

NAME: **Kalvin**

REF:

NS/TNC17024561/Klqbn2

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop no: \_\_\_\_\_  
 of: \_\_\_\_\_  
 Insured: **SJS 1562U**  
 Policy No: **509918656 130617-120618**  
 Claims No: **MT/0975477-092**  
 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

Bel. or Market Value: \_\_\_\_\_  
 IDAO Accident Report: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: **7** 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: **SHD 7056C** 15 Oct 2015  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Tr / Prime Mover  
 Truck / Trailer or  
 Make: **Hyundai** 240 cc **1685**  
 Colour: **Blue** A/C Ins **0** Std / Nil / NA  
 Sp Reading: **421396** T Radio: Ins **8** Std / Nil / NA  
 Eng No: \_\_\_\_\_  
 C/No: **KMHLDK14MH4078594**  
 Gen. Cond: Good / **0** / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modl: Nil / S/Rim / **STD** A/Rim or  
 Tyre Size: F: **205/60R16**  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Har/Kook**  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal: **7** mm R/Bal: **7** mm  
 L/Bal: **7** mm L/Bal: **7** mm  
 D.O.A: **27/12/12** D.O.A: **27/12/12**  
 Survey held at **CDGE (Pang)**  
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or  
**Rear**  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

**SHD 7056C - NS/TNC17024520/Klqbn** DOP: 21/12/2017 **INC**  
**SJS 1562U - X** **L/S**  
**2/1/18 Continued 4/1 \$900 / 2 Reps. (Red to 665.00, 42%)**

RECEIVED 03 JAN 2018

Date/Time File Pass to?

**03/1/18**

Date/Time File Return to?

☐ : Preli. Report  
☐ : Final Report

Days Of Repair: **2**

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee

Transportation

Report Format: **TP**

Lump Sum / L/S: **900**

Add Fee:

☐ Site Insp  
☐ Interview  
☐ Tech. Insp  
☐ Measurement

\$  
 \$  
 \$  
 \$

\_\_\_\_ \$

Photos

Notes

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/INC17024551/K1qb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 27-12-2017	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJS 1562U	Veh. Inspected	SHD 7056C	
Policy No.	5091918656	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	27/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	27/12/2017	Inspection Date	27/12/2017	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

# Survey Department Check List (Case Handler)

Reference No.: NS/INC17074557/Kgb  
Policy Type: OD (TP) / TP RES / TL / EVA

SHO. 7056C

Case Handler

Typist

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

## (1) Office Assign Form

- 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

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

**Surveyor** ( Calvin ): 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

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
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✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

## (2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
---	--	--	--

## (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

--	--	--	--

Check By:

Calvin 03/11/18  
Case Handler Date

**TP Claims against NTUC Income: Follow-Through Survey**

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0974939-002	COMFORT TRANSPORTATION	SHD 6653K	SLP 2511C
2	MT/0974934-002	COMFORT TRANSPORTATION	SHA 2874G	SIK 4603H
3	MT/0975291-002	COMFORT TRANSPORTATION	SHC 3744G	YL 1230L
4	MT/0975668-002	COMFORT TRANSPORTATION	SH 6097P	SLE 8554Y
5	MT/0975315-002	COMFORT TRANSPORTATION	SHC 2941K	YP 5831E
6	MT/0975395-002	COMFORT TRANSPORTATION	SHC 8031Y	GBB 4156Z
7	MT/0974929-002	COMFORT TRANSPORTATION	SH 9321Y	FBM 2329Y
8	MT/0975678-002	COMFORT TRANSPORTATION	SHC 8021B	SJH 5404A
9	MT/0975539-002	COMFORT TRANSPORTATION	SHA 7663R	YM 6298D
10	MT/0975477-002	COMFORT TRANSPORTATION	SHD 7056C	SJS 1562U
11	MT/0975923-001	COMFORT TRANSPORTATION	SHC 2783A	SGV 8542B

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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## 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"/>	5091918656	JASON LIMO SERVICES	53354660E	GPC	drive CLASSIC	SJS1562U	SJS1562U	13/06/2017	12/06/2018

## 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	27/12/2017 11:43
Date Of Accident	27/12/2017 01:30
Exact Location Of Accident	BUKIT PANJANG RING RD TWDS BUKIT PANJANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7056C
<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	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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072701MFSH
Cover Note Number	

### Driver

Name of Driver	LAM MIN KHOY
NRIC No	S1202325A
Date Of Birth	21/10/1956
Occupation	OUTDOOR
Date Of Driving Pass	13/05/1975
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	114 #11-589 PASIR RIS STREET 11
Postcode	510114
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

SEE ATTACH.

