

(08/11/13)

Surveyor: KelvinREF: NS/TNC18014250/K156

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJL 3120KPolicy No. /Claims No. mt/1007065-001

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: _____ 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: SHC 8895X Yr Regn: 25 Oct, 2013

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

Truck / Trailer or

Make: Mercedes Benz E220 c.c. 2143Colour: White A/C: Ins / Std / NI / NASp. Reading: 847401 T/Radio: Ins / Std / NI / NA

Eng No: _____

C/No: WDD2120022A760366

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ins / Jammed / Leaked / Burnt orBrake: Ins / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 225/50R16

R: _____

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

TOYO / YOKO or Westlake

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 2 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 4/8/8 D.O.I. 6/8/8Survey held at (DHE (Loyang))

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

N/S Frnt.

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

Date / Time	Action / Instruction
	SHC 8895X - (B) / MSG17030848 / 14/08/13
	SJL 3120K - NA / TNC17016088 / KL
8/8/8	Chul 45 \$400 / 20/8/13
	(\$3,675.32 Red - 47%)
	RECEIVED 15 AUG 2018

Date/Time, File Pass to? 14/08/13 ☐ : Prell. Report1) Typ. 34 ☒ : 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:

\$ + RS. \$

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I. (\$ 4,100.00 4/5)




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/INC18014290/K1sb			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 06-08-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJL 3120K	Veh. Inspected	SHC 8895X
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/08/2018
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	04/08/2018	Inspection Date	06/08/2018
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.			

8/8/2018

Insurance Particulars Enquiry By Agents Detail

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJL3120K	04 Aug 2018 / 10:45:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous

OK

SAC 8895X

TP Claims against NTUC Income: Follow-Through Survey

Date : 14/8/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1006553-002	COMFORT TRANSPORTATION PTE LTD	SHA 7441P	SHD 1498A	9/8/2018	19:30	\$ 2,648.76
2	MT/1005720-002	COMFORT TRANSPORTATION PTE LTD	SHC 2783A	SKM 9296E	1/8/2018	22:00	\$ 3,986.00
3	MT/1005445-002	COMFORT TRANSPORTATION PTE LTD	SHD 3195K	GX 955K	30/7/2018	12:00	\$ 1,702.61
4	MT/1007065-001	COMFORT TRANSPORTATION PTE LTD	SHC 8895X	SJL 3120K	4/8/2018	10:45	\$ 7,775.32
5	MT/1006032-002	COMFORT TRANSPORTATION PTE LTD	SHC 2935D	SLQ 721X	4/8/2018	2:00	TOTAL LOSS
6	MT/1006368-002	COMFORT TRANSPORTATION PTE LTD	SHC 8643G	SJP 6149M	3/8/2018	21:20	\$ 2,481.58
7	MT/1006268-002	COMFORT TRANSPORTATION PTE LTD	SHB 4225L	SJT 7679Y	5/8/2018	3:00	\$ 5,577.26
8	MT/1006565-002	COMFORT TRANSPORTATION PTE LTD	SHD 3005B	XD 7911U	7/8/2018	11:15	\$ 4,490.76

Claim received from LKK

Date/Time: 06.08.2018 09:54

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305196316

CUSTOMER

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

(R)
(P)

(Q)

Handwritten signature

COUNT CARD NO.

REGN NO.:

SHC8895X

MILEAGE

MAKE :

MERCEDES BENZ

FUEL

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

MODEL

E220CDI (E5)

