

Surveyor: Kalvin

REF:

NS/LNC18018768/Klsbr

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: SMC 3338L

Policy No. 5100744497 170518-160519

Claims No. MT/1015544-002

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: SHC 8693L Yr Regt: 10 Dec 2015

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

Truck / Trailer or

Make: Hyundai 240 cc 1685

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

Sp. Reading: 473806 T/Radio: Insd / Std / NI / NA

Eng/No: _____

C/N: KM HLBX14M54082926

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ignored / Jammed / Leaked / Burnt or

Brake: Ignored / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD ABrim or

Tyre Size: R: 205/60R16

R: _____

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

TOYO / YOKO or W4/Like

Front

Rear

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

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

D.O.A: 13/10/18 D.O.I: 16/10/18

Survey held at CDHE (Layang)

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

O/S B/L

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

Date / Time	Action / Instruction
	SHC 8693L - (B/T/17021370/Klsbr) DA 061117 Inc 4
	SMC 3338L - x
19/10/18	Subvented 45 \$500/24hrs.
22/10/18	Confirmed HS \$500/- @ 2 days with Kalvin (\$240.00 Red - 32%)
	RECEIVED 22 OCT 2018

Date/Time, File Pass to?

22/10/18

☐ : Prel. Report

1) Tyrot

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format:

Lump Sum / I.B.I: (\$ 500/- HS)

TP Claims against NTUC Income: Follow-Through Survey

Date : 22/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1009707-002	SMRT TAXIS PTE LTD	SHB 5015U	SLP 4398A	31/8/2018	19:20	\$ 7,072.62	\$ 3,240.23
2	MT/1013435-002	SMRT TAXIS PTE LTD	SHB 5745X	PC 2617C	26/9/2018	11:45	\$ 2,036.57	\$ 857.92
3	MT/1015544-002	COMFORT TRANSPORTATION PTE LTD	SHC 8693L	SMC 3338L	13/10/2018	22:30	\$ 740.00	\$ 500.00

Claim received from LKK Auto

eBaoTech

General/Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

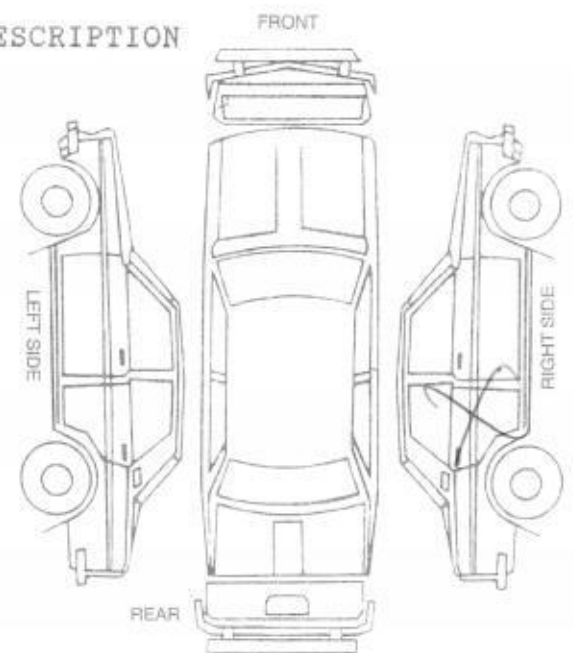
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5100744497		LEE SEE WEN, CLAUDIA	S9208956H	GPC	drive CLASSIC	SMC3338L	SMC3338L	17/05/2018	16/05/2019

Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.: 305226562

OMER	REGN NO.: SHC8693L	MILEAGE
S: COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010045	MODEL I-40	E.....1/2.....F
ESS 383 SIN MING DRIVE	YR OF MANU. 10.12.2015	DATE/TIME IN 16.10.2018 09:55
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMGU082936	TARGET DATE
65508755 (P) (O)	COMPLETION DATE/TIME:	
JUNT CARD NO.		

