

108/11/13

Surveyor: Kelvin

REF:

NS/INC18018147/K196n2

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: SLM 5635APolicy No. 5092436279-01 050918-010919Claims No. MT/014323-002

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: 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 428B Yr Regn: 14 Apr 2016

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

Truck / Trailer or

Make: Hyundai 2.0 cc 1685Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 329945 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/N: KM HLB414M4 087154

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In / Jammed / Leaked / Burnt orBrake: In / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16R: 1

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

TOYO / YOKO or Hankook

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. 5/10/18Survey held at CDHE (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

8/10/18 Continued 4542250/269. Used 8107272, 32% INC
4

RECEIVED 09 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

11/09/10 turner

☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.L. (\$) 7P
2850Days Of Repair: 2

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160

eBaoTech

General/Claim

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="03/10/2018 13:47"/>							
Vehicle No.(For Motor)	<input type="text" value="SLM5635A"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092436279-01		CIENCIA ERNESTO JR TONGSON	G6232224T	GPC	drive CLASSIC	SLM5635A	SLM5635A	05/07/2018	04/07/2019
<input type="button" value="Continue"/>										

VTUC Income: Follow-Through Survey

Date : 9/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1014286-002	COMFORT TRANSPORTATION PTE LTD	SHA 2769C	YM 5995G
2	MT/1014422-002	COMFORT TRANSPORTATION PTE LTD	SHD 3695J	GBH 5929Y
3	MT/1014323-002	COMFORT TRANSPORTATION PTE LTD	SHA 4282B	SLM 5635A
4	MT/1014697-002	COMFORT TRANSPORTATION PTE LTD	SHA 7990X	SLB 3634Z

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	04/10/2018 13:40
Date Of Accident	03/10/2018 16:20
Exact Location Of Accident	SLIP RD TURN TO BALESTIER RD TWDS LAVENDER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4282B
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	SYED MOHIDEEN S/O SHAIK BASHU
NRIC No	S7209714I
Date Of Birth	15/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83000820
Fax Number	
Contact Number	
Email Address	SYEDMOHIDEEN15@GMAIL.COM

Address	BLK 212 PASIR RIS ST 21 #05-226
Postcode	510212
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: : MALE

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	SLM5635A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CIENCIA ERNESTO JR TONGSON
NRIC/Passport Number	G6232224T
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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.
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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 192207301R

Policyholder's Signature
Date & Time:

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

4/10/18

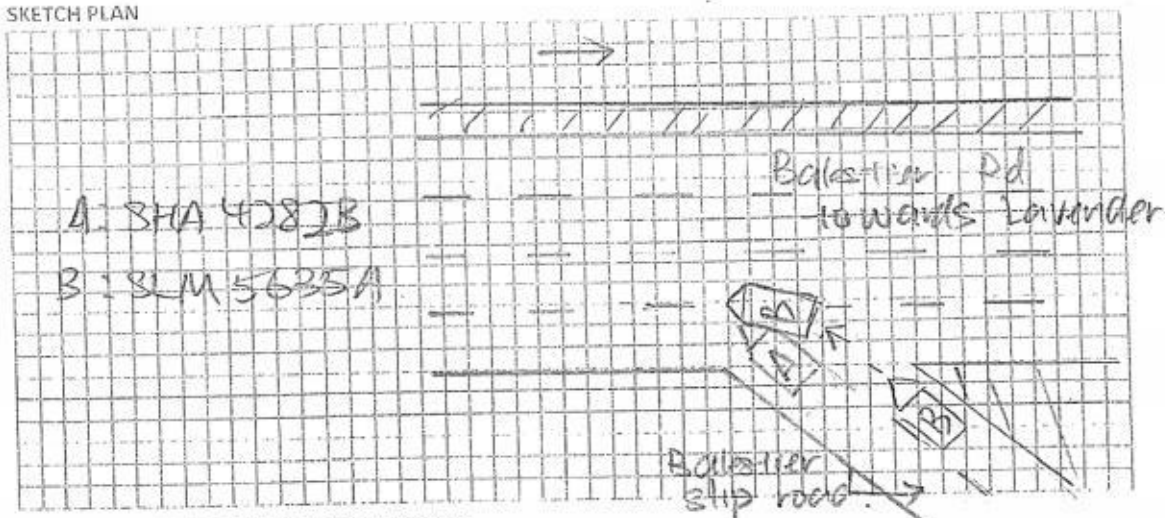
Loke Wei Yieng

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

GIAMC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/10/18 at about 16:30 hrs, I was drive out from the slip road to Ballastier road towards Lavender.

