

108/11/13

Surveyor: Kalvin

REF:

NS/INC 18014786/Klgbnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJP 2296YPolicy No. 6092882584 280717-750319Claims No. M7/1006907-007

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: 3 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/C 8126H Yr Regn: 21 Mar 2011Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1680Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 25/230 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KM HLB44MF4069185

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: 205/60R16

R: _____

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

TOYO/YOKO or Hankook

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 12/8/8Survey held at CDHE (Loyang)

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

O/S Bdy.

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

Date / Time Action / Instruction

SH/C 8126H - CG / TEL 8013982 / And3Out: 310718INCSJP 2296Y - Xup.15/8/8 Christ L/s \$2700 / 3 hrs. (Red & 297.88, 53%)

RECEIVED 16 AUG 2018

Date/Time, File Pass to?

☐ : Prel. Report11/8/8 Final☐ : Final Report

Date/Time, File Return to?

2)

Report Format: 7PLump Sum / I.B.A. (\$) 2700Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

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/INC18014786/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 14-08-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJP 2296Y	Veh. Inspected	SHC 8126H
Policy No.	5092882584	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	12/08/2018	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.

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1007447-001	COMFORT TRANSPORTATION PTE LTD	SH 7642J	SGW 6777Z
2	MT/1006907-002	COMFORT TRANSPORTATION PTE LTD	SHC 8126H	SJP 2296Y
3	MT/1007096-002	CITYCAB PTE LTD	SHB 3420X	SHC 6930R
4	MT/1007261-002	COMFORT TRANSPORTATION PTE LTD	SH 7441Y	SKM 6659L
5	MT/1006877-002	COMFORT TRANSPORTATION PTE LTD	SHD 3503E	SLW 9739E
6	MT/1007260-002	COMFORT TRANSPORTATION PTE LTD	SHD 6683Z	SLW 2952B
7	MT/1007452-001	COMFORT TRANSPORTATION PTE LTD	SHD 4255P	SKL 9885K
8	MT/1004057-002	SMRT TAXIS PTE LTD	SHF 1011K	SIH 2414R
9	MT/1004374-002	SMRT TAXIS PTE LTD	SHB 1621X	YN 5815M

Claim received from LKK Auto

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

12/08/2018 17:07

Vehicle No.(For Motor)

SJP2296Y

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092882584		PARAMASIVAN S/O VENUGOPAL	58224542A	GPC	drive CLASSIC	SJP2296Y	SJP2296Y	28/07/2017	15/03/2019

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 13/08/2018 16:17
 Date Of Accident 12/08/2018 22:20
 Exact Location Of Accident WHAMPOA EAST
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8126H
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 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 LEE KOK KENG
 NRIC No S7235668C
 Date Of Birth 05/10/1972
 Occupation OUTDOOR
 Date Of Driving Pass 02/05/1990
 Driving Experience 28 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-92721169
 Fax Number
 Contact Number
 Email Address KKL0058@HOTMAIL.COM

Address	321B 15-202 ANCHORVALE DRIVE
Postcode	542321
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?	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: : 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

