

Surveilor: Kelvin

REF:

NB/INC18078675/K1rbn2

ASSIGNMENT

From: _____ Date: _____

Estimate/Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no/s: _____

of _____

Insured: SDU 818A

Policy No. 8074960544-02 21-10-17-20-10-18

Claims No. m7/1015552-002

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 78546 Yr Regt: 30 Jun 2015

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

Truck / Trailer or

Make: Hyundai 24 cc 1685

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

Sp. Reading: 310248 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KCMHLB414MH 4075107

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ignored / Jammed / Leaked / Burnt or

Brake: Ignored / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or

Front 7 mm Rear 7 mm

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

D.O.A. 11/10/18 D.O.I. 15/10/18

Survey held at CDE (Loyang)

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

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

Date / Time Action / Instruction

SHA 78546 - C03 / ALG 18010402 / K1rbn2

DCA: 050618 INC

SDU 818A - X

45

17/10/18 Latman 4/5 \$1550 / 2 Pys.

Red: \$1681.40, 521.

RECEIVED 10 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

1) typist

☒ : 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: TP

Lump Sum / Rpt: (\$ 1550.00)

160

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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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 checked="" type="radio"/>	5074960594-02		CHEUNG ZHI HENG PAUL	S8623658C	GPC	drive CLASSIC	SDU818A	SDU818A	21/10/2017	20/10/2018

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1015863-002	CITYCAB PTE LTD	SHA 9911L	GBF 4310Z	13/10/2018	\$ 3,382.82	\$ 2,500.00
2	MT/1015433-002	COMFORT TRANSPORTATION PTE LTD	SHA 7742X	SLG 4449J	12/10/2018	\$ 3,705.28	\$ 2,200.00
3	MT/1016123-001	COMFORT TRANSPORTATION PTE LTD	SHA 4236K	SKL 8864C	15/10/2018	\$ 3,994.77	\$ 1,000.00
4	MT/1015895-002	COMFORT TRANSPORTATION PTE LTD	SHD 4807Y	SJR 718A	15/10/2018	\$ 2,828.80	\$ 1,450.00
5	MT/1015552-002	COMFORT TRANSPORTATION PTE LTD	SHA 7854G	SDU 818A	11/10/2018	\$ 3,231.40	\$ 1,550.00

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 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	12/10/2018 14:38
Date Of Accident	11/10/2018 19:25
Exact Location Of Accident	ALONG LORNIE RD TWDS MARYMOUNT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7854G
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	GOH BOON TECK
NRIC No	S7026249E
Date Of Birth	11/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1993
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97485480
Fax Number	
Contact Number	
EMail Address	BTGOH2009@HOTMAIL.COM

Address	985B 11-16 BUANGKOK CRESCENT
Postcode	532985
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	RAINING
Road Surface	WET

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.

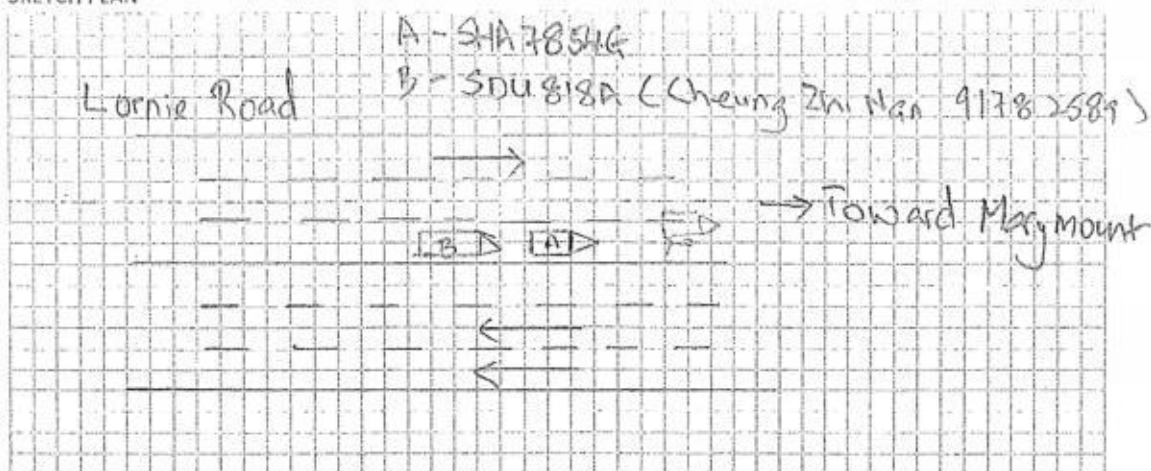
Attachment(s)

