

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC18017943/Kitlon2

## 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: SHD 2503LPolicy No. 5068845737-03 06082018Claims No. MT/16/4221-002

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 Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_ 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 6241B Yr Regn: 25 Aug 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /

Truck / Trailer or

Make: Honda 140 cc 1685Colour: Blk A/C: Ins 0 / Std / NI / NASp. Reading: 330369 T/Radio: Ins 0 / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM HLB414149093348Gen. Cond: 0 / Fair / Poor / BurntSteering: In 0 / Jammed / Leaked / Burnt orBrake: In 0 / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Camp

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 3/10/18 D.O.I. 3/10/18Survey held at (DHE (Loyang))

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

Rear

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

Date / Time Action / Instruction

SHB 6241B - CB/AT/11003060/Djby

DCA: 15022011

INC

SHD 2503L - X

42

5/10/18 Confirmed LPS \$450 / 2 hrs. (Red: 77430, 63%)

RECEIVED 08-OCT-2018

Date/Time, File Pass to?

☐ : Prel. Report

1810 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) 450/-Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

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/INC18017943/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-10-2018



189556

Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 2503L	Veh. Inspected	SHB 6241B
Policy No.	5068045737-03	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	03/10/2018

## 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

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## 5. General Information

Accident Date	03/10/2018	Inspection Date	03/10/2018
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

General Claim

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.	1996062932	GFT	Third Party, Fire & Theft	SHD2503L	SHD2503L	06/08/2018	

**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	03/10/2018 11:49
Date Of Accident	03/10/2018 09:00
Exact Location Of Accident	VIVO CITY DROP OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6241B
<b>Insured/Policyholder</b>	
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	LEE KIM CHOON
NRIC No	S1610472H
Date Of Birth	25/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	03/02/1983
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91898299
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 7 ST GEORGE'S LANE #03-221
Postcode	320007
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?	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	SHD2503L
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)	

## 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.
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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  
CD REG NO 199703321R

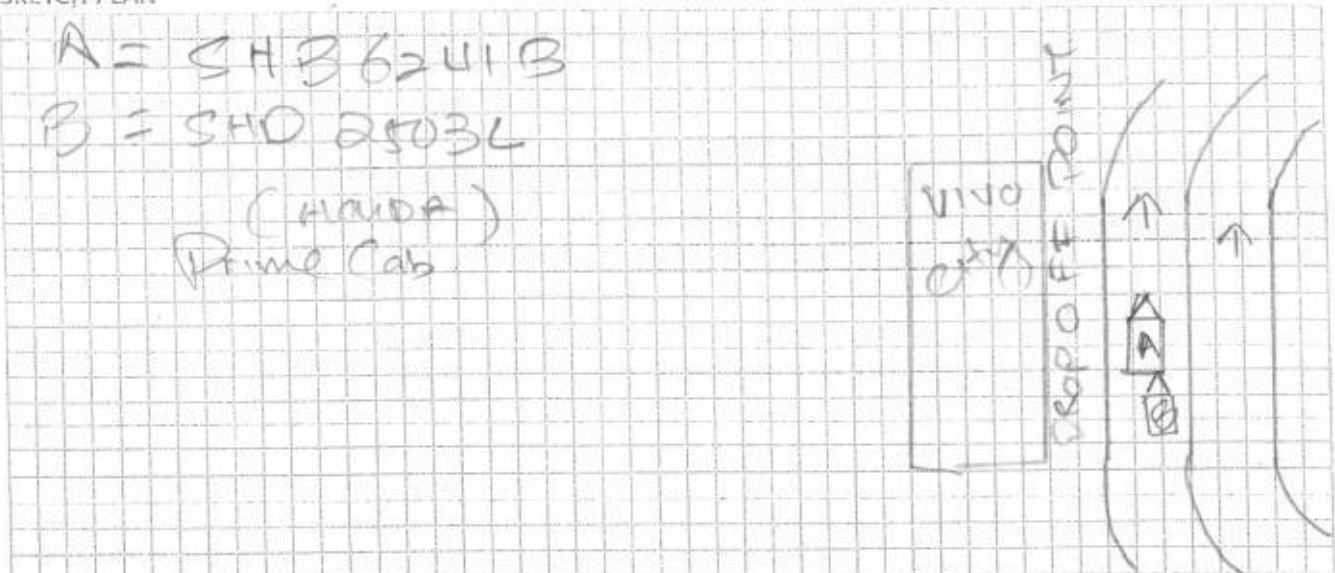
Policyholder's Signature  
Date & Time:

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

Kindly refer statement as per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
G2, FCO NO. 15000331R

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.:



**Describe Circumstances of the Accident.**

On 03/10/2018 @ about 09:00hrs, I was driving towards Vivo City drop off point. Upon

queuing up suddenly I felt an impact followed by a jerk from behind my stationery taxi.

I stepped out of my taxi and checked and found Prime Cab SHD2503L front right portion

collided onto the right rear of my stationery taxi.


No passenger on board my taxi. No injury reported at the point of accident.

**Declaration**

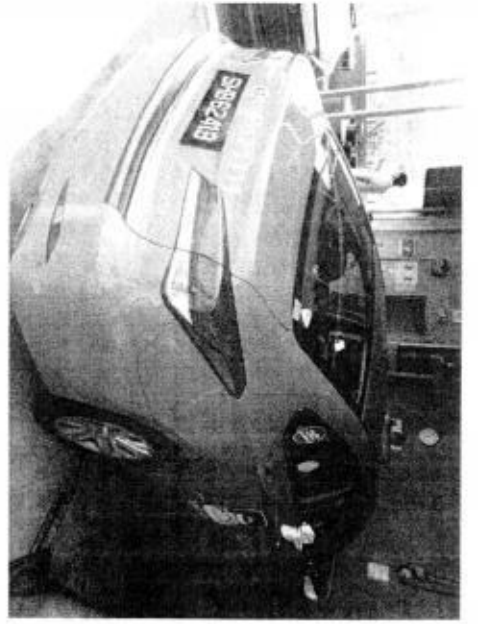
I/We declare the foregoing particulars are true in every respect.

