

(09/11/13)

Surveyor: Kalvin

REF:

NS / NC18018924 / Klvbnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: 5077514807 - 02 210218 - 200219Policy No. S8D1UCDClaims No. MT/1016088-002

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: SH 7079K Yr Regn: 14 Apr 2016Type: M. Car / M. Cycle / Bus / Van / Lorry / Tr / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.c. 168Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 335630 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CMHLB414MH4087053Gen. Cond: Good / Ex / Poor / BurntSteering: Inorder / Ex / Jammed / Leaked / Burnt orBrake: Inorder / Ex / Jammed / Leaked / Burnt orModi: Nil / S/Rim / SD A/Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Westlake

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 17/10/18 D.O.I. 17/10/18Survey held at CHE (Loyang)

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

Front N/S

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

Date / Time Action / Instruction

SH 7079K - (C3) / AXA / 2017648 / HHC392DA 080912ZincS8D1UCD - X22/10/18 Chassis 4543400 / 2 Pys. (Red 977.04, 22b)

RECEIVED 23 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 23/10 - typistReport Format: TPLump Sum / I.B.I: (\$) 3400/-Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

160

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

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 type="radio"/>	5077514807-02		EMBASSY OF THE REPUBLIC OF ANGOLA	T02DP0080L	GPC	drive CLASSIC	S8010CD	S8010CD	21/02/2018	20/02/2019

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No	Income Vehicle No.	D.O.A	Time of Acciden	Estimate	Tentative repair cost
1	MT/1016088-002	COMFORT TRANSPOTATION PTE LTD	SH 7079K	S 8010CD	17/10/2018	12:20	\$4,377.04	\$3,400.00
2	MT/1016051-002	COMFORT TRANSPOTATION PTE LTD	SHC 3839S	SHB 8638C	15/10/2018	21:50	\$950.00	\$700.00
3	MT/1016204-002	CITYCAB PTE LTD	SHA 8238D	SJM 5512U	18/10/2018	10:15	\$3,442.72	\$2,350.00

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	17/10/2018 15:15
Date Of Accident	17/10/2018 12:20
Exact Location Of Accident	JUNCTION OF RAFFLES BLVD AND MILENIA WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7079K
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	DANIEL S/O SIRINI RAJAH
NRIC No	S7700668J
Date Of Birth	10/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98505185
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 218 SERANGOON AVENUE 4 #12-176
Postcode	550218
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 / Type Of Accident : HEAD TO SIDE

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	S8010CD
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	JOANA NAIR S DA C ROSARIO
NRIC/Passport Number	G1112991P
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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. The 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 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. 199202321R

Policyholder's Signature
Date & Time:

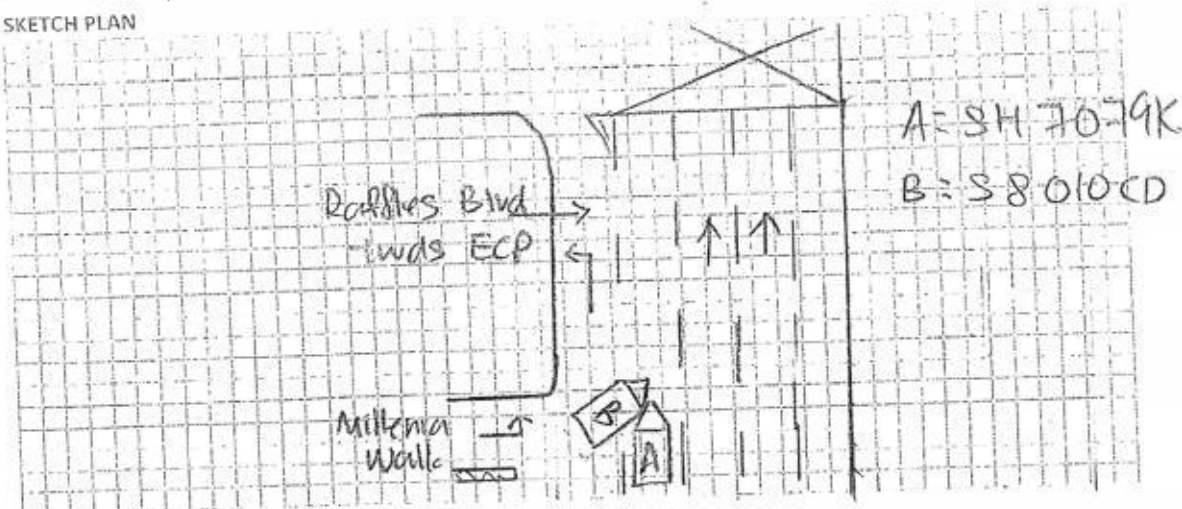
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/IMC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 12:20pm, I picked up a passenger from Sinter Tower 1 heading to Alexandra Technopark.

As I was travelling along Raffles Blvd, towards ECP a black ^{Toyota} vehicle came out from Millennia Walk bearing eastwards. I tried to avoid by pressing hard on the brakes ~~to~~ but to avoid accident but unfortunately hit the car on the ~~left~~ right hand bumper near the light. There was damages on both ~~part~~ vehicles.

Particulars of the person was recorded and handed over to Layan's claims dept.

