

(08/11/13)

Surveyor: Kelvin

REF:

NS/WC18018680/K1H02

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop mis _____

of _____

Insured: SKC 49978

Policy No. 5055498153-06 010918-310819

Claims No. 1015861-002

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC1431Y Yr Regn: 1 Aug 2018

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

Truck / Trailer or

Make: Hyundai Zonig cc 1500

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

Sp. Reading: 23663 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CMHCL851CVJ4105689

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: 195/65R15

R: _____

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

TOYO / YOKO or Nexen

Front: R/Bal. 2 mm

L/Bal. 2 mm

D.O.A. 12/10/18

Survey held at CDHE (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

SHC 1431Y - PCH / III 18003330 / Pwh3q2

SKC 49978 - X

17/10/18 Client PRP \$493.92 / 1 Pp.

CRed \$20, 40/1

RECEIVED 17 OCT 2018

R17

Date/Time, File Pass to?

: Prel. Report

1) 17/10/18

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Report Format: TP

Lump Sum / I.B.I. (\$) 493.92

Income: Follow-Through Survey

Date : 17/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1015861-002	COMFORT TRANSPORTATION PTE LTD	SHC 1431Y	SKC 4997B	12/10/2018	\$ 513.92	\$ 493.92
2	MT/1015563-002	COMFORT TRANSPORTATION PTE LTD	SHC 2080U	SKM 3151D	12/10/2018	\$ 4,521.82	\$ 2,998.10
3	MT/1015432-002	COMFORT TRANSPORTATION PTE LTD	SHC 8287B	GBC 6509X	11/10/2018	\$ 2,352.62	\$ 1,750.00

Claim received from LKK Auto

eBaoTech

GeneralClaim

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="12/10/2018 16:53"/>
Vehicle No. (For Motor)	<input type="text" value="SKC4997B"/>	Certificate Number	<input type="text"/>

[Search](#)

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5055498153-06		JEREMIAH LIOU JUI HIANG	S7306083D	GPC	drivo CLASSIC	SKC4997B	SKC4997B	01/09/2018	31/08/2019

[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	12/10/2018 13:36
Date Of Accident	12/10/2018 06:50
Exact Location Of Accident	UPP BT TIMAH TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1431Y
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	IONIQ HYBRID

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 LYE
NRIC No	S6815055H
Date Of Birth	07/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1999
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98412200
Fax Number	
Contact Number	
Email Address	SIMONTAN02@YAHOO.COM.SG

Address	BLK 119A CANBERRA CRESENT #04-319
Postcode	751119
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	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: : FEMALE

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	SKC4997B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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. 192003321R



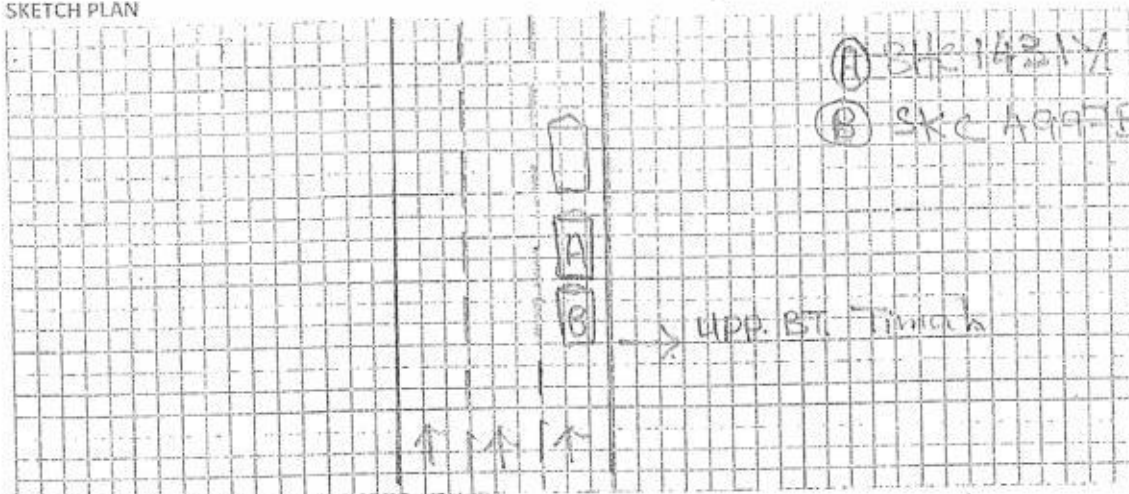
12/10/18
Jackson Hong
CSO

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/10/2018 at about 0650 hrs, I vehicle A was driving straight at UPP BT Timah on the outer lane. As a car in front was emergency brake and stop. I also brake coming to stop, vehicle B came from my back and hit vehicle A rear portion.