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	SDU818A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEUNG ZHI NAN
NRIC/Passport Number	S8417175A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/10/18 at about 19:25 hrs, I was driving along Lornie road towards Marymount. Shortly I saw a motorcycle in front 200m away from my taxi self-skidded, rider sprinted on the road. I immediately applied brake to avoid collision with the rider upon seeing this. A few second later, I felt an impact from my taxi behind followed by a jerk. I went down to have a check and found veh B it front portion collided onto the rear portion of my taxi.

No passengers in my taxi. No injury reported.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO. 190003831R

Policyholder's Signature
Date & Time:

Driver's Signature

Loke Wei Yeng

Reporting Centre Personnel's Signature

IMPORTANT NOTICE

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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.
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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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:

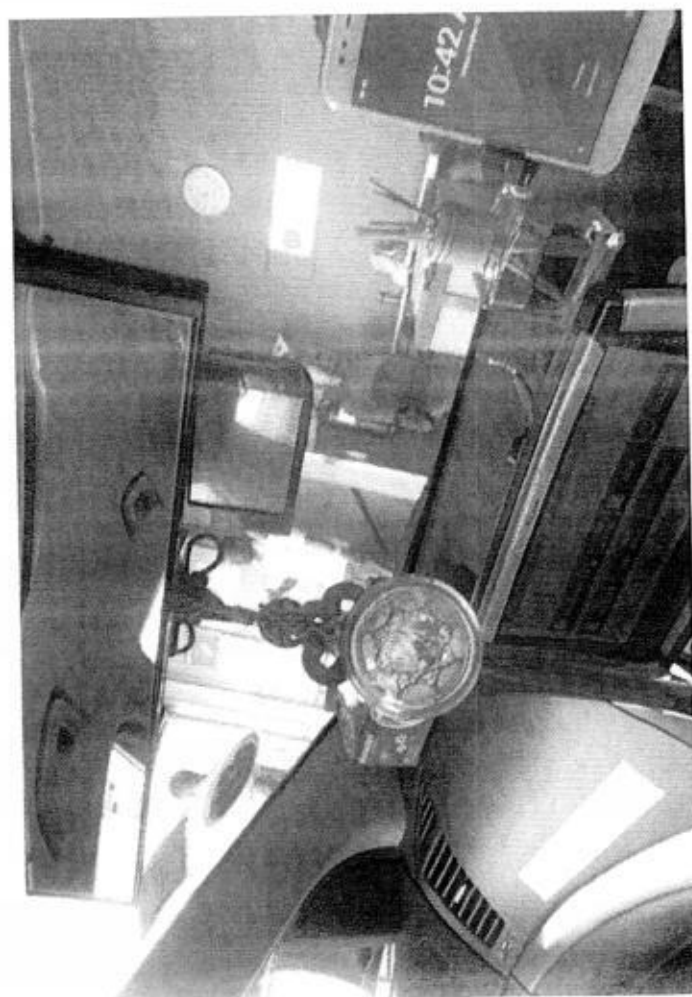
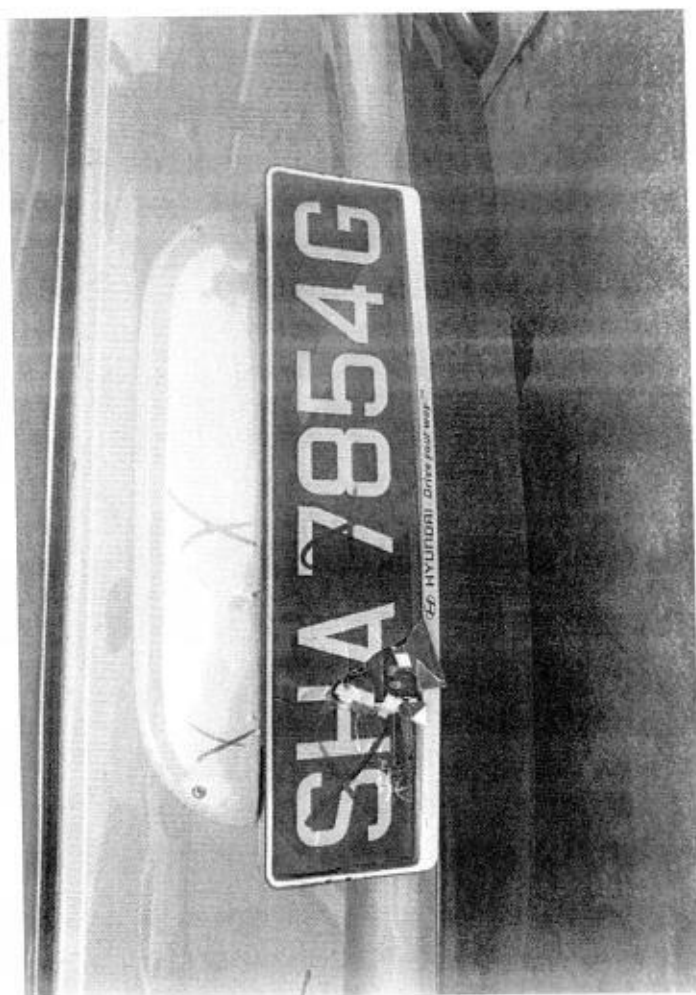
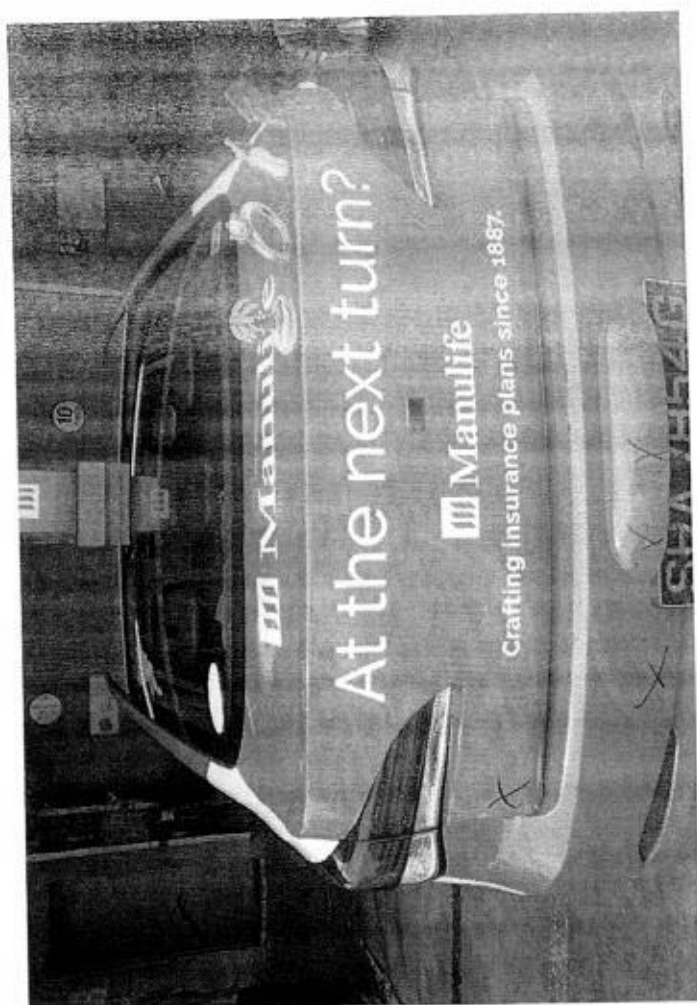
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