Video recorded as per video playback recording in the taxi

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19020341R

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.:

GIAEMC SketchPlanForm_V3

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 17.10.2018

Time: 16:09:54

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 : 305227240
 REGN NO : SH 7079K
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 14.04.2016
 DATE/TIME IN : 17.10.2018 13:20
 ACCIDENT DATE : 17.10.2018

NTUC-468
 Ukk - kalim 12 TS

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-2322-A	FRT BUMPER	1	1,052.20 20.00 841.76
0002	04-01-0103-2175-G	RADIATOR GRILLE EMBLEM	1	28.70 20.00 22.96
0003	04-01-0103-2164-A	RADIATOR GRILLE	1	1,111.10 20.00 888.88
0004	04-01-0103-0781-A	HEADLAMP LH	1	1,388.00 20.00 1,110.40
0005	04-01-0103-0574-A	FRT FENDER LH	1	566.30 20.00 453.04

SUB-TOTAL : 3,317.04

JOB NATURE

0000 L	PANEL BEATING
0001 23-502	SPRAYPAINT ON AFFECTED AREA
0002 17-01	CHECK ALL LIGHTING
0003 20-00	TUFF COAT ON AFFECTED PARTS.
0004 20-05	Frt Fender Adv.Sticker LH

440.00 400
 440.00 400
 40.00 20
 40.00 20
 100.00

SUB-TOTAL : 1,060.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 17.10.2018

REPAIR ESTIMATE

Time: 16:09:54

Page: 2

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

JOB NO : 305227240
REGN NO : SH 7079K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 14.04.2016
DATE/TIME IN : 17.10.2018 13:20
ACCIDENT DATE : 17.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 4,377.04

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Kalvin LKK
17/10/18 1615 hrs.
2 hrs.
Lys
After Repair photo

LKK Auto Consultants hereby 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:

OMFORTDELGRO
ENGINEERING

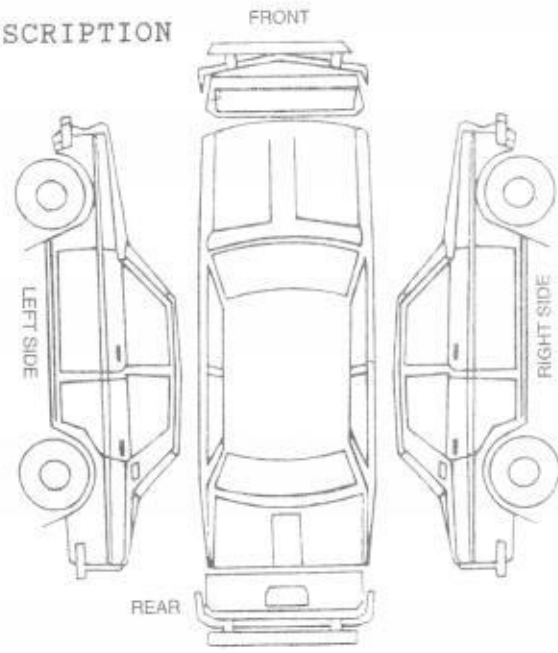
member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 756156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 725791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768730
320 Ubi Road 3 Singapore 600099
Date/Time: 17.10.2018 15:53 Page : 1

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305227240
OMER	REGN NO.: SH 7079K	MILEAGE	
IS	MAKE: HYUNDAI	FUEL	
OMER NO. 7010045	MODEL I-40	DATE/TIME IN 17.10.2018 13:20	
IESS 383 SIN MING DRIVE	YR OF MANU. 14.04.2016	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE RMHLB41UMGU087053	COMPLETION DATE/TIME:	
65508755 (O)			
(P)			
(P)			
JUNT CARD NO.			

Accident Date: 17.10.2018
NATURE: 3P 17.10.18

S/NO LABOR CODE DESCRIPTION



SIGNED & PASSED OUT BY:		CUSTOMER'S SIGNATURE	
SERVICE ADVISOR			
Judgement Slip		Exit Pass	
No.: SH 7079K	LIMITS	Vehicle No.: SH 7079K	
f Service Advisor	Signature/Date	Name of Service Advisor	Date
Returned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305227240
Date : 22/10/18

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG
Vehicle Reg No. : SH 7079K

Fax :

Date of Accident : 17-Oct-18

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


1. The repair job shall bill to: NTUC --- S8010CD
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% \$3,400.00
Final Lumpsum Repair cost \$3,400.00

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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 22/10/18

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/INC18018924/K1vbn2	
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.	S 8010CD	Veh. Inspected	SH 7079K
Policy No.	5077514807-02	Coverage (\$)	0.00
Claim No.	MT/1016088-002	Excess (\$)	0.00
Assign From		Assign Date	17/10/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087053	Colour	BLUE
Odometer	335630	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 FRONT N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	17/10/2018	Inspection Date	17/10/2018
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. SH 7079K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRT BUMPER	DEFORMED	1,052.20	1,052.20
1	RADIATOR GRILLE EMBLEM	NECESSARY	28.70	28.70
1	RADIATOR GRILLE	CUT	1,111.10	1,111.10
1	HEADLAMP LH	GRAZED	1,388.00	1,388.00
1	FRT FENDER LH	DENTED	566.30	566.30
	LESS 20% DISCOUNT		-829.26	-829.26
			3,317.04	3,317.04
<u>SPECIAL NETT ITEMS</u>				
1	FRT FENDER ADV STICKER LH (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		440.00	400.00
	SPRAYPAINT ON AFFECTED AREA.		440.00	400.00
	CHECK ALL LIGHTING.		40.00	20.00
	TUFF COAT ON AFFECTED PARTS.		40.00	20.00
			960.00	840.00
GRAND TOTAL			4,377.04	4,257.04
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,400.00

Report Ref No. NS/INC18018924/K1vbn2

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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