

DB: 1113

Surveyor: Kevin

REF:

NS/INC18007804/K133bn2

ASSIGNMENT

From: _____ Date: _____

Estimate ☒ Cost

OD/TP ☒ NS/TP RES/OD RES/EVA/INV/MV

To Insp ☒ Vehicle No: _____

at Work ☒ Ship No: _____

of _____

Insured: FBK 528M

Policy No: 5093838357 290817 - 200918

Claims No: MT/0992112-002

Sum Ins ☒ Ltd: _____ 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

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

Veh No: SH 8003Y Yr Regn: 18 Jun 2015

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685

Colour: Blue A/C: ☒ Insured / Std / NI / NA

Sp. Reading: 218242 T/Radio: ☒ Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLDK1UMF4069889

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 A/Rim or

Tyre Size: F: 205 / 60 R16

R: _____

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

TOYO / YOKO or Wet/sk

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 26/4/18 D.O.I. 27/4/18

Survey held at CDGE (Layang)

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

Ns Body.

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

Date / Time	Action / Instruction
	<u>SH 8003Y - NS/INC13011843/migdl</u>
	<u>FBK 528M - x</u>
<u>30/4/18</u>	<u>Contract 4/5 \$1700 / 2 hrs.</u>

RECEIVED 30 APR 2018

Date/Time File Pass b?

30/04/18

1) Typist

Date/Time File Return to?

2) _____

☐ : Prel. Report

☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Photo (\$ _____)

Survey Fee:

Transportation:

Photos

Other



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/INC18007804/K1s3b

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-04-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBK 528M	Veh. Inspected	SH 8003Y
Policy No.	5093838357	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/04/2018

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

--

5. General Information

Accident Date	26/04/2018	Inspection Date	27/04/2018
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.
--

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

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"/>	5093838357	ABDUL AMMAR HANIF B A RAHIM	S9245038D	GMC	Third Party	FBK528M	FBK528M	29/08/2017	30/09/2018

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0992340-001	Comfort Transportation	SHA 5617M	EM 3928B	26/4/2018
2	MT/0992344-001	Comfort Transportation	SH 6997S	SJL 3515E	26/4/2018
3	MT/0986118-002	SMRT BUSES LTD	SMB 148T	SJM 5462E	12/3/2018
4	MT/0991797-002	CityCab	SHC 7718G	XD 8343C	24/4/2018
5	MT/0986118-002	SMRT BUSES LTD	SMB 148T	SJM 5462E	12/3/2018
6	MT/0992112-002	Comfort Transportation	SH8003Y	FBK 528M	26/4/2018
7	MT/0992351-001	Comfort Transportation	SH 6751J	GY 4005X	23/4/2018

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 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	27/04/2018 08:57
Date Of Accident	26/04/2018 16:05
Exact Location Of Accident	ALONG AYE TO CHNAGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8003Y
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	LOH KOK MENG
NRIC No	S7116329F
Date Of Birth	17/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	07/10/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	LOWMINH@YAHOO.COM

Address	184B #17-181 RIVERVALE CRESCENT
Postcode	542184
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SENGKANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	FBK528M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

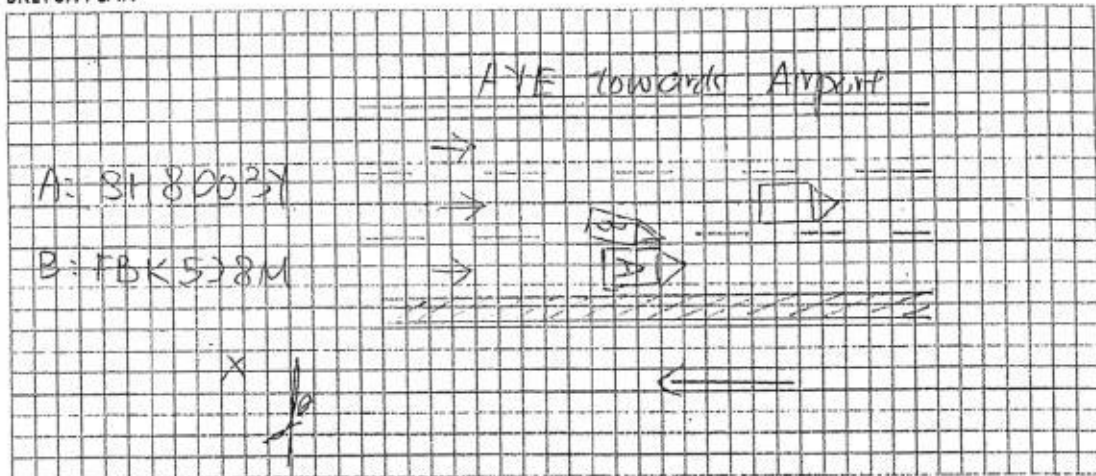
Nature, Of Damage

NOT SURE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20180426/2151

Refer to video clip time 16:05:50

DECLARATION

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

COMFORT TRANSPORTATION PTE L.
POLICY NO 199203821R

Policyholder's Signature
Date & Time:

Driver's Signature
If driver is not the policyholder:

Reporting Centre Personnel's Signature

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20180426/2151

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180426/2151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2018 19:34	Vide Report No.:	Station Diary No.: 113
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: LOH KOK MENG		Address: APT BLK 184B RIVERVALE CRESCENT #17-181 SINGAPORE 542184	
ID Type / ID No.: NRIC NO / S7116329F		Contact No.: Home/Office: Mobile: 93895199	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 17/05/1971	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/04/2018 16:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY				
AYE towards Changi Airport:				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK528M	Motorcycle					0
SH8003Y	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180426/2151

2 of 3

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

Report No. T/20180426/2151

CONTINUATION OF REPORT

Brief Details.

