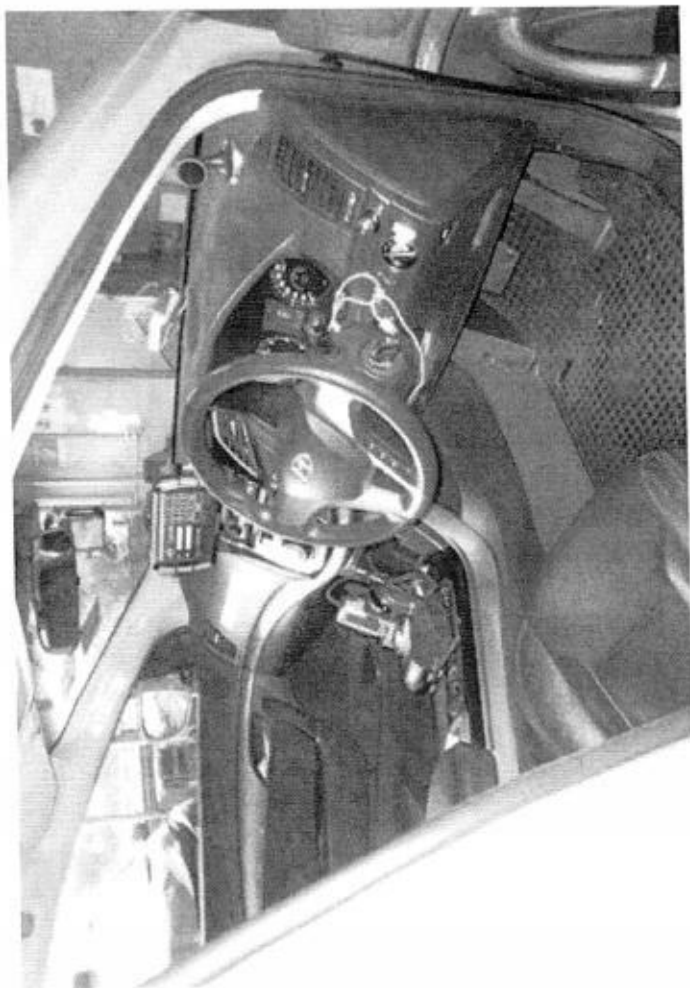
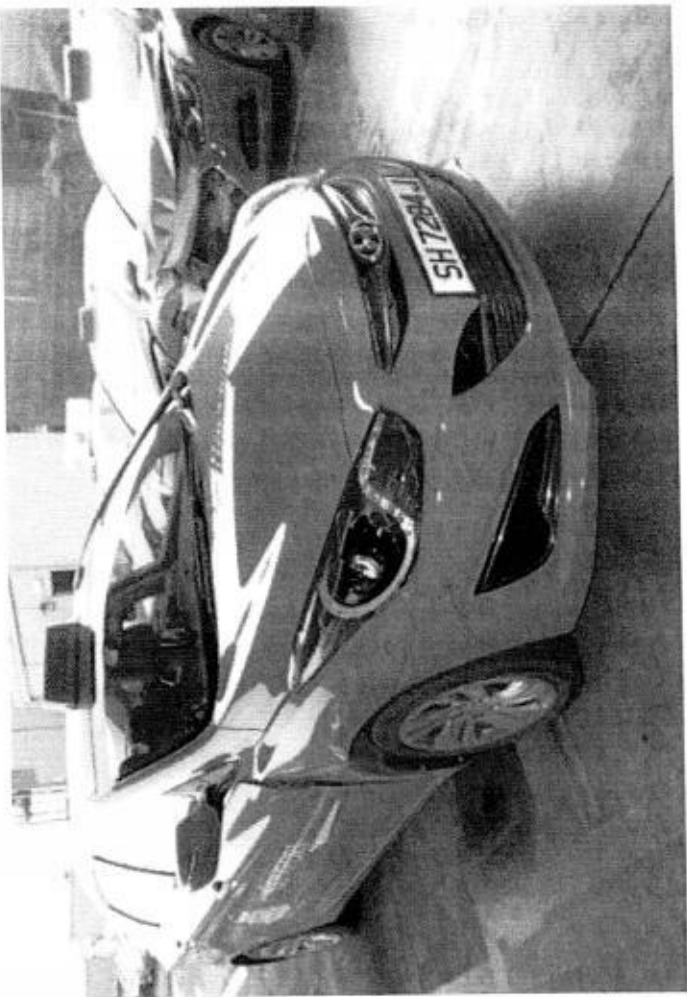
Declaration

