

Surveyor: **Kalvin**

REF:

NS/ZNC17024566 / K1rbn2

✓

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop No: _____

of: _____

Insured: **9LE 8554Y**Policy No: **5083150819-01 23.10.17 - 22.10.18**Claims No: **m710975668 - 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

Est. of Market Value: _____

IDAO Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SH 6097P**

2 Apr 2015

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/O / Prime Mover

Truck / Trailer or

Make: **Hyundai****EX 40 1685**Colour: **Blue**A/C Ins **0** Std / NI / NASp. Reading: **422847**T. Radio: Ins **0** Std / NI / NA

Eng No: _____

O No: **K1HCB414MF4 0 67828**Gen. Cond: Good / **0** / Poor / BurntSteering: Inord / **0** / Jammed / Leaked / Burnt orBrake: Inord / **0** / Jammed / Leaked / Burnt orModi: Nil / S/Rim / **0** / A/Rim or

Tyre Size: F: _____

205/60R16

R: _____

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal: **7** mmR/Bal: **7** mmL/Bal: **7** mmL/Bal: **7** mmD.O.A. **22/12/17**D.O.A. **27/12/17**Survey held at: **COKE (6)**

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

N/S Body

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

SH 6097P - CC3/AXA11076634 / Hledel

DUA: 26.12.2011

INC

9LE 8554Y - CC4/LPC16022478 / Kza3n2

DUA: 27.11.16

4/5

2/1/18 Confirmed 4/5 \$700/2 days.

Red: \$791.88, 53%.

RECEIVED 03 JAN 20

Date/Time File Pass to?

☐ : Prelim. Report
☒ : Final Report
Days Of Repair: **2**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

Photo:

Others:

Add Fee:

☐ Site Insp: \$☐ Interview: \$☐ Tech. Insp: \$☐ Workshop: \$Report Format: **TP**Lump Sum / L.I.S: **200**

160

35

145



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/INC17024566/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLE 8554Y	Veh. Inspected	SH 6097P
Policy No.	5083150819-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/12/2017

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	22/12/2017	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.

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="22/12/2017 17:57"/>						
Vehicle No.(For Motor)	<input type="text" value="SLE8554Y"/>								
<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"/>	5083150819-01	TANG GEK LENG	52597834Z	GPC	drive PREMIUM	SLE8554Y	SLE8554Y	23/10/2017	22/10/2018
<input type="button" value="Continue"/>									

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	SJK 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

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	23/12/2017 11:15
Date Of Accident	22/12/2017 21:25
Exact Location Of Accident	CAR PARK AT EAST COAST LAGOON FOOD VILLAGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6097P
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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	

Driver

Name of Driver	HANIFF B MAHBOB
NRIC No	S0022984I
Date Of Birth	13/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1970
Driving Experience	47 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	HANIFF.MAHBOB@GMAIL.COM

Address	121 YISHUN ST 11 # 02-445
Postcode	S760121
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	DRIZZLING
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

PLS SEE 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	SLE8554Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIAM YIH CHIN
NRIC/Passport Number	S7363086Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

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 41

Policyholder's Signature
Date & Time:

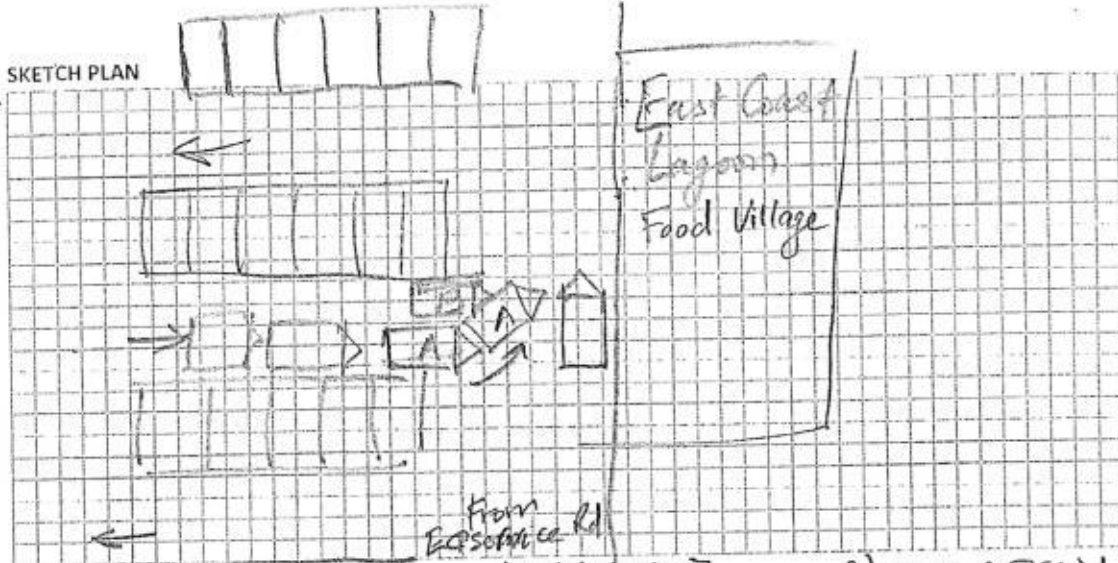
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/4C SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A) SH 6097P B) SLE 8554Y

