

Inspector: Kalvin

NS/TNC/17023978 / Klvbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop no: _____

of: _____

Insured: SJB 516 A

Policy No: 5096 204246 23.11.17 - 24.11.18

Claims No: MT/0975146-001

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

Ball or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / FR Search: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum. Surv: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Len/No: SHA 7365 B Reg: 29 Jan 2015

Type: M/Cab / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or

Make: Hyundai Z40 cc: 1685

Colour: Blue A/C: Ins Std / Nil / NA

Sp Reading: 477551 T Radio: Ins Std / Nil / NA

Eng No: _____

G/No: 1CMHLB44AF406545

Gen. Cond: Good / / Poor / Burnt

Steering: Incl / Jammed / Leaked / Burnt or

Brake: Incl / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rim or

Tyre Size: Ft: 205/60R16

R: 7

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

TOYO / YOKO or West/16

Front	Rear
R.Bal. <u>7</u> mm	R.Bal. <u>7</u> mm
L.Bal. <u>7</u> mm	L.Bal. <u>7</u> mm
D.O.A. <u>16/4/17</u>	D.O.A. <u>18/4/17</u>
Survey held at: <u>CP&E (Gang 1)</u>	
Des. of Damages: Fnt / Rear / O/S / N/S / U/O / Rooftop or	
<u>N/S Front</u>	
The U/O / Chassis frame / Body Structure affected due to collision	

Date / Time: _____ Action / Instruction: _____

SHA 7365 B - X IK

SJB 516A - CS/ms613015051 / Uuk3 DUF: 130313 45

26/2/17 (continued) CP&E 550 / 2 pgs. (Ref 350, 391)

RECEIVED 27 FEB 2017

Date/Time: File Pass to: ☐ : Prelim. Report

☐ : Final Report

Date/Time: File Return to:

: 27/2 - typist

Report Format:

Lump Sum / L.B. : 550/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp \$ ☐ Interview \$ ☐ Tech. Insp \$ ☐ Fee/anal \$

Survey Fee

Transaction

160
35
195

Survey Department Check List (Case Handler)

Reference No.: NS/INC17023978/Klvb

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
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				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

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	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

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				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
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Check By: VERON 26/12/17
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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/INC17023978/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJB 516A	Veh. Inspected	SHA 7365B
Policy No.	5096204246	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	18/12/2017

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	16/12/2017	Inspection Date	18/12/2017
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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TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/0972815-002	CITYCAB PTE LTD	SHB 2278Y	FBJ 2964D	6/12/2017	22:15	\$2,394.00	\$2,068.40
2	MT/0973808-002	COMFORT TRANSPORTATION PTE LTD	SHA 5875J	SHC 6453B	14/12/2017	20:15	\$3,524.64	\$1,450.00
3	MT/0975146-001	COMFORT TRANSPORTATION PTE LTD	SHA 7365B	SJB 516A	16/12/2017	2:40	\$900.00	\$550.00
4	MT/0972947-002	COMFORT TRANSPORTATION PTE LTD	SHC 8625J	SGJ 4049Z	8/12/2017	20:20	\$2,461.58	\$1,086.18
5	MT/0975147-001	COMFORT TRANSPORTATION PTE LTD	SHC 1015R	GZ 210R	16/12/2017	15:00	\$3,243.80	\$2,299.43
6	MT/0975149-001	COMFORT TRANSPORTATION PTE LTD	SH 8328K	SJU 3979C	20/12/2017	21:50	\$2,077.25	\$810.95

Claim received from LKK

eBaoTech

GeneralClaim

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="18/12/2017 17:12"/>						
Vehicle No.(For Motor)	<input type="text" value="SJ8516A"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096204246	EC TRANSPORTATION	53311750W	GPC	drive CLASSIC	SJ8516A	SJ8516A	25/11/2017	24/11/2018
<input type="button" value="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 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	18/12/2017 07:16
Date Of Accident	16/12/2017 02:40
Exact Location Of Accident	CARPARK IN FRONT BLK 102 COMMONWEALTH CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7365B
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	NG TECK CHUAN (HUANG DEQUAN)
NRIC No	S7902729D
Date Of Birth	04/02/1979
Occupation	OUTDOOR
Date Of Driving Pass	29/10/2003
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	449 11-102 YISHUN RING ROAD
Postcode	760449
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 (7P reverse)
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