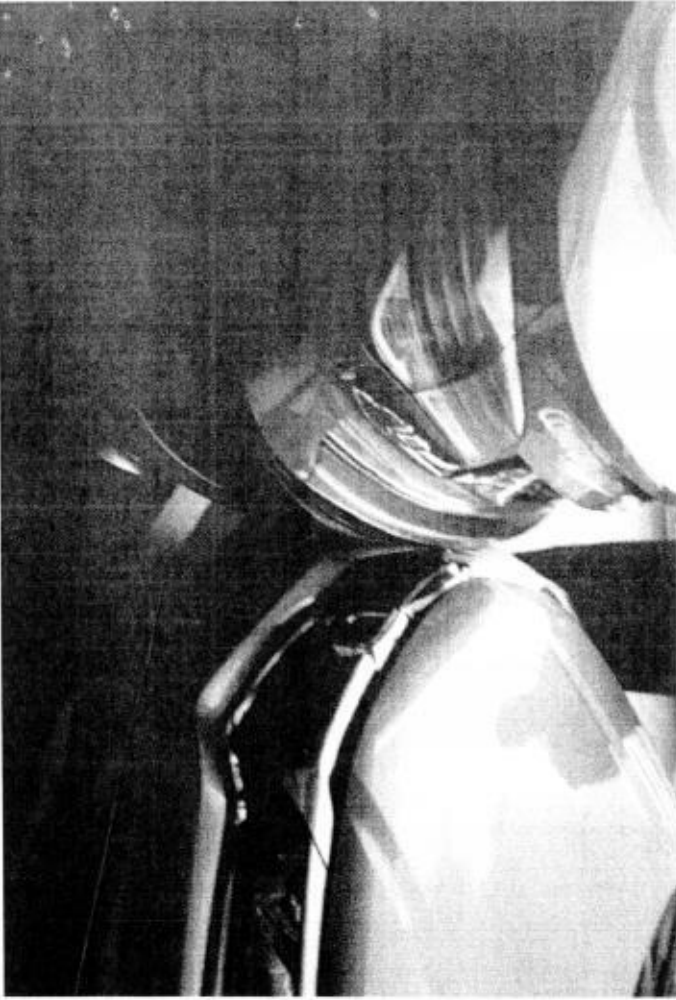
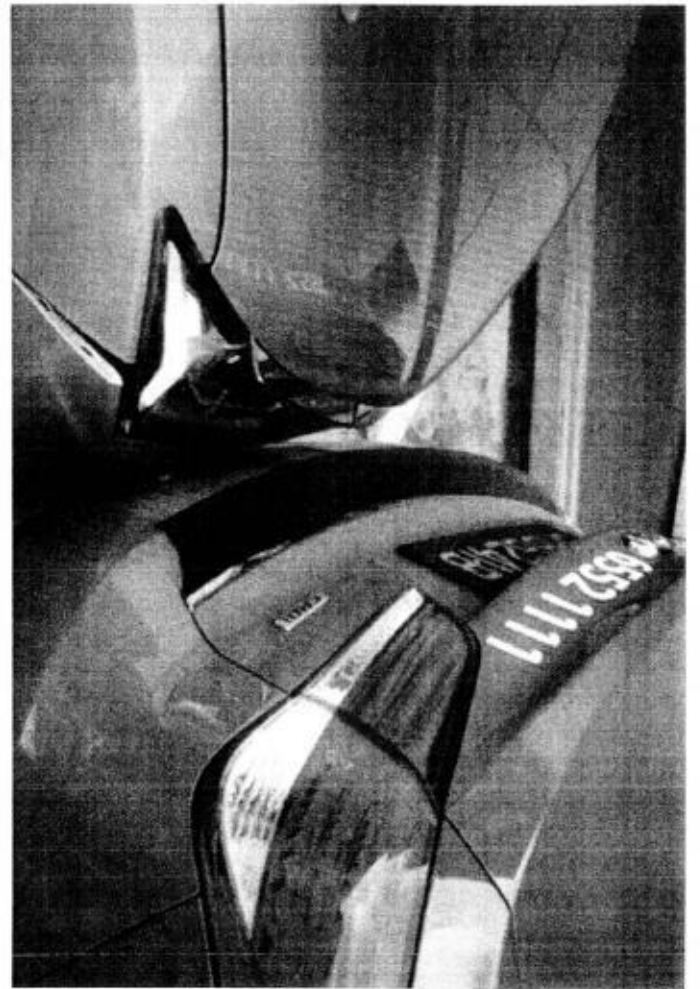
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 182203321R

\_\_\_\_\_  
Policyholder's Signature/Date &  
Time

  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder)/Date  
& Time

  
\_\_\_\_\_  
Witnessed by Reporting  
Centre Personnel





## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 6241B

MAKE :

MODEL : HYUNDAI i40

None

DATE 3/10/2018 11:40

DOA: 03.10.18

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X 1/2</i>			\$ 553.00
	Rear Bumper Under Cover <i>1/2</i>			\$ 228.00
	<b>SUB TOTAL</b>			<b>\$ 781.00</b>
	<b>LESS 20%</b>			<b>\$ 156.20</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 624.80</b>
	Rear Bumper Rubber Mat <i>X 1/2</i>			\$ 50.00 <b>Nett</b>
				<b>\$ 50.00</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>220.00</del>
	Spray Painting Charge			\$ <del>220.00</del> <b>200</b>
	Wiring Charge			\$ 30.00 <i>X 1/2</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>X 1/2</i>
	<b>TOTAL LABOUR</b>			<b>\$ 550.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,224.80</b>

*Ka/ua 16/10/18*  
*3/10/18 1505 hrs*  
*200*  
*4/5*  
*After Repair photo*

KK Auto Care shall be responsible for the repair of the vehicle.