Accident Date: 13.10.2018
NATURE: 3P 13.10.18 / C

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

KED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

edgement Slip	Exit Pass
to: SHC8693L • JU NTUC	Vehicle No.: SHC8693L
Service Advisor _____	Name of Service Advisor _____
Signature/Date _____	Date _____
turned to Service Reception upon collection	To be kept by Security Guard

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	15/10/2018 09:45
Date Of Accident	13/10/2018 22:30
Exact Location Of Accident	HONG KONG STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8693L
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	HAZLAN BIN ADAM
NRIC No	S6814266J
Date Of Birth	12/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1990
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-92358332
Fax Number	
Contact Number	
Email Address	HAZLAN_ADAM@YAHOO.COM.SG

Address	BLK 485A CHOA CHU KANG AVENUE 5 #08-110
Postcode	681485
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	SMC3338L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SEE WEN CLAUDIA
NRIC/Passport Number	S9208956H
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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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. 199203321R

Policyholder's Signature
Date & Time:

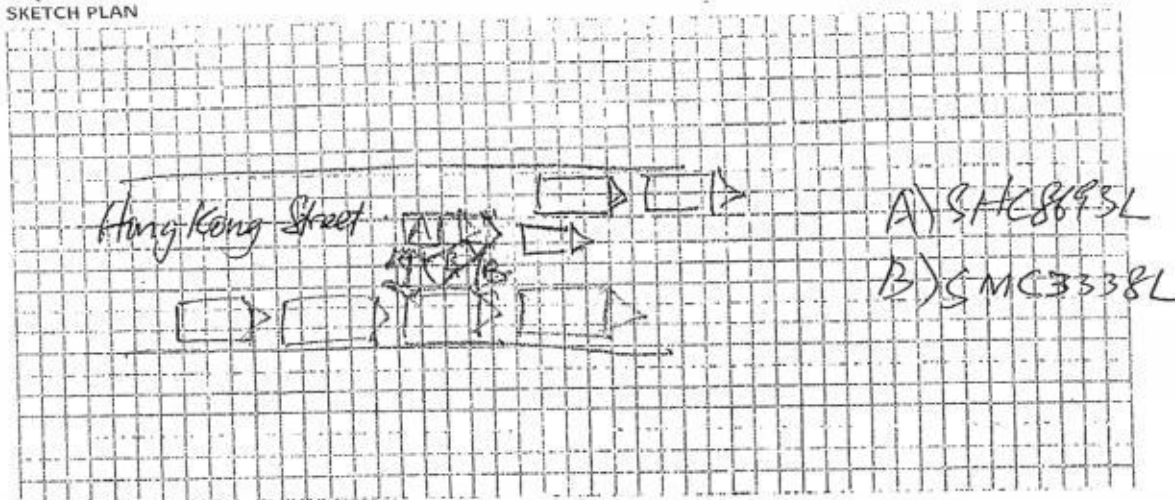
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA RMAC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/10/18 at about 2230 hrs while I Veh A was moving forward, Veh B that was stationary with Hazard light turned "on", suddenly swayed to the left when I passed it almost 1/3 of my vehicle. My right rear door was damaged and Veh B damage was on the left front portion.