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

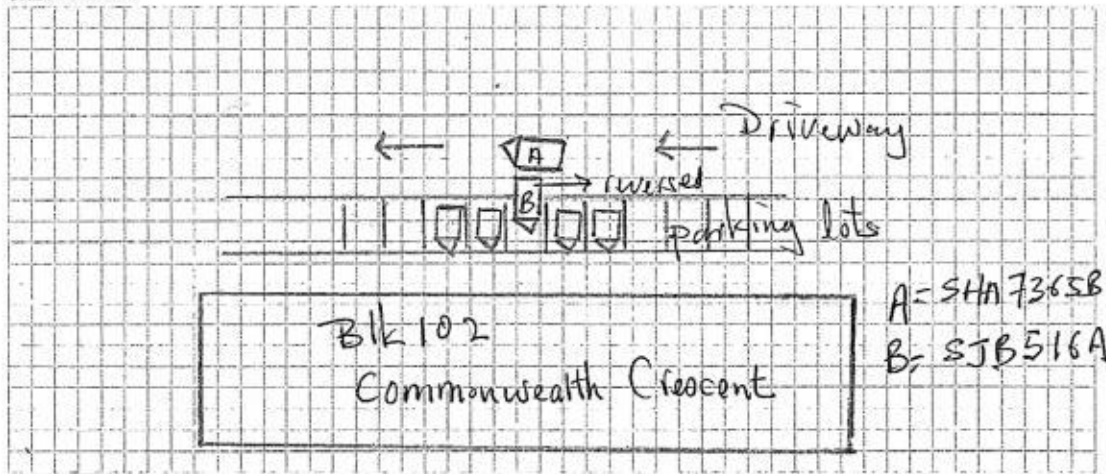
Vehicle Registration Number	SJB516A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As
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)
Date & Time:

16/12

Lim Ee Soon
CSO

Reporting Centre Personnel's Signature
Name:
Date & Time:

Sketch Plan Pg. 2

SHA 7365 B

- ACCIDENT STATEMENT

Late into the night(16/12/2017) I ferried a female passenger from city to her destination at Blk 102, Commonwealth Crescent.

As seen in the video footage, I stopped on the carpark driveway upon arrival at the destination.

Notwithstanding that I had also turned on the head lamp while my taxi was stationary, my car was reversed into by car B(SJB 516A) from a parking lot on my left side.

I took photos at the scene.

The impact inflicted damage to the left front portion of my taxi.

Car B was a private-hire car. Its rear sustained dents. The driver of car B declined exchange of particulars following the accident.

No report of injury at the time of accident.

