

(08/11/13)

Surveyor: Kelvin

REF:

NS/WC18017851/Klgbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no/s: _____

of _____

Insured: SMA 8179G

Policy No. 5085210301-01 20061018

Claims No. MI/1013935-002

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 2312 B Yr Regn: 4 Nov 2010

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

Truck / Trailer or

Make: Hyundai Santa Fe cc 1991

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

Sp. Reading: 30719 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HET41VMAA796092

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: 215/60R16

R: _____

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

TOYO / YOKO or Hankook

Front Rear

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

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

D.O.A. 1/10/8 D.O.I. 2/10/8

Survey held at CDE (Loyang)

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

O/S Front

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

Date / Time Action / Instruction

SHC 2312B - M3 / WRI 8003964 / Klg3892 DUA: 270218 INC

4/10/18 Confirmed 45 \$1450 / 2 Pys. 45

Used 6/29/18, 4/2/18

Date/Time, File Pass to?

11/05/10 twiga

Date/Time, File Return to?

2)

Prell. Report

Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

Report Format:

Lump Sum / B.I. (\$)

78

1450

160

TOTAL



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/INC18017852/K1qb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 02-10-2018	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SMA 8179G	Veh. Inspected	SHC 2312B	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	02/10/2018	
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	02/10/2018	
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.				

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"/>	5085210201-01		INDEX CREDIT PTE LTD	199905600E	GFT	drive CLASSIC	SMA8179G	SMA8179G	20/06/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date : 05/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1013958-002	COMFORT TRANSPORTATION PTE LTD	SHC 8166S	SKA 1061G
2	MT/1013935-002	COMFORT TRANSPORTATION PTE LTD	SHC 2312B	SMA 8179G
3	MT/1014221-002	COMFORT TRANSPORTATION PTE LTD	SHB 6241B	SHD 2503L

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	02/10/2018 13:38
Date Of Accident	01/10/2018 04:10
Exact Location Of Accident	SUNTECK TW 3 AND 4 EXIT TO TEMASEK AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2312B
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 ENG HOE
NRIC No	S1397833F
Date Of Birth	17/03/1959
Occupation	OUTDOOR
Date Of Driving Pass	16/05/1981
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98273480
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 530D PASIR RIS DRIVE 1 #08-416
 Postcode 514530
 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) 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 SMA8179G
 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 LEFT REAR
 No. Of Passenger (Including Driver)

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.

COMFORT TRANSPORTATION PTE LTD
CO REG NO 192202321R

Policyholder's Signature
Date & Time:

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

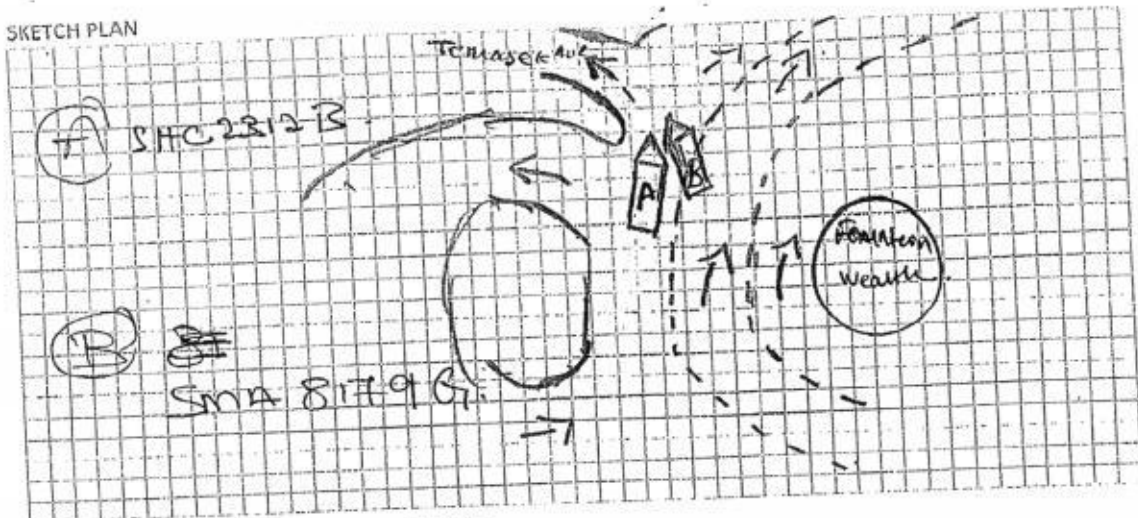
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/RAC Sketch Plan Form_V3

