

Surveyor: KalvinREF: NS/INC/8015822/K1903n2

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: YM65535Policy No: 5074955388-02 (15/10/17)Claims No: MT/1009542-001

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: 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 2422C Yr Regn: 2013Type: M.Car / M.Cycle / Bus / Van / Lorry / 6 / Prime Mover /

Truck / Trailer or

Make: Hyundai c.c. 1991Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 622469 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KM HET41UNDA8J465XGen. Cond: Good / 6 / Poor / BurntSteering: In order / 6 / Jammed / Leaked / Burnt orBrake: In order / 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / 6 / ST/A/Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or MichelinFront 7 mmR/Bal. 7 mmL/Bal. 7 mmD.O.A. 28/8/08 D.O.I. 24/8/08Survey held at (DHE (Loyang))

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

Front

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

Date / Time	Action / Instruction
	<u>SHA 2422C - X</u> <u>IM</u>
	<u>YM65535 - NS/INC/7012034 / M/H3e2</u> <u>DOA: 19/6/2017</u>
<u>30/8/08</u>	<u>Estimated C/P \$200,000. (Red \$2177.40, 51%)</u>
	<u>RECEIVED 31 AUG. 2018</u>

Date/Time, File Pass to?

☐ : Prel. Report31/8/2018 typist☐ : Final Report

Date/Time, File Return to?

2)

Report Format: TPLump Sum / B.I.: (\$ 2100)Days Of Repair: 2Resurvey No. of Trip: 1Add 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/INC18015822/K1qd3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 30-08-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YM 6553S	Veh. Inspected	SHA 2422C
Policy No.	5074955388-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	30/08/2018

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

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5. General Information

Accident Date	28/08/2018	Inspection Date	29/08/2018
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.
--

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"/>	5074955388-02		PAN PACIFIC VAN & TRUCK LEASING PTE LTD	201511635R	GFT	Third Party	YM6553S	YM6553S	15/10/2017	

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/1009117-002	CITYCAB PTE LTD	SHB 3522K	FBD 6962P	25/08/2018	\$ 8,764.46	\$ 3,600.00
2	MT/1009537-002	COMFORT TRANSPORTATION PTE LTD	SHC 8512B	SJZ 7050D	26/08/2018	\$ 1,570.48	\$ 550.00
3	MT/1009539-001	COMFORT TRANSPORTATION PTE LTD	SHD 4312H	FY 5397U	29/08/2018	\$ 2,536.82	\$ 1,250.00
4	MT/1009542-001	COMFORT TRANSPORTATION PTE LTD	SHA 2422C	YM 6553S	28/08/2018	\$ 4,277.40	\$ 2,100.00
5	MT/1009545-001	COMFORT TRANSPORTATION PTE LTD	SH 7662B	SJZ 7836D	17/08/2018	\$ 4,676.44	\$ 2,400.00
6	MT/1008115-002	COMFORT TRANSPORTATION PTE LTD	SHD 3566Z	FBJ 2711S	20/08/2018	\$ 6,213.88	\$ 3,030.12
7	MT/1007488-003	CITYCAB PTE LTD	SHB 3363C	SJR 9003U	16/8/2018	\$ 1,320.48	\$ 800.00

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	29/08/2018 07:38
Date Of Accident	28/08/2018 15:25
Exact Location Of Accident	BISHAN ST 25 NO THROUGH RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2422C
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	SONATA
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	LIM JIN CHIN
NRIC No	S2167841D
Date Of Birth	15/05/1957
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97606159
Fax Number	
Contact Number	
Email Address	LIM_VON@YAHOO.COM

Address	403A 03-175 FERNVALE LANE
Postcode	791403
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 (TP REVERSE)
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)	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.

