

105/11/13

Surveyor: KalvinREF: NS/INC18006723/Klgbn2**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: \_\_\_\_\_

at Work stop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SLU 9220UPolicy No 5096532138 181217 - 171218Claims No MT/0984809-002

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 Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 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 70324 Yr Regn: 31 July, 2012

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

Truck / Trailer or

Make: Hyundai Santa Fe c.c. 1991Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 469510 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KAHE741V4 CA827830

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: 215/60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or W4164Front 7 mmR/Bal. 7 mmL/Bal. 7 mmD.O.A. 10/4/18 D.O.I. 11/4/18Survey held at CD4E (Loyang)

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

o/s Bty.

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

Date / Time Action / Instruction

9/7/13 - 113 / LCR / 8000238 / Klgp3 QA: 010118 INCSLU 9220U - x 4512/4/18 Calcl 458850 / 2471. (Red to 469.60, 42%)

RECEIVED 13 APR 2013

Date/Time, File Pass to?

☐ : Prell. Report1) 13/4/2018☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)Survey Fee: 160Transportation: 35

S + RS. SI

Photos

195US: 8 650



## 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/INC18006723/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 11-04-2018  
189556



Code: INC4

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

Insured Veh.	SLU 9220U	Veh. Inspected	SH 7032U
Policy No.	5096532138	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	11/04/2018

### 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

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### 5. General Information

Accident Date	10/04/2018	Inspection Date	11/04/2018
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.
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TP Claims against NTUC Income: Follow-Through Survey

Date : 13/04/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0989809-002	COMFORT TRANSPORTATION	SH 7032U	SLU 9220U	10/04/2018	8:20	\$ 1,119.60
2	MT/0986682-002	SMRT TAXI PTE LTD	SHF 243P	SLC 1382H	19/03/2018	9:00	\$ 9,008.00

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="10/04/2018 18:25"/>						
Vehicle No.(For Motor)	<input type="text" value="SLU9220U"/>								
<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"/>	5096532138	CHAN HIAN CHUAN JOSEPH	S18106801	GPC	drive CLASSIC	SLU9220U	SLU9220U	18/12/2017	17/12/2018
<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 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	10/04/2018 14:18
Date Of Accident	10/04/2018 08:20
Exact Location Of Accident	ORCHARD BOULEVARD X TOMLINSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7032U
<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
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	SONATA
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	LIM HORNG CHUAN
NRIC No	S7615992J
Date Of Birth	25/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	HORNGCHUANLIM@YAHOO.COM

Address 16 #02-61 GHIM MOH ROAD  
 Postcode 270016  
 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 -  
 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: : MALE

### 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

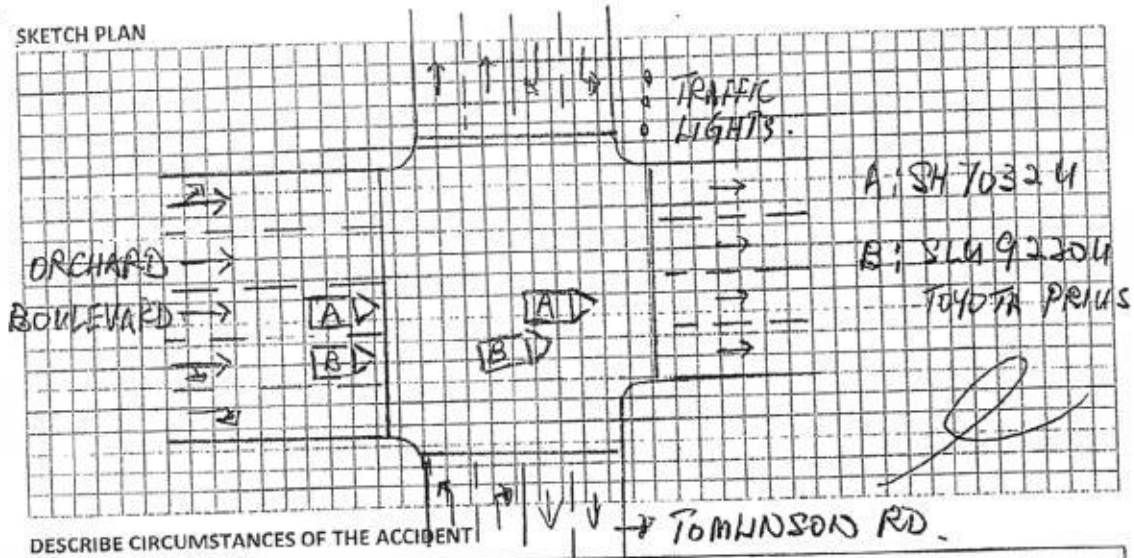
### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU9220U  
 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 LEFT FRT

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



As per attached

## DECLARATION

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

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

Policyholder's Signature  
Date & Time:

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

16/04/18

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



Sketch Plan Pg. 2

Describe Circumstances of the Accident.

