

(08/11/13)

Surveyor: Kelvin

REF:

NS/TNC18015123/Klgbrz

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: CHD 2366R

Policy No. 5068045737-03 11.10.2017

Claims No. 04/1008146-02

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: 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: SHA 78026 Yr Regn: 30 May 2015

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

Truck / Trailer or

Make: Hyundai-240 C.C. 1685

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

Sp. Reading: 573449 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL8414MRY069828

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STOA/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Caayan

Front Rear

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

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

D.O.A. 18/8/18 D.O.I. 20/8/18

Survey held at (DHE (Loyang))

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

Rear n/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 78026 - 003 / CTL17012601 / midb32
	CHD 2366R - 03 / TNC17007113 / Kgn
23/8/18	Labour cost C/S \$950 / 2 days (Rear \$1475.88, 61%)

RECEIVED 24 AUG 2018

Date/Time, File Pass to?

☐ : Prel. Report

11/8/18 train

☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I: (\$ 950)

Days Of Repair: 2

Resurvey 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/INC18015123/K1qb			
73 BRAS BASAH ROAD		Date: 20-08-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 2366R	Veh. Inspected	SHA 7802G
Policy No.	5068045737-03	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/08/2018
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	18/08/2018	Inspection Date	20/08/2018
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

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) 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"/>	5068045737-03		PRIME CAR RENTAL & TAXI SERVICES PTE. LTD.	199606293Z	GFT	Third Party, Fire & Theft	SHD2366R	SHD2366R	11/10/2017	

Dear Samsia,

Enclosed E-bao, for No. 2. Commence date is 17/8/2018. DOA is 19/8/2018

Sorry for input wrong OI vehicle number

1	MT/1008146-002	COMFORT TRANSPORTATION PTE LTD	SHA 7802G	SHD 2366R
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2	MT/1008619-001	COMFORT TRANSPORTATION PTE LTD	SHC 1906U	PA 7899H
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Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: mtreg<mtreg@income.com.sg>

Sent: Friday, 24 August 2018 10:35 AM

To: Denise Tay (LKKAuto) <denisetay@lkkauto.com>

Subject: REQUEST CLAIM NUMBER

Hi,

Claim created.

Except for item number 1 & 2.

Pls check & revert.

With Regards

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	20/08/2018 08:47
Date Of Accident	18/08/2018 23:40
Exact Location Of Accident	GEYLANG RD TWDS SIMS WAY NEAR TO LOR 16 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7802G
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	SAW TIEN WAH
NRIC No	S7216736H
Date Of Birth	13/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1992
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86128272
Fax Number	
Contact Number	
EEmail Address	SAWTIENWAH1305@YAHOO.COM

Address	BLK 169 LORONG 1 TOA PAYOH #04-1068
Postcode	310169
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	COLLISION - HEAD TO REAR
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

PLS REFER TO 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	SHD2366R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SAW TIEN WAH
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Approximate Age	46
Injuries Sustain	FELT GIDDY
Injured person in which vehicle?	SHA7802G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

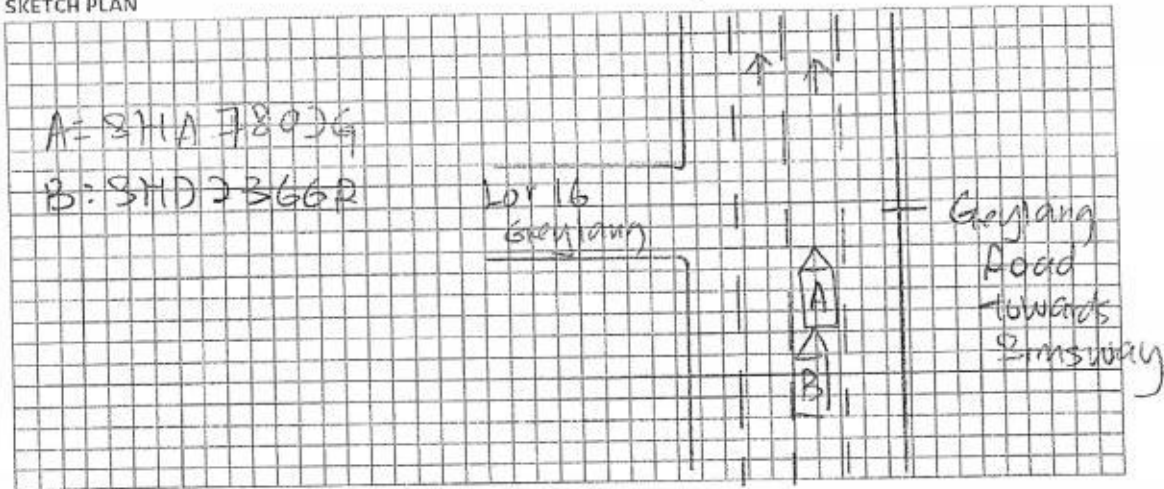
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 192003321R

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 18/08/18 at about 23:40hrs, I was driving along Geylang road towards Sims Way near to Lor 16 Geylang. Traffic was heavy and wheather is clear. Suddenly the car in front of my taxi braked to stopped. and I followed suit. A few second later, I felt an impact from my taxi behind. Veh B rt front right portion collided onto the rear left portion of my stationary taxi.

