

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC18014776/Klsbn2

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: SJM 9884UPolicy No. 50.55006066-05 120817-210119Claims No. MT/1007584-001

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 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: SHA 7723B Yr Regt: 28 May, 2015

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

Truck / Trailer or

Make: Hyundai Z40 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 319928 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLO414AF9069211

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inord / Jammed / Leaked / Burnt or

Brake: Inord / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front: _____ Rear: _____

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 8/8/8 D.O.I. 14/8/8Survey held at CDHE (Loyang)

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

N/S prot.

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

Date / Time Action / Instruction

SHA 7723B - C03/CN14017910/mipm3w2

RA: 70914

JVC

SJM 9884U - x

45

16/8/8 Subst CP & body 2671.

(\$1,311.60 Rd - 19%)

RECEIVED 17 AUG 2010

Date/Time, File Pass to?

17/08/12

1)

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

\$ + RS \$

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I: (\$ 600.00 H/S)

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/INC18014776/K1sb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 14-08-2018 Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJM 9884U	Veh. Inspected	SHA 7723B	
Policy No.	5055006066-05	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	14/08/2018	
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	08/08/2018	Inspection Date	14/08/2018	
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.				

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5055006066-05		KANJIVAKKAM RAJAGOPAL SRINIVASAN	S2635338F	GPC	drive CLASSIC	SJM9884U	SJM9884U	12/08/2017	21/01/2019

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	Estimate	Tentative repair cost
1	MT/1007019-002	COMFORT TRANSPORTATION PTE LTD	SHC 1923U	SFZ 8285J	10/8/2018	\$ 5,366.58	\$ 1,550.00
2	MT/1007584-001	COMFORT TRANSPORTATION PTE LTD	SHA 7723B	SJM 9884U	8/8/2018	\$ 1,911.60	\$ 600.00
3	MT/1007437-002	CITYCAB PTE LTD	SHA 8660S	SLC 931E	15/8/2018	\$ 1,314.40	\$ 100.00
4	MT/1007586-001	CITYCAB PTE LTD	SHA 870E	SJY 1840K	9/8/2018	\$ 1,034.40	\$ 700.00
5	MT/1006670-002	CITYCAB PTE LTD	SHB 2970G	FR 8848C	9/8/2018	\$ 2,731.58	\$ 1,250.00

Claim received from LKK Auto.

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	08/08/2018 15:20
Date Of Accident	08/08/2018 12:05
Exact Location Of Accident	SYED ALWI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7723B
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	SEET SOO KIANG
NRIC No	S0374937A
Date Of Birth	08/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	15/02/1978
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94842536
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 151 ANG MIO KIO AVENUE 5 #08-3024
Postcode	560151
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	2
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	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

REFER 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	SJM9884U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

RH FRONT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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. 199303321R

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/8/18 at about 1205 hrs while I Veh A was travelling ahead, Veh B slide out of his parked lot and collided on the left front portion of my vehicle.

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.:



REPAIR ESTIMATE*

DATE 14/8/2018 11:14

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover x repair			\$ 1,052.20
	Front Bumper Grille (LH) ✓			\$ 40.30
	Front Bumper Bracket Top (LH) x repair			\$ 22.40
	Front Bumper Bracket (LH) x repair			\$ 24.60
	Sub Total			\$ 1,139.50
	Less 20%			\$ 227.90
	Discounted Total			\$ 911.60
	Frt Fender Advertisement Logo (LH) ✓			\$ 100.00
				\$ 100.00
	Labour Charge			200
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 500.00
	Tuff Kote			\$ 50.00
	Total Labour			\$ 900.00
	Estimate Total			\$ 1,911.60
	Kalvin LKKK ✓ 14/8/8 12.00 2 by 4s After Repair photo			

LKK Auto Consultants hereby 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.

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305199835

CUSTOMER	REG NO.	SHA7723B	MILEAGE
VMS	MAKE	HYUNDAI	FUEL
CUSTOMER NO.	MODEL	I-40	DATE/TIME IN
ADDRESS	YR OF MANU	28.05.2015	TARGET DATE
L (R)	CHASSIS CODE	KMHLB41UMFU069211	COMPLETION DATE/TIME
(P)			

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

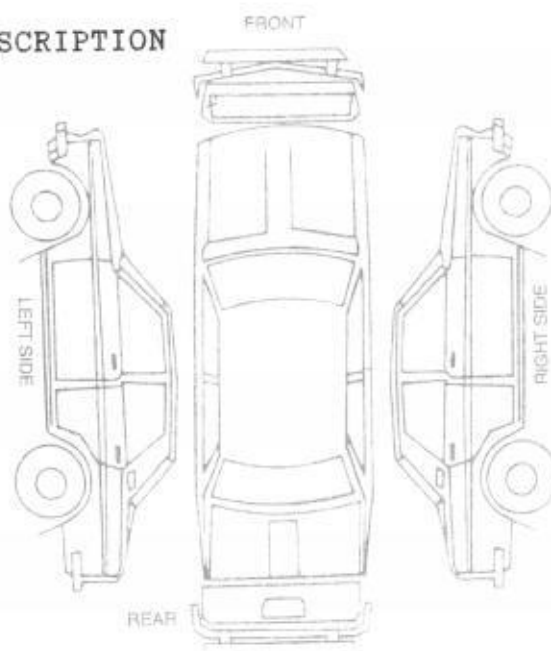
SCOUT CARD NO.

JOB DESCRIPTION

Accident Date: 08.08.2018
NATURE: 3P 08.08.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7723B CHIANG

Vehicle No.: SHA7723B

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305199835
Date : 14/08/18

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHA7723B 08/08/18

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

1. The repair job shall bill to: NTUC SJM9884U
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: \$600.00
Final Lumpsum Repair cost
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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name : KALVIN
Date : 16/8/18

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
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/INC18014776/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 27-08-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJM 9884U	Veh. Inspected	SHA 7723B
Policy No.	5055006066-05	Coverage (\$)	0.00
Claim No.	MT/1007584-001	Excess (\$)	0.00
Assign From		Assign Date	14/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069211	Colour	BLUE
Odometer	319928	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

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

5. General Information

Accident Date	08/08/2018	Inspection Date	14/08/2018
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.

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. SHA 7723B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	1,052.20	-
1	FRONT BUMPER GRILLE (LH)	CUT	40.30	40.30
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	FRONT LH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-227.90	-8.06
			911.60	32.24
	<u>SPECIAL NETT ITEMS</u>			
1	FRT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT LH FENDER.		350.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			900.00	600.00
	GRAND TOTAL		1,911.60	732.24
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			600.00

Report Ref No. NS/INC18014776/K1sbn2

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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