DATE/TIME IN

04.08.2018 11:25

YR OF MANU

25.10.2013

TARGET DATE

CHASSIS CODE

WDD2120022A760366

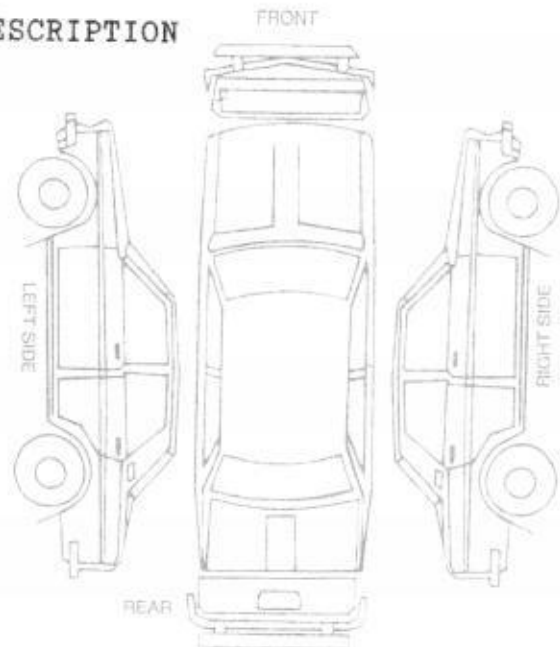
COMPLETION DATE/TIME:

Accident Date: 04.08.2018
NATURE: 3P 04.08.2018

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.:

SHC8895X

CHIANG

Vehicle No.:

SHC8895X

Service Advisor

Signature/Date

Name of Service Advisor

Date

Turned to Service Reception upon collection

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	06/08/2018 07:29
Date Of Accident	04/08/2018 10:45
Exact Location Of Accident	ST ANDREW ST AND PARLIMENT PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8895X
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	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	ZAID B HUSSIEEN
NRIC No	S6912691Z
Date Of Birth	18/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	18/06/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96891616
Fax Number	
Contact Number	
Email Address	ZALIPU@YAHOO.COM.SG

Address.	235 10-21 CHOA CHU KANG CENTRAL
Postcode	680235
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?	YES
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

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	SJL3120K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIU ZHIXIONG
NRIC/Passport Number	S8910877B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT REAR
No. Of Passenger (Including Driver)	

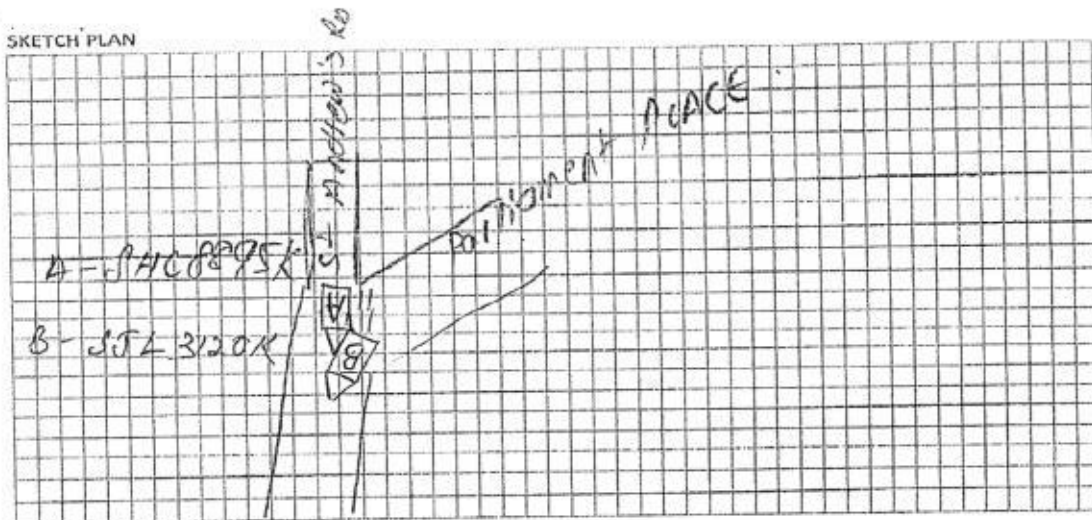
DETAILS OF INJURED PERSON 1

Name	ZAID B HUSSIAN
------	----------------

Approximate Age	49
Injuries Sustain	NECK
Injured person in which vehicle?	SHC8895X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving straight along St Andrew's Rd. when car SJL 3120 K from Parliament Place just dash out and hit my car.

DECLARATION

We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE L.T.D.
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Lok Wei Yeng

Sketch Plan Pg. 2

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.