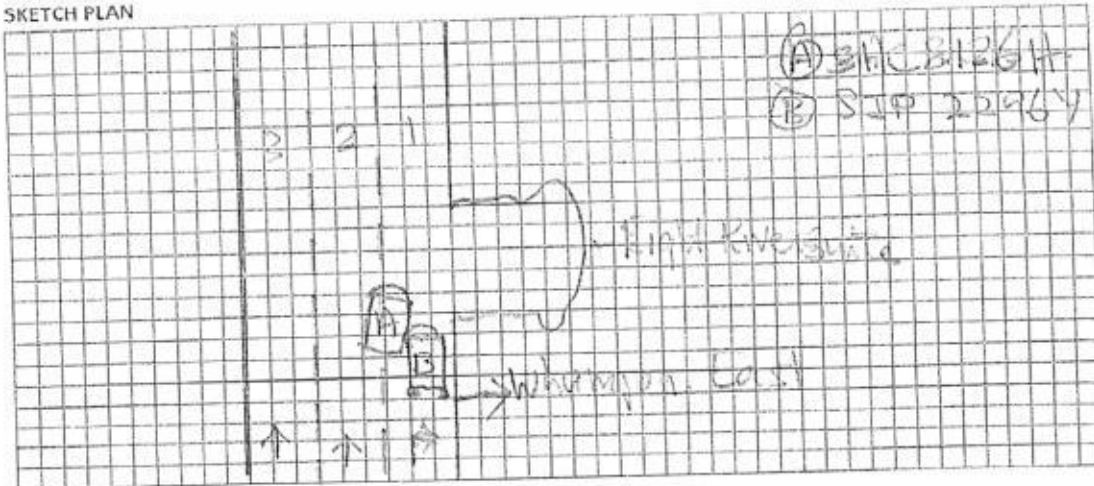
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP2296Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PARAMASIVAN S/O VENUGOPAL
NRIC/Passport Number	S8224542A
Contact Number	90076520
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/8/2018 at about 2220 hrs, I Vehicle A was
 Whampoa East on the Second lane. Vehicle B was
 at the first lane and the vehicle was stationary
 with the hazard light on near to the Condo
 when I overtake him and turn into the Condo
 Vehicle B move and collided onto Vehicle A
 both right side doors, no one was injured at
 the time.

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:

13/8/18

13/8/18
 Jackson Heng
 CSO Jackson

Reporting Centre Personnel's Signature
 Name:

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.

13/8/18

Jackson Hong
CSO

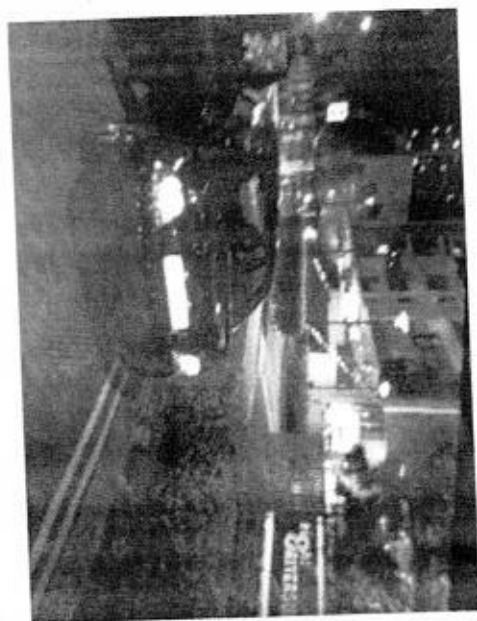
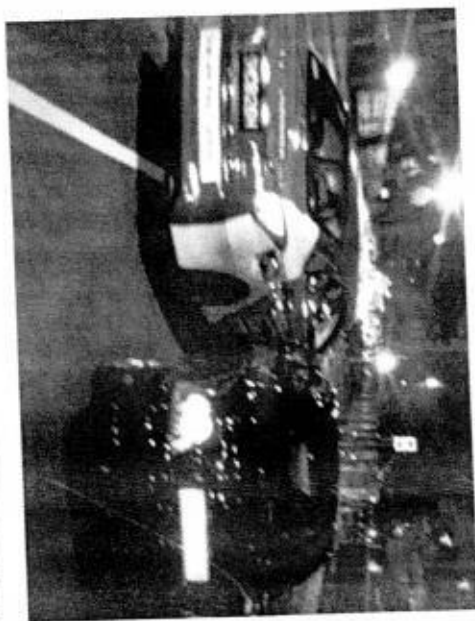
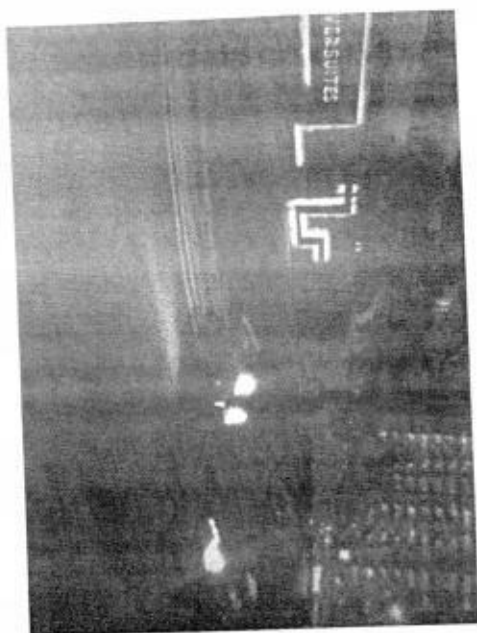
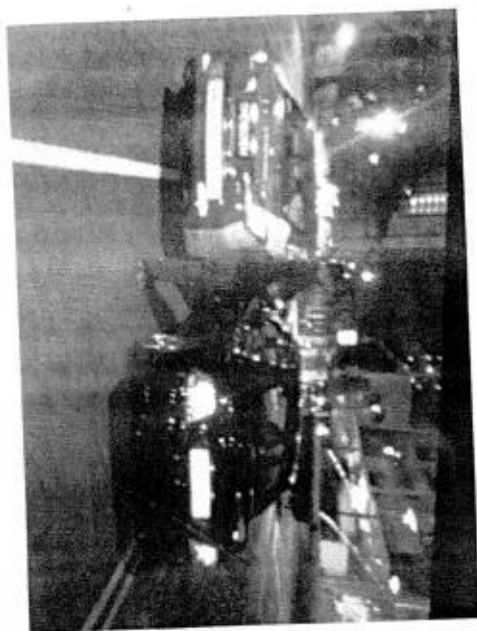
COMFORT TRANSPORTATION
CC REG NO 1993038718

