

08/11/13

Surveyor: Kelvin

REF:

N9/INC18019153 / K1b2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHC 6112K

Policy No. 5095103893 20-10-17 - 19-10-18

Claims No. m7/1016557-002

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 4594K Yr Regn: 10 Jan 2013

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

Truck / Trailer or

Make: Hyundai Santa cc 1991

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

Sp. Reading: 231777 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHE741VMCA 831748

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215 / 60 R 6

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. 20/10/18 D.O.I. 22/10/18

Survey held at CDE (Loyang)

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

Rear

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

Date / Time Action / Instruction

SHD 4594K - CCB / 11/16/13 01512 / 70b362

Date: 20-10-18

Inc

SHC 6112K - PS / LAW / 13/11/13 89 / U4K3

Date: 20/10/18

C/S

24/10/18 Chassis 45 \$1800 / 307

Ref: 81585.38, 477

RECEIVED 20 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

1) typout

☒ : Final Report

Date/Time, File Return to?

2)

Report Format:

7P

Lump Sum / LB: (\$

1800

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160

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 type="radio"/>	5095103893		PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6112K	SHC6112K	20/10/2017	19/10/2018

TP Claims against NTUC Income: Follow-Through Survey

Date 24/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1016793-002	COMFORT TRANSPORTATION PTE LTD	SH 8236S	SLZ 6731E	20/10/2018	\$4,600.88	\$750.00
2	MT/1016586-002	COMFORT TRANSPORTATION PTE LTD	SHA 7334R	SKA 392H	21/10/2018	\$1,592.40	\$900.00
3	MT/1016557-002	COMFORT TRANSPORTATION PTE LTD	SHD 4594K	SHC 612K	20/10/2018	\$3,385.38	\$1,800.00
4	MT/1016716-002	COMFORT TRANSPORTATION PTE LTD	SHD 3338R	SHB 8552R	23/10/2018	\$2,994.52	\$400.00
5	MT/1016525-002	COMFORT TRANSPORTATION PTE LTD	SHA 7625B	SIK 7256G	20/10/2018	\$1,529.12	\$958.72

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	20/10/2018 10:06
Date Of Accident	20/10/2018 00:25
Exact Location Of Accident	SIMS AVE BEFORE GEYLANG LOR 15
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4594K
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	SONATA

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	ONG MAO JIE
NRIC No	S8326089J
Date Of Birth	24/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83837579
Fax Number	
Contact Number	
Email Address	MJ.ONG.KEAT@GMAIL.COM

Address	BLK 29 JALAN BAHAGIA #10-354
Postcode	320029
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)	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

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	SHC6112K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG KOON WHEE
NRIC/Passport Number	S1454825D
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

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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.
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 199303821R

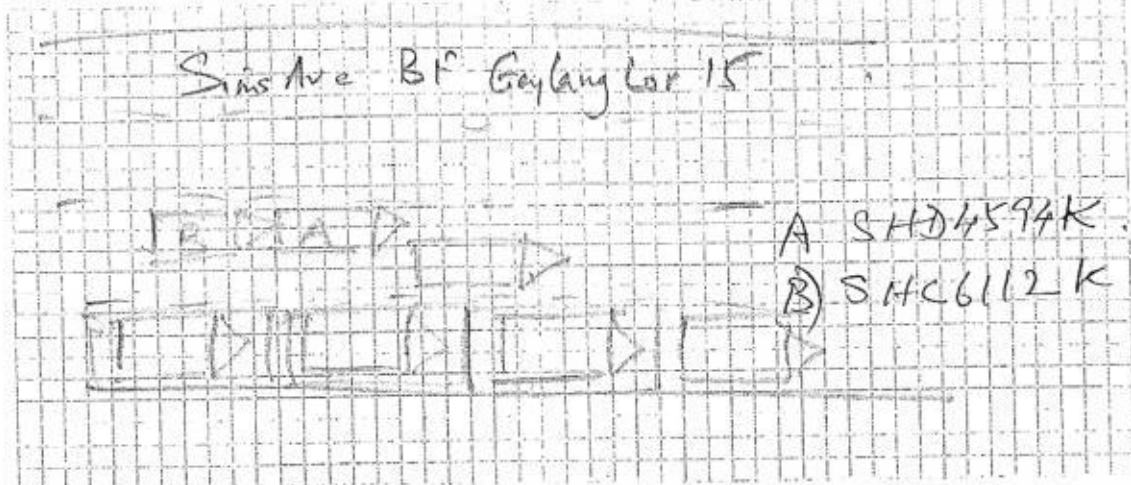
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnels Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/10/18 at about 0055h while I Veh A stopped gradually ~~because~~ ^{another} vehicle had stopped, Veh B collided on the rear of my vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203921R

Policyholder's Signature
Date & Time:

GIARMC Sketch Plan Form_V3

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

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

[Signature]
SR Moorthy
CSO 20/10/18

NTUC-4S TS

COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHD 4594K

DATE 10/20/2018

(Sat)

MAKE :