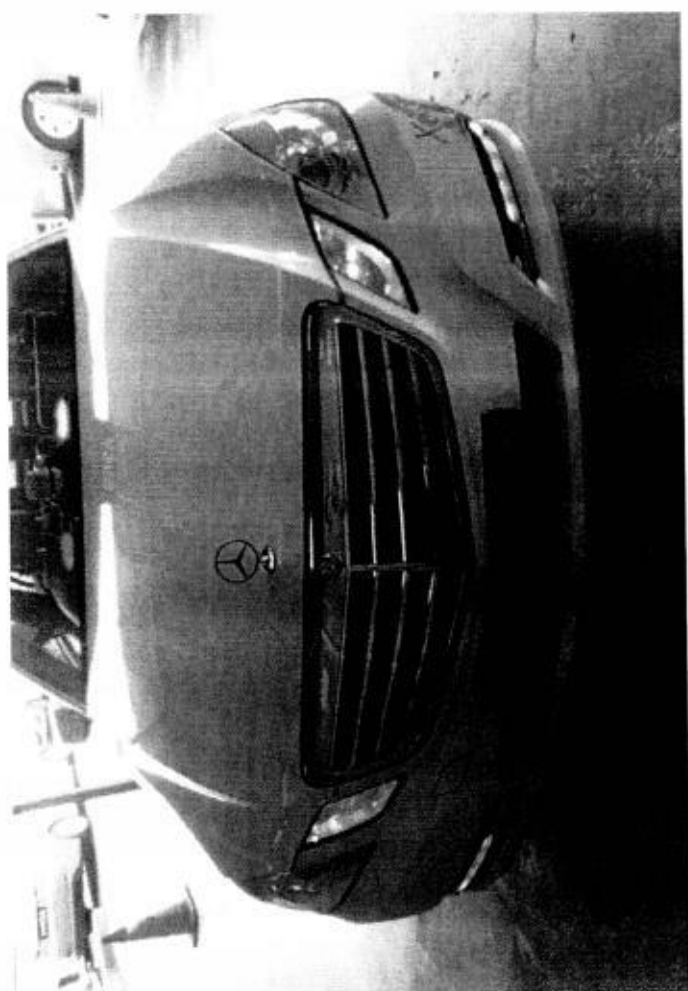
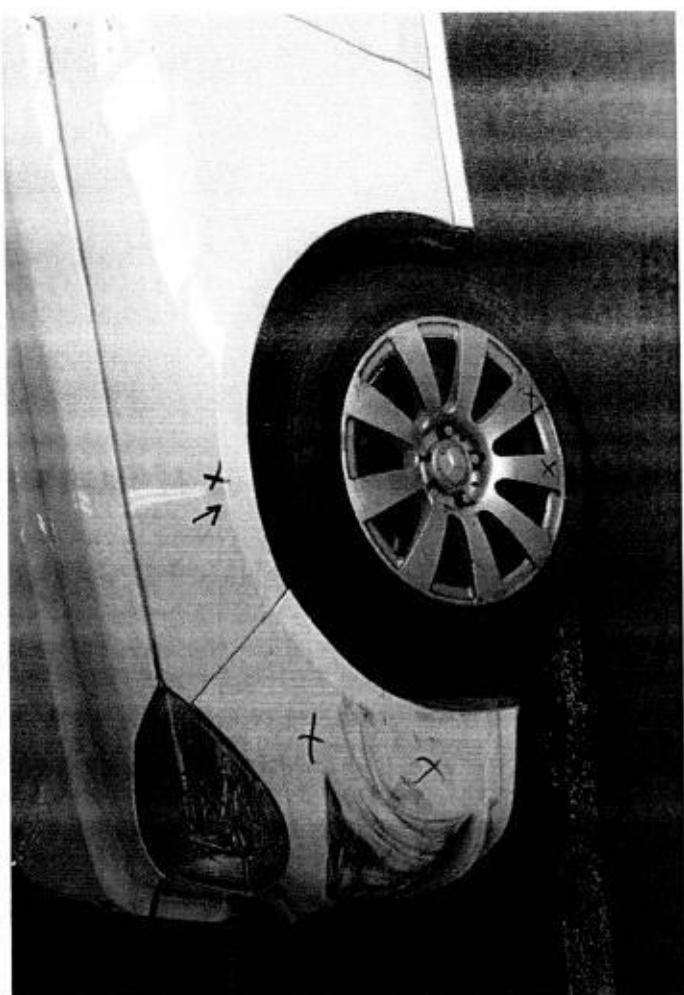