DECLARATION

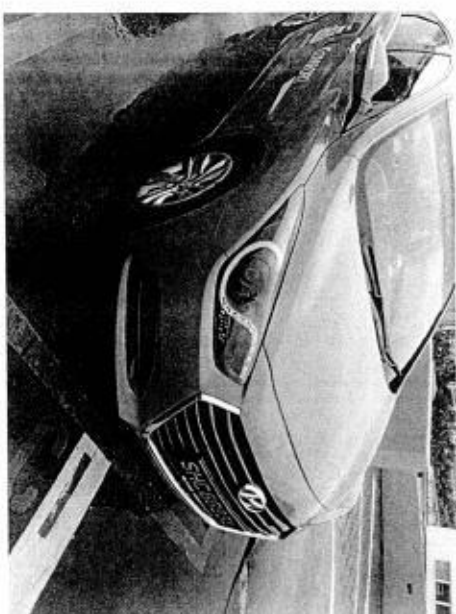
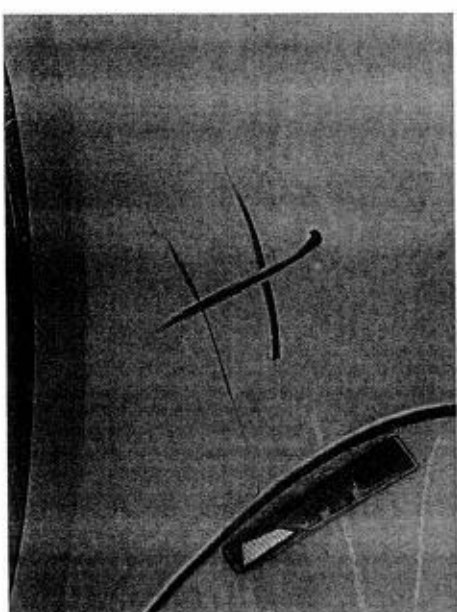
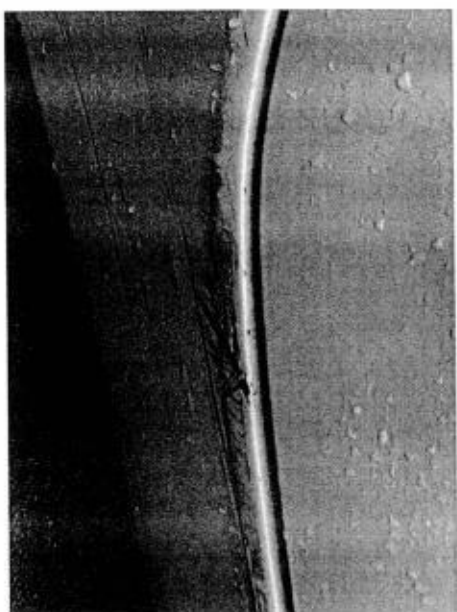
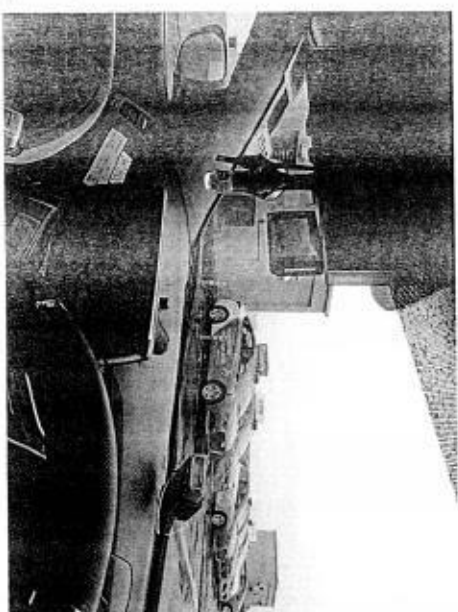
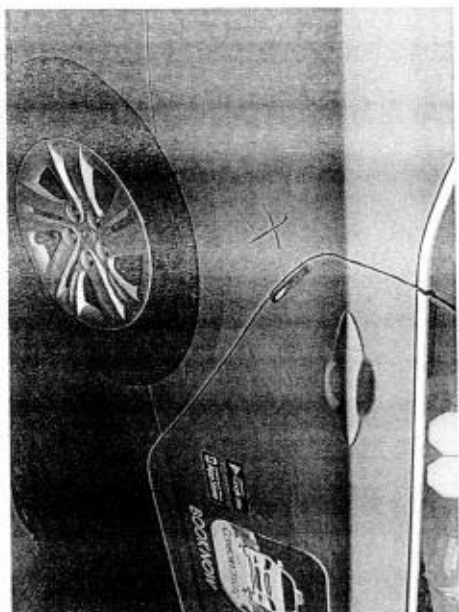
I/We declare the foregoing particulars are true in every respect.