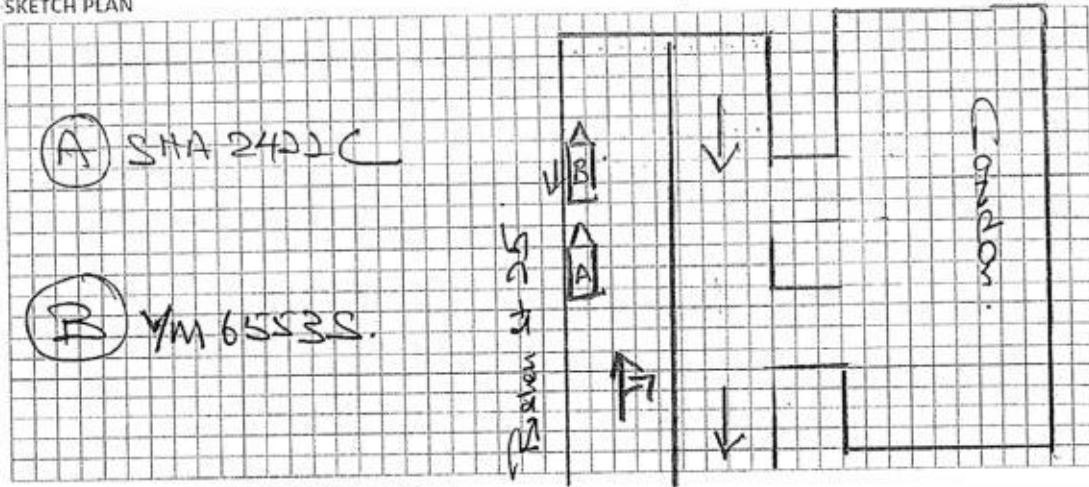
Attachment(s)

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	YM6553S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MATHAVAN TONY /MURUKA
NRIC/Passport Number	S8718163D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on. 28 Aug 2018 @ 15:25 hr

I veh A parked at the side of the road and rest. Suddenly veh B instant Reverse, and hit veh A front. No par. as veh A at the time of accident.

DECLARATION

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

JMFORT TRANSPORTATION PTE LTD
CC REG NO 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

[Signature] 22/8

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:

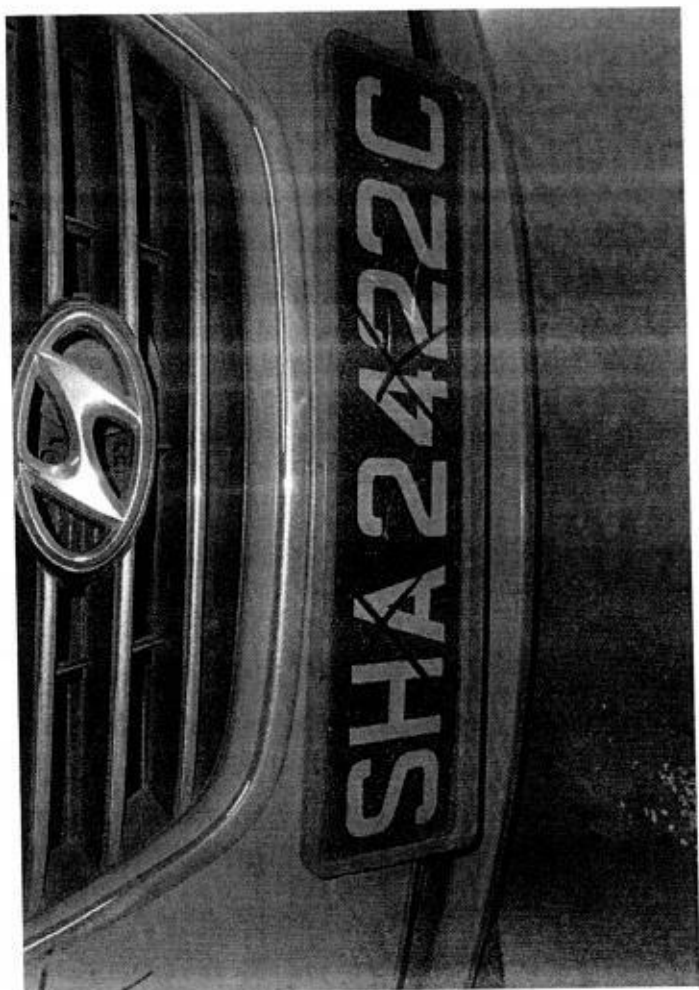
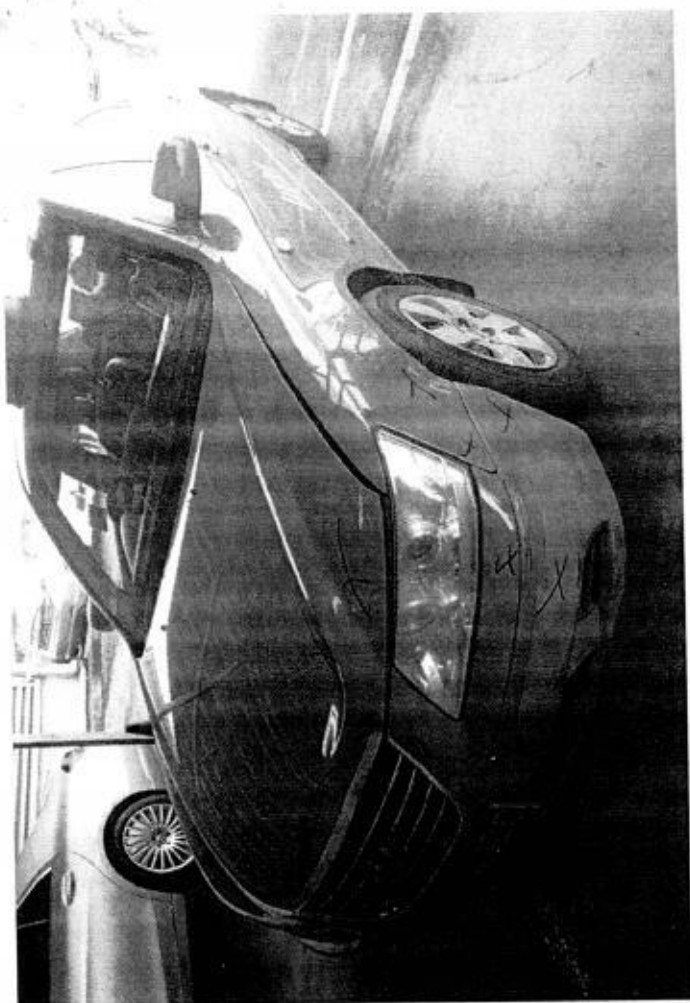
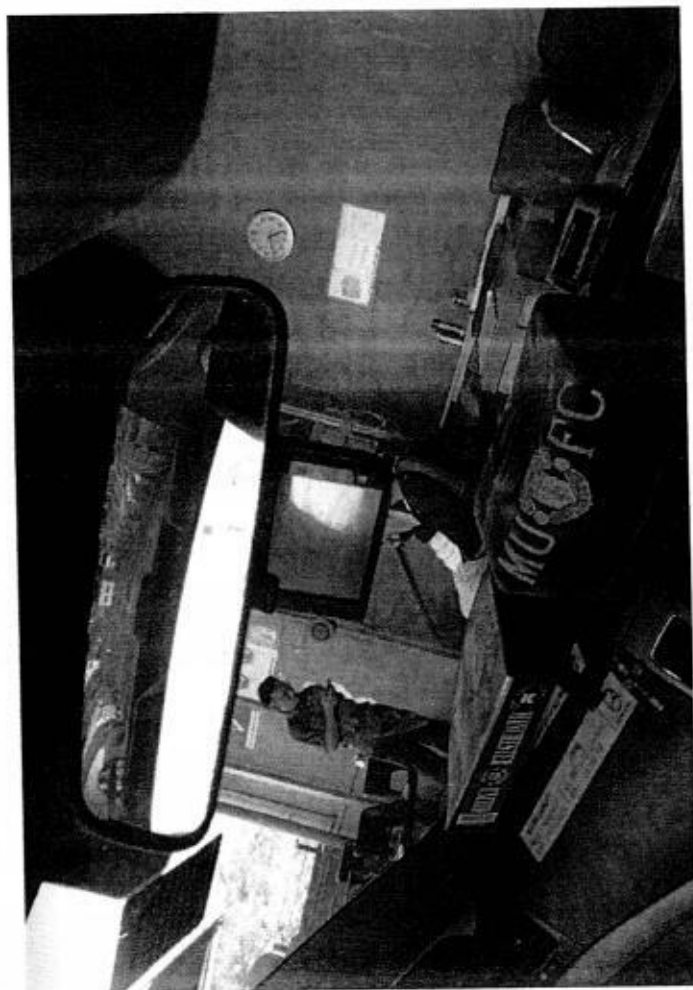