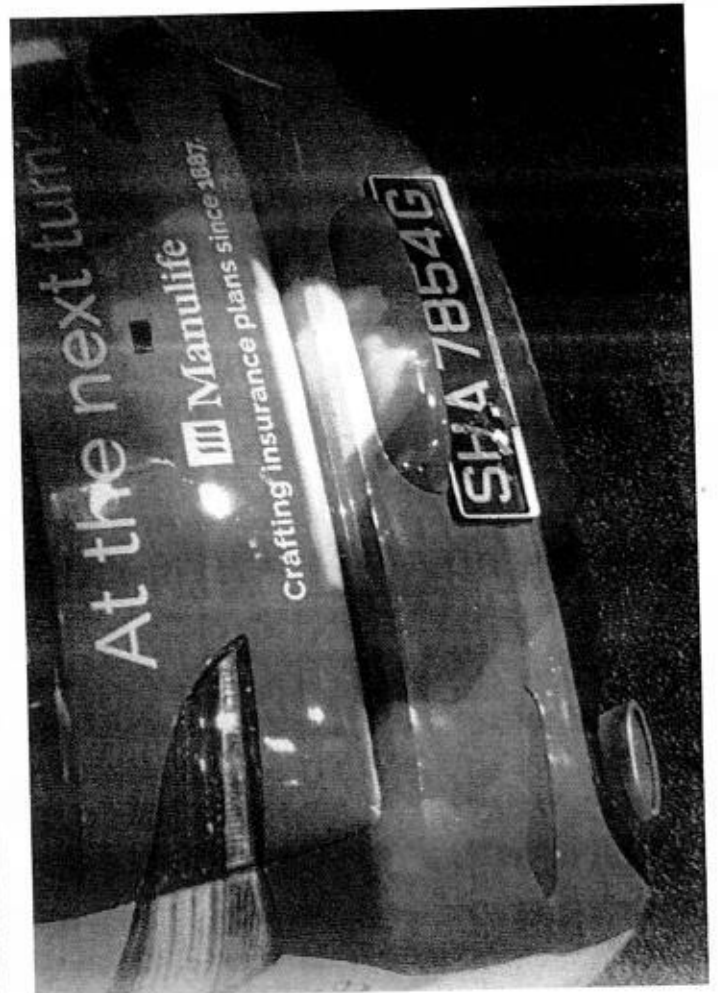
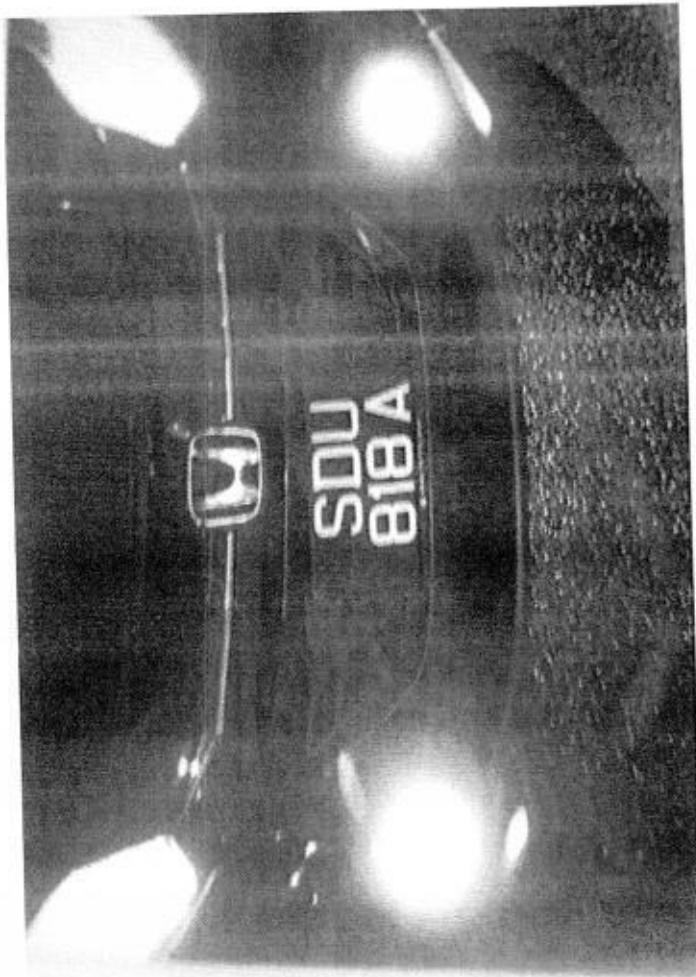
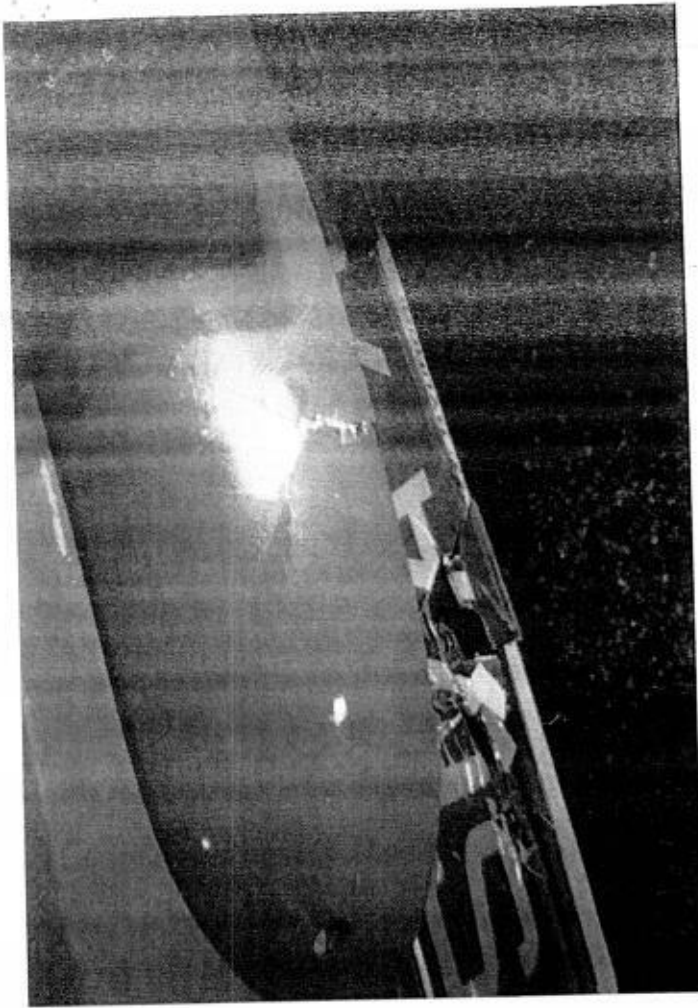
COMFORT TRANSPORT PTE LTD
CO. REG. NO. 199303821R