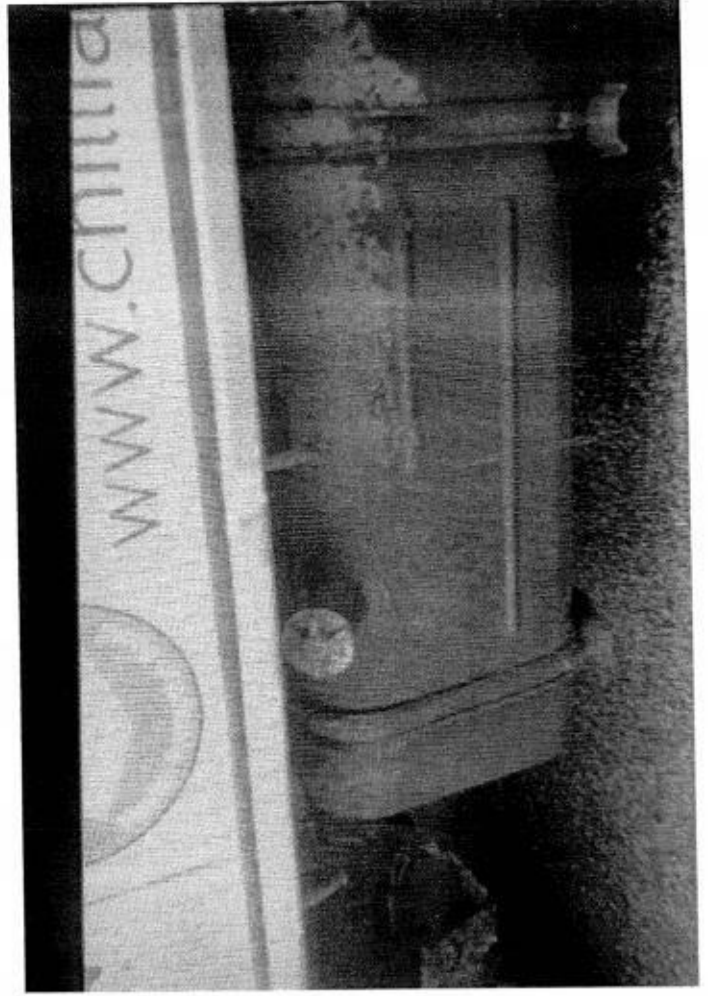
I/We declare the foregoing particulars are true in every respect.

<p>COMFORT TRANSPORTATION PTE LTD CO REG. NO. 199303B21R</p> <p>_____ Policyholder's Signature/Date & Time</p>	<p style="text-align: center;"></p> <p>_____ Driver's Signature (If driver is not the policyholder)/Date & Time</p>
--	--



Witnessed by Reporting
Centre Personnel





Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305096856

CUSTOMER		REGN NO.	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SH 7284J	
CUSTOMER NO. 7010045		MAKE:	FUEL
ADDRESS 383 SIN MING DRIVE		HYUNDAI	E.....1/2.....F
Singapore SINGAPORE 575717		MODEL	DATE/TIME IN
65508755		I-40	11.12.2017 07:00
L (R) (P)		YR OF MANU.	TARGET DATE
(O)		14.05.2014	
SCOUT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHLB41UMEU053839	

JOB DESCRIPTION

Accident Date: 10.12.2017

NATURE: 3P 10.12.2017

Q / NO	LABOR CODE	DESCRIPTION
	NTUC - Taxi Right	Front damage
	LKK / Kalni	

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Job No.: SH 7284J LARRY

Vehicle No.: SH 7284J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Larry Ng

REPAIR ESTIMATE*

DATE 11/12/2017 12:59

DATA. 10.12.2017

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — Detail			\$ / 562.30
	Front Bumper Sponge Xru			\$ 142.20
	Front Bumper Reinforcement Xru			\$ 526.10
	Front Bumper Grille (RH) — gazed			\$ / 40.30
	Front Bumper Bracket Top (RH) Xru			\$ 22.40
	Front Bumper Bracket (RH) Xru			\$ 24.60
	Front Bumper Retainer Mounting Xru			\$ 9.20
	Headlamp Support Panel Assy Xru			\$ 1,067.50
	Headlamp (RH) — XXXX crn			\$ / 1,388.00
	Front Fender (RH) — Det			\$ / 619.00
	Front Fender Shield (RH) Xru			\$ 169.80
	Front Fender Retainer Xru			\$ 9.20
	Frt Wheel Hub Cap X sule			\$ 150.70
	SUB TOTAL			\$ 4,731.30
	LESS 20%			\$ 946.26
	DISCOUNTED TOTAL			\$ 3,785.04
	Labour Charge			400
	Panel Beating			\$ 850.00
	Spray Painting Charge			\$ 400.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	Frt Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 1,580.00
	ESTIMATE TOTAL			\$ 5,365.04
	Kalvin UCLY 12/12/17 1500 20971 45 After Repair photo.			
Larry Ng				
	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 . 305096856
Date : 17.12.2017

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 7284J

Date of Accident: 10/12/17

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

1. The repair job shall bill to: NTUC GBD4397J

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

\$2,450.00

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 18/12/17

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	\$5.35			
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/INC17023612/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 26-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBD 4397J	Veh. Inspected	SH 7284J
Policy No.	5074898191-02	Coverage (\$)	0.00
Claim No.	MT/0973067-002	Excess (\$)	0.00
Assign From		Assign Date	12/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU053839	Colour	BLUE
Odometer	378444	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 O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	10/12/2017	Inspection Date	12/12/2017
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. SH 7284J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (RH)	GRAZED	40.30	40.30
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,067.50	-
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRT WHEEL HUB CAP	SERVICEABLE	150.70	-
	LESS 20% DISCOUNT		-946.26	-521.92
			3,785.04	2,087.68
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,130.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	560.00
			1,780.00	980.00
	GRAND TOTAL		5,565.04	3,067.68
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,450.00

Report Ref No. NS/INC17023612/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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