

08/11/13

Surveyor: Kelvin

REF:

NS/WC18017944/Kld02

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop no: \_\_\_\_\_

of \_\_\_\_\_

Insured: SLU 7603L

Policy No. 5096859127 1312207

Claims No. MT/1014229-02

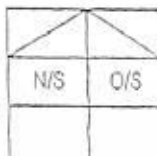
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \_\_\_\_\_

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

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

Est. Repairs: 3 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: SHD 4332A Yr Regn: 5TH, 2012

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

Truck / Trailer or

Make: Hyundai Santa c.c. 1991

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

Sp. Reading: 43 0437 T/Radio: Insured / Std / NI / NA

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

C/No: KMHET4 / VMCA 826886

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215 / 60 R16

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

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

TOYO / YOKO or West / 10/16

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

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

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

D.O.A. 2/10/12 D.O.I. 3/10/12

Survey held at CHE (Loyang)

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

N/S Body

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

Date / Time Action / Instruction

SHD 4332A - CCA / III / 500837 / Kld02

CCA - 0005018 INC

SLU 7603L - X

45

5/10/13 Ltr sent C/S \$1900 / 5 Pys (Red B2365.88, 55%)

RECEIVED 08 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

11/08/10 turner

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format: TP

Lump Sum / I.B.I. (\$

1900)

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/INC18017944/K1qb			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 03-10-2018	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SLU 7603L	Veh. Inspected	SHD 4332A
Policy No.	5096855127	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	03/10/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	02/10/2018	Inspection Date	03/10/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Income: Follow-Through Survey

Date : 08/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1014229-002	COMFORT TRANSPORTATION PTE LTD	SHD 4332A	SLU 7603L
2	MT/1014310-002	COMFORT TRANSPORTATION PTE LTD	SHA 6992Y	SJQ 6708U
3	MT/1014664-001	COMFORT TRANSPORTATION PTE LTD	SHC 3421M	GW 1652H

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096855127		HDT SINGAPORE HOLDING PTE LTD	201303684R	GFT	drive PREMIUM	SLU7603L	SLU7603L	13/12/2017	

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	03/10/2018 10:39
Date Of Accident	02/10/2018 22:45
Exact Location Of Accident	ANG MO KIO STREET 22 OPEN AIR PARK CAR.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4332A
<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	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	CHAN KENG HEE
NRIC No	S1110834B
Date Of Birth	09/05/1955
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1976
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91467823
Fax Number	
Contact Number	
Email Address	CHANKENGHEE@YAHOO.COM.SG

Address	79E 32-71 TOA PAYOH CENTRAL
Postcode	315079
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 - MAJOR/MINOR RD
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)

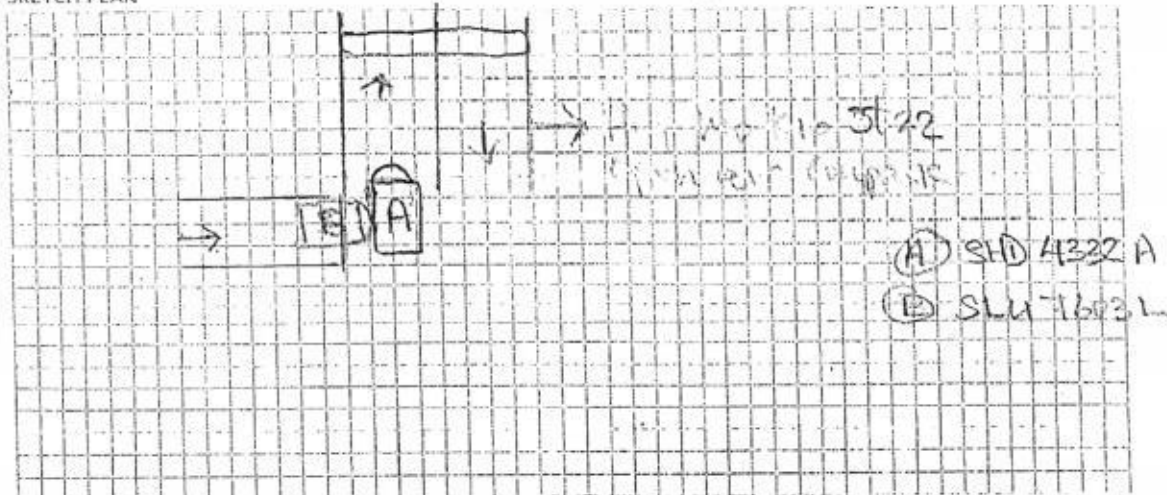
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU7603L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	92207080
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

**Sketch Plan Pg. 1**

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/10/2018 at about 2245 hrs, I vehicle A was driving out from Ave, making Street 22 open area (car park) while I almost reaching to the gravity Exit. Vehicle B did not stop at the stop line and dash across hit against vehicle A left side whole body.

## DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

CO REG NO 100-03821R

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

3/10/18

Jackson Hong

C30

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## Sketch Plan Pg. 2

### 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 199093821R

Policyholder's Signature  
Date & Time:

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

3/10/18  
Jackson Hong  
CSO

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



NTUC-4S TS

DATE 3/10/2018 1

LKK-Kalvin

**MODEL : HYUNDAI SONATA**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (LH) X repair			\$ 1,294.70
	Rear Door Protector(LH)			\$ 54.50
	Front Door (LH) Dist			\$ 1,344.50
	Front Door Protector (LH) X repair			\$ 74.90
	Rear Wheel Hup-Cap (LH) hatched			\$ 145.00
	Rear Bumper X repair			
	SUB TOTAL			\$ 2,913.60
	LESS 20%			\$ 582.72
	DISCOUNTED TOTAL			\$ 2,330.88
	Rear Door Tel No. Sticker (LH)			\$ 10.00
	Front Door Coloured Comfort Logo (LH)			\$ 75.00
				\$ 85.00
	<b>Labour Charge</b>			
	Panel Beating			\$ 660.00
	Spray Painting Charge			\$ 660.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Transfer of Door		\$ 120.00	\$ 240.00
	Rear Wheel Alignment			\$ 120.00
	<b>TOTAL LABOUR</b>			\$ 1,850.00
	<b>ESTIMATE TOTAL</b>			\$ 4,265.88

Nett  
Nett

1/6/14 16/11/14  
3/10/18 1445 hrs  
3 Reps  
U/S  
After Repair photo

LKK Auto Consultants hereby notify the Repairer of the following:  
• To test drive after spray painting.  
• To display damaged panels during resurvey.  
• Costs prices are subject to confirmation.  
• Third party survey is on a "No Fault Prejudice" basis.  
• No illegal modifications allowed.  
• Supplementary items must be resurveyed and is subject to final approval from Insurance Company.

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

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: JO NO.: 305221023

OMER  
S COMFORT TRANSPORTATION PTE LTD  
OMER NO. 7010045  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

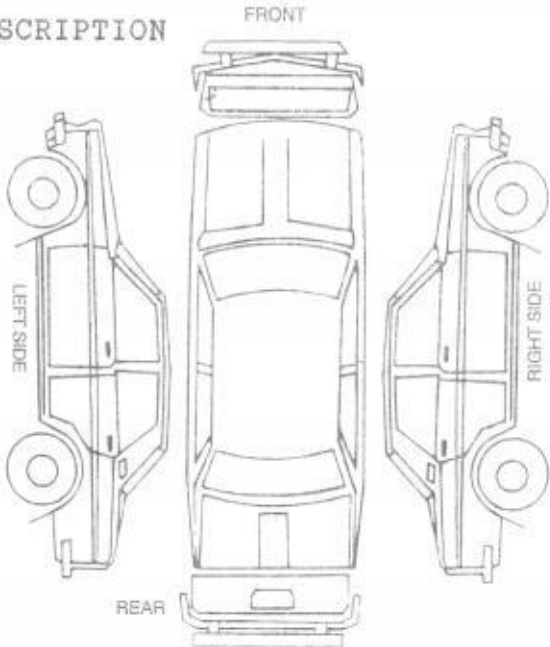
REGN NO.: SHD4332A	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 03.10.2018 09:25
YR OF MANU. 05.07.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA826886	COMPLETION DATE/TIME:

UNIT CARD NO.

JOB DESCRIPTION

Accident Date: 02.10.2018  
NATURE: 3P 02.10.18

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

idgement Slip

Exit Pass

o.: SHD4332A LIMTS

Vehicle No.: SHD4332A

Service Advisor

Signature/Date

Name of Service Advisor

Date

igned to Service Reception upon collection

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305221023

Date : 05/10/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD4332A

Date of Accident : 02-Oct-18

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

1. The repair job shall bill to: NTUC --- SLU7603L

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%

**Final Lumpsum Repair cost**

\$1,900.00

**\$1,900.00**

3. Estimated normal period for repairs: 3 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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

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		NO		
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



Page No.: 1 of 2

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4332A**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR DOOR (LH)	TO REPAIR SEE LABOUR	1,294.70	-
1	REAR DOOR PROTECTOR (LH)	CRACKED	54.50	54.50
1	FRONT DOOR (LH)	DENTED	1,344.50	1,344.50
1	FRONT DOOR PROTECTOR (LH)	TO REPAIR SEE LABOUR	74.90	-
1	REAR WHEEL HUP-CAP (LH)	GRAZED	145.00	145.00
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-582.72	-308.80
			2,330.88	1,235.20
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR DOOR TEL NO STICKER (LH)(SN)	NECESSARY	10.00	10.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH)(SN)	NECESSARY	75.00	75.00
			85.00	85.00
<b><u>LABOUR</u></b>				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF REAR DOOR (LH), FRONT DOOR PROTECTOR (LH) AND REAR BUMPER.		660.00	400.00
	SPRAY PAINTING CHARGE.		660.00	600.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	TRANSFER OF DOOR.		240.00	50.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
	-		-	-
	-		-	-
	-		-	-
			1,850.00	1,070.00
<b>GRAND TOTAL</b>			<b>4,265.88</b>	<b>2,390.20</b>



Page No.:2 of 2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,900.00
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Report Ref No. NS/INC18017944/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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