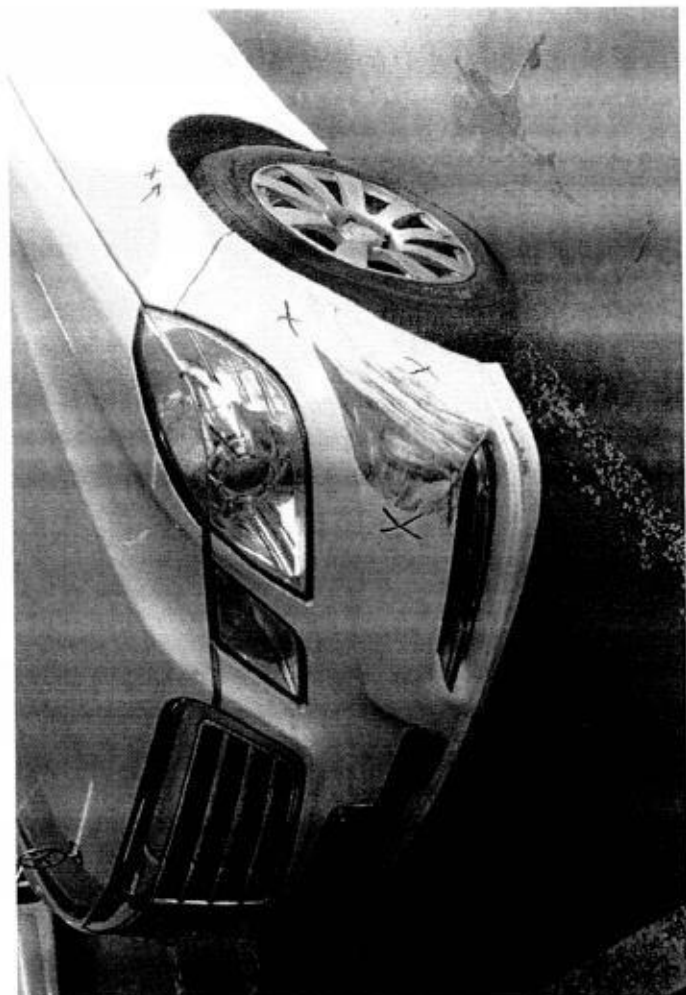
COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 199303821R