While I turning, Veh B drive out from right lane, encroached into my lane. I immediately applied brake upon noticed it. however veh B left front portion hit A grazed onto the right front portion of my taxi. Enclosed footage and scene photo to support my claim of passenger in my taxi. No injury at the point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. SEC. NO. 1000030213

Policyholder's Signature
Date & Time:

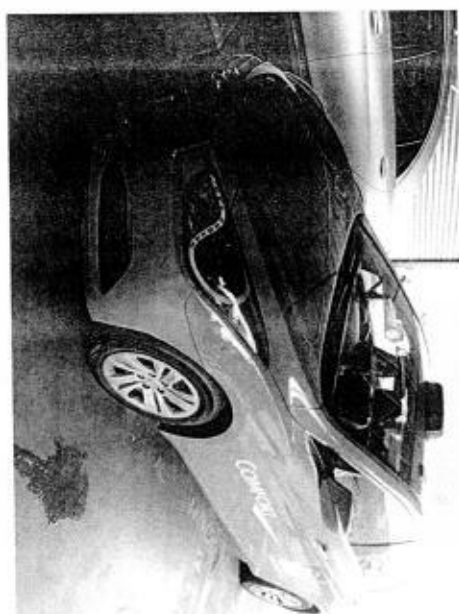
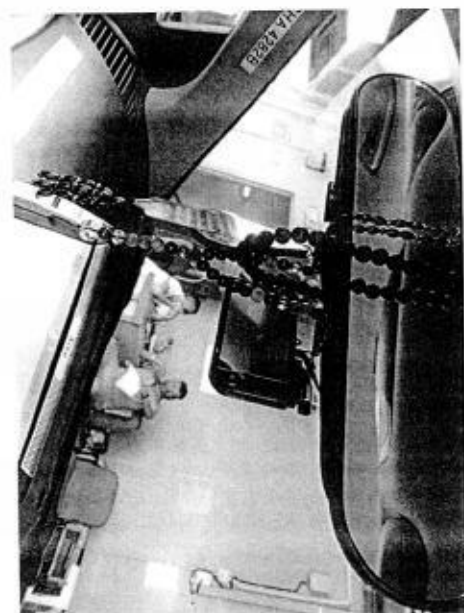
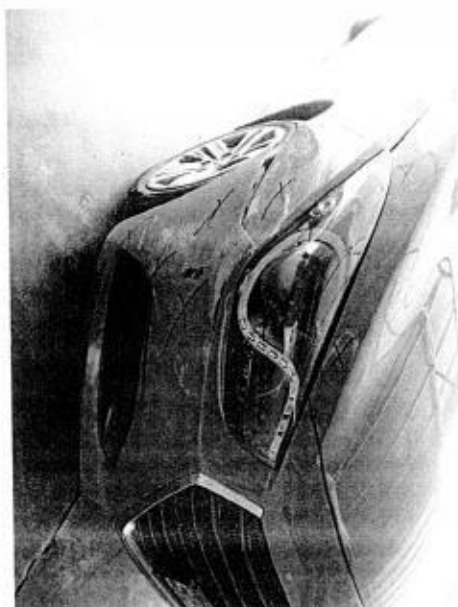
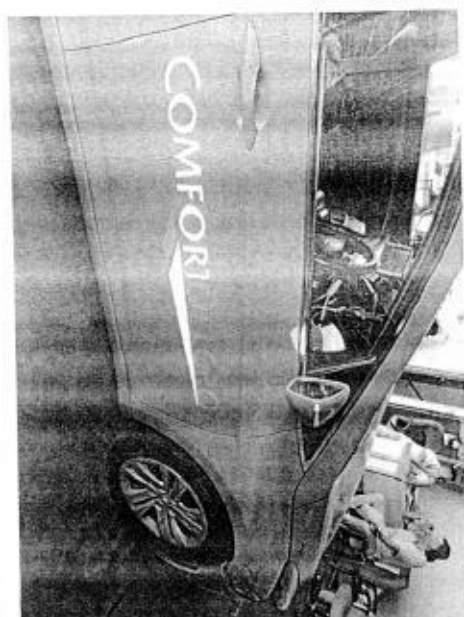
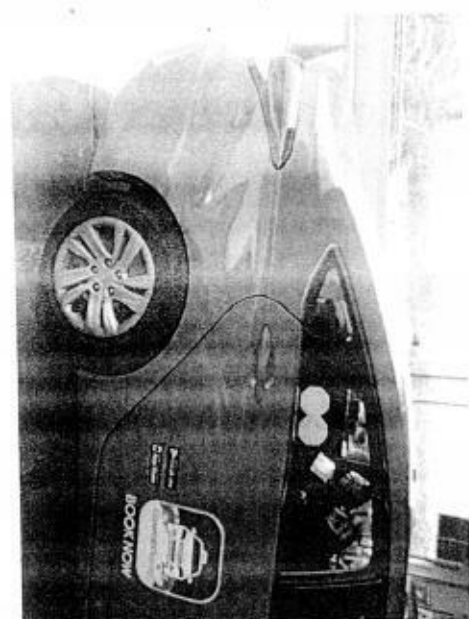
Driver's Signature
(If driver is not the policyholder)
Date & Time:

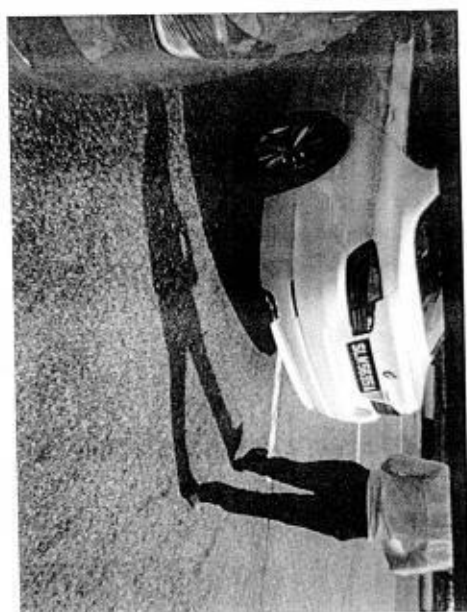
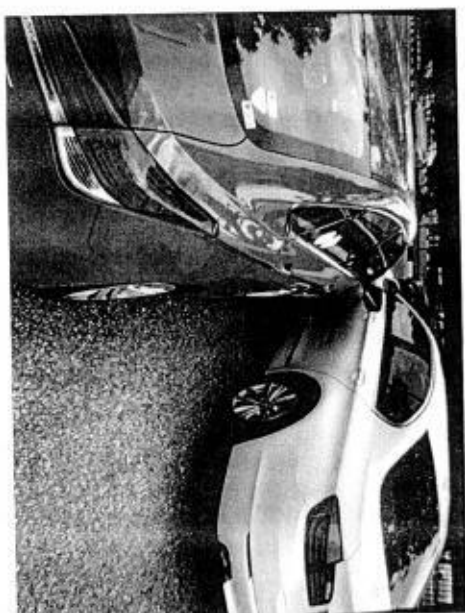
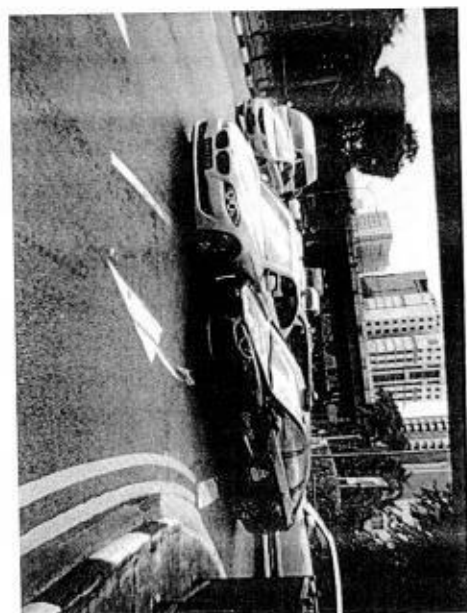
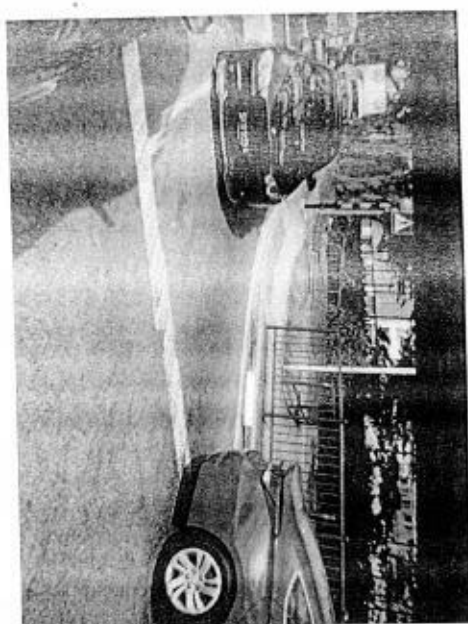
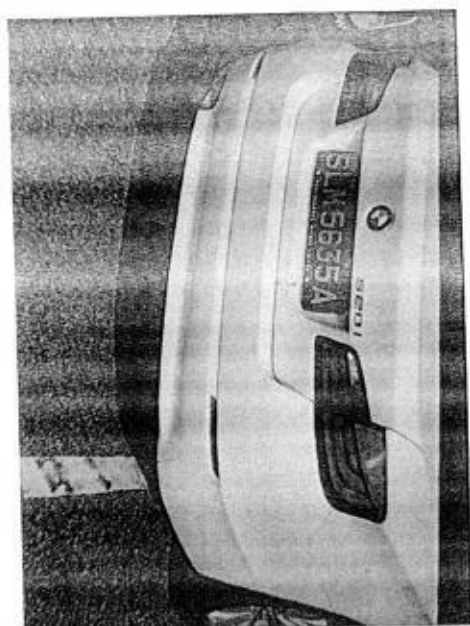
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARAC SketchPlanForm_V3

