

(08/11/13)

Summary: Kelvin

REF:

NS/NC18019169 / K1rbn2

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: SKA 392HPolicy No: 5075599982-02 140118-150119Claims No: MT/1016586-002

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: SHA 7334R Yr Regn: 14 Aug 2014

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

Truck / Trailer or

Make: Hundai: I40 cc 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 330829 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414A E4056170Gen. Cond: Good / Fair / Poor / BurntSteering: Inor OK / Jammed / Leaked / Burnt orBrake: Inor OK / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD 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. 21/10/18 D.O.I. 22/10/18Survey held at (DHE (Loyang))

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

Rear O/S

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

Date / Time Action / Instruction

SHA 7334R - (C4/III) 500847 / Jim3g2

DA: 100515

IM

SKA 392H - X

4/5

24/10/18 Continue 1 4/5 \$900 / 21/11

Red: \$692.40, 43/

RECEIVED 20 OCT 2018

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 21) typist☒ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Format: TPLump Sum / L.S. (\$ 900)

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 checked="" type="radio"/>	5075599982-02		WONG TECK BOON	S0090841Z	GPC	drive CLASSIC	SKA392H	SKA392H	14/01/2018	13/01/2019

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	SJK 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	22/10/2018 09:40
Date Of Accident	21/10/2018 14:20
Exact Location Of Accident	SIMEI AVE X UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7334R
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	SEAH KAH WAH
NRIC No	S6846926J
Date Of Birth	19/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	01/08/2006
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82282198
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	105D 07-59 EDGEFIELD PLAINS
Postcode	824105
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?	YES
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

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	SKA392H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG TECK BOON
NRIC/Passport Number	S0090841Z
Contact Number	97514954
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

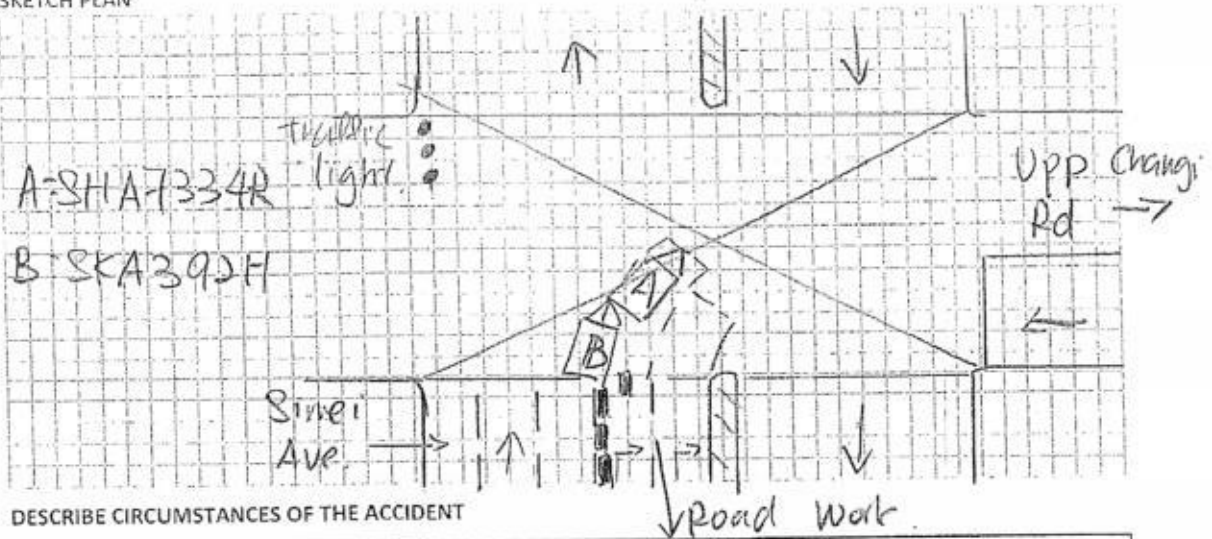
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LADY
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHA7334R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

Policyholder's Signature
Date & Time:

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

Loke Wai Yieng-

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

Sketch Plan Pg. 2

Describe Circumstances of the Accident.

