

08/11/18

Surrey, VIC: Kelvin

REF:

NS/2NC18003736 / KHB02

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SJH 2979Z
 Policy No. 5082479655-01 300717 - 240718
 Claims No. MT/0982386-002
 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

Bal. 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
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SHD 4031T Yr Regn: 28 May 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai ELANTRA C.C. 1600
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 296262 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KM HLB414MFM 069305
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front 7 mm Rear 7 mm
 R/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 11/2/18 D.O.I. 26/2/18
 Survey held at CDHE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S B.O.L.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SHD 4031T - 005 / 11/2/18 / 23583 / YV63042</u> <u>CDHE 11/2/18</u> <u>ZMC</u>
	<u>SJH 2979Z - 004 / 11/2/18 / 00336 / YV0842</u> <u>CDHE 11/2/18</u> <u>Ys.</u>
<u>28/2/18</u>	<u>Labour 4.5 @ \$1800 / 3 hrs. (Red: 755.88 / 29%)</u>

Date/Time, File Pass to?

☐: Prell. ReportDays Of Repair: 31) 713 Typist☒: Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee: 160

Transportation: _____

S + RS: _____

Photos: 35Add Fee: ☐: Site Insp (\$ _____)☐: Interview (\$ _____)

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/INC18003736/K1tb			
73 BRAS BASAH ROAD		Date: 27-02-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJH 2579Z	Veh. Inspected	SHD 4031T
Policy No.	5082479655-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/02/2018
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	11/02/2018	Inspection Date	26/02/2018
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

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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 type="radio"/>	5082479655-01	DES AUTOMOBILE PTE LTD	201617059Z	GPC	drivo CLASSIC	SJH2579Z	SJH2579Z	30/07/2017	29/07/2018

TP Claims against NTUC Income: Follow-Through Survey

Date : 1/3/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0984190-001	CITY CAB PTE LTD	SHB 2020Z	SLU 1543R	15/2/2018	0:25	\$ 2,461.58
2	MT/0983753-002	COMFORT TRANSPORTATION PTE LTD	SHC 3890S	YN 6525T	26/2/2018	11:35	\$ 1,314.40
3	MT/0982386-002	COMFORT TRANSPORTATION PTE LTD	SHD 4031T	SIH 2579Z	11/2/2018	22:40	\$ 2,555.88
4	MT/0984208-002	CITY CAB PTE LTD	SHB 3199K	SJN 665P	24/2/2018	11:30	\$ 1,986.32
5	MT/0983483-002	COMFORT TRANSPORTATION PTE LTD	SHD 4619Z	SKX 9138X	23/2/2018	18:50	\$ 2,220.92
6	MT/0982572-002	COMFORT TRANSPORTATION PTE LTD	SHC 8037G	SLM 6012R	15/2/2018	21:40	\$ 5,582.00
7	MT/0982638-002	COMFORT TRANSPORTATION PTE LTD	SHD 3573C	AX 8757J	17/2/2018	16:50	\$ 6,024.30
8	MT/0983442-002	COMFORT TRANSPORTATION PTE LTD	SHC 8134J	SKZ 5012R	22/2/2018	22:50	\$ 2,461.58
9	MT/0982938-002	COMFORT TRANSPORTATION PTE LTD	SHA 3542H	YM 3550U	14/2/2018	14:30	\$ 10,041.50

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO: 305120049

STOMER
COMFORT TRANSPORTATION PTE LTD
/MS 7010045
STOMER NO 383 SIN MING DRIVE
DRESS Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

REGN NO	SHD4031T	MILEAGE
MAKE	HYUNDAI	FUEL
MODEL	I-40	DATE/TIME IN
YR OF MANU	28.05.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMFU069305	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.02.2018
NATURE: 3P 11.02.2018

S/N	LABOR CODE	DESCRIPTION
		NTUC - taxi left rear damage
		LKK/Kalmi -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Signature/Date		Name of Service Advisor	
Signature/Date		Date	
Signature/Date		To be kept by Security Guard	

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 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	13/02/2018 09:12
Date Of Accident	11/02/2018 22:40
Exact Location Of Accident	SENGKANG EAST ROAD TWDS BUANGKOK GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4031T
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	MCOM0015
Cover Note Number	

Driver

Name of Driver	GOH ENG SOON
NRIC No	S1177443A
Date Of Birth	14/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	01/03/1976
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	ESGOH1@YAHOO.COM

