

(03/11/13)

Surveyor: Kalvin

REF:

NS/INC18019186 / Klsbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: PA 5248APolicy No: 8085550657-02 01-06-2018Claims No: MT/1017229-001

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 3293K Yr Regn: 15 Dec 2016

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

Truck / Trailer or

Make: Hyundai Ix0 c.c. 1685Colour: Blue A/C: Ins Std / Nil / NASp. Reading: 249237 T/Radio: Ins Std / Nil / NA

Eng/No: _____

C/No: KMHLB8144H4097172Gen. Cond: Good / FA / Poor / BurntSteering: In order / 9 / Jammed / Leaked / Burnt orBrake: In order / 6 / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Camper

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 19/10/18 D.O.I. 22/10/18Survey held at CDHE (Loyang)

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

O/S Front.

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

Date / Time Action / Instruction

SHD 3293K - NA/INC10014726/2 DOA: 26072010 INC

PA 5248A - CCG/ALG1303920 / m1bb32 DOA: 2511-2013 P/P

25/10/18 Confirmed P/P \$1712.24

26/10/18 Confirmed P/P \$1,712.24 @ 3 days with Kelvin.

(\$1,758.16 Red - 51%)

RECEIVED 26 OCT 2018

Date/Time, File Pass to?

26/10/18

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.I. (\$) 1,712.24 P/PDays Of Repair: 3Resurvey 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"/>	5085550657-02		COMFORTDELGRO BUS PTE LTD	199607256W	GFT	Comprehensive	PA5248A	PA5248A	01/06/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date 26/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1016917-002	COMFORT TRANSPORTATION PTE LTD	SHC 2827H	SKN 7174G
2	MT/1016759-002	CITYCAB PTE LTD	SHC 746X	FBM 2732R
3	MT/1016610-002	CITYCAB PTE LTD	SHC 7902R	SMC 3389P
4	MT/1016880-002	COMFORT TRANSPORTATION PTE LTD	SHD 3042T	SLT 8171P
5	MT/1016802-002	CITYCAB PTE LTD	SHD 8805B	SJQ 3280E
6	MT/1017229-001	COMFORT TRANSPORTATION PTE LTD	SHD 3293K	PA 5248A
7	MT/1017231-001	CITYCAB PTE LTD	SHC 7849L	SJN 6676T

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	19/10/2018 16:24
Date Of Accident	19/10/2018 11:15
Exact Location Of Accident	BRADDELL CDGE WORKSHOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3293K
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	HO AH YAM
NRIC No	S0982911C
Date Of Birth	28/05/1951
Occupation	OUTDOOR
Date Of Driving Pass	08/10/1968
Driving Experience	50 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97312491
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	24 10-08 TELOK BLANGAH CRESCENT
Postcode	090024
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 (Truck)
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

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	PA5248A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR LEFT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

A: SHD 3593K

B: PA 5248A



Brnddell
CDGE
Workshop

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/10/18 at about 11:15 hrs, I was stopped behind of veh B. I attempt to drive into driveway with a bystander guide. However, the space is too narrow not allowed to do so, hence I reversed back to wait. Suddenly Veh B reversed backward towards my taxi and hit onto the front right portion of my taxi.

No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO: 1895/138718

Policyholder's Signature
Date & Time:

Driver's Signature

(If driver is not the policyholder)

John Wei Yiong

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.
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. 199501821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

