

(08/11/13)

Surveyor: Kalvin

REF: NS/INC 18017760/Klgbez

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop r/s _____

of _____

Insured: 9LL4500Policy No. 5089515350 - 01 130118Claims No. MT/1014163-001

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: 7 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: SHB 40824 Yr Regn: 3 Sep 2015

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

Truck / Trailer or

Make: Hyundai Ix0 C.C. 168Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 39.5107 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414444 077280

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Campion

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 1/10/18 D.O.I. 1/10/18Survey held at CDHE (Loyang)

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

ns Frnt

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

Date / Time	Action / Instruction
	SHB 40824 - NA / EQ1701231 / h4
	9LL4500 - X
2/10/18	Insured P/P \$350 / 2 days (Red \$2289.76, 87%)
	RECEIVED 04 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

1) 02/10/2018

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.I. (\$) 350Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

160

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/INC18017762/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-10-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLL 450D	Veh. Inspected	SHB 4082G
Policy No.	5089515350-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	01/10/2018

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	01/10/2018	Inspection Date	01/10/2018
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

Date : 03/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1014163-001	COMFORT TRANSPORTATION PTE LTD	SHB 4082G	SLL 450D	01/10/2018	\$ 2,639.76	\$ 350.00
2	MT/1013171-002	CITYCAB PTE LTD	SHC 7814L	SLK 2816A	26/09/2018	\$ 565.00	\$ 375.00
3	MT/1007961-002	COMFORT TRANSPORTATION PTE LTD	SHC 2284Z	SIW 2047M	19/08/2018	\$ 3,167.00	\$ 2,124.90
4	MT/1013655-002	COMFORT TRANSPORTATION PTE LTD	SHD 3499J	SIW 6467H	30/09/2018	\$ 2,273.60	\$ 1,200.00

Claim received from LKK Auto

eBaotTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/10/2018 17:49"/>
Vehicle No.(For Motor)	<input type="text" value="SLL450D"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5089515350-01		AUTO IMPERIAL CARS PTE LTD	201703106W	GFT	drivo PREMIUM	SLL450D	SLL450D	13/02/2018	

Continue

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	01/10/2018 10:34
Date Of Accident	01/10/2018 07:10
Exact Location Of Accident	DOVER ROAD TWDS CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4082G
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	PEI KOK CHONG
NRIC No	S1688303D
Date Of Birth	21/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1993
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98241354
Fax Number	
Contact Number	
EMail Address	PEIKOKCHONG@GMAIL.COM

Address	BLK 643 ANG MO KIO AVENUE 5 #04-3013
Postcode	560643
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

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	SLL450D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT CENTRE

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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

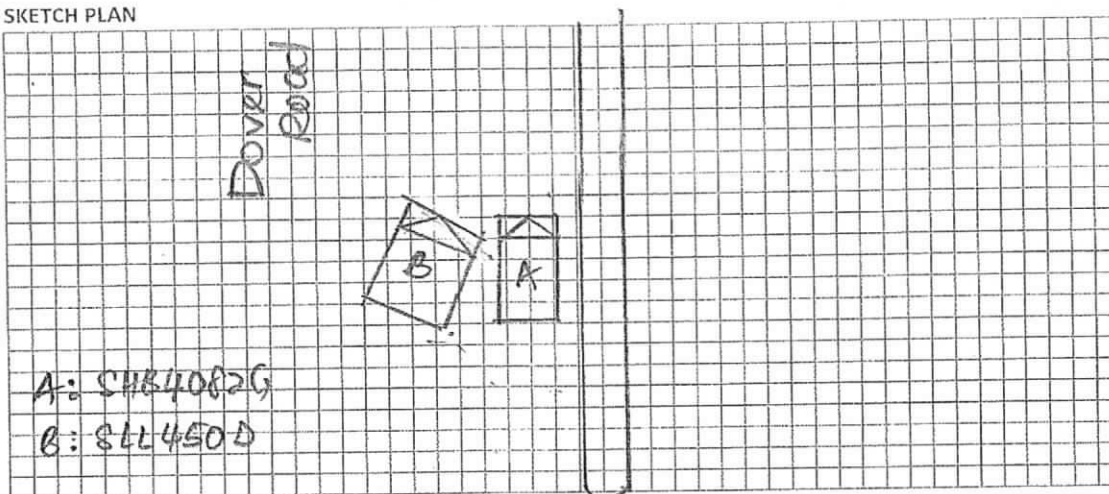
Policyholder's Signature
Date & Time:

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

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

07/15/18
Jackson Hong
CSO

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/10/2018 at about 5:10 hrs, I vehicle A was driving along dover road toward Cleveitri on the extreme right lane. After I passed the traffic junction. vehicle B on my left side suddenly cut into my lane and brush against left front portion.