Address	BLK 225C COMPASSVALE WALK #03-355
Postcode	543225
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	CLEAR
Road Surface	DRY

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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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 REFER TO 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	SJH2579Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAVEN ASHWAH SEELAN
NRIC/Passport Number	S9417610G
Contact Number	81571495
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT

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.
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5. Any false reporting may be referred to the Police for investigation.
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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. 199303821R



12/2/18
Jackson
Dusky

Policyholder's Signature
Date & Time:

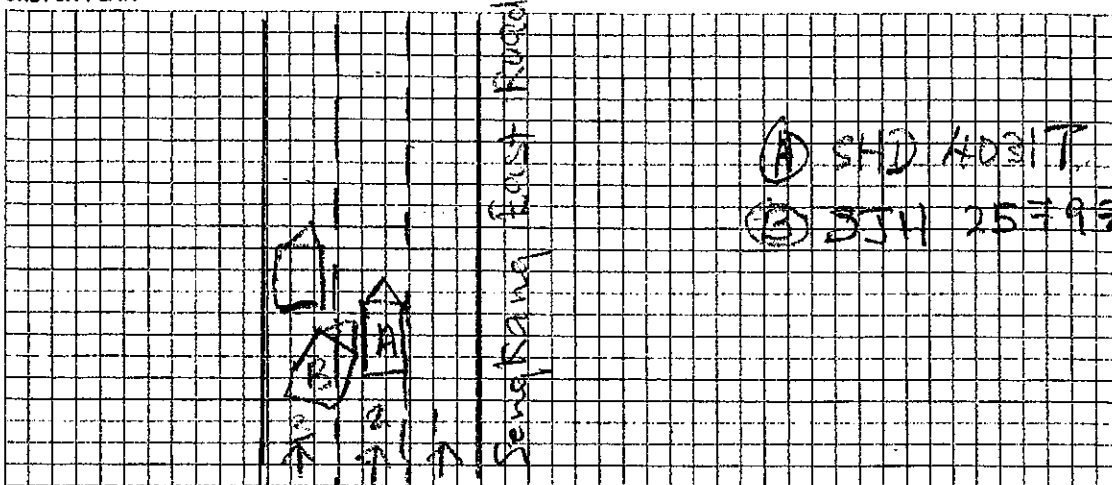
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 11/02/2018 at about 2240 hrs, I vehicle A was driving along Sengkang East road on the middle lane. Suddenly vehicle B come from my left and collided into my taxi door and rear position.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