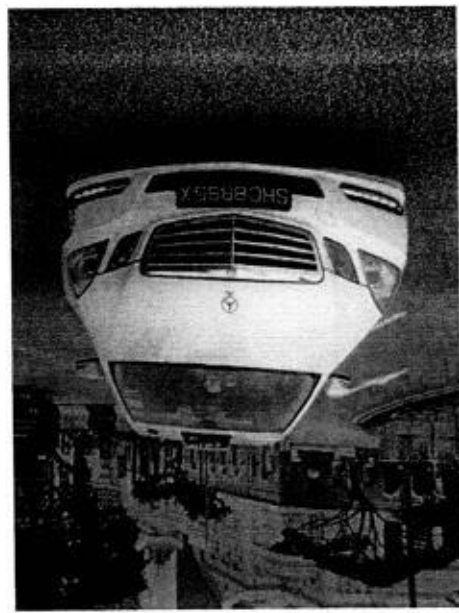
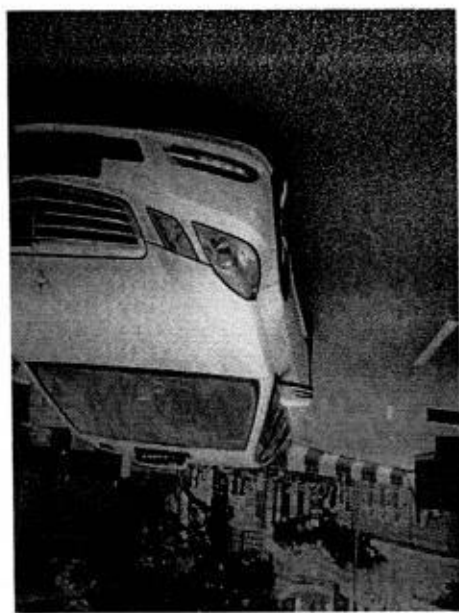
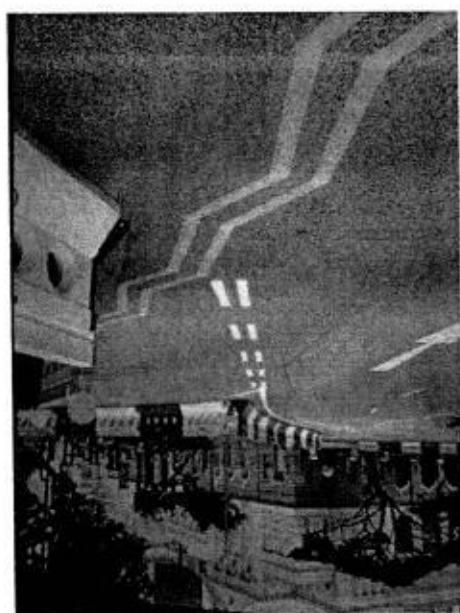
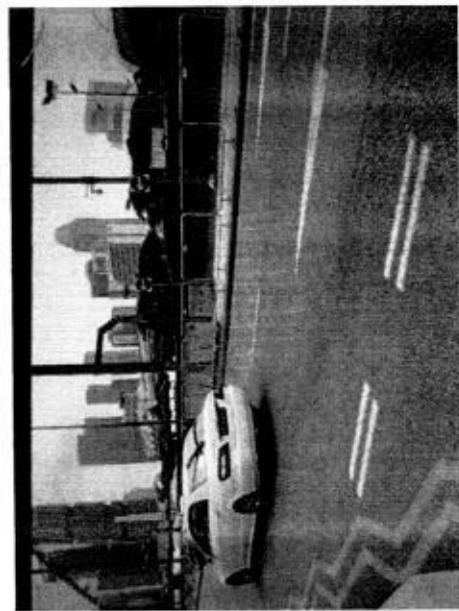
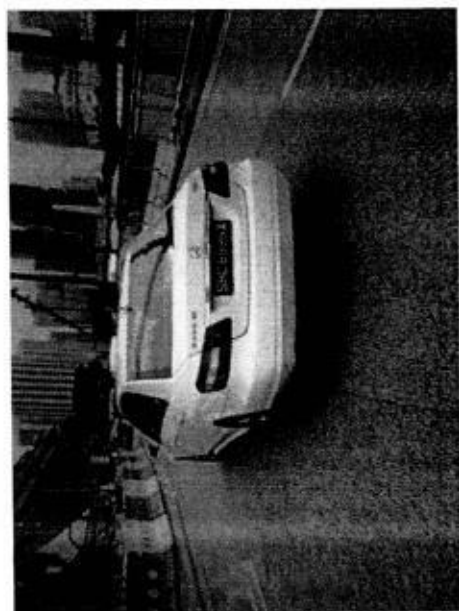
Policyholder's Signature
Date & Time:

