

08/11/13

Surveyor: Kelvin

REF:

NS/IN/180181149/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: S2K 5081 HPolicy No. 5097260561 180118-170119Claims No. MT/1014417-002

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: 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: SHA 32427 Yr Regn: 9 Apr 2014

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

Truck / Trailer or

Make: Hyundai 24 168Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 625327 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHLB414ME405247

Gen. Cond: Good / Fair / Poor / Burnt

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

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Calson

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 5/10/8 D.O.I. 5/10/8Survey held at CDE (Layang)

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

N/S R/L

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

Date / Time	Action / Instruction
11/10/8	Latent 4/5 \$1100 / 3 P, (Red 4/4 77.74, 80%) INC

RECEIVED 11 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

1) 11/10 11:00 AM

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS: \$1

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: 7PLump Sum / I.B.I: (\$ 1100)

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1015177-001	CITYCAB PTE LTD	SHC 723L	GV 3791G
2	MT/1015178-001	COMFORT TRANSPORTATION PTE LTD	SHC 1333Y	SGJ 8130U
3	MT/1014417-002	COMFORT TRANSPORTATION PTE LTD	SHA 3242Z	SLK 5081H
4	MT/1014910-002	COMFORT TRANSPORTATION PTE LTD	SHC 8770Y	SHD 1759Y
5	MT/1014705-002	COMFORT TRANSPORTATION PTE LTD	SHB 6388L	SKM 2919M

eBaoTech

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="05/10/2018 13:47"/>							
Vehicle No. (For Motor)	<input type="text" value="SLK5081H"/>	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"/>	5097260551		KOH PENG HOCK	S1517834E	GPC	drive CLASSIC	SLK5081H	SLK5081H	18/01/2018	17/01/2019
<input type="button" value="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 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. 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	05/10/2018 11:33
Date Of Accident	05/10/2018 08:10
Exact Location Of Accident	RAFFLES CITY - DROP-OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3242Z
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	TAN CHEE HIANG
NRIC No	S18094811
Date Of Birth	22/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1990
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92319538
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 480 JURONG WEST STREET 41 #08-318
Postcode	640480
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 - OPENING DOOR OF VEHICLE
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 ATTACHE / Type Of Accident : 3P OPEN DOOR

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	SLK5081Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH PENG HOCK
NRIC/Passport Number	S1517834E
Contact Number	93823267
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT REAR DOOR

No. Of Passenger (Including Driver)

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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 193203321R

Policyholder's Signature
Date & Time:

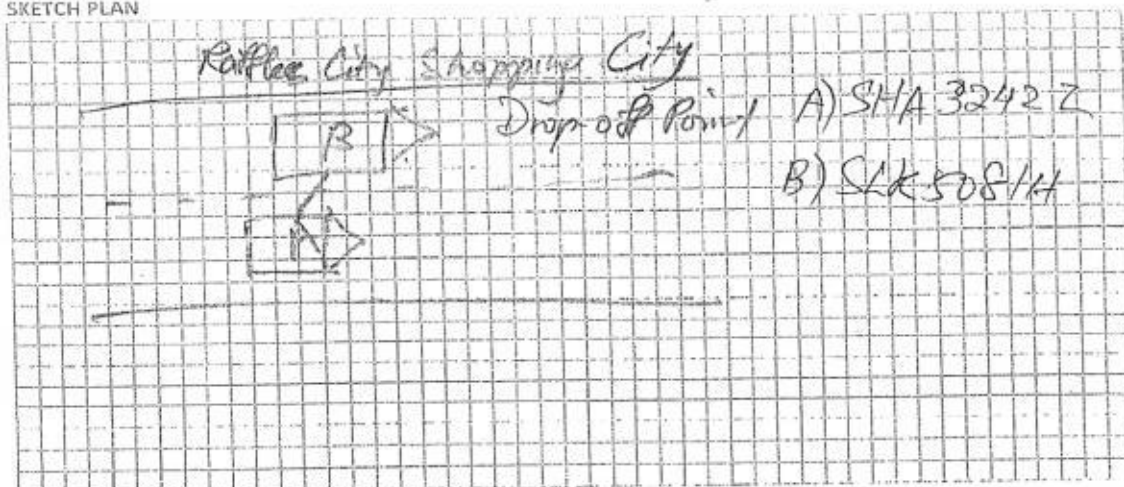
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/IMC SketchPlanForm_V3