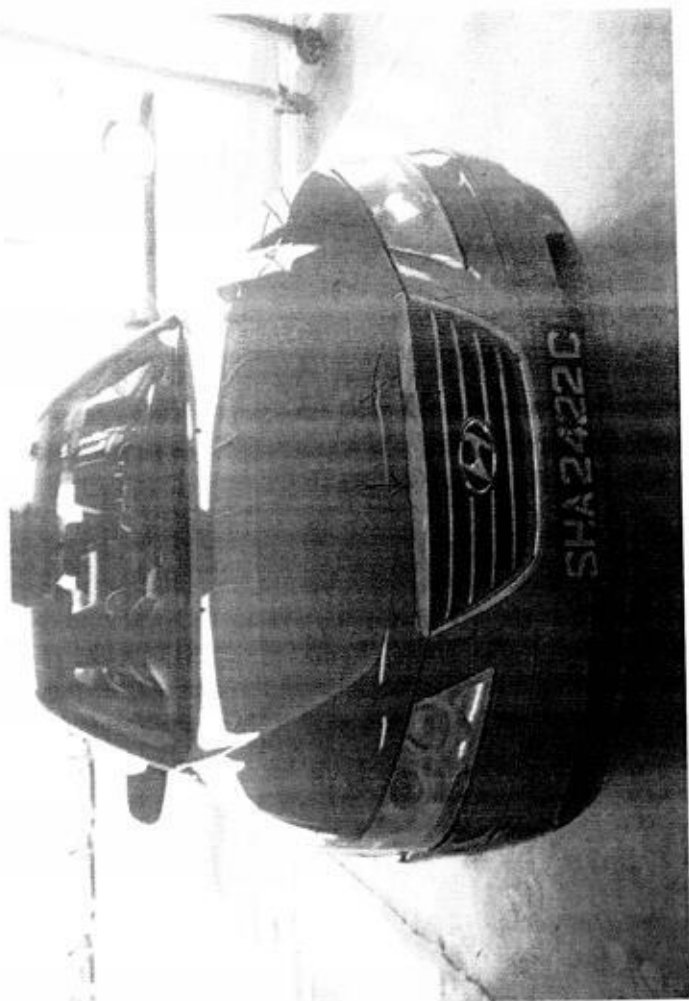
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