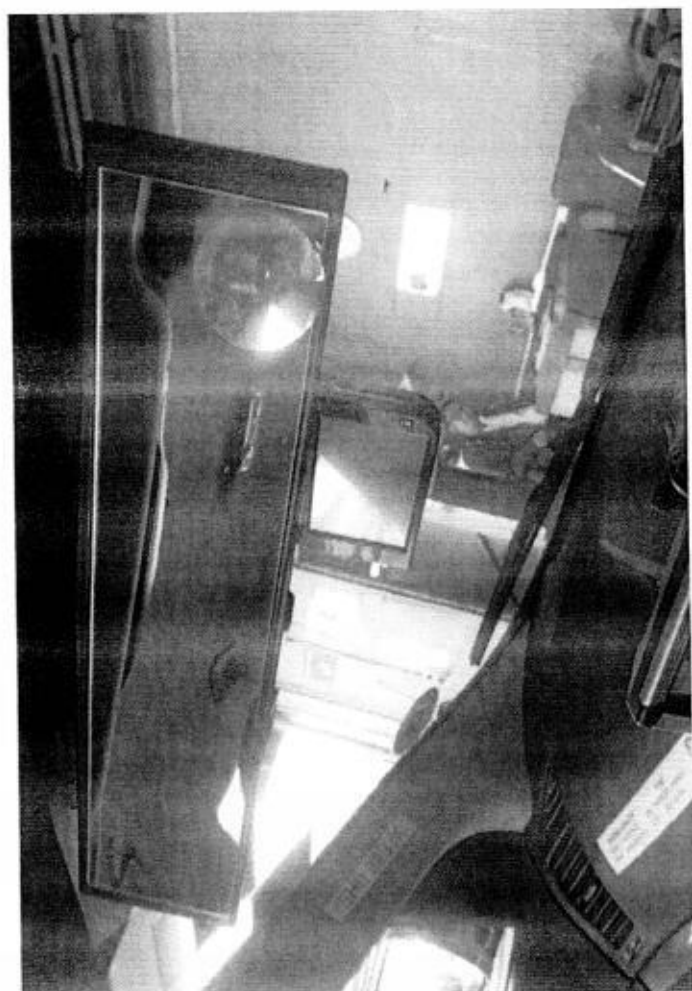
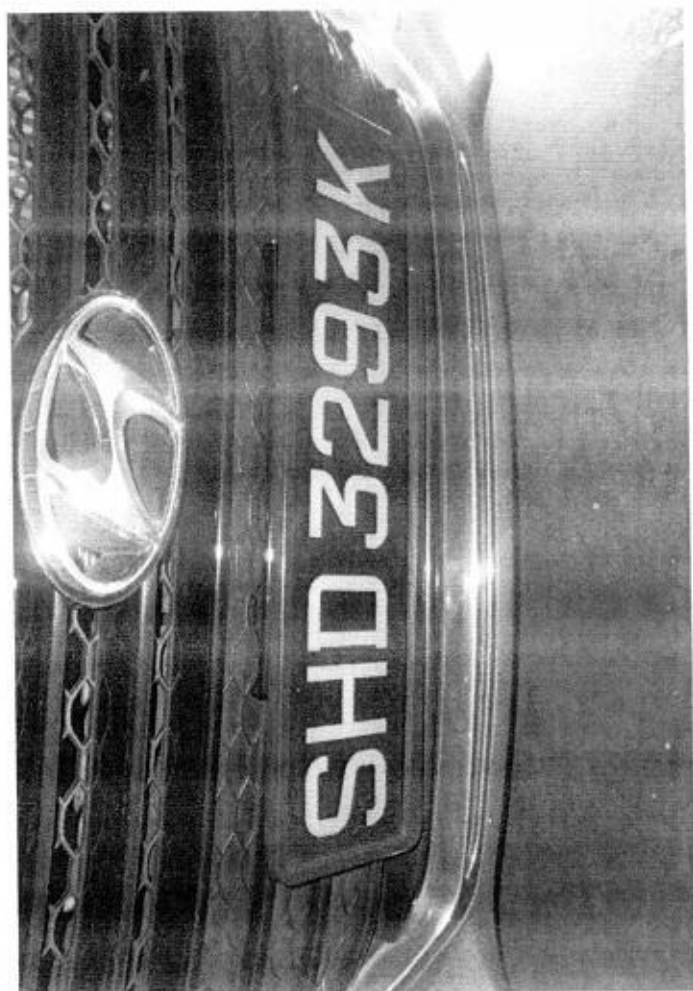
Date & Time:

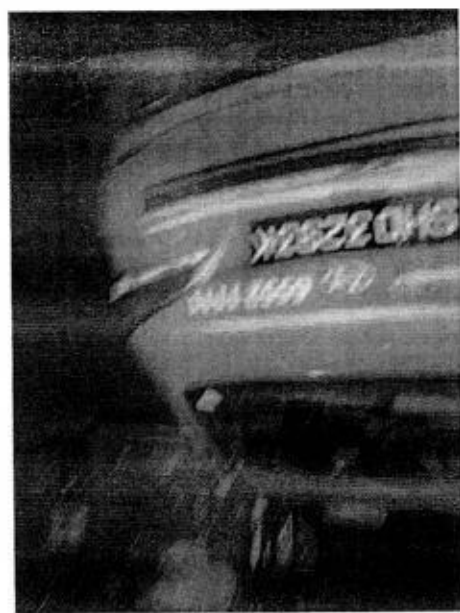
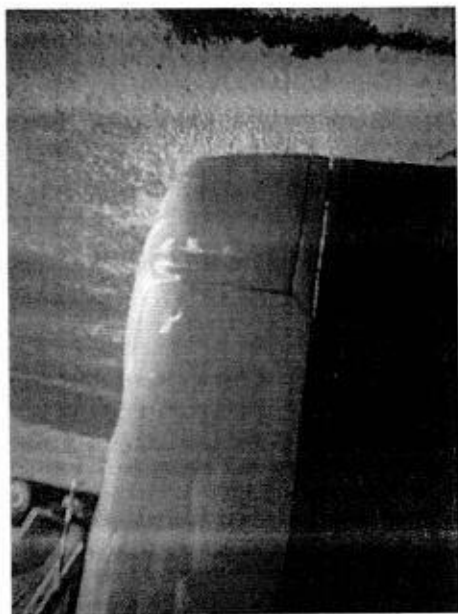
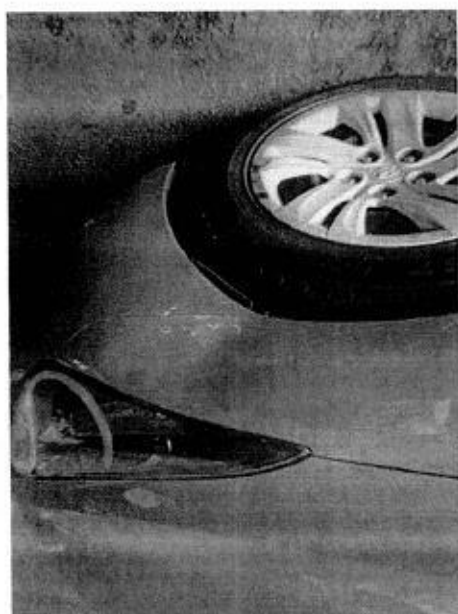
Loke Wei Yieng

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3293K

DATE 10/20/2018 9:54

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Reformed</i>			\$ 544.50
	Front Bumper Bracket Top (RH) — <i>on</i>			\$ 22.40
	Front Bumper Retainer Mounting (RH) <i>new</i>			\$ 9.20
	Headlamp (RH) <i>X</i> <i>sun</i>			\$ 1,388.00
	Front Fender (RH) — <i>Reol</i>			\$ 566.30
	Front Fender Shield (RH) <i>X</i> <i>sun</i>			\$ 175.90
	Front Fender Retainer (RH) <i>X</i> <i>sun</i>			\$ 24.60
	Front Wheel Hub Cap (RH) — <i>hazard</i>			\$ 107.10
SUB TOTAL				\$ 2,838.00
LESS 20%				\$ 567.60
DISCOUNTED TOTAL				\$ 2,270.40
Labour Charge				<i>300</i>
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00 <i>400</i>
	Wiring Charge			\$ 30.00 <i>X 11</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	FRT Wheel Alignment			\$ 120.00 <i>X 11</i>
TOTAL LABOUR				\$ 1,200.00
ESTIMATE TOTAL				\$ 3,470.40
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.				