#### Attachment(s)

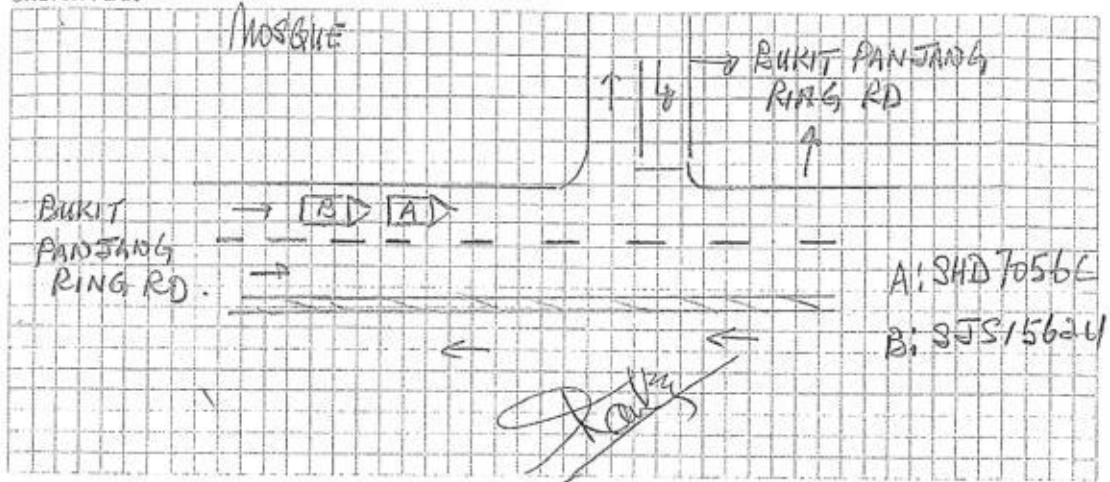
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS1562U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

# 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.  
 UNIPORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 18930324R

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 Incident

On 27 Dec 2017 at about 01:30 hrs I was driving straight on the left lane along Bukit Panjang Ring Rd leading towards the direction of Bukit Panjang Rd.

Somewhere near the Mosque I saw a pedestrian waving at my taxi hence I slowed down and was preparing to stop suddenly a car SJS1562U came from behind collided onto the Rear Portion of my taxi.

No injury at the point of the accident.

Enclosed is a video footage to support my claims.