On 10 Apr 2018 at about 08:20 hrs I stopped my taxi on the center lane at the traffic junction of Orchard Boulevard and Tomlinson Rd waiting for the traffic lights to turn green.

I noticed on my immediate right is a white Toyota Prius car SLU9220U also waiting for the green lights as well.

Shortly after the traffic lights turned to green hence I slowly proceeded to drive straight across the junction at the same time maintained my taxi within my lane.

Suddenly I felt an impact coming from the right hand side rear of my taxi followed by a jerk.

After the impact I immediately stopped my taxi and stepped out to check. Found that the said car which was initially on my right while in the midst of driving across the junction the car encroached into my lane thus causing this accident to happen.

As a result of this, the left hand side front of the car hit and grazed the right hand side rear door towards the right hand side rear of my taxi.

01 male passenger(on current booking call) on board 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.

TRANSPORTATION PTE LTD  
ACC REG NO 199303821R

Policyholder's Signature/Date &  
Time

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

18/04/18  
Witnessed By Reporting  
Centre Personnel

Page : 1

JC NO305140507

COUNT CARD NO.

ATURE: 3P 10.04.18/C

/NO	LABOR CODE	DESCRIPTION
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CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SH 7032U LIMTS

Vehicle No.: SH 7032U

f Service Advisor

Signature/Date

Name of Service Advisor

Date \_\_\_\_\_

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SH 7032U

DATE 10/4/2018

MAKE :

MODEL : HYUNDAI SONATA

NTUC - 4Sum

TS

LKK -

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Wheel Hup-Cap (RH) — <i>hatched</i>			\$ 145.00	
	Rear Door Protector(RH) — <i>cl</i>			\$ 54.50	
	<i>Rear Door (RH) x repair</i>			\$ 199.50	
	<i>Front Door (RH) x repair</i>			\$ 39.90	
	<i>Rear Fender (RH) x repair</i>			\$ 159.60	
	SUB TOTAL				
	LESS 20%				
	DISCOUNTED TOTAL				
	Rear Fender Comfort Sticker (RH) — <i>all</i>			\$ 30.00	Nett
	Rear Door Tel No. Sticker (RH) — <i>all</i>			\$ 10.00	Nett
	<i>Panel door sticker (RH) — all</i>		<i>\$75</i>	\$ 40.00	
	Labour Charge			<i>200</i>	
	Panel Beating-Repair Rear RH Fender & Rear RH Door			\$ <del>300.00</del>	
	Spray Painting Charge			\$ <del>500.00</del>	<i>Koo</i>
	Rear Wheel Alignment			\$ <del>120.00</del>	<i>Xan</i>
	TOTAL LABOUR			\$ 920.00	
	ESTIMATE TOTAL			\$ 1,119.60	
				<i>1194.60</i>	
	<i>Kalut (Kor)</i>				
	<i>11/4/18 1046h</i>				
	<i>2 Prs</i>				
	<i>4s</i>				
	<i>After Repair plz</i>				

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305140507  
Date : 12/04/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 7032U

Date of Accident : 10-Apr-18

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

1. The repair job shall bill to: NTUC --- SLU9220U
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% \$650.00
  - Final Lumpsum Repair cost \$650.00**

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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 12/4/18

## 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/INC18006723/K1qbn2

73 BRAS BASAH ROAD  
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-04-2018  
189556

Code: INC4

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

Insured Veh.	SLU 9220U	Veh. Inspected	SH 7032U
Policy No.	5096532138	Coverage (\$)	0.00
Claim No.	MT/0989809-002	Excess (\$)	0.00
Assign From		Assign Date	11/04/2018

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA827830	Colour	BLUE
Odometer	469510	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
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**5. General Information**

Accident Date	10/04/2018	Inspection Date	11/04/2018
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.
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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



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7032U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR WHEEL HUP-CAP (RH)	GRAZED	145.00	145.00
1	REAR DOOR PROTECTOR (RH)	CUT	54.50	54.50
1	REAR DOOR (RH)	TO REPAIR	-	-
1	FRONT DOOR (RH)	TO REPAIR	-	-
1	REAR FENDER (RH)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-39.90	-39.90
			159.60	159.60
<b>SPECIAL NETT ITEMS</b>				
1	REAR FENDER COMFORT STICKER (RH)(SN)	NECESSARY	30.00	30.00
1	REAR DOOR TEL NO STICKER (RH)(SN)	NECESSARY	10.00	10.00
1	FRONT DOOR STICKER (RH)(SN)	NECESSARY	75.00	75.00
			115.00	115.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		420.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		500.00	400.00
			920.00	600.00
<b>GRAND TOTAL</b>			<b>1,194.60</b>	<b>874.60</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>650.00</b>

Report Ref No. NS/INC18006723/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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