DECLARATION

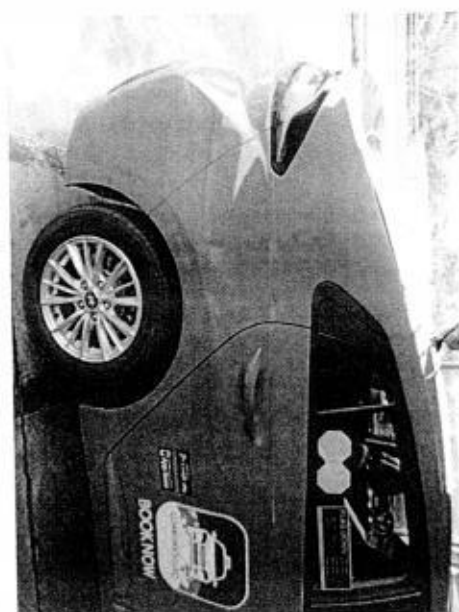
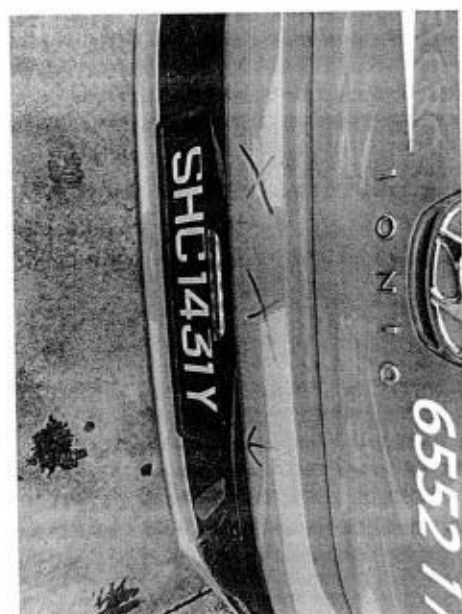
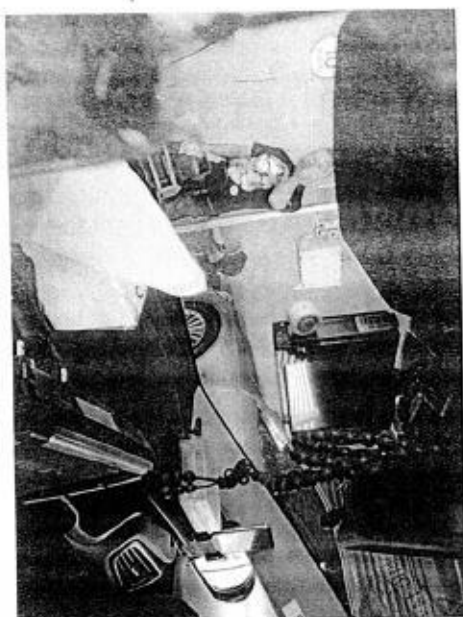
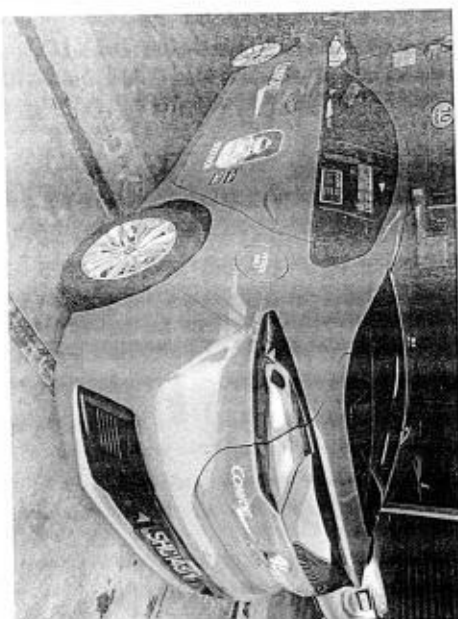
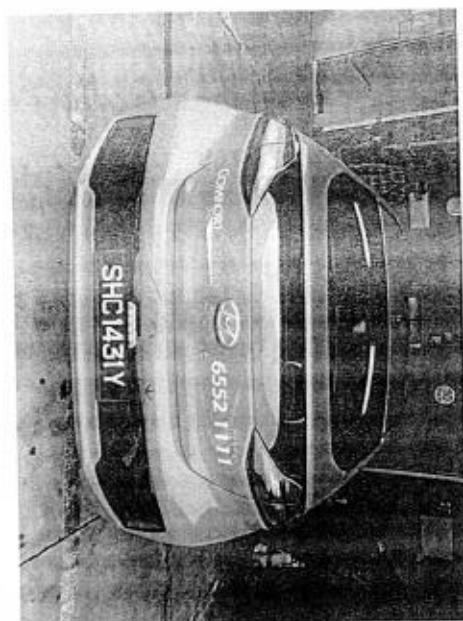
I/We declare the foregoing particulars are true in every respect.