On the above mention date and time I was driving along the said incident location and was sending my passenger to the airport. The road journey was fine and suddenly vehicle 2 came from the left and hit onto my side mirror and almost skidded on the road. I tried to chase the driver to stop him however to no avail. The damages caused my passenger left mirror to be broken and scratches on my left door. As I have a built in camera in my car, it manage to capture the plate number of the motorbike. I wish to state that there were no injuries on me or my passenger. That is all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20180426/2151

3 of 3

Report No. T/20180426/2151

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 LEE CHOON BOON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/04/2018 19:34

Officer In Charge Of Case:

TP / HRT /

SI TAN LEE HWANG DAWN

Contact No.: 65476215

Classification Of Case:

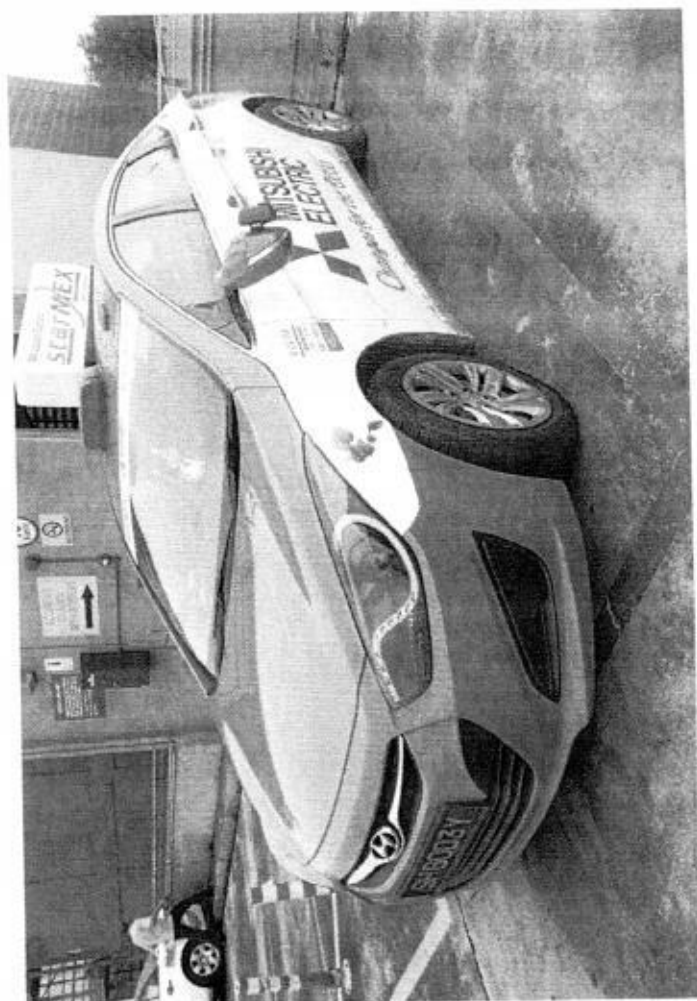
SN 085

Authentication Stamp

NP168



Signature:



Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305154033

CUSTOMER
COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L (R) 65508755 (O)
(P)

VARS

REGN NO: SH 8003Y	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 26.04.2018 17:30
YR OF MANU. 18.06.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU069489	COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 26.04.2018
NATURE: 3P 26.04.2018

S/NO	LABOR CODE	DESCRIPTION
		NTUC - taxi Left Front door damage LKE/Kelvin -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 8003Y
LARRY

Vehicle No.: SH 8003Y

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 8003Y

DATE 27/4/2018 11:02

MAKE :

DOA: 26.04.18

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Door (LH) <i>x repair</i>			\$ 1,403.00	
	Front Door Mirror (LH) <i>Broken</i>			\$ 980.50	
	Front Wheel Hub Cap (LH) <i>broken</i>			\$ 150.70	

Larry Ng

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

Date : 28. Apr. 2018

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 8003Y

Date of Accident: 26.04.2018

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

1. The repair job shall bill to: NTUC FBK528M
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: _____
Final Lumpsum Repair cost \$1,700.00
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

We confirm the estimates and finalized amount

Signature: 

Name : Larry Ng

Tel. : 6214 8316

Fax : 6546 8156

Signature: _____

Name : Kalvin

Date : 30/4/18

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/INC18007804/K1s3bn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 07-05-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBK 528M	Veh. Inspected	SH 8003Y
Policy No.	5093838357	Coverage (\$)	0.00
Claim No.	MT/0992112-002	Excess (\$)	0.00
Assign From		Assign Date	27/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069489	Colour	BLUE
Odometer	218242	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	26/04/2018	Inspection Date	27/04/2018
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.
--

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. SH 8003Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT DOOR (LH)	TO REPAIR	1,403.00	-
1	FRONT DOOR MIRROR (LH)	BROKEN	980.50	980.50
1	FRONT WHEEL HUB CAP (LH)	GRAZED	150.70	150.70
	LESS 20% DISCOUNT		-506.84	-226.24
			2,027.36	904.96
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
1	FRONT DOOR COMFORT LOGO (LH)(SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
1	FRONT LH TYRE (50%)(SN)	CUT	216.00	108.00
			491.00	383.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		730.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		600.00	450.00
			1,330.00	870.00
GRAND TOTAL			3,848.36	2,157.96
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,700.00

Report Ref No. NS/INC18007804/K1s3bn2

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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