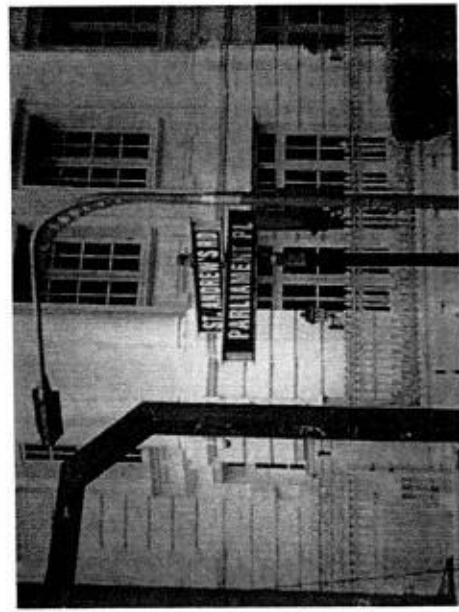
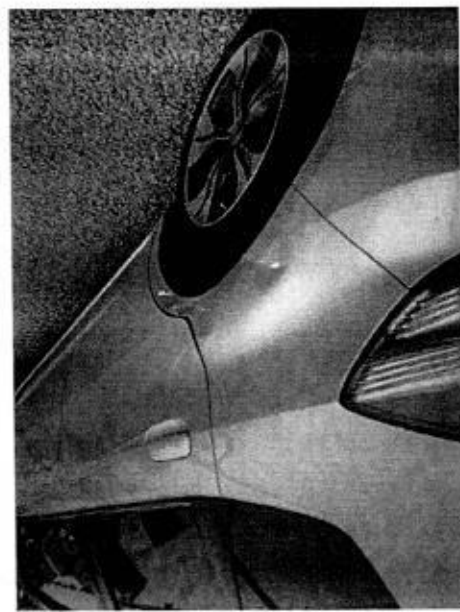
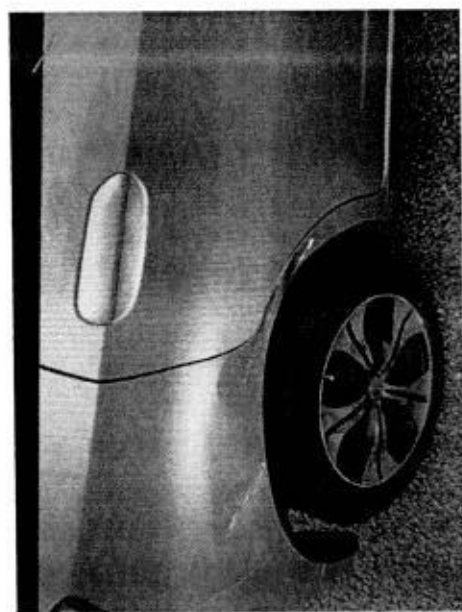
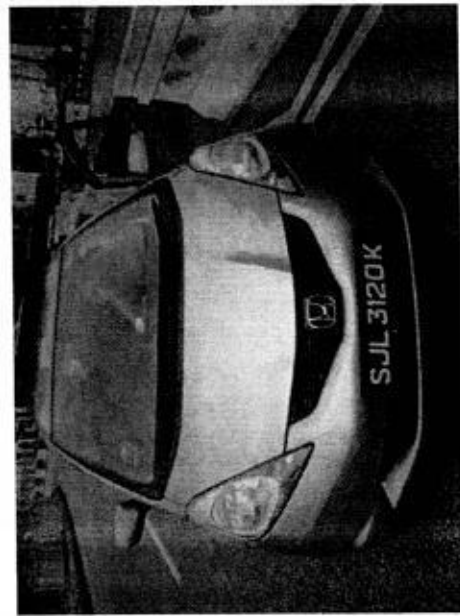
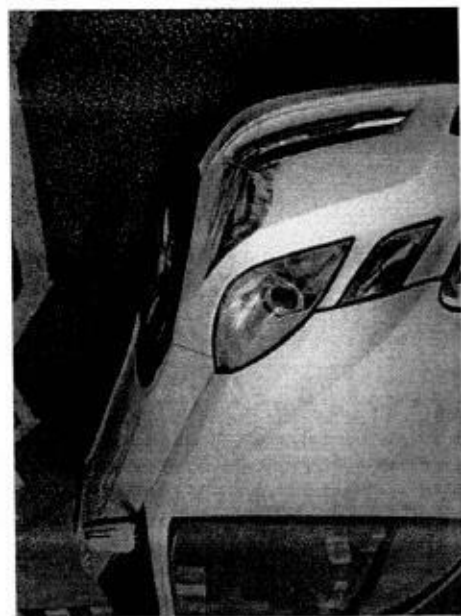
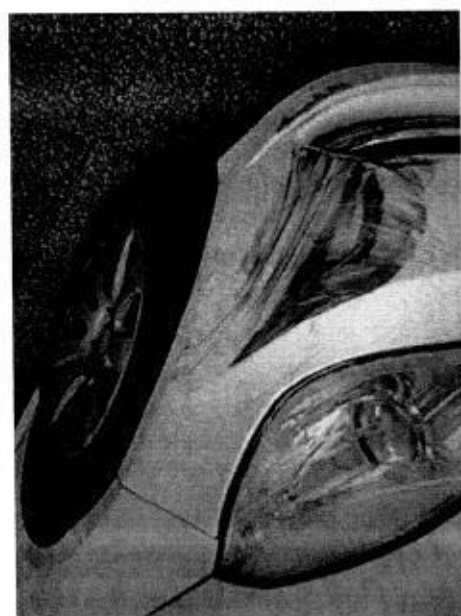
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Loke Yei Yiang