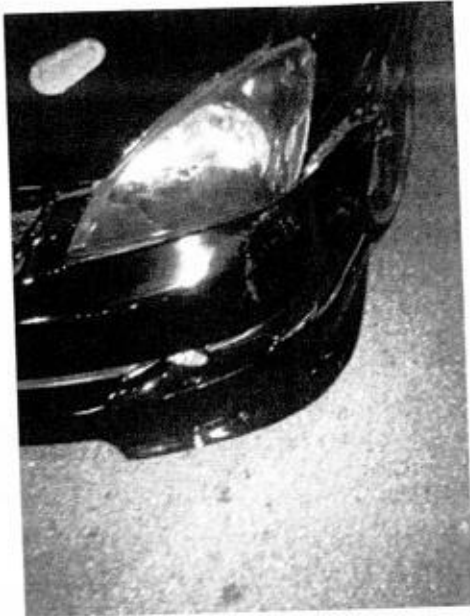
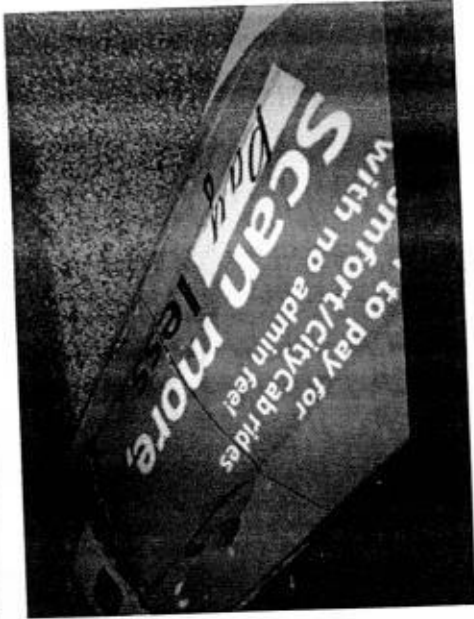
Policyholder's Signature
Date & Time:

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.: 305199469

STOMER

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

/MS

STOMER NO.

DRESS

(R)

(P)

ICOUNT CARD NO.