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.:





REPAIR ESTIMATE*

MAKE :

MODEL : HYUNDAI i40

DATE 13/10/2018 10:54

DATE 13/10/2018 10:54
(42-30-6-15)

$$F_2$$

MODEL	: HYUNDAI i40		Qty	Parts Description/ Labour	Type	Unit Price	Amount
				Boot Lid CRDI Plate			\$ 27.90
				Boot Lid Lamp (LH)			\$ 565.60
				Licence Lamp Garnish			\$ 380.80
				Rear Boot Protector			\$ 980.80
				Bootlid i40 Emblem			\$ 27.90
				Rear Bumper			\$ 553.00
				Rear Bumper Clip 10 pcs			\$ 22.00
				SUB TOTAL			\$ 2,558.00
				LESS 20%			\$ 511.60
				DISCOUNTED TOTAL			\$ 2,046.40
				Rear No.Plates			\$ 25.00
				Rear No.Plates Trim Cover			\$ 30.00
				Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
							\$ 255.00
				Labour Charge			
				Panel Beating			\$ 220.00
				Spray Painting Charge-Bumper/Boot Protector			\$ 660.00
				Wiring Charge			\$ 50.00
				TOTAL LABOUR			\$ 930.00
				ESTIMATE TOTAL			\$ 3,231.40
				<p>Kalun 11/11/14</p> <p>15/10/13 1030h</p> <p>2 lps</p> <p>L/S</p> <p>After Repair & L/S</p>			

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3864467

JC NO.: 305225187

STOMER

COMFORT TRANSPORTATION PTE LTD

/MS 7010045

STOMER NO. 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

COUNT CARD NO.

