

(08/11/13)

Surveyor: Kelvin

REF:

NS/INC18018244 / K1Hbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no: _____

of _____

Insured: SMA 4668m

Policy No. 5104234269 270918-260919

Claims No. MT/1014628-002

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: SHD 65147 Yr Regn: 2p 24

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

Truck / Trailer or

Make: Honda 240 c.c. 16.84

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

Sp. Reading: 532141 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLBK144 54 05970

Gen. Cond: Good / F6 / Poor / Burnt

Steering: Ignored / Jammed / Leaked / Burnt or

Brake: Ignored / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 60 R15

R: _____

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

TOYO / YOKO or Westlake

Front: _____ Rear: _____

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A. 6/10/8 D.O.I. 8/10/8

Survey held at CDE (Loyang)

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

N/S Frnt.

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

Date / Time	Action / Instruction
	SHD 65147 - PCA / III 300760 / B1p6342
	SMA 4668m - x
9/10/8	Checked P/P \$ 600 / 2071
	Red: \$ 1274.16, 681.
	RECEIVED 12 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

1) typint

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

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

Report Format: 7P

Lump Sum / I.B.I. (\$) 600

160

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/10/2018 13:41"/>							
Vehicle No.(For Motor)	<input type="text" value="SMA4668M"/>	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 checked="" type="radio"/>	5104234269		KOH LIAT HIE THOMAS	S0016240Z	GCV	Comprehensive	SMA4668M	SMA4668M	27/09/2018	26/09/2019
					<input type="button" value="Continue"/>					

Janice Lee (LKKAUTO)

To: mtreg
Subject: RE: REQUEST CLAIMS NUMBER

From: Janice Lee (LKKAUTO) [mailto:JaniceLee@lkkauto.com]
Sent: Thursday, October 11, 2018 5:24 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIMS NUMBER

Dear Sir/ Madam,

Kindly let us have the claim number :-

MT/1015259-002	COMFORT TRANSPORTATION PTE LTD	SHC 8514X	SLN 9913R	09/10/2018	\$
MT/1014628-002	COMFORT TRANSPORTATION PTE LTD	SHD 6514D	SMA 4668M	06/10/2018	\$
MT/1015158-002	COMFORT TRANSPORTATION PTE LTD	SHA 4114D	GBD 9989T	09/10/2018	\$

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: janicelee@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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	08/10/2018 10:05
Date Of Accident	06/10/2018 13:10
Exact Location Of Accident	SUMERSET RD TWDS GRANGE RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6514D
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	CHUA SOON ENG
NRIC No	S0212256A
Date Of Birth	15/09/1951
Occupation	OUTDOOR
Date Of Driving Pass	06/10/1971
Driving Experience	47 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82835783
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 440 CHOA CHU KANG AVENUE 4 #07-453
Postcode	680440
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	2
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

REFER 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	SMA4668M
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THOMAS KOH LIAT HIE
NRIC/Passport Number	S0016240Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH CENTRE

No. Of Passenger (Including Driver)

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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.
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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. 199303821R

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 Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/10/2018 at about 12:10 hrs, I, Vehicle A was driving along Sunset road toward Grange Road on the extreme right lane. There was heavy traffic and slow moving. As a vehicle B suddenly came into my lane, but I couldn't stop in time and collided with vehicle B.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

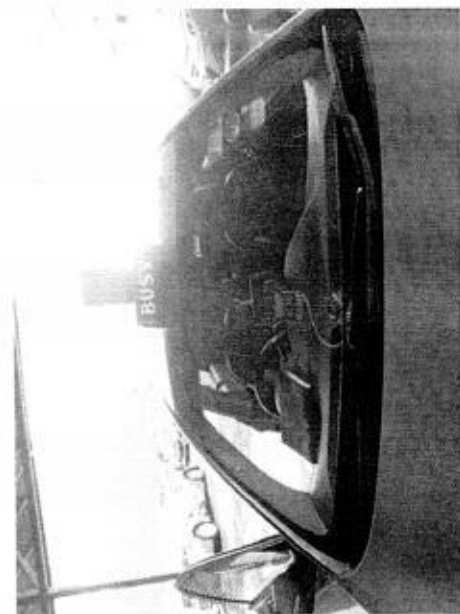
Policyholder's Signature
Date & Time:

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

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

GIARMC SketchPlanForm_V3

7/10/18
Jackson Ho, CSO
Jackson



REPAIR ESTIMATE*

DATE: 8. Oct. 2018

MODEL : i40

DOA: 6. Oct. 2018

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover X Rep.			\$544.50
1	Front Bumper Side Bracket - LH x sur			\$22.40
10	Front Bumper Clips x " "		\$2.20	\$22.00
	Front Fender - LH x Rep.			\$566.30
	SUB TOTAL			\$1,155.20
	LESS 20%			\$231.04
	DISCOUNTED TOTAL			\$924.16
				\$-
	Labour Charge			200
	Panel Beating			\$400.00
	Spray Painting Charge			\$500.00
	Tuff Kote			\$50.00
	Kaluz (Ukk)			
	M 8/10/18 1525 hrs.			
	2 Pys			
	UP			
	Athe Repair p Lha			
	TOTAL LABOUR			\$950.00
	ESTIMATE TOTAL			\$1,874.16

LKK Auto Consultants hereby notify
the Repairer of the following:

- To resurvey before after repair is made;
- To display damaged parts during pre survey
- Parts prices are subject to confirmation
- Third party survey is available on "no prejudice" basis
- No illegal modification shall be carried
- Supplementary damage must be surveyed and is subject to final approval from Insurance Company

I acknowledge 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.

A member of COMFORTDELGRO

Date/Time: 08.10.2018 11:35 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305222971

CUSTOMER
COMFORT TRANSPORTATION PTE LTD
VMS
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REGN NO.: SHD6514D	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 07.10.2018 08:05
YR OF MANU 30.09.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU059783	COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.10.2018

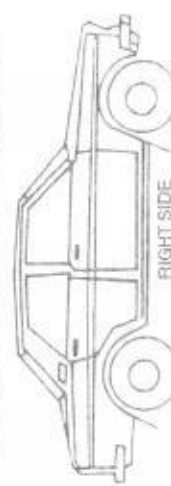
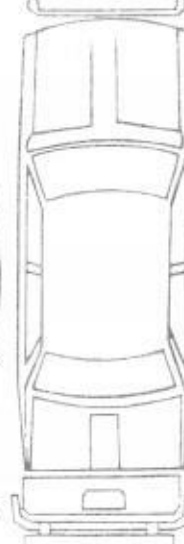
NATURE: 3P 06.10.2018

S/NO LABOR CODE

DESCRIPTION

FRONT

NTUC - Left Front Damage
LKE/Kalini -



REAR

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD6514D

Vehicle No.: SHD6514D

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 PTE LTD

Date: 09.10.2018

REPAIR ESTIMATE

Time: 18:12:37

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305222971
REGN NO : SHD6514D
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 30.09.2014
DATE/TIME IN : 07.10.2018 08:05
ACCIDENT DATE : 06.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

SUB-TOTAL : 600.00

TOTAL : 600.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305222971

Date : 9. Oct. 2018

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 506989
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD6514D

Date of Accident: 6. 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 SMA4668M

2. The finalized amount shall be:

(a) Spare Parts after List discount /

(b) Labour Charges \$600.00

Total for Part-By-Part Repair Cost \$600.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost _____

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 : Kalvin

Date : 9/10/18

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/INC18018244/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 23-10-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMA 4668M	Veh. Inspected	SHD 6514D
Policy No.	5104234269	Coverage (\$)	0.00
Claim No.	MT/1014628-002	Excess (\$)	0.00
Assign From		Assign Date	08/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU059783	Colour	BLUE
Odometer	532141	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	06/10/2018	Inspection Date	08/10/2018
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. SHD 6514D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER SIDE BRACKET-LH	SERVICEABLE	22.40	-
10	FRONT BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	FRONT FENDER-LH	TO REPAIR SEE LABOUR	566.30	-
	LESS 20% DISCOUNT		-231.04	-
			924.16	-
<u>LABOUR</u>				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT FENDER-LH.		400.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			950.00	600.00
GRAND TOTAL			1,874.16	600.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				600.00

Report Ref No. NS/INC18018244/K1rhn2

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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