1/4 1/4 1/4 1/4
1/4 1/4 1/4 1/4

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/10/18 at about 0810h while I Veh A was driving along the drop-off point, Ckt B passenger opened the right rear door which collided on left wing mirror and left front door of my moving vehicle

DECLARATION

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

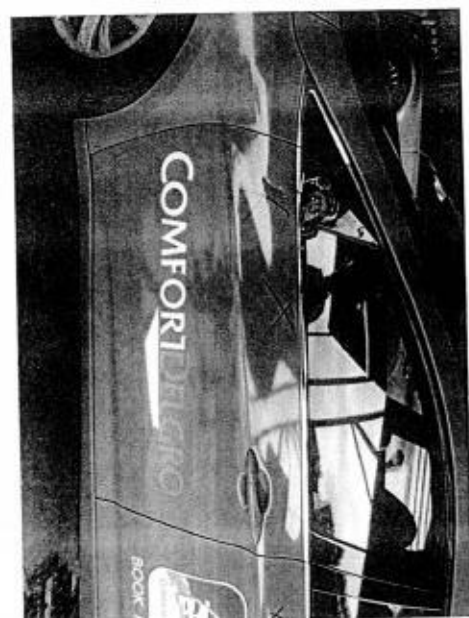
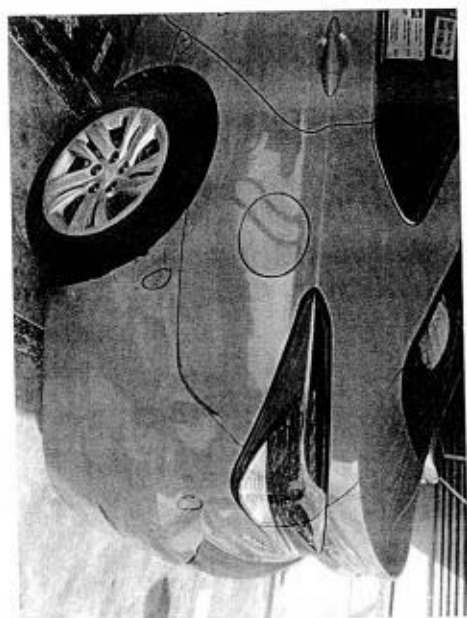
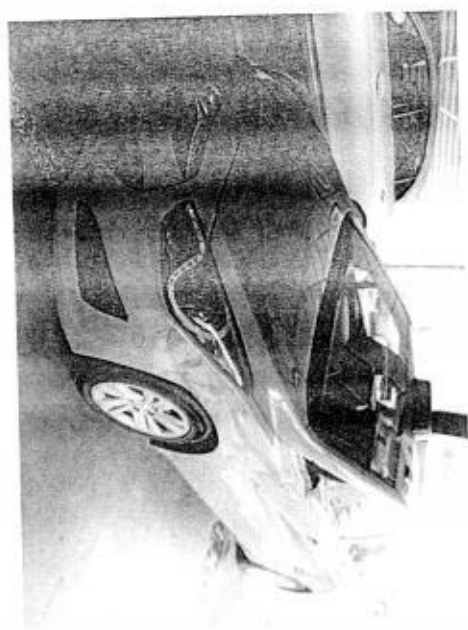
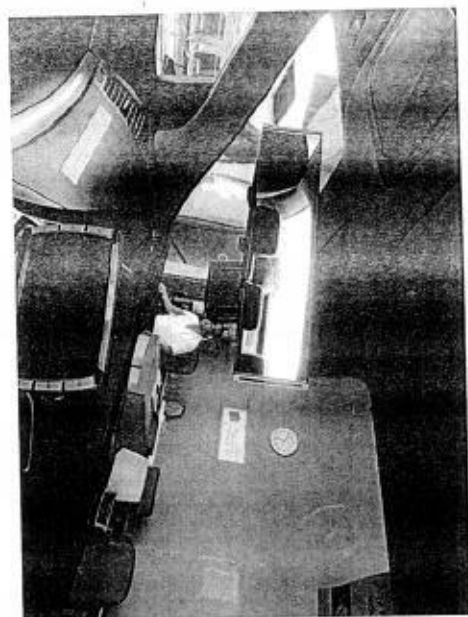
UMFURT TRANSPORTATION PTE LTD
CO. REG. NO. 193001331R