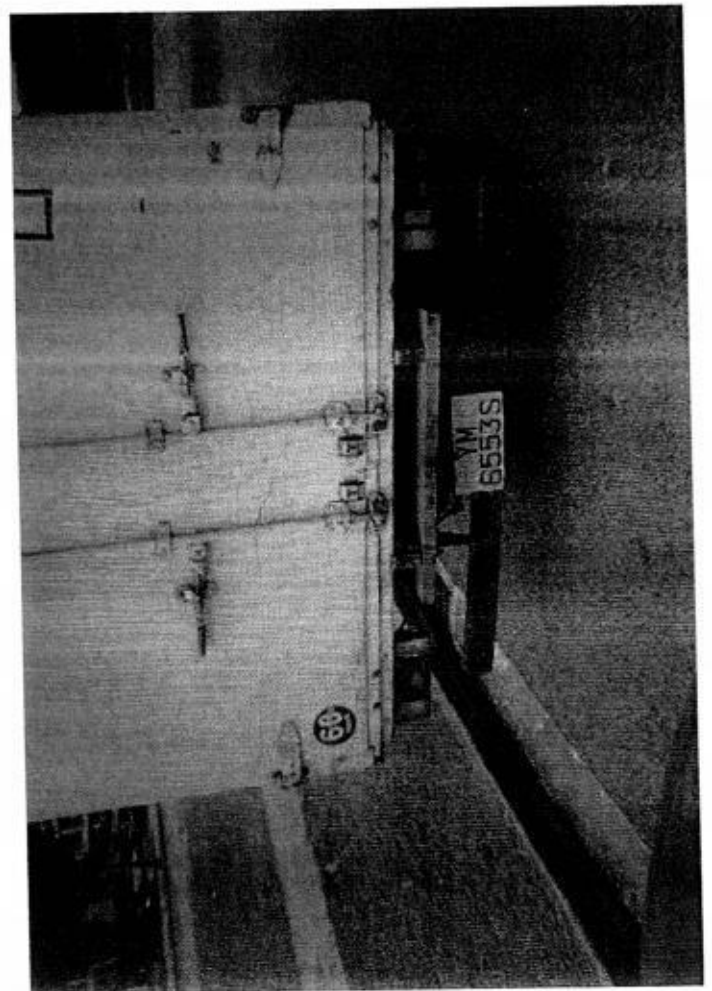
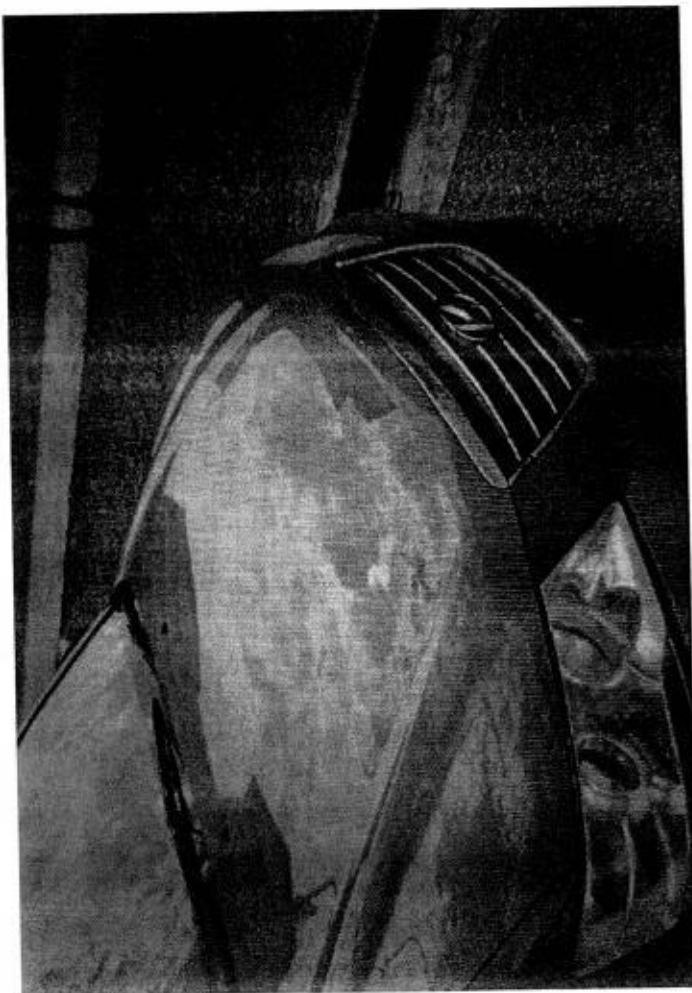
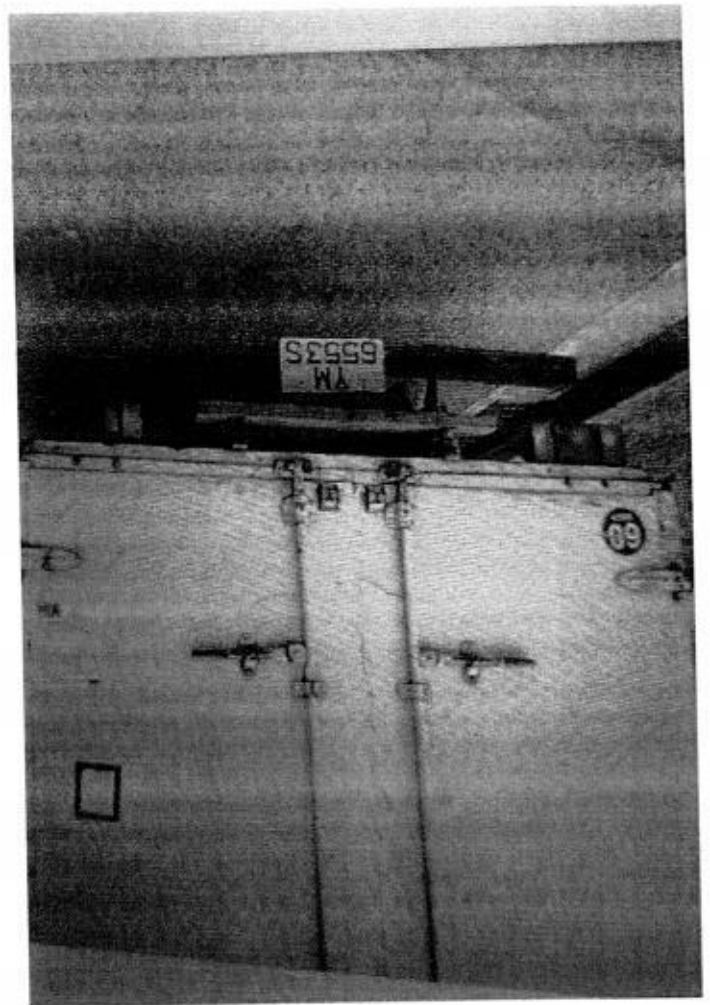
JAIFORT TRANSPORTATION PTE LTD
POLICY NO. 199602221R