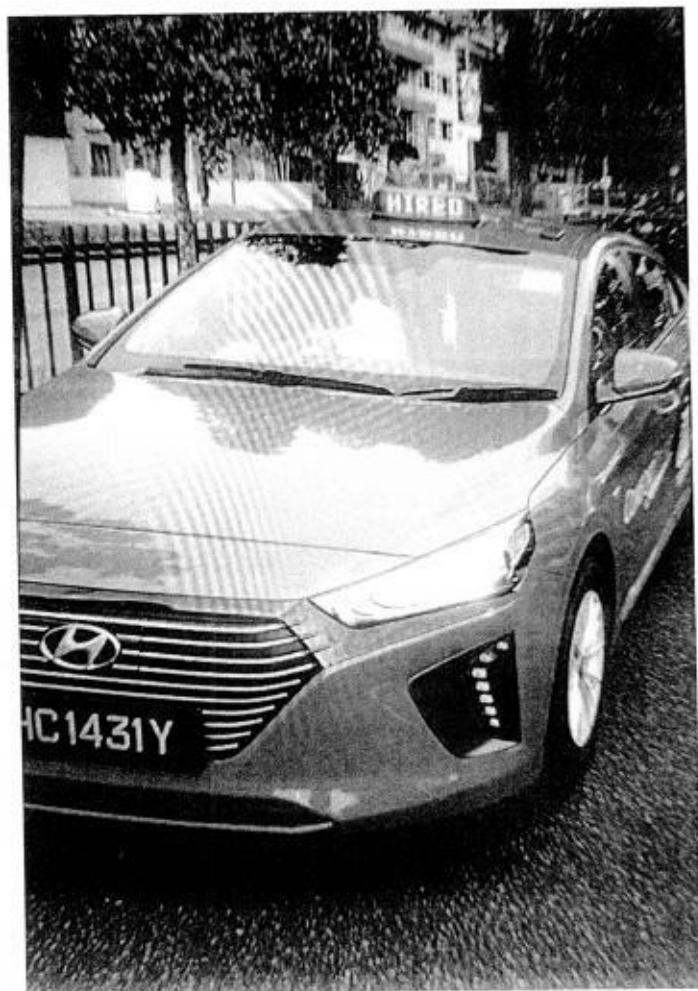
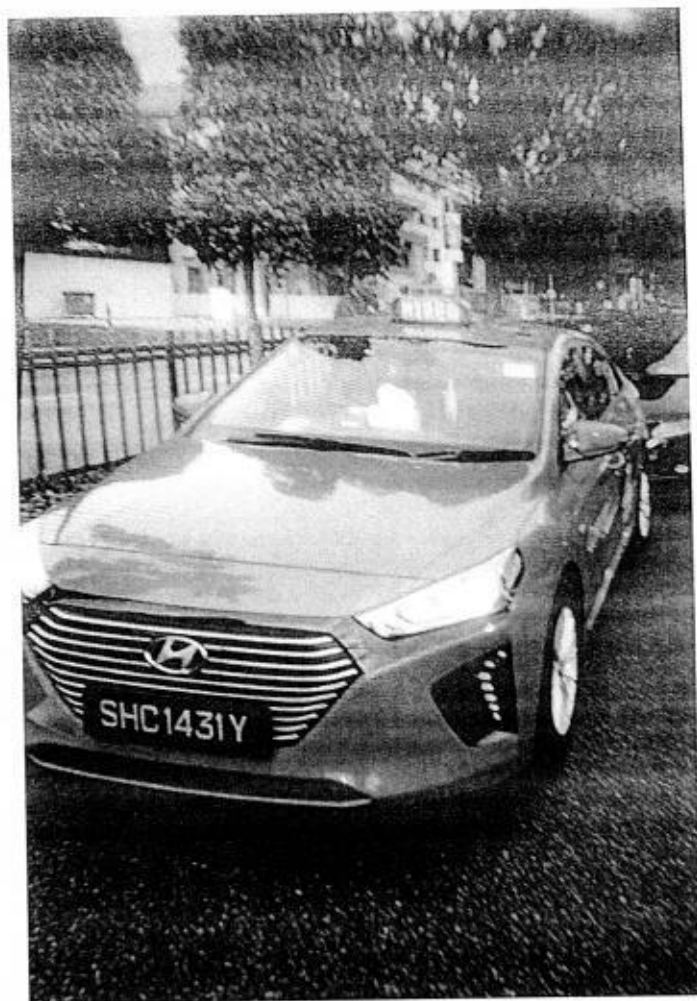
COMFORT TRANSPORTATION PTE LTD
40 RIVER VALLEY ROAD