DECLARATION

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

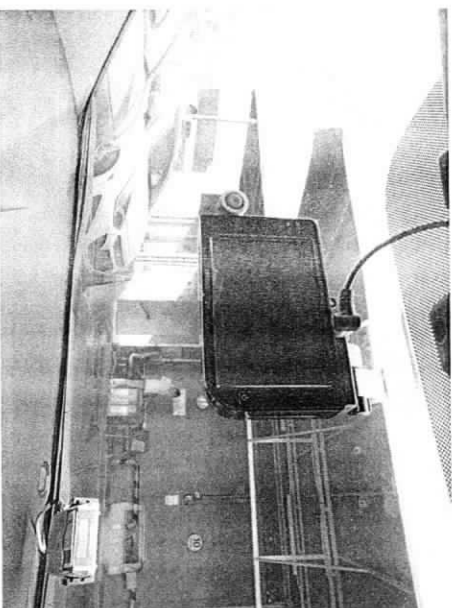
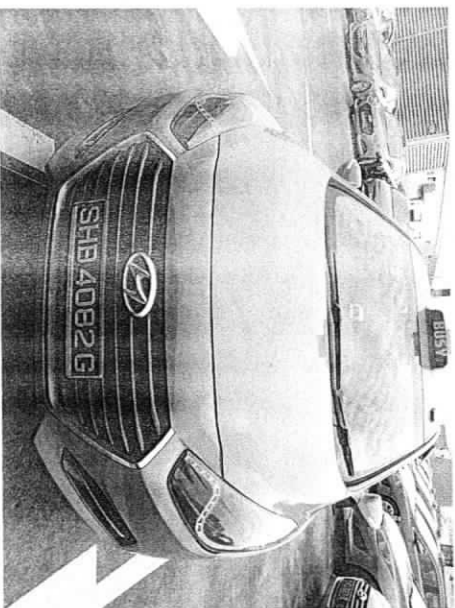
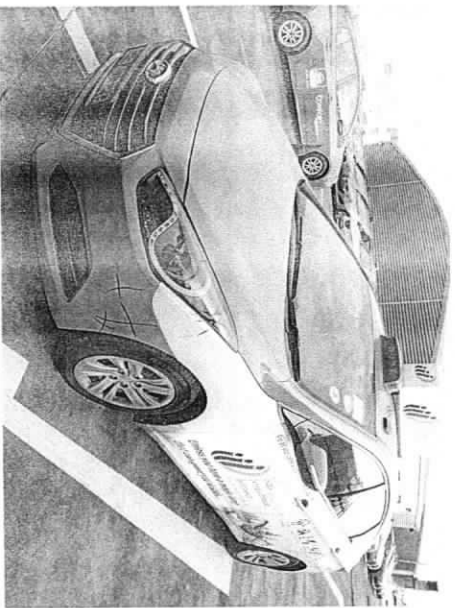
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 193203321R

Policyholder's Signature
Date & Time:

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

01/10/18
Jackson Heng
CSO *[Signature]*

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



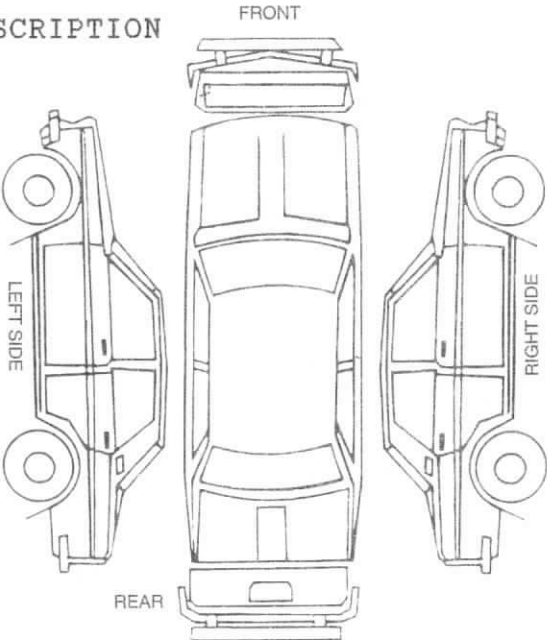
Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305219799
CUSTOMER	REGN NO.: SHB4082G	MILEAGE		
MS	COMFORT TRANSPORTATION PTE LTD	FUEL		
CUSTOMER NO.	7010045	E.....1/2.....F		
ADDRESS	383 SIN MING DRIVE	DATE/TIME IN		
	Singapore SINGAPORE 575717	01.10.2018 08:25		
(R)	65508755	TARGET DATE		
(P)		COMPLETION DATE/TIME:		
COUNT CARD NO.				

JOB DESCRIPTION

Accident Date: 01.10.2018
NATURE: 3P 01.10.2018-C

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB4082G CHIANG

Vehicle No.: SHB4082G

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 : SHB 4082G

DATE 1/10/2018 11:08

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Bumper Cover <i>X repair</i>			\$ 1,052.20	
	Front Bumper Bracket Top (LH) <i>X su</i>			\$ 22.40	
	Front Bumper Bracket (LH) <i>X su</i>			\$ 24.60	
	Headlamp (LH) <i>X su</i>			\$ 1,388.00	
	<i>Wiring Mirror (LH) X repair</i>				
	SUB TOTAL			\$ 2,487.20	
	LESS 20%			\$ 497.44	
	DISCOUNTED TOTAL			\$ 1,989.76	
	Frt Fender Advertisement Logo (LH) <i>X su</i>			\$ 100.00	Nett
				\$ 100.00	
	Labour Charge				
	Panel Beating			\$ 220.00	<i>100</i>
	Spray Painting Charge			\$ 30.00	<i>250</i>
	Wiring				<i>X su</i>
	TOTAL LABOUR			\$ 470.00	
	ESTIMATE TOTAL			\$ 2,559.76	<i>2639.76</i>
<p><i>Kalir LKK</i></p> <p><i>1/10/18 1410 hrs</i></p> <p><i>2 Days</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p> <div data-bbox="837 1420 1386 1868" data-label="Text"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </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.					

Our Job Ref No : 305219799
Date : 02/10/18

COMFORTDELGRO ENGINEERING

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

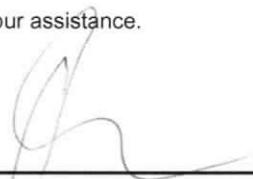
FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHB4082G 01/10/18

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

1. The repair job shall bill to: NTUC SLL450D
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$350.00
 - (b) Labour Charges \$350.00
 - Total for Part-By-Part Repair Cost** \$350.00
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
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 : 2/10/18

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:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305219799
REGN NO : SHB4082G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 03.09.2015
DATE/TIME IN : 01.10.2018 08:25
ACCIDENT DATE : 01.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 250.00

SUB-TOTAL : 350.00

TOTAL : 350.00

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :



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/INC18017762/K1qbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 23-10-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLL 450D	Veh. Inspected	SHB 4082G	
Policy No.	5089515350-01	Coverage (\$)	0.00	
Claim No.	MT/1014163-001	Excess (\$)	0.00	
Assign From		Assign Date	01/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU077280	Colour	BLUE	
Odometer	395107	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	01/10/2018	Inspection Date	01/10/2018	
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		

**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. SHB 4082G

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 BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	HEADLAMP (LH)	SERVICEABLE	1,388.00	-
1	WING MIRROR (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-497.44	-
			1,989.76	-
	<u>SPECIAL NETT ITEMS</u>			
1	FRT FENDER ADVERTISEMENT LOGO (LH) (SN)	NOT NECESSARY	100.00	-
			100.00	-
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND WING MIRROR (LH).		220.00	100.00
	SPRAY PAINTING CHARGE.		300.00	250.00
	WIRING.	NOT NECESSARY	30.00	-
			550.00	350.00
	GRAND TOTAL		2,639.76	350.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				350.00

Report Ref No. NS/INC18017762/K1qbe2

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.