### Declaration

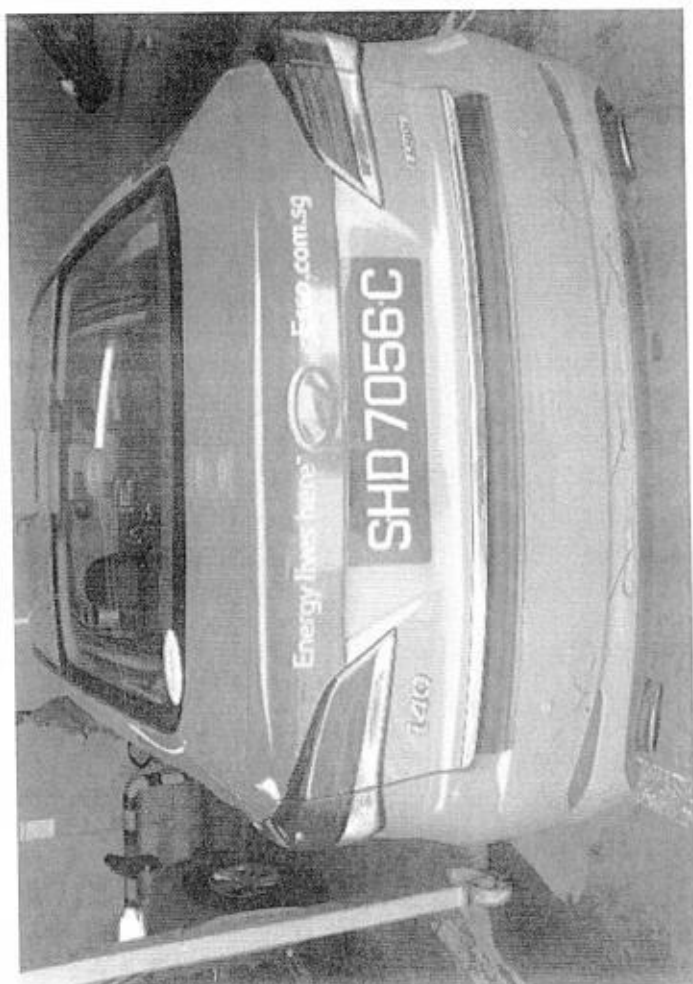
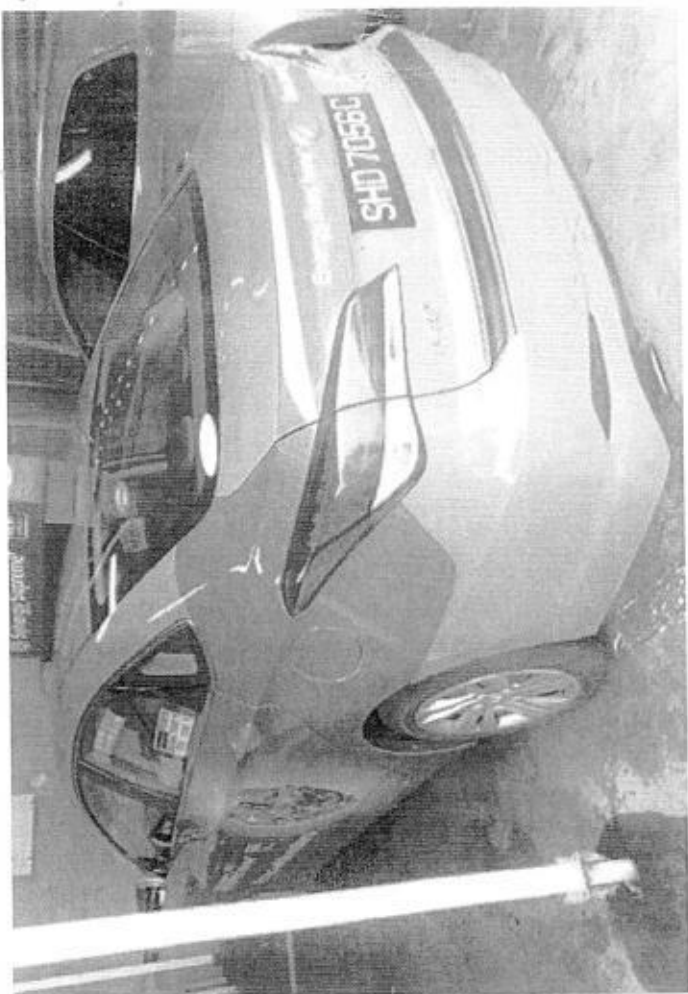
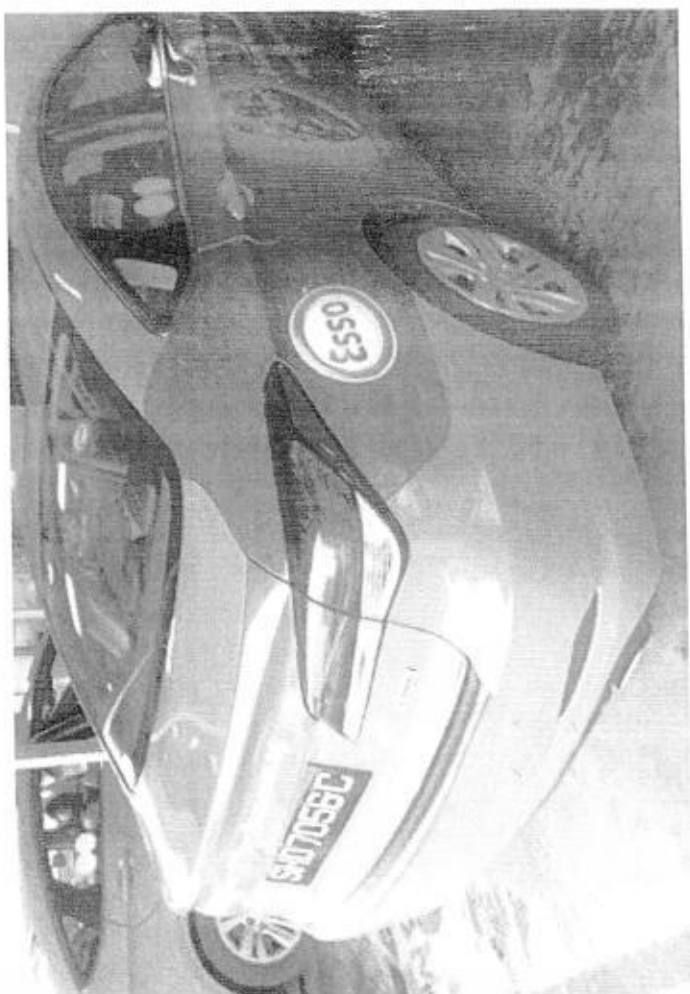
I/We declare the foregoing particulars are true in every respect.