LKK-Kalvin

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid Sonata Plate <i>me</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>me</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>me</i>			\$ 26.10
	Boot Lid CRDI Plate <i>me</i>			\$ 22.70
	Rear Bumper <i>me</i>			\$ 578.40
	Rear Bumper Reinforcement <i>me</i>			\$ 483.30
	Rear Bumper Clip <i>me</i>			\$ 22.00
	Rear Bumper Sponge <i>me</i>			\$ 137.40
	Rear Bumper Under Cover <i>me</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>me</i>		\$ 38.00	\$ 76.00
	Rear Panel <i>me</i>			\$ 391.80
	Rear Panel Garnish <i>me</i>			\$ 95.80
	SUB TOTAL			\$ 2,087.10
	LESS 20%			\$ 417.42
	DISCOUNTED TOTAL			\$ 1,669.68
	Boot Lid Comfort Logo & Tel No. Sticker <i>me</i>			\$ 30.00 Nett
	Rear Bumper Reverse Sensor <i>me</i>			\$ 135.70 Nett
	Rear Bumper Rubber Mat <i>me</i>			\$ 50.00 Nett
	TOTAL			\$ 215.70
	Labour Charge			
	Panel Beating (Repair Bootlid)			\$ 400.00 <i>300</i>
	Spray Painting Charge			\$ 900.00 <i>600</i>
	Wiring Charge			\$ 30.00 <i>X 25</i>
	Tuff Kote			\$ 50.00 <i>X 11</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>30</i>
	TOTAL LABOUR			\$ 1,500.00
	ESTIMATE TOTAL			\$ 3,385.38
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.				

LKK Auto Consultants hence notify the Repairer of the following:

- To survey before repair/painting
- To display damaged parts during survey
- Parts prices are on "best price" basis
- Third party service is on "best price" basis
- No illegal modification
- Supplementary estimate must be approved and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Kalvin

22/10/18

3 Pys

Lp

After Repair photo

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6393 6280 Facsimile + 65 6260 9755

Workshops

59 Loyang Drive Singapore 508909 24 Serangoon Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728701
48 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768733
320 Ubi Road 3 Singapore 715001

Date/Time: 20.10.2018 11:40

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305228259

STOMER
COMFORT TRANSPORTATION PTE LTD
7010045
STOMER NO. 383 SIN MING DRIVE
DRESS Singapore SINGAPORE 575717
65508755 (P) (O)

REGN NO.: SHD4594K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 20.10.2018 08:30
YR OF MANU 10.01.2013	TARGET DATE
CHASSIS CODE KMHET41VMCA831748	COMPLETION DATE/TIME:

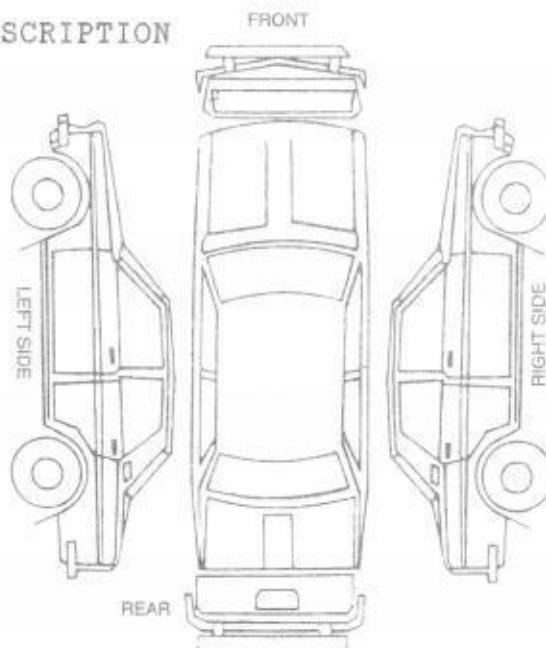
ICOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 20.10.2018
NATURE: 3P 20.10.18

S/NO LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHD4594K LIMITS

Vehicle No.: SHD4594K

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

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

Our Job Ref No : 305228259
Date : 24/10/18

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG

Fax :

Vehicle Reg No. : SHD4594K Date of Accident : 20-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 --- Silver Cab SHC6112K
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% \$1,800.00
Final Lumpsum Repair cost \$1,800.00


3. Estimated normal period for repairs: 3 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 : 24/10/18

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/INC18019153/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 30-10-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 6112K	Veh. Inspected	SHD 4594K
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/1016557-002	Excess (\$)	0.00
Assign From		Assign Date	22/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHET41VMCA831748	Colour	BLUE
Odometer	231777	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 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	20/10/2018	Inspection Date	22/10/2018
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:	3 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. SHD 4594K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	CRACKED	185.80	185.80
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR SEE LABOUR	76.00	-
1	REAR PANEL	TO REPAIR SEE LABOUR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-417.42	-277.22
			1,669.68	1,108.88
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			215.70	215.70
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER PROTECTOR (LH/RH) AND REAR PANEL.		400.00	300.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,500.00	930.00
GRAND TOTAL			3,385.38	2,254.58

Report Ref No. NS/INC18019153/K1rbn2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,800.00
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Report Ref No. NS/INC18019153/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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