Kahlan 10/10/18

22/10/18 10006

3 Days

PIP

Before Part 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 "claim to file" basis
- No illegal modifications is allowed
- Supplementary work (SOW) is not covered and is subject to final approval from the Insurance Company

Acknowledged by Repairer:

Signature:

Date:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305228109

STOMER

COMFORT TRANSPORTATION PTE LTD

I/MS

7010045

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(O)

(P)

(P)

SCOUNT CARD NO.

REGN NO.: SHD3293K

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 19.10.2018 14:20

YR OF MANU 15.12.2016

TARGET DATE

CHASSIS CODE KMHLB41UMHU097172

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.10.2018

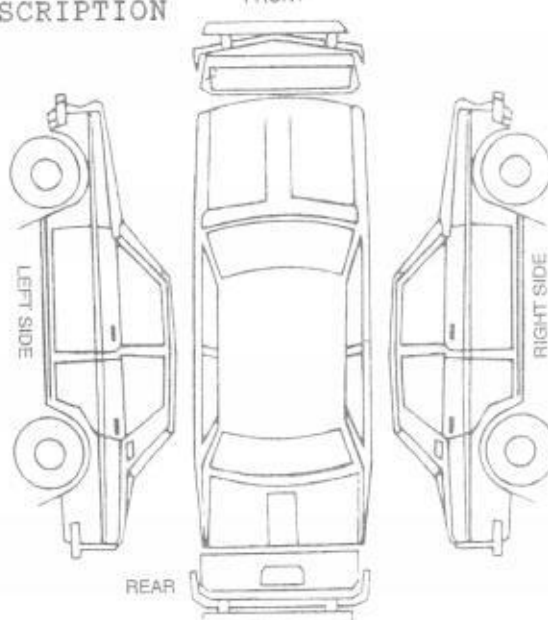
NATURE: 3P 19.10.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

g:

o:

ile No.:

SHD3293K

CHIANG

Vehicle No.:

SHD3293K

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 PTE LTD

Date: 25.10.2018

REPAIR ESTIMATE

Time: 08:43:43

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 : 305228109
REGN NO : SHD3293K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 15.12.2016
DATE/TIME IN : 19.10.2018 14:20
ACCIDENT DATE : 19.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	544.50	20.00	435.60
0002 04-01-0103-0638-G	I40V2 BRKT ASSY-FR BPR UP	1	22.40	20.00	17.92
0003 04-01-0103-0573-A	I40VC PANEL-FENDER RH+	1	566.30	20.00	453.04
0004 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	107.10	20.00	85.68

SUB-TOTAL : 992.24

JOB NATURE

0000 L	PANEL BEATING	300.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 720.00

TOTAL : 1,712.24

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305228109
Date : 25/10/18



COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHD3293K 19/10/2018

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

1. The repair job shall bill to: NTUC PA5248A
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$992.24
 - (b) Labour Charges \$720.00
 - Total for Part-By-Part Repair Cost** \$1,712.24
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____
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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : _____
Name : KALVIN
Date : 25/10/18

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/INC18019156/K1sbn2				
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.	PA 5248A	Veh. Inspected	SHD 3293K	
Policy No.	5085550657-02	Coverage (\$)	0.00	
Claim No.	MT/1017229-001	Excess (\$)	0.00	
Assign From		Assign Date	22/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMHU097172	Colour	BLUE	
Odometer	249237	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	CAMPEON	7 mm	
L/H Front Tyre	205/60 R16	CAMPEON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	19/10/2018	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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 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. SHD 3293K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER BRACKET TOP (RH)	CRACKED	22.40	22.40
1	FRONT BUMPER RETAINER MOUNTING (RH)	SERVICEABLE	9.20	-
1	HEADLAMP (RH)	SERVICEABLE	1,388.00	-
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER (RH)	SERVICEABLE	24.60	-
1	FRONT WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-567.60	-248.06
			2,270.40	992.24
LABOUR				
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,200.00	720.00
GRAND TOTAL			3,470.40	1,712.24
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,712.24

Report Ref No. NS/INC18019156/K1sbn2

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.