0-0 0-0

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 1 Oct 2018 @ 04.10 hrs I VEH A

was driving along the above location wanted

to make a left turn. Suddenly VEH B from

2nd lane dash into my lane and hit VEH

A Right front. I try to horn nothing works.

at the point of accident no PAK on

VEH - A.

DECLARATION

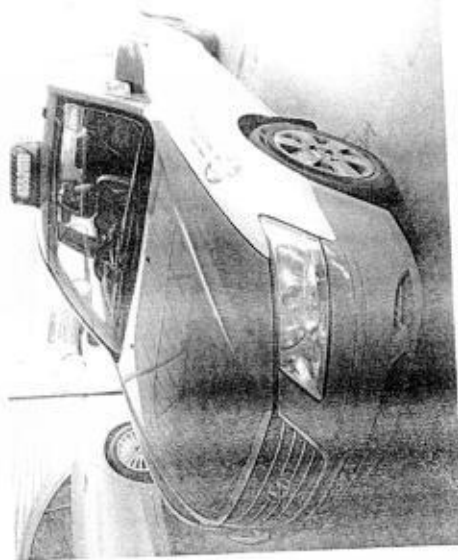
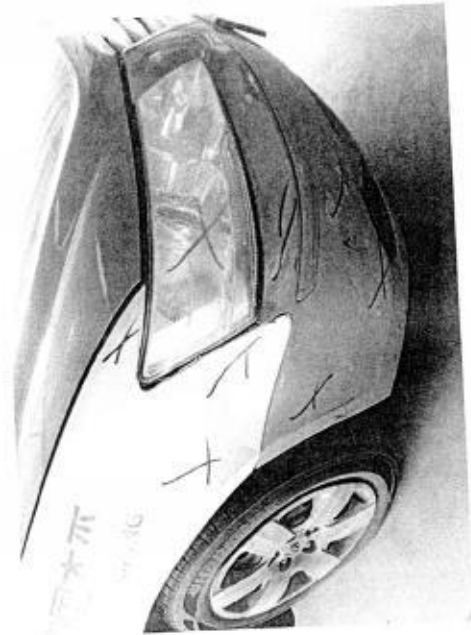
I/We declare the foregoing particulars are true in every respect.

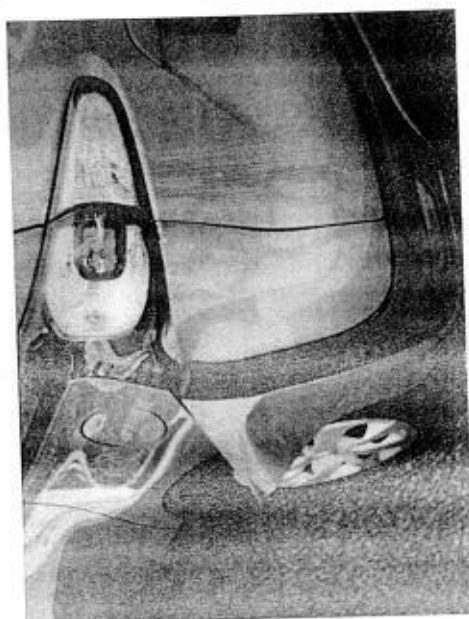
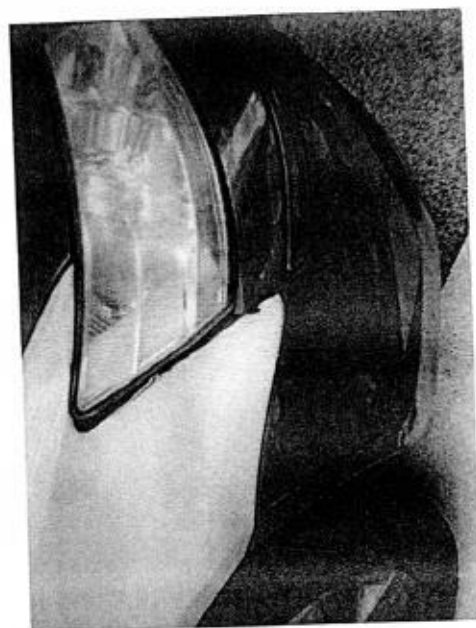
CONFIDENT TRANSPORTATION PTE LTD
CO. REG. NO. 192002321R