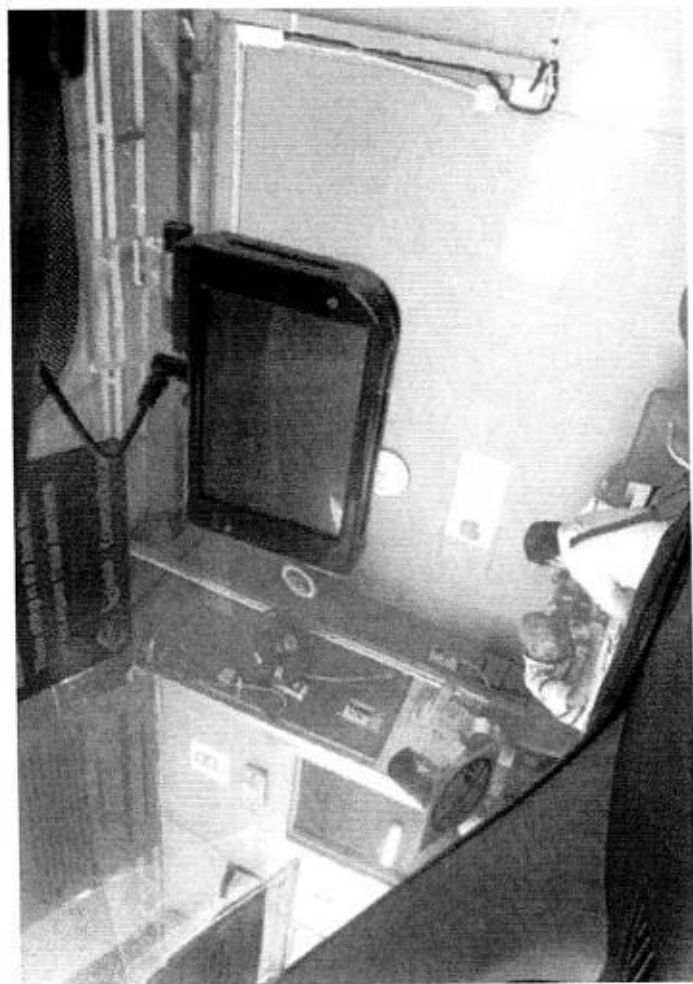
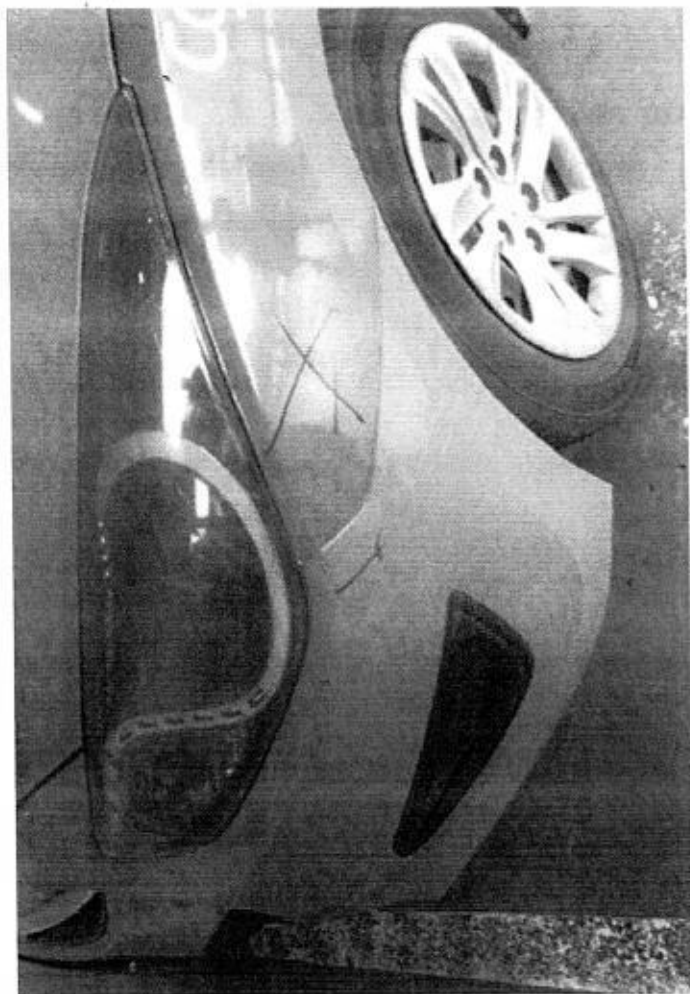
I affirmed the above-statement is true and correct.

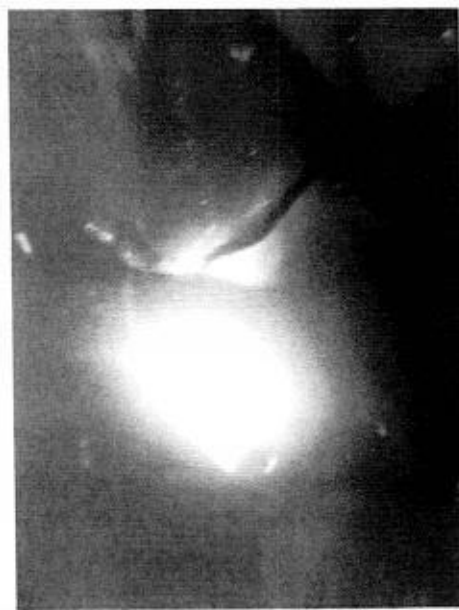
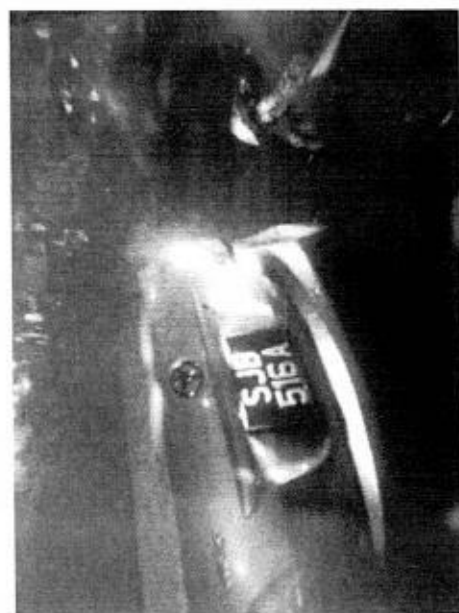