- To resurvey the vehicle after repair.
- To display a receipt for the repair.
- Parts prices are subject to market fluctuations.
- Third party survey is on a "without prejudice" basis.
- No illegal modification is allowed.
- Supplementary work is subject to final approval from Insurance Company.

Acknowledged by Repairer  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Larry Ng

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.

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305221025

STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHB6241B	MILEAGE
VMS	7010045	MAKE: HYUNDAI	FUEL
STOMER NO.	383 SIN MING DRIVE	MODEL	I-40
DRESS	Singapore SINGAPORE 575717	YR OF MANU	25.08.2016
L (R)	65508755 (O)	CHASSIS CODE	KMHLB41UMGU093348
(P)		COMPLETION DATE/TIME:	
3COUNT CARD NO.			

### JOB DESCRIPTION

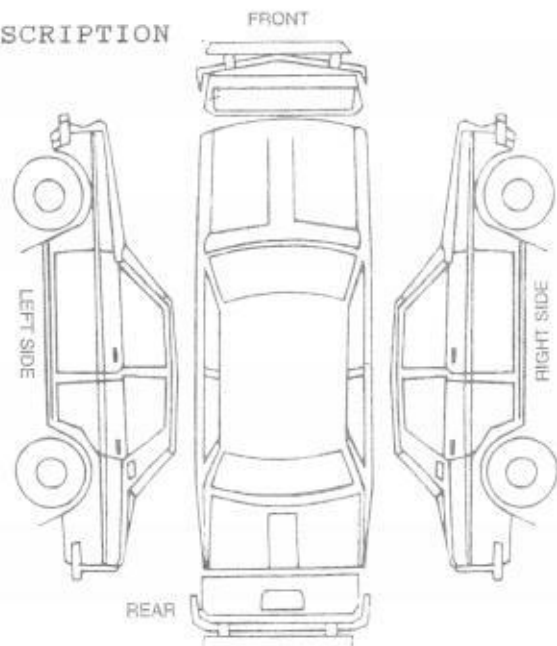
Accident Date: 03.10.2018

NATURE: 3P 03.10.2018

S/NO LABOR CODE

NTUC - Rear Damage  
 LKK/Kehni -

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB6241B LARRY

Vehicle No.: SHB6241B

Larry Ng

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

Our Job Ref No : 305221025  
Date : 5. Oct. 2018

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHB6241B

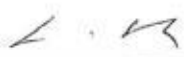
Fax :


Date of Accident: 3. Oct. 2018

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

1. The repair job shall bill to: NTUC SHD2503L
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 \$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 : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature :   
Name : Kalu  
Date : 5/10/18

### 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				
3. Survey Fees				
4. LTA Search Fee				
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/INC18017943/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 12-10-2018



189556

Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 2503L	Veh. Inspected	SHB 6241B
Policy No.	5068045737-03	Coverage (\$)	0.00
Claim No.	MT/1014221-002	Excess (\$)	0.00
Assign From		Assign Date	03/10/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093348	Colour	BLUE
Odometer	330369	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 PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	03/10/2018	Inspection Date	03/10/2018
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. SHB 6241B**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-156.20	-45.60
			624.80	182.40
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
	<b><u>LABOUR</u></b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		220.00	200.00
	SPRAY PAINTING CHARGE.		220.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSES ENSOR.	NOT NECESSARY	80.00	-
			550.00	400.00
	<b>GRAND TOTAL</b>		<b>1,224.80</b>	<b>582.40</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>450.00</b>

Report Ref No. NS/INC18017943/K1tbn2

**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****DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.