REGN NO:

SHC8126H

MILEAGE

MAKE:

HYUNDAI

FUEL

E 1/2 F

MODEL

I-40

DATE/TIME IN
13.08.2018 13:55

VR OF MANU

21.05.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU069185

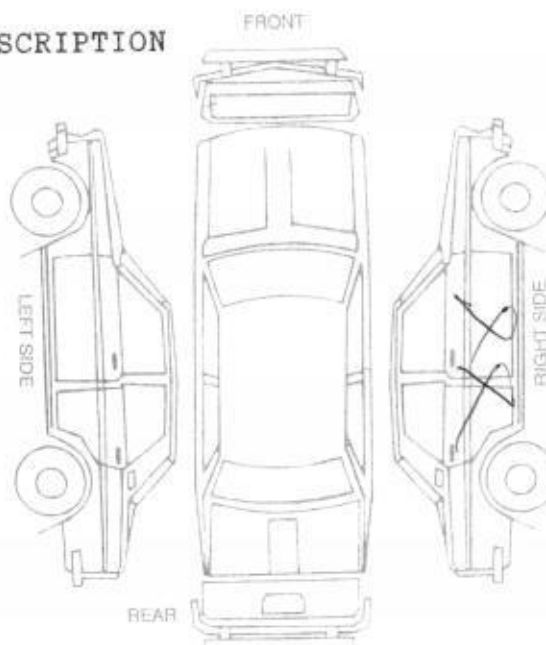
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.08.2018
NATURE: 3P 12.08.18/C

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

By:

On:

Reg No.:

SHC8126H

JU NTUC LKK

Exit Pass:

Vehicle No.:

SHC8126H

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 PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8126H

DATE 13/8/2018 17:11

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (RH) <i>Part</i>			\$ 2,201.10
	Front Door (RH) <i>X 14/8/18</i>			\$ 2,256.40
	Rocker Panel Outer Garnish (RH) <i>Cra</i>			\$ 483.60
	SUB TOTAL			\$ 4,941.10
	LESS 20%			\$ 988.22
	DISCOUNTED TOTAL			\$ 3,952.88
	Rear Door Advertisement Logo (RH) <i>me</i>			\$ 100.00 Nett
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>me</i>			\$ 80.00 Nett
	Front Door Coloured Comfort Logo (RH) <i>me</i>			\$ 75.00 Nett
	Front Door Advertisement Logo (RH) <i>me</i>			\$ 100.00 Nett
				\$ 355.00
	Labour Charge			200
	Panel Beating			\$ 250.00
	Spray Painting Charge			\$ 250.00 600
	Tuff Kote			\$ 50.00 20
	Transfer of Door		\$ 120.00	\$ 240.00 20
	TOTAL LABOUR			\$ 1,390.00
	ESTIMATE TOTAL			\$ 5,697.88

Kali. LCC

14/8/18 1015L

3/11/18

Atta Rep p 18

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305199469
Date : 15/08/2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHC8126H


Fax :


Date of Accident : 12/08/18

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

1. The repair job shall bill to: NTUC --- SJP2296Y
###
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% **\$2,700.00**
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 3 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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 15/8/18

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/INC18014786/K1qbn2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 23-08-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJP 2296Y	Veh. Inspected	SHC 8126H
Policy No.	5092882584	Coverage (\$)	0.00
Claim No.	MT/1006907-002	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.	KMHLB41UMFU069185	Colour	BLUE
Odometer	251230	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 O/S BODY.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/08/2018	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:		3 Working Days	



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 8126H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR (RH)	DENTED	2,201.10	2,201.10
1	FRONT DOOR (RH)	TO REPAIR SEE LABOUR	2,256.40	-
1	ROCKER PANEL OUTER GARNISH (RH)	CRACKED	483.60	483.60
	LESS 20% DISCOUNT		-988.22	-536.94
			3,952.88	2,147.76
SPECIAL NETT ITEMS				
1	REAR DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH)(SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH)(SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			355.00	355.00
LABOUR				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF FRONT DOOR (RH).		350.00	200.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR.		240.00	50.00
			1,390.00	870.00
GRAND TOTAL			5,697.88	3,372.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,700.00

Report Ref No. NS/INC18014786/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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.