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







COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8895Y

DATE 6/8/2018 14:12

MAKE :

MODEL : MERCEDES

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt <i>Rebuilt</i>			\$ 1,890.50
	Bumper Protector, Frt/LH			\$ 196.75
	Bumper Bracket, Frt/LH <i>x see</i>			\$ 95.00
	Bumper Absorber, Frt/LH <i>x see</i>			\$ 207.00
	Bumper Side Beam, Frt/LH <i>x see</i>			\$ 26.90
	Head Lamp Assy (LH) <i>Rebuilt</i>			\$ 2,380.00
	Head Lamp Bracket (LH) <i>x see</i>			\$ 300.00
	Fender, Frt/LH <i>x Rebuilt</i>			\$ 966.00
	Fender Splashshield, Frt/LH (Front) <i>x see</i>			\$ 257.00
	Wheel Rim <i>x see</i>			\$ 1,250.00
	SUB TOTAL			\$ 7,569.15
	LESS 20%			\$ 1,513.83
	DISCOUNTED TOTAL			\$ 6,055.32
	Labour Charge			
	Panel Beating			\$ 1,000.00 <i>300</i>
	Spray Painting Charge			\$ 500.00 <i>400</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>x 2</i>
	FRT Wheel Alignment			\$ 120.00 <i>x 2</i>
	TOTAL LABOUR			\$ 1,720.00
	ESTIMATE TOTAL			\$ 7,775.32
	<i>Kalia (CCK)</i>			<i>761792</i>
	<i>6/8/8 1530h</i>			
	<i>2 Pys</i>			
	<i>4s</i>			
	<i>After Repair photo</i>			

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.

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/INC18014290/K1sbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 23-08-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJL 3120K	Veh. Inspected	SHC 8895X
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1007065-001	Excess (\$)	0.00
Assign From		Assign Date	06/08/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A760366	Colour	WHITE
Odometer	847401	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/55 R16	WEST LAKE	7 mm
L/H Front Tyre	225/55 R16	WEST LAKE	7 mm
R/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
L/H Rear Tyre	225/55 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	04/08/2018	Inspection Date	06/08/2018
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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8895X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BUMPER ASSY,FRT	DEFORMED	1,890.50	1,890.50
1	BUMPER BRACKET,FRT/LH	SERVICEABLE	95.00	-
1	BUMPER ABSORBER,FRT/LH	SERVICEABLE	207.00	-
1	BUMPER SIDE BEAM,FRT/LH	SERVICEABLE	26.90	-
1	HEAD LAMP ASSY (LH)	GRAZED	2,380.00	2,380.00
1	HEAD LAMP BRACKET (LH)	SERVICEABLE	300.00	-
1	FENDER.FRT/LH	TO REPAIR SEE LABOUR	966.00	-
1	FENDER SPLASHSHIELD,FRT/LH (FRONT)	SERVICEABLE	257.00	-
1	WHEEL RIM	GRAZED	1,250.00	1,250.00
	LESS 20% DISCOUNT		-1,474.48	-1,104.10
			5,897.92	4,416.40
<u>LABOUR</u>				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF FENDER.FRT/LH.		1,000.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,720.00	720.00
GRAND TOTAL			7,617.92	5,136.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				4,100.00

Report Ref No. NS/INC18014290/K1sbs2

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.

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