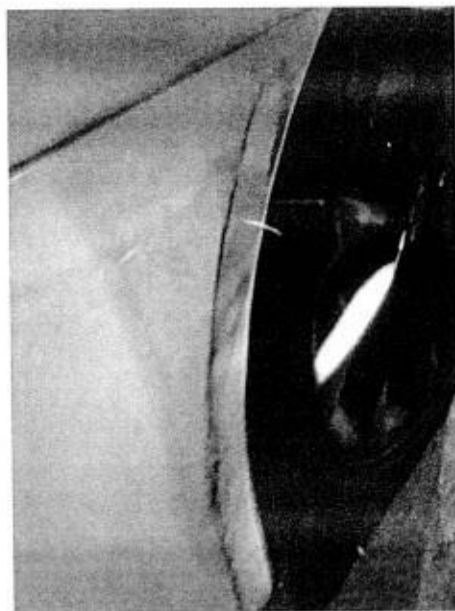
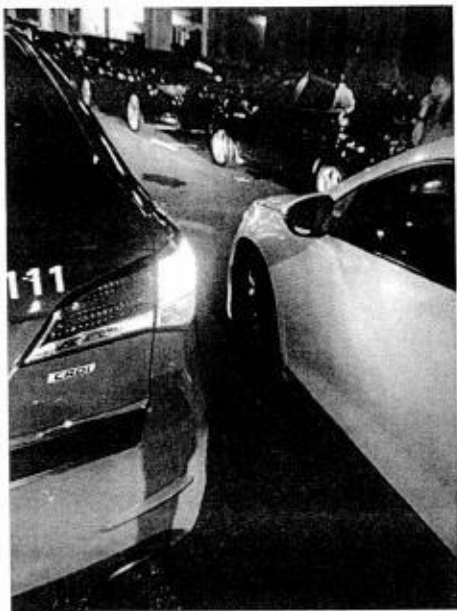
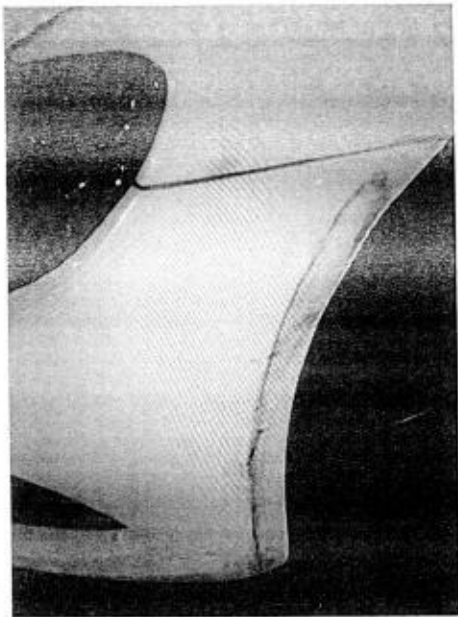
COMFORT TRANSPORTATION PTE LTD
CO REG NO. 192203321R

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 8693L

DATE 16/10/2018 14:26

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door Comfortdelgro & Apps Sticker (RH)	ce		\$ 80.00	Nett
	Rear Door (RH) x repair				
	Rocker Panel (RH) x repair				
	Labour Charge				
	Panel Beating-Repair Door			\$ 220.00	
	Spray Painting Charge-Door/Rocker Panel			\$ 440.00	
				200	
				400	
	TOTAL LABOUR			\$ 660.00	
	ESTIMATE TOTAL			\$ 740.00	
<p>Ka/uh 10/11/18</p> <p>16/10/18 1515hr</p> <p>2 Days</p> <p>4/5</p> <p>After Repair photo</p>					
<div> <p>KK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>					
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.					

Our Job Ref No : 305226562
Date : 19/10/2018

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHC8693L


Fax :


Date of Accident : 13/10/2018

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

- The repair job shall bill to: NTUC --- SMC3338L
###
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges ###
 - Total for Part-By-Part Repair Cost
 - Lumpsum Repair (if applicable) N
 - Total for Lumpsum repair cost after Less: 20% \$500.00
 - Final Lumpsum Repair cost
- Estimated normal period for repairs: 2 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 : 19/10/18

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/INC18018768/K1sbs2				
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.	SMC 3338L	Veh. Inspected	SHC 8693L	
Policy No.	5100744497	Coverage (\$)	0.00	
Claim No.	MT/1015544-002	Excess (\$)	0.00	
Assign From		Assign Date	16/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU082936	Colour	BLUE	
Odometer	473836	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60R16	WEST LAKE	7 mm	
L/H Front Tyre	205/60R16	WEST LAKE	7 mm	
R/H Rear Tyre	205/60R16	WEST LAKE	7 mm	
L/H Rear Tyre	205/60R16	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/10/2018	Inspection Date	16/10/2018	
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. SHC 8693L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
1	REAR DOOR (RH)(SN)(NPA)	TO REPAIR SEE LABOUR	-	-
1	ROCKER PANEL (RH)(SN)(NPA)	TO REPAIR SEE LABOUR	-	-
			80.00	80.00
LABOUR				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF REAR DOOR (RH) AND ROCKER PANEL (RH).		220.00	200.00
	SPRAY PAINTING CHARGE-DOOR/ROCKER PANEL.		440.00	400.00
			660.00	600.00
GRAND TOTAL			740.00	680.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				500.00

Report Ref No. NS/INC18018768/K1sbs2

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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