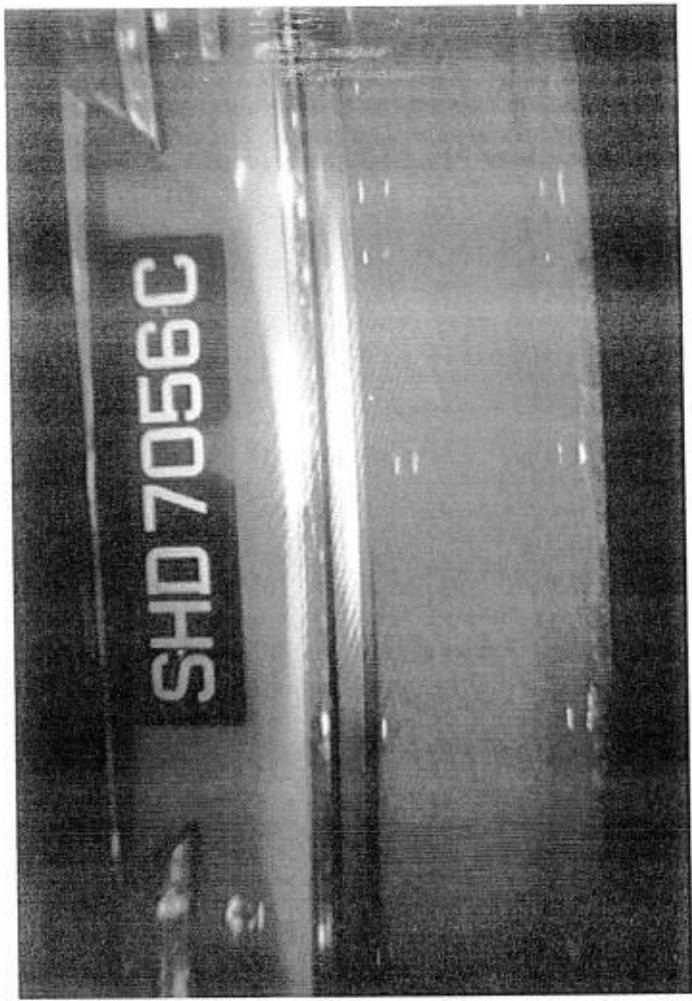
COMFORT TRANSPORTATION, INC.  
CA REG. NO. 18939924R

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel







# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHD 7056C

DATE 27/12/2017 10:34

MAKE :

MODEL : HYUNDAI i40

LKK/Kalvin H/Sam  
NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Intermed</i>			\$ 603.60
	Rear Bumper Clips <i>ne</i>			\$ 22.00
	Rear Bumper Sponge <i>X 500</i>			\$ 143.40
	Rear Bumper Under Cover <i>cut</i>			\$ 225.00
	<b>SUB TOTAL</b>			<b>\$ 994.00</b>
	<b>LESS 20%</b>			<b>\$ 198.80</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 795.20</b>
	 <b>Rear Bumper Rubber Mat</b> <i>ne</i>			 \$ 50.00 <b>Nett</b>
				<b>\$ 50.00</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>350.00</del>
	Spray Painting Charge			\$ <del>200.00</del> <b>180</b>
	Wiring Charge			\$ <del>50.00</del> <b>X 11</b>
	R/Refix Reverse Sensor			\$ <del>120.00</del> <b>20</b>
	<b>TOTAL LABOUR</b>			<b>\$ 720.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,565.20</b>

Kalvin LKK/K  
27/12/17 1505 hr  
2 Days  
L/S  
After Repair photo

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 item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

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 : 305101606

Date : 31/12/17

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. : SHD7056C CTPL

27.12.17

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

1. The repair job shall bill to: NTUC --- SJS1562U
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% \$900.00  
**Final Lumpsum Repair cost** \$900.00

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 KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Calvin

Date : 2/1/18

### 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/INC17024551/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 09-01-2018



Code: INC4

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

Insured Veh.	SJS 1562U	Veh. Inspected	SHD 7056C
Policy No.	5091918656	Coverage (\$)	0.00
Claim No.	MT/0975477-002	Excess (\$)	0.00
Assign From		Assign Date	27/12/2017

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU078594	Colour	BLUE
Odometer	421396	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	27/12/2017	Inspection Date	27/12/2017
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. SHD 7056C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	603.60	603.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-198.80	-170.12
			795.20	680.48
<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.		520.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			720.00	400.00
<b>GRAND TOTAL</b>			<b>1,565.20</b>	<b>1,130.48</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>900.00</b>

Report Ref No. NS/INC17024551/K1qbn2

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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