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.:





Date/Time: 02.10.2018 15:35

Page : 1

Team: IN ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305220660

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

VMS

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

REGN NO.:

SHC2312B

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

SONATA

DATE/TIME IN

01.10.2018 23:45

YR OF MANU.

04.11.2010

TARGET DATE

CHASSIS CODE

KMHET41VMAA796092

COMPLETION DATE/TIME:

3COUNT CARD NO.

JOB DESCRIPTION

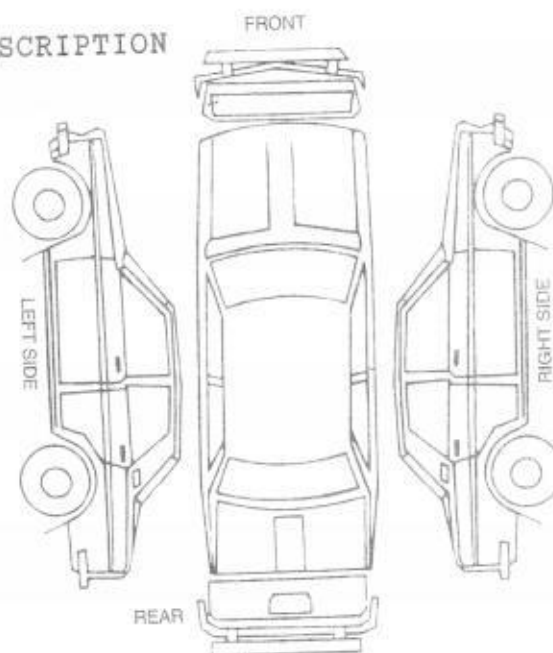
Accident Date: 01.10.2018

NATURE: 3P 01.10.2018

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

By:

On:

File No.:

SHC2312B

CHIANG

Exit Pass

Vehicle No.:

SHC2312B

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

3 returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHC 2312B

DATE 2/10/2018 14:49

MAKE :

MODEL : HYUNDAI SONATA

Page 1 of 1

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305220660
Date : 04/10/18

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHC2312B

Fax :

30/09/2018

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

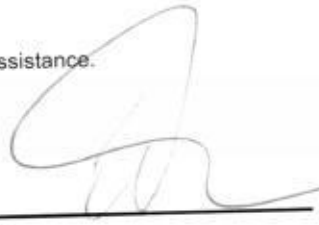
1. The repair job shall bill to: NTUC SMA8179G
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: **Final Lumpsum Repair cost** \$1,450.00

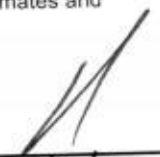
3. Estimated normal period for repairs: 2 working days.

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 : 4/10/18

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:



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/INC18017852/K1qbn2

73 BRAS BASAH ROAD

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



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMA 8179G	Veh. Inspected	SHC 2312B
Policy No.	5085210201-01	Coverage (\$)	0.00
Claim No.	MT/1013935-002	Excess (\$)	0.00
Assign From		Assign Date	02/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	KMHET41VMAA796092	Colour	BLUE
Odometer	307159	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 O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	01/10/2018	Inspection Date	02/10/2018
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.
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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. SHC 2312B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	538.80	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER PROTECTOR (RH)	TO REPAIR SEE LABOUR	29.20	-
1	HEADLAMP (RH)	GRAZED	797.90	797.90
1	FRONT FENDER (RH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	86.00	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
	LESS 20% DISCOUNT		-415.30	-278.18
			1,661.20	1,112.72
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT BUMPER PROTECTOR (RH).		440.00	200.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			980.00	620.00
	GRAND TOTAL		2,741.20	1,832.72
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)(CONFIRMED)				1,450.00

Report Ref No. NS/INC18017852/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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