On 21/10/2018 @ about 1420hrs, I was driving Simei Ave going turn right to Upp Changi Rd.

I come to stopped in the pocket at above said traffic light controlled junction when I saw
opposite traffic incoming.

A split second later, I felt an impact from my taxi behind followed by a jerk.

Veh B it front right portion collided onto the rear left portion of my stationary taxi.

After that, we shifted our vehicle over the junction to take picture and exchange particulars.

01 female passenger on board my taxi. The passenger claim that she suffurred neck pain
due to this collision.

Declaration

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

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 199303821R

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 7334R

DATE 22/10/2018

MAKE :

MODEL : HYUNDAI i40

NTUC-45

TS

LKK-Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 553.00	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	Rear Bumper Under Cover			\$ 228.00	
	SUB TOTAL			\$ 803.00	
	LESS 20%			\$ 160.60	
	DISCOUNTED TOTAL			\$ 642.40	
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
				\$ 250.00	
	Labour Charge				
	Panel Beating			\$ 400.00	
	Spray Painting Charge			\$ 300.00	
				200	
	TOTAL LABOUR			\$ 700.00	
	ESTIMATE TOTAL			\$ 1,592.40	
<p>Kalvin LKKM</p> <p>22/10/18 11:55h</p> <p>2 Days</p> <p>L/s</p> <p>After Repair photo</p>					
<p>LKK 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 "no-mo. prejudice" basis • No illegal modifications 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>Dated:</p>					
<p>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.</p>					

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305228714

OMER

S

COMFORT TRANSPORTATION PTE LTD

7010045

OMER NO.

ESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R)

(O)

(P)

UNIT CARD NO.

REGN NO.:

SHA7334R

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

22.10.2018 08:10

YR OF MANU

14.08.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU056170

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.10.2018

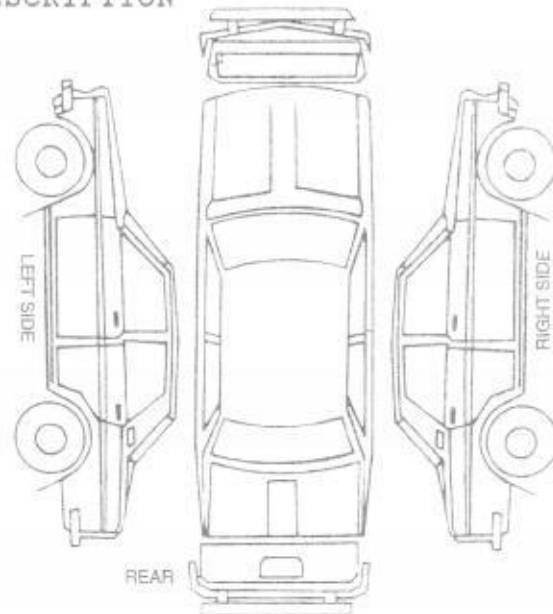
NATURE: 3P 21.10.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

rdgement Slip

Exit Pass

SHA7334R

LIMITS

Vehicle No.:

SHA7334R

Service Advisor

Signature/Date

Name of Service Advisor

Date

igned 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 : 305228714

Date : 24/10/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA7334R

Date of Accident : 21-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 --- SKA 392H

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%

Final Lumpsum Repair cost

\$900.00

\$900.00

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 : 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/INC18019169/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.	SKA 392H	Veh. Inspected	SHA 7334R
Policy No.	5075599982-02	Coverage (\$)	0.00
Claim No.	MT/1016586-002	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.	2014
Chassis No.	KMHLB41UMEU056170	Colour	BLUE
Odometer	330829	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 REAR N/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	21/10/2018	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:	2 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7334R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
	LESS 20% DISCOUNT		-160.60	-115.00
			642.40	460.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	250.00
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	400.00
GRAND TOTAL			1,592.40	1,110.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC18019169/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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