Driver name : Ng Teck Chuan
NRIC NO : S 7902729D
Date: 16/12/2017

Recorded by Alex Lim







Team: ARC Repair TP(CLSO)1		JOB CARD Sales Order:		JC No.305098671	
CUSTOMER		REGN NO: SHA7365B		MILEAGE	
VMS COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI		FUEL	
CUSTOMER NO 7010045		MODEL I-40		E.....1/2.....F	
ADDRESS 383 SIN MING DRIVE		YR OF MANU 29.01.2015		DATE/TIME IN 16.12.2017 11:50	
Singapore SINGAPORE 575717		CHASSIS CODE KMHLB41UMFU065645		TARGET DATE	
L. (R) 65508755 (O)				COMPLETION DATE/TIME:	
(P)					
SCOUNT CARD NO.					

Accident Date: 16.12.2017
NATURE: 3P 16.12.2017

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		NTUC - taxi left front damage
		LCIC/Kahni -

CHECKED & PASSED OUT BY: _____	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Knowledge Slip	Exit Pass
Vehicle No.: SHA7365B	Vehicle No.: SHA7365B
Signature of Service Advisor	Signature of Service Advisor
Date	Date
Returned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 7365B

DATE 18/12/2017 10:52

MAKE :

DOA: 16.12.17

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	Nett
	Front Fender Advertisement Logo (LH) ✓ <i>ML</i>			\$ 100.00	
	<i>Front Bumper x 2 pieces</i>			\$ 100.00	
	<i>Front Fender (LH) x 1 piece</i>				
	Labour Charge			200	
	Panel Beating			\$ 350.00	
	Spray Painting Charge			\$ 400.00	360
	Tuff Kote			\$ 50.00	X ⁱⁿ
	TOTAL LABOUR			\$ 800.00	
	ESTIMATE TOTAL			\$ 900.00	
<i>Keluar (KKK)</i> <i>✓ 18/12/17 1530 h</i> <i>2 Pagi</i> <i>LS</i> <i>After Repair</i>					
<div style="border: 1px solid black; padding: 5px;"> <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.					

Larry Ng

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305098671
Date : 22.12.2017

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

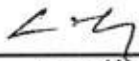
FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHA7365B Date of Accident: 16.12.2017

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

1. The repair job shall bill to: NTUC SJB516A
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: \$550.00
Final Lumpsum Repair cost
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 : K. L. L.
Date : 26/12/17

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:



Thatcham escribe

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/INC17023978/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 04-01-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJB 516A	Veh. Inspected	SHA 7365B
Policy No.	5096204246	Coverage (\$)	0.00
Claim No.	MT/0975146-001	Excess (\$)	0.00
Assign From		Assign Date	18/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU065645	Colour	BLUE
Odometer	477551	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 N/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	16/12/2017	Inspection Date	18/12/2017
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
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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. SHA 7365B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY TO REPAIR TO REPAIR	100.00	100.00
1	FRONT BUMPER (NPA)(SN)		-	-
1	FRONT FENDER (LH)(NPA)(SN)		-	-
			100.00	100.00
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		350.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	360.00
			800.00	560.00
GRAND TOTAL			900.00	660.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				550.00

Report Ref No. NS/INC17023978/K1vbn2

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.