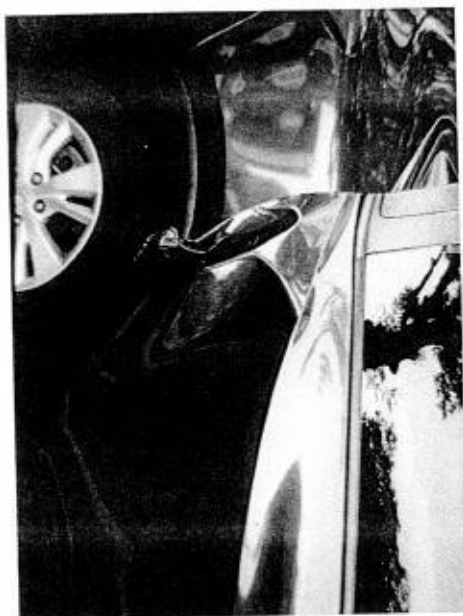
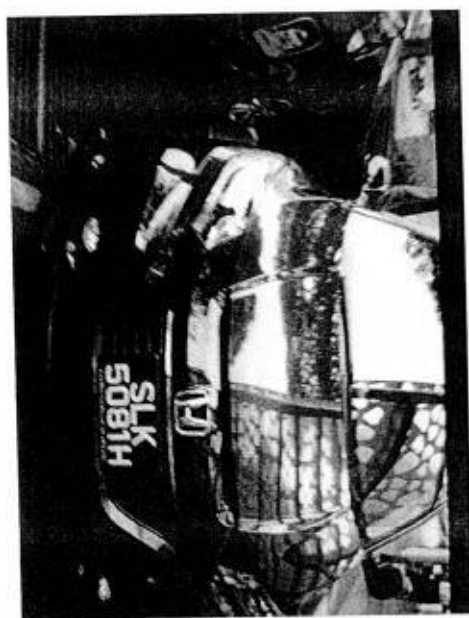
Policyholder's Signature
Date & Time:

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

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

S R Moorthy
S R Moorthy
CSO





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 3242Z

DATE 5/10/2018 11:41

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (LH) x rep			\$ 2,201.10
	Front Door (LH) x rep			\$ 2,256.40
	Front Door Glass (LH) x rep			\$ 228.20
	Front Door Outer Moulding (LH) deep			\$ 47.10
	Front Door Mirror Assy (LH) Broken			\$ 670.00
	SUB TOTAL			\$ 5,402.80
	LESS 20%			\$ 1,080.56
	DISCOUNTED TOTAL			\$ 4,322.24
	Rear Door Comfortdelgro & Apps Sticker (LH) me			\$ 80.00 Nett
	Front Door Coloured Comfort Logo (LH) me			\$ 75.00 Nett
				\$ 155.00
	Labour Charge			
	Panel Beating			\$ 220.00 ²⁰
	Spray Painting Charge			\$ 30.00 ⁵⁰⁰ 20 ⁴⁵⁰
	Wiring Charge			\$ 50.00 ²⁰ x 3
	Tuff Kote			\$ 160.00 ^{x 3}
	Transfer of Door		\$ 80.00	\$ 160.00
	TOTAL LABOUR			\$ 900.00
	ESTIMATE TOTAL			\$ 5,377.24

Kalar (LKK)

5/10/18 1315h.