On 22/12/17 at about 21:50pm while I Veh A just moved from the single way driveway of the carpark to pick up a passenger at the Food Village, Veh B suddenly squeezed by the left side and grazed the front to the rear left portion of my vehicle. I reversed a little after the collision to give way to vehicle coming by right.

R. Noorh
CCO

DECLARATION

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

COMFORT TRANSPORTATION
CO. REG NO. 100

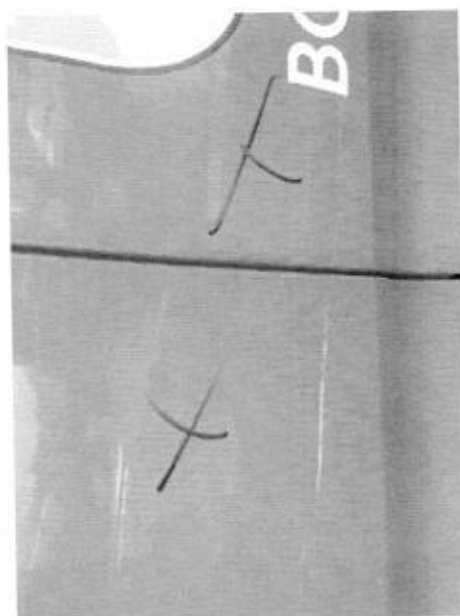
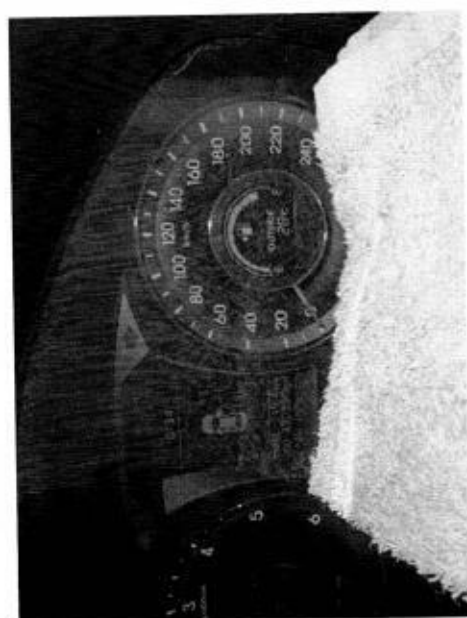
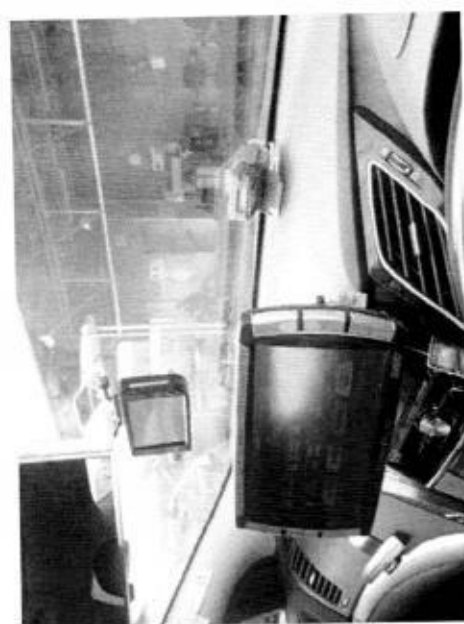
Policyholder's Signature
Date & Time:

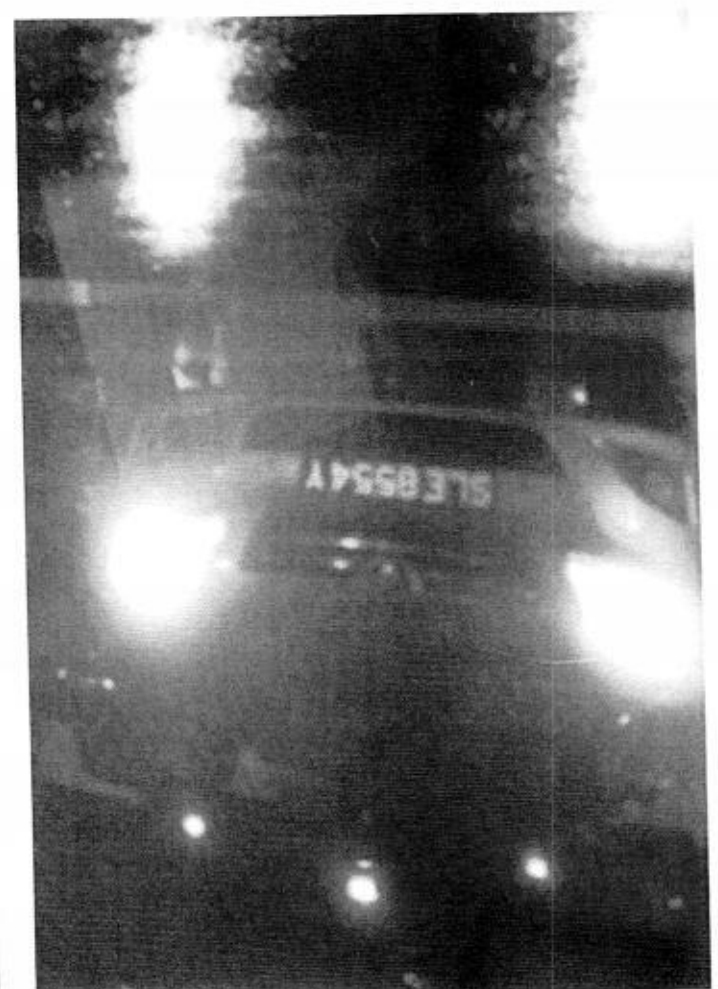
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GA/SMC SketchPlanForm_V3

23/12/17





member of COMFORTDELGRO

Date/Time: 27.12.2017 10:17

Page : 1

Job: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.305101429

Customer: COMFORT TRANSPORTATION PTE LTD
 7010045
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755

REGN NO: SH 6097P	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN 27.12.2017 09:15
YR OF MANU: 02.04.2015	TARGET DATE
CHASSIS CODE RMHLB41UMFU067828	COMPLETION DATE/TIME:

NTUC

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.12.2017
 ATURE: 3P 22.12.2017

/NO	LABOR CODE	DESCRIPTION
-----	------------	-------------

OKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SH 6097P

LKE/KALVIN

Vehicle No.:

SH 6097P

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 6987P

MAKE : 6097

MODEL : HYUNDAI i40

DATE 27/12/2017 13:18

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rocker Panel Outer Garnish (LH) <i>X repair</i>			\$ 483.60
	Front Door (LH) <i>X repair</i>			\$ 483.60
	Rear Door (LH) <i>repair</i>			\$ 96.72
	SUB TOTAL			\$ 483.60
	LESS 20%			\$ 96.72
	DISCOUNTED TOTAL			\$ 386.88
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>✓</i>			\$ 80.00
	Front Door Coloured Comfort Logo (LH) <i>✓</i>			\$ 75.00
				\$ 155.00
	Labour Charge			200
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 600.00
				540
	TOTAL LABOUR			\$ 950.00
	ESTIMATE TOTAL			\$ 1,491.88

Kalvin C/16/16
 27/12/17 1520hr.
 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 305101429
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. SH6097P CTPL 22.12.17

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

1. The repair job shall bill to: NTUC --- SLE8554Y
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:	<u>20%</u>	<u>\$700.00</u>
Final Lumpsum Repair cost		<u>\$700.00</u>
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.




Signature : _____

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

We confirm the estimates and finalized amount



Signature : _____

Name : KALVIN ANG

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/INC17024566/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 05-01-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLE 8554Y	Veh. Inspected	SH 6097P
Policy No.	5083150819-01	Coverage (\$)	0.00
Claim No.	MT/0975668-002	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.	KMHLB41UMFU067828	Colour	BLUE
Odometer	422847	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 N/S BODY. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	22/12/2017	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
-------------------------------------	----------------



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 6097P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	ROCKER PANEL OUTER GARNISH (LH)	TO REPAIR	483.60	-
1	FRONT DOOR (LH)(NPA)	TO REPAIR	-	-
1	REAR DOOR (LH)(NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-96.72	-
			386.88	-
SPECIAL NETT ITEMS				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH)(SN)	NECESSARY	75.00	75.00
			155.00	155.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		350.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		600.00	540.00
			950.00	740.00
GRAND TOTAL			1,491.88	895.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				700.00

Report Ref No. NS/INC17024566/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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.