No passenger in my taxi. I felt giddy after accident, will consult doctor later on.

DECLARATION

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

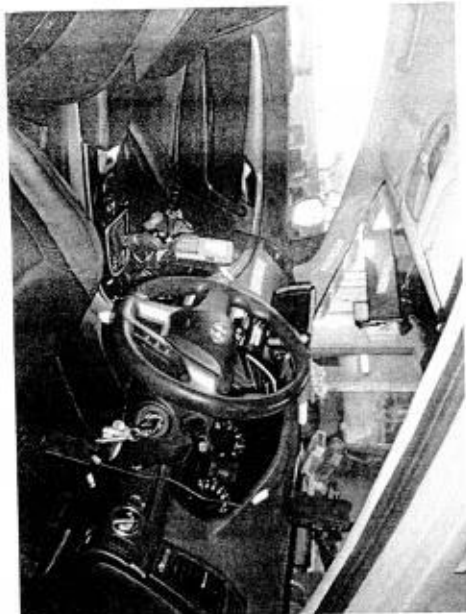
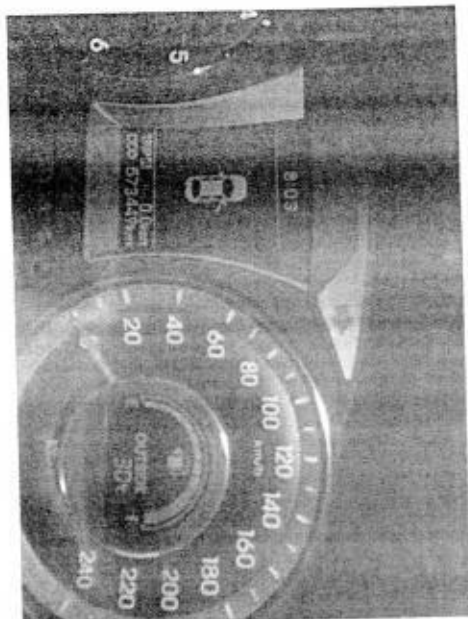
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203321R

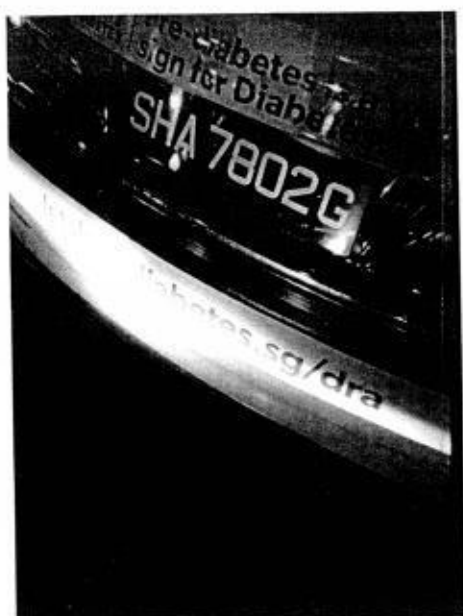
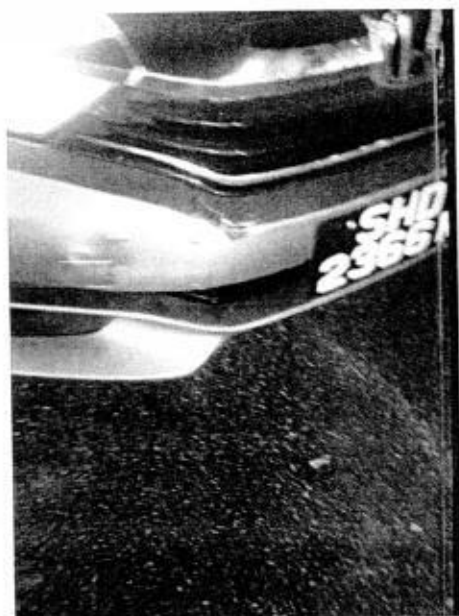
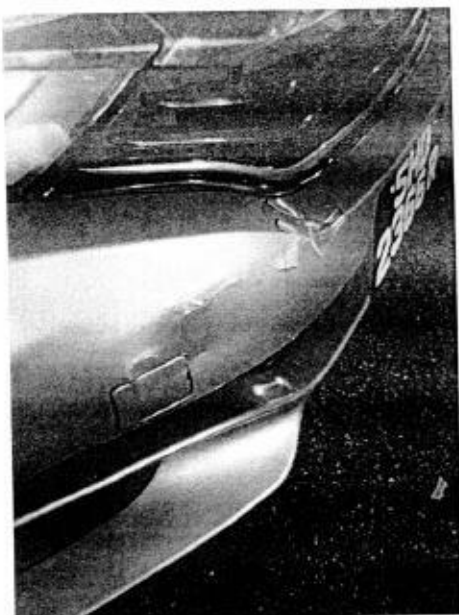
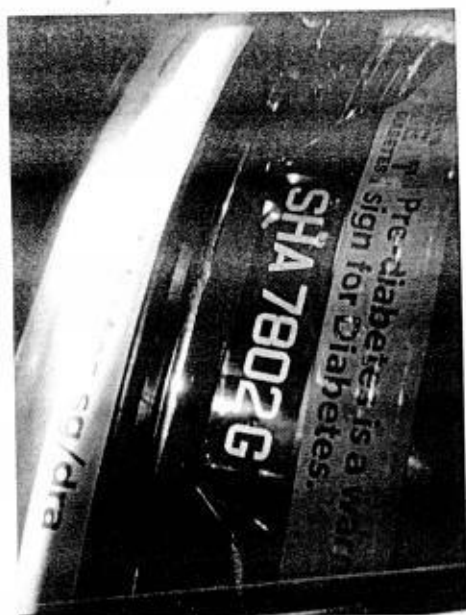
Policyholder's Signature
Date & Time:

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

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

Loke Wei Yiang





Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JG NO.: 305201851

OMER

IS

OMER NO.

IESS

(R)

(P)

DUNT CARD NO.

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

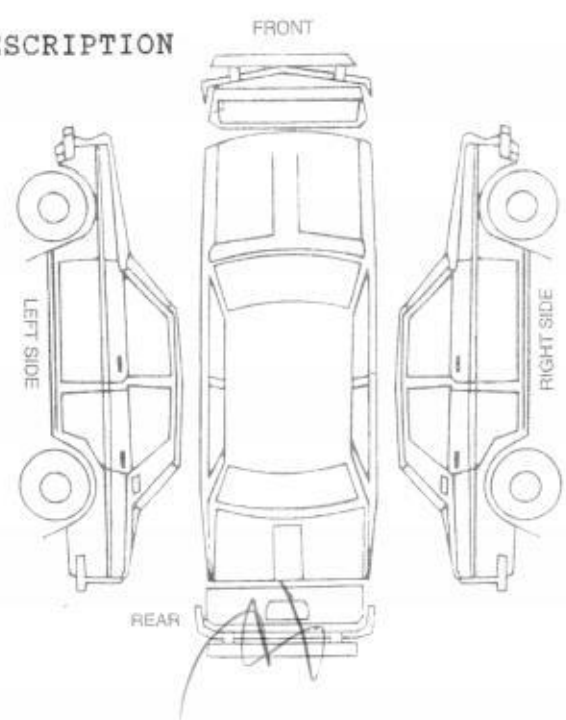
REGN NO.: SHA7802G	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 19.08.2018 08:00
YR OF MANU 30.05.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU069424	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 18.08.2018
NATURE: 3P 18.08.18

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SHA7802G

JU NTUC LKK

Vehicle No.:

SHA7802G

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 : SHA 7802G

DATE 20/8/2018 10:38

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Reborn</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>Xm</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Xm</i>		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>Xm</i>			\$ 49.00	
	Rear Bumper Clips <i>re</i>			\$ 22.00	
	Rear Bumper Sponge <i>Xm</i>			\$ 143.40	
	Rear Bumper Under Cover <i>Xm</i>			\$ 225.00	
	SUB TOTAL			\$ 1,907.35	
	LESS 20%			\$ 381.47	
	DISCOUNTED TOTAL			\$ 1,525.88	
	Rear Bumper Rubber Mat <i>re</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>re</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>re</i>		\$ 100.00	\$ 200.00	Nett
				\$ 300.00	
	Labour Charge				
	Panel Beating			\$ 350.00	
	Spray Painting Charge			\$ 250.00	
				200	
	TOTAL LABOUR			\$ 600.00	
	ESTIMATE TOTAL			\$ 2,425.88	
<i>Kahwicks</i> <i>20/8/8 1100h</i> <i>2 By.</i> <i>4s</i> <i>After Repair</i>					
<div> 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: </div>					
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 : 305201851

Date : 23/08/2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA7802G

Date of Accident : 18/08/2018

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

1. The repair job shall bill to: NTUC --- SHD2366R
###

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% \$950.00

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Ka/uh

Date : 23/8/18

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/INC18015123/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-08-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 2366R	Veh. Inspected	SHA 7802G
Policy No.	5068045737-03	Coverage (\$)	0.00
Claim No.	MT/1008146-002	Excess (\$)	0.00
Assign From		Assign Date	20/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069424	Colour	BLUE
Odometer	573449	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm

4. Description of Damages

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

5. General Information

Accident Date	18/08/2018	Inspection Date	20/08/2018
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 7802G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-381.47	-125.12
			1,525.88	500.48
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
<u>LABOUR</u>				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
			600.00	400.00
GRAND TOTAL			2,425.88	1,200.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				950.00

Report Ref No. NS/INC18015123/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.