

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC18011848/Kirbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKD 2962RPolicy No: 5075570807-02 18117-171118Claims No: MT/1001041-002

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: SHC3517X Yr Regn: 20 Mar 2018

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

Truck / Trailer or _____

Make: Mercedes Benz E220 c.c. 2143Colour: White A/C: Insured / Std / NI / NASp. Reading: 573386 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDP2120022A761435

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: 205/60R15

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 28/6/18Survey held at CHE (Loyang)

Des. of Damages: Frt / 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
	SHC3517X - NS/INC18011848/Hlvh3d1
	SKD 2962R - X
9/7/18	Call 4/5 & 1/600/2 Hrs.
	Red: \$2336, 59%.

RECEIVED 1 JUL 2018

Date/Time, File Pass to?

☐ : Prel. Report1) typist☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: 7PLump Sum / I.B.t. (\$) 1600

160



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/INC18011848/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-06-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKQ 2962R	Veh. Inspected	SHC 3517X
Policy No.	5075520807-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	28/06/2018

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	28/06/2018	Inspection Date	28/06/2018
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"/>	5075520807-02	TAN HWEE KHENG GWENDOLIN (CHEN HUIQING GWENDOLIN)	57727812E	GPC	drive CLASSIC	SKQ2962R	SKQ2962R	18/11/2017	17/11/2018

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1001041-002	COMFORT TRANSPORTATION PTE LTD	SHC 3517X	SKQ 2962R
2	MT/0999960-002	CITYCAB PTE LTD	SHC 7143P	GM 3881C
3	MT/0999892-002	COMFORT TRANSPORTATION PTE LTD	SHA 1933B	SGT 813H
4	MT/1000743-002	COMFORT TRANSPORTATION PTE LTD	SHC 8819S	SLV 2755J
5	MT/1002097-001	COMFORT TRANSPORTATION PTE LTD	SHA 7870J	FBE 5004G
6	MT/1000712-002	COMFORT TRANSPORTATION PTE LTD	SH 9046S	SHC 6231A
7	MT/1002102-001	COMFORT TRANSPORTATION PTE LTD	SHD 6526U	SJA 6868A
8	MT/1000374-002	COMFORT TRANSPORTATION PTE LTD	SHA 2392E	SHD 2266X

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	28/06/2018 10:03
Date Of Accident	28/06/2018 07:25
Exact Location Of Accident	E C P TWDS CITY B 4 MCE EXIT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3517X
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	MERCEDES-BENZ
Model	MERC

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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	YEW WEE SIONG BRAYDEN
NRIC No	S8631281F
Date Of Birth	05/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86680899
Fax Number	
Contact Number	
Email Address	BRAYDEN.YEW@GMAIL.COM

Address	192 #07-14PASIR RIS STREET 12
Postcode	510192
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	CHAIN COLLISION
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)	4

Passenger 1	NAME: : -
	GENDER: : MALE
Passenger 2	NAME: : -
	GENDER: : FEMALE
Passenger 3	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

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	SKQ2962R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HWEE KHENG GWENDOLIN
NRIC/Passport Number	S7727812E

Contact Number 93690741

Address

Postcode

Insurance Company Name

Nature Of Damage FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN

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

SKETCH PLAN

A: SHC 3517X
B: SKQ 2962 R
Tan Hwee Keng
Gwendolin
S 7727812 F
HP: 9369 0741
C: Unknown

ECP
towards
City
before
MCE
EXIT

A
B
C

4 | 3 | 2 | 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 28 June 2018 @ 0425 hrs I VEH A
was driving from E.C.P towards CITY B &
M.G.E Exit. VEH in front stop. I VEH
A also slow down and stop. Suddenly VEH.
B from Rear hit VEH A. Rear. VEH B
was hit by VEH C. at the point of
accident VEH A & Perry B par. no one
was injured.

DECLARATION

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

COMFORT TRANSPORTATION
CC REG NO 1900000000

Policyholder's Signature
Date & Time:

x *[Signature]* 28/06/18
09.40
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

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. 199303821X

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.:

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305180912

OWNER

COMFORT TRANSPORTATION PTE LTD

AS 7010045

OWNER NO 383 SIN MING DRIVE
RESS Singapore SINGAPORE 575717
65508755

(R) (O)

(P)

COUNT CARD NO.

REGN NO. SHC3517X

MILEAGE

MAKE: MERCEDES BENZ

FUEL

E.....1/2.....F

MODEL E220CDI (E5)

DATE/TIME IN 28.06.2018 09:15

YR OF MANU. 20.03.2014

TARGET DATE

CHASSIS CODE WDD2120022A761435

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 28.06.2018

NATURE: 3P 28.06.18

S/NO	LABOR CODE	DESCRIPTION
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RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

to: SHC3517X LIMITS

Vehicle No.: SHC3517X

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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 : 305180912
Date : 30/06/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG
Vehicle Reg No. : SHC3517X

Fax :
Date of Accident : 28-Jun-18

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


1. The repair job shall bill to: NTUC --- SKQ2962R
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% \$1,600.00
Final Lumpsum Repair cost \$1,600.00


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 : 9/7/18

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18011848/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 12-07-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKQ 2962R	Veh. Inspected	SHC 3517X
Policy No.	5075520807-02	Coverage (\$)	0.00
Claim No.	MT/1001041-002	Excess (\$)	0.00
Assign From		Assign Date	28/06/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	WDD2120022A761435	Colour	WHITE
Odometer	573386	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	BRIDGESTONE	7 mm
L/H Front Tyre	205/60 R16	BRIDGESTONE	7 mm
R/H Rear Tyre	205/60 R16	BRIDGESTONE	7 mm
L/H Rear Tyre	205/60 R16	BRIDGESTONE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	28/06/2018	Inspection Date	28/06/2018
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. SHC 3517X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	1,150.00	-
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
	LESS 20% DISCOUNT		-682.00	-302.00
			2,728.00	1,208.00
SPECIAL NETT ITEMS				
1	REAR BUMPER SENSOR (SN)	SHORTED	388.00	388.00
			388.00	388.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.		50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			820.00	430.00
GRAND TOTAL			3,936.00	2,026.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,600.00

Report Ref No. NS/INC18011848/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

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