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.:





Handwritten signature

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609266
200 Ubi Road 3 Singapore 408780

24 Serangoon Loop Singapore 758158
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 29.08.2018 09:49

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305205682

STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHA2422C	MILEAGE
VMS	7010045	MAKE : HYUNDAI	FUEL
STOMER NO.	383 SIN MING DRIVE	MODEL	SONATA
DRESS	Singapore SINGAPORE 575717	DATE/TIME IN	28.08.2018 16:40
L (R)	65508755 (O)	YR OF MANU	20.06.2013
(P)		CHASSIS CODE	KMHET41VMDA834654
3COUNT CARD NO.		COMPLETION DATE/TIME:	

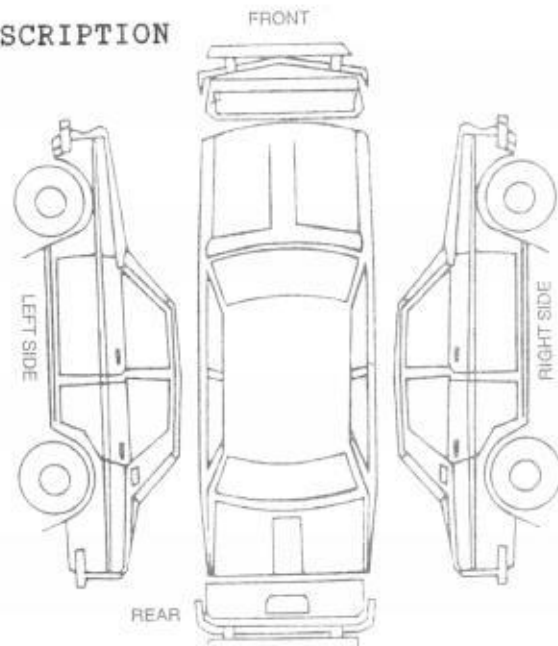
Handwritten signature: Chiang

JOB DESCRIPTION

Accident Date: 28.08.2018
NATURE: 3P 28.08.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA2422C
CHIANG