REGN NO.: SHA7854G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 12.10.2018 10:45
YR OF MANU 30.06.2015	TARGET DATE
CHASSIS CODE KMHLEB41UMGU075107	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.10.2018

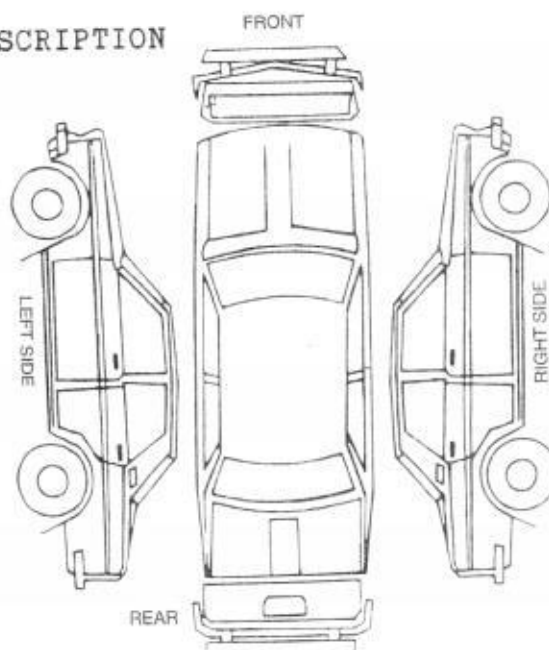
NATURE: 3P 11.10.18/B

NTUC

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7854G FZ NTUC VAC

Vehicle No.: SHA7854G

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 : 305225187

Date : 17.10.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No : SHA7854G

Date of Accident : 11.10.2018

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

1. The repair job shall bill to: NTUC --- SLK4559D
2. The finalized amount shall be:

(a) Spare Parts after List discount		\$0.00
(b) Labour Charges		\$840.00
Total for Part-By-Part Repair Cost		\$0.00
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:	20%	\$1,550.00
Final Lumpsum Repair cost		\$1,550.00

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalvin

Date : 17/10/18

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/INC18018675/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 26-10-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SDU 818A	Veh. Inspected	SHA 7854G
Policy No.	5074960594-02	Coverage (\$)	0.00
Claim No.	MT/1015552-002	Excess (\$)	0.00
Assign From		Assign Date	15/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075107	Colour	BLUE
Odometer	310248	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 REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	11/10/2018	Inspection Date	15/10/2018
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
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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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7854G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID CRDI PLATE	NOT NECESSARY	27.90	-
1	BOOT LID LAMP (LH)	CRACKED	565.60	565.60
1	REAR BOOT PROTECTOR	TO REPAIR SEE LABOUR	980.80	-
1	BOOTLID I40 EMBLEM	NOT NECESSARY	27.90	-
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-435.44	-228.12
			1,741.76	912.48
1	LICENCE LAMP GARNISH (SN)	CRACKED	380.80	150.00
	LESS 20% DISCOUNT		-76.16	-
			304.64	150.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR NO PLATE (SN)	CRACKED	25.00	25.00
1	REAR NO PLATE TRIM COVER (SN)	CRACKED	30.00	30.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			255.00	255.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BOOT PROTECTOR.		220.00	200.00
	SPRAY PAINTING CHARGE-BUMPER/BOOT PROTECTOR.		660.00	400.00
	WIRING CHARGE.		50.00	20.00
			930.00	620.00
GRAND TOTAL			3,231.40	1,937.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,550.00

Report Ref No. NS/INC18018675/K1rbn2

Report Ref No. NS/INC18018675/K1rbn2



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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