4/10/18

Loke Wee Yiang





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4282B

DATE 4/10/2018 16:05

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Bracket Top (RH)			\$ 22.40
	Front Bumper Bracket (RH)			\$ 24.60
	Headlamp (RH)			\$ 1,388.00
	Front Fender (RH)			\$ 566.30
	Front Fender Shield (RH)			\$ 175.90
	Front Fender Retainer			\$ 24.60
	Frt Wheel Hub Cap, RH			\$ 107.10
	SUB TOTAL			\$ 2,853.40
	LESS 20%			\$ 570.68
	DISCOUNTED TOTAL			\$ 2,282.72
	Labour Charge			
	Panel Beating			\$ 440.00 300
	Spray Painting Charge			\$ 440.00 400
	Wiring			\$ 30.00 20
	Tuff Kote			\$ 50.00 20
	Frt Wheel Alignment			\$ 80.00 20
	TOTAL LABOUR			\$ 1,040.00
	ESTIMATE TOTAL			\$ 3,322.72

Kali Uchi

5/10/18 0946

2 Pys

Us

Alta Repair ph

Auto Checkants hence notify the Repairer of the following:

- 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

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:

JC NO.: 305221623

STOMER

REGN NO.:

SHA4282B

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

04.10.2018 11:10

YR OF MANU.

14.04.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU087154

COMPLETION DATE/TIME:

3COUNT CARD NO.

JOB DESCRIPTION

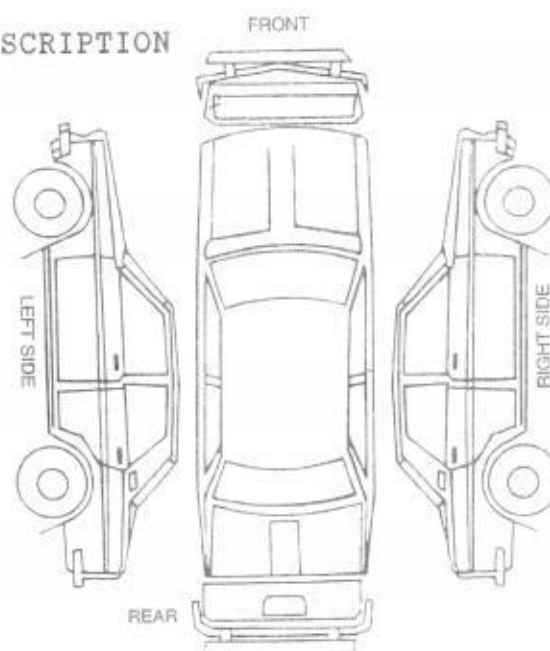
Accident Date: 03.10.2018

NATURE: 3P 03.10.2018

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

By:

On:

File No.:

SHA4282B

CHIANG

Vehicle No.:

SHA4282B

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305221623
Date : 08/10/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA4282B
Fax :
03/10/18

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

1. The repair job shall bill to: NTUC SLM5635A
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 \$2,250.00
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.

Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

We confirm the estimates and finalized amount

Signature : 

Name : Kelvin

Date : 8/10/18

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/INC18018147/K1qbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 18-10-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLM 5635A	Veh. Inspected	SHA 4282B	
Policy No.	5092436279-01	Coverage (\$)	0.00	
Claim No.	MT/1014323-002	Excess (\$)	0.00	
Assign From		Assign Date	05/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU087154	Colour	BLUE	
Odometer	329945	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	HANKOOK	7 mm	
L/H Front Tyre	205/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	205/60 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	03/10/2018	Inspection Date	05/10/2018	
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. SHA 4282B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	CRACKED	544.50	544.50
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	HEADLAMP (RH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRT WHEEL HUB CAP,RH	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-570.68	-521.18
			2,282.72	2,084.72
LABOUR				
	PANEL BEATING.		440.00	300.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	WIRING.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,040.00	740.00
GRAND TOTAL			3,322.72	2,824.72
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,250.00

Report Ref No. NS/INC18018147/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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