3 Dy.

4,

After Repair, Lh

LKK Auto Consultants 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.

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 608286
320 Ubi Road 3 Singapore 408645

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
601 Yishun Industrial Park 4 Singapore 768732

member of COMFORTDELGRO

Date/Time: 05.10.2018 13:17 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305221938

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

MS: 7010045

CUSTOMER NO: 383 SIN MING DRIVE

RESS: Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO:

SHA3242Z

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

05.10.2018 10:30

YR OF MANU.

09.04.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU052477

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.10.2018

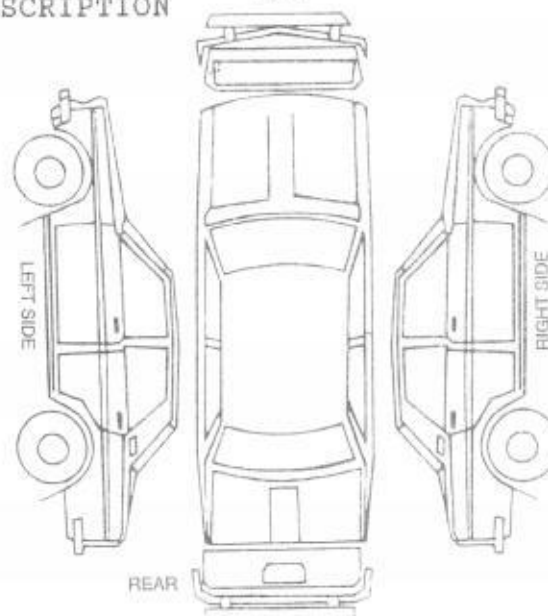
NATURE: 3P 05.10.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedgement Slip

Exit Pass

No.: SHA3242Z

LKE

Vehicle No.:

SHA3242Z

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
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Date : 10/10/18

FINALIZATION FORM

To : LKK

Fax :

Attn: : Mr KALVIN ANG

Vehicle Reg No. SHA3242Z CTPL

05.10.18

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

- | 1. | The repair job shall bill to: | NTUC | --- | SLK5081H |
|------|---|------|-----|-------------------|
| 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% | | \$1,100.00 |
| | Final Lumpsum Repair cost | | | \$1,100.00 |

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

Signature : _____

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

We confirm the estimates and finalized amount

Signature: _____

Name : Kalvin

Date : 11/10/18

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18018149/K1qbn2

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.	SLK 5081H	Veh. Inspected	SHA 3242Z
Policy No.	5097260551	Coverage (\$)	0.00
Claim No.	MT/1014417-002	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.	2014
Chassis No.	KMHLB41UMEU052477	Colour	BLUE
Odometer	625327	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	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 BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/10/2018	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: 3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3242Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR DOOR (LH)	TO REPAIR SEE LABOUR	2,201.10	-
1	FRONT DOOR (LH)	TO REPAIR SEE LABOUR	2,256.40	-
1	FRONT DOOR GLASS (LH)	TO REPAIR SEE LABOUR	228.20	-
1	FRONT DOOR OUTER MOULDING (LH)	DENTED	47.10	47.10
1	FRONT DOOR MIRROR ASSY (LH)	BROKEN	670.00	670.00
	LESS 20% DISCOUNT		-1,080.56	-143.42
			4,322.24	573.68
<u>SPECIAL NETT ITEMS</u>				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH) (SN)	NECESSARY	75.00	75.00
			155.00	155.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR DOOR (LH), FRONT DOOR (LH) AND FRONT DOOR GLASS (LH).		220.00	200.00
	SPRAY PAINTING CHARGE.		500.00	450.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	TRANSFER OF DOOR.	NOT NECESSARY	160.00	-
	-		-	-
	-		-	-
	-		-	-
			960.00	670.00
GRAND TOTAL			5,437.24	1,398.68
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,100.00

Report Ref No. NS/INC18018149/K1qbn2

Report Ref No. NS/INC18018149/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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