Vehicle No.: SHA2422C

Name 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 2422C

DATE 29/8/2018 14:43

NTUC

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Bonnet ✓ <i>dent</i>			\$ 1,151.80	
	Bonnet Moulding <i>con</i>			\$ 120.90	
	Bonnet Lock X <i>su</i>			\$ 48.80	
	Radiator Grille <i>con</i>			\$ 282.10	
	Radiator Grille U Moulding <i>con</i>			\$ 108.90	
	Front Bumper Cover <i>dent</i>			\$ 538.80	
	Front Bumper Sponge X <i>su</i>			\$ 136.30	
	Front Bumper Reinforcement X <i>su</i>			\$ 504.10	
	Front Bumper Grille (LH/RH) X <i>su</i>		\$ 17.60	\$ 35.20	
	Front Bumper Bracket Top (LH/RH) X <i>su</i>		\$ 22.40	\$ 44.80	
	Front Bumper Protector (LH/RH) X <i>su</i>		\$ 29.20	\$ 58.40	
	Headlamp (RH) X <i>su</i>			\$ 797.90	
	SUB TOTAL			\$ 3,828.00	
	LESS 20%			\$ 765.60	
	DISCOUNTED TOTAL			\$ 3,062.40	
	Front Number Plate <i>con</i>			\$ 25.00	Nett
	Front No Plate Trim Cover X <i>su</i>			\$ 30.00	Nett
				\$ 55.00	
	Labour Charge				
	Panel Beating			\$ 500.00 <i>400</i>	
	Spray Painting Charge			\$ 500.00 <i>400</i>	
	Wiring Charge			\$ 50.00 <i>30</i>	
	Tuff Kote			\$ 50.00 <i>30</i>	
	TOTAL LABOUR			\$ 1,160.00	
	ESTIMATE TOTAL			\$ 4,277.40	
<p><i>Kaka 16/6/18</i></p> <p><i>29/8/18 15:10h.</i></p> <p><i>20/11.</i></p> <p><i>4/1</i></p> <p><i>After Repair p/lt</i></p>					
<p>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.</p>					

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/INC18015822/K1qd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 07-09-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YM 6553S	Veh. Inspected	SHA 2422C
Policy No.	5074955388-02	Coverage (\$)	0.00
Claim No.	MT/1009542-001	Excess (\$)	0.00
Assign From		Assign Date	29/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHET41VMDA834654	Colour	BLUE
Odometer	622469	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	HANKOOK	7 mm
L/H Front Tyre	215/60 R16	HANKOOK	7 mm
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	28/08/2018	Inspection Date	29/08/2018
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2422C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BONNET	DENTED	1,151.80	1,151.80
1	BONNET MOULDING	CRACKED	120.90	120.90
1	BONNET LOCK	SERVICEABLE	48.80	-
1	RADIATOR GRILLE	CRACKED	282.10	282.10
1	RADIATOR GRILLE U MOULDING	CRACKED	108.90	108.90
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT BUMPER SPONGE	SERVICEABLE	136.30	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	504.10	-
2	FRONT BUMPER GRILLE (LH/RH) @\$17.60	SERVICEABLE	35.20	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER PROTECTOR (LH/RH) @\$29.20	SERVICEABLE	58.40	-
1	HEADLAMP (RH)	SERVICEABLE	797.90	-
	LESS 20% DISCOUNT		-765.60	-440.50
			3,062.40	1,762.00
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN)	CRACKED	25.00	25.00
1	FRONT NO PLATE TRIM COVER (SN)	SERVICEABLE	30.00	-
			55.00	25.00
<u>LABOUR</u>				
	PANEL BEATING.	NOT NECESSARY	560.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	-
	TUFF KOTE.		50.00	30.00
	-		-	-
	-		-	-
	-		-	-
			1,160.00	830.00
GRAND TOTAL			4,277.40	2,617.00

Report Ref No. NS/INC18015822/K1qd3n2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,100.00
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Report Ref No. NS/INC18015822/K1qd3n2



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.