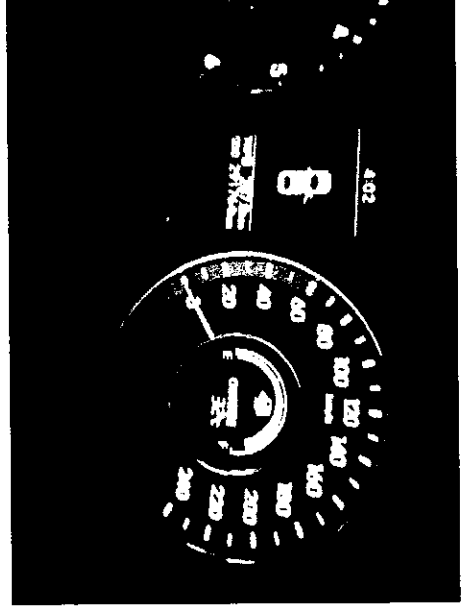
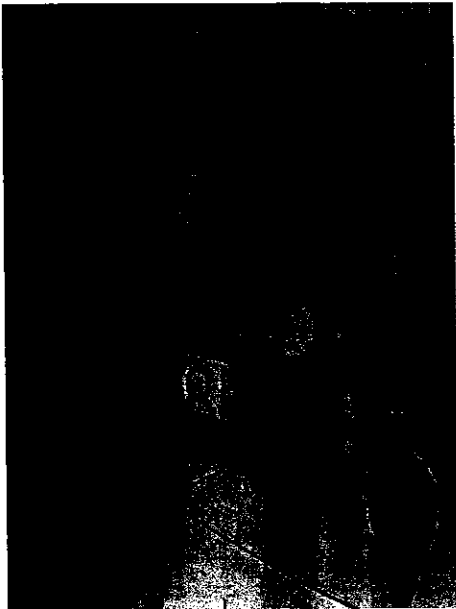
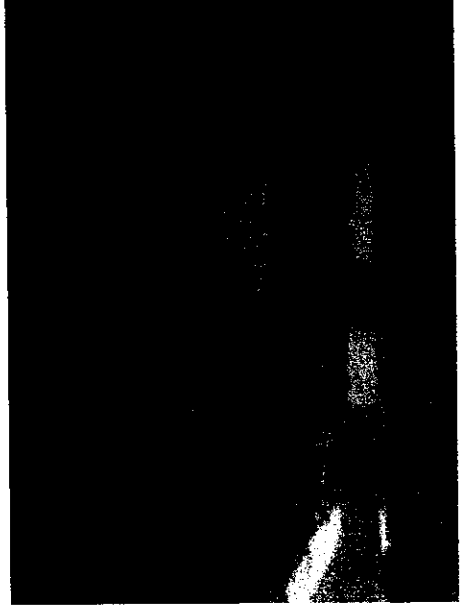
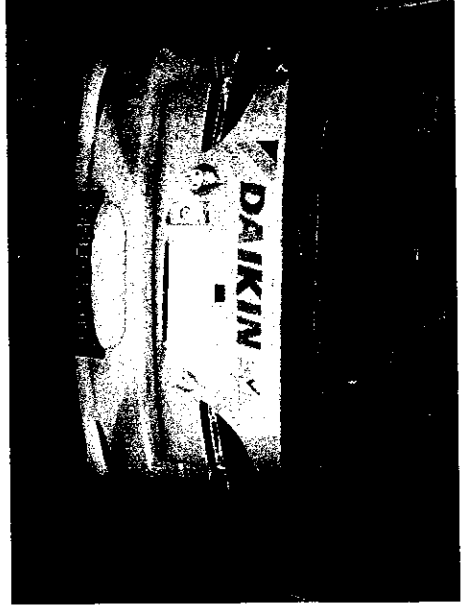
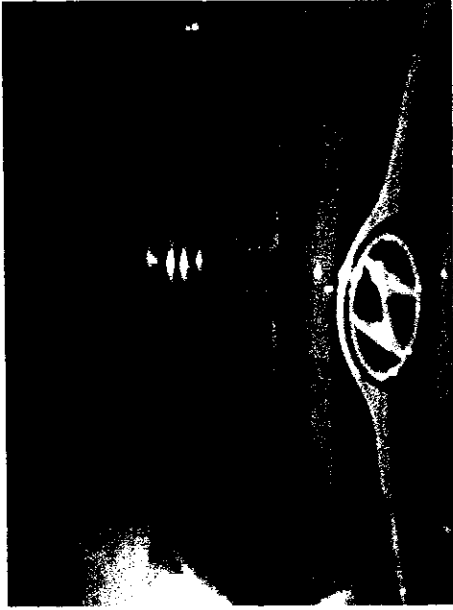
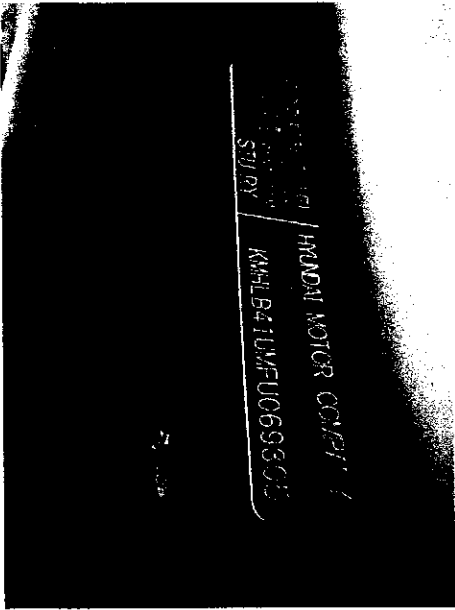
Policyholder's Signature
Date & Time:

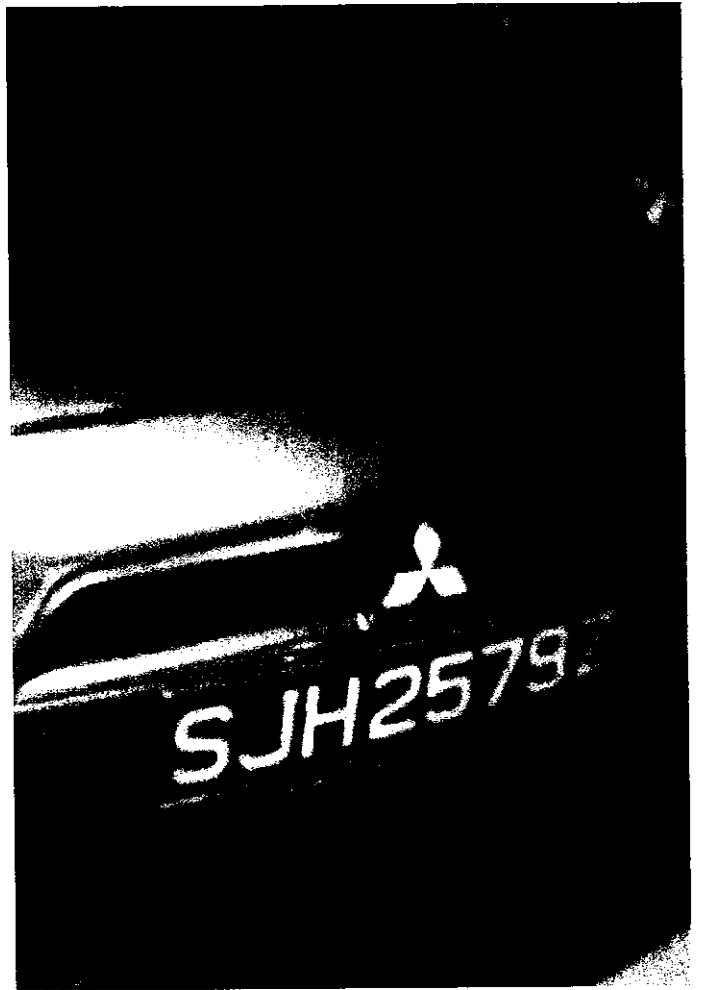
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIARAC SketchPlanForm_V3

12/2/18 Jackson Henn
CSO





COMFORTDELGRO ENGINEERING

Our Job Ref No : 305120049

Date : 28.02.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD4031T

Date of Accident: 11/02/18

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

1. The repair job shall bill to: NTUC SJH2579Z

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: \$1,800.00

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 3 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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kaly

Name : Kaly

Date : 28/2/18

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4031T

DATE 26/2/2018 12:01

MAKE :

MODEL : HYUNDAI i40

DOA: 11.02.18.

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (LH) <i>Def</i>			\$ 1,351.10
	Front Panel (LH) <i>x repair</i>			
	Rocker Panel handle (LH) <i>x repair</i>			
	SUB TOTAL			\$ 1,351.10
	LESS 20%			\$ 270.22
	DISCOUNTED TOTAL			\$ 1,080.88
	Rear Fender Advertisement Logo (LH) <i>nee</i>			\$ 100.00 Nett
	Rear Door Advertisement Logo (LH) <i>nee</i>			\$ 100.00 Nett
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>nee</i>			\$ 80.00 Nett
	Front Door Coloured Comfort Logo (LH) <i>nee</i>			\$ 75.00 Nett
				\$ 355.00
	Labour Charge			<i>200</i>
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 600.00 <i>540</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Transfer of Door			\$ 120.00 <i>50</i>
	TOTAL LABOUR			\$ 1,120.00
	ESTIMATE TOTAL			\$ 2,555.88

Katara 16/02/18
26/2/18 1600h
3 Drs.
4/5
After Prr plb

Larry NG

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.

**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 describe

NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref: NS/INC18003736/K1tbe2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 08-03-2018	
		Code: INC4	
1. Policy Particulars / THIRD PARTY CLAIM			
Insured Veh.	SJH 2579Z	Veh. Inspected	SHD 4031T
Policy No.	5082479655-01	Coverage (\$)	0.00
Claim No.	MT/0982386-002	Excess (\$)	0.00
Assign From		Assign Date	26/02/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069305	Colour	BLUE
Odometer	296262	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 BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	11/02/2018	Inspection Date	26/02/2018
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:		3 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. SHD 4031T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Estimate Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR (LH)	DENTED	1,351.10	1,351.10
1	FRONT DOOR (LH)(NPA)	TO REPAIR	-	-
1	ROCKER PANEL GARNISH (LH)(NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-270.22	-270.22
			1,080.88	1,080.88
SPECIAL NETT ITEMS				
1	REAR FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
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
			355.00	355.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		470.00	250.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	560.00
			1,120.00	810.00
GRAND TOTAL			2,555.88	2,245.88
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,800.00

Report Ref No. NS/INC18003736/K1tbe2

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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