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.:





COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHC 1431Y

DATE 15/10/2018 11:34

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper Garnish / crg			\$367.40
	SUB TOTAL			
	LESS 20%			
	DISCOUNTED TOTAL			
	Labour Charge			
	Panel Beating			\$ 220.00 200
	TOTAL LABOUR			\$ 220.00
	ESTIMATE TOTAL			513.92

Kalun / UCC
 15/10/18 15 hrs.
 1 Day
 PIP
 After Repor photo

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 is allowed
- Supplementary damage must be resurveyed and is subject to final approval from insurance company

Acknowledged by Repairer
 Signature:
 Date:

513.92

R27

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.

Date/Time: 15.10.2018 10:53

Page : 1

JOB CARD

Sales Order:

JC NO.: 305225850

Team: ARC Repair TP(CLS0)1

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

(R)
(P)

DUNT CARD NO.

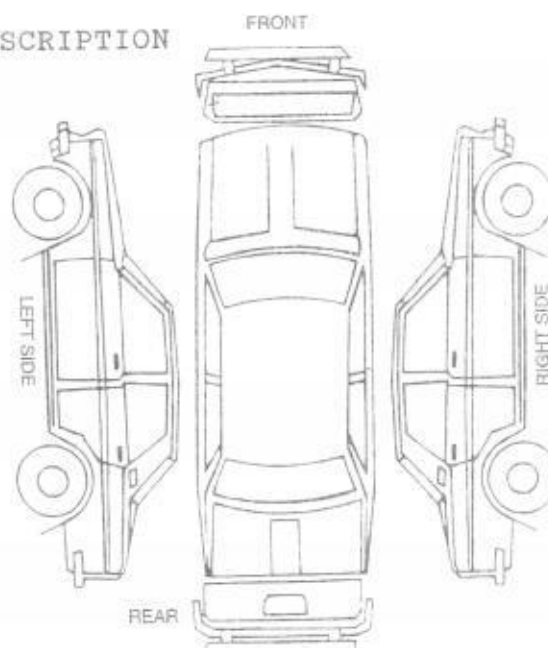
REGN NO.: SHC1431Y	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 15.10.2018 10:00
YR OF MANU. 01.08.2018	TARGET DATE
CHASSIS CODE KMH851CVJU103689	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.10.2018
NATURE: 3P 12.10.18

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

No.: SHC1431Y JU NTUC

Vehicle No.: SHC1431Y

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 16.10.2018

Time: 17:23:27

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 : 305225850
REGN NO : SHC1431Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2018
DATE/TIME IN : 15.10.2018 10:00
ACCIDENT DATE : 12.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G IONIQV2 MOULDING ASSY-RR 1 367.40 20.00 293.92

SUB-TOTAL : 293.92

JOB NATURE

0000 L PANEL BEATING- REAR

200.00

SUB-TOTAL : 200.00

TOTAL : 493.92

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305225850
Date : 16/10/2018

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHC1431Y

Fax :


Date of Accident : 12/10/18


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

- The repair job shall bill to: NTUC --- SKC4997B
###
- The finalized amount shall be:
 - Spare Parts after List discount \$293.92
 - Labour Charges ### \$200.00
 - Total for Part-By-Part Repair Cost \$493.92

(c) Lumpsum Repair (if applicable) N
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost
- Estimated normal period for repairs: 1 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 
Name : JUMANI
Tel : 6214-8315
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/INC18018680/K1tbn2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556
Date: 22-10-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKC 4997B	Veh. Inspected	SHC 1431Y
Policy No.	5055498153-06	Coverage (\$)	0.00
Claim No.	MT/1015861-002	Excess (\$)	0.00
Assign From		Assign Date	15/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVJU103689	Colour	BLUE
Odometer	23663	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	NEXEN	7 mm
L/H Front Tyre	195/65 R15	NEXEN	7 mm
R/H Rear Tyre	195/65 R15	NEXEN	7 mm
L/H Rear Tyre	195/65 R15	NEXEN	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	12/10/2018	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:	1 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. SHC 1431Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	CRACKED		
	REAR BUMPER GARNISH		367.40	367.40
	LESS 20% DISCOUNT		-73.48	-73.48
			293.92	293.92
	LABOUR			
	PANEL BEATING.		220.00	200.00
			220.00	200.00
GRAND TOTAL			513.92	493.92
RECOMMENDED COST OF REPAIRS (CONFIRMED)				493.92

Report Ref No. NS/INC18018680/K1tbn2

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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