

(08/11/13)

Surveyor: Kelvin

REF:

NS/INC18019756/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: SLP 3505P

Policy No. 5033404689-02 01052018

Claims No. MT/1016705-002

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: SHB 6395R Yr Regn: 20 Mar, 2014

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

Truck / Trailer or

Make: Mercedes-Benz E 220 c.c. 2143

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 845730 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDP2120022A758752

Gen. Cond: Good / ☒ / Poor / BurntSteering: In order / ☒ / Jammed / Leaked / Burnt orBrake: In order / ☒ / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / ☒ Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wet hls

Front: _____ Rear: _____

R/Bal. 3 mm R/Bal. 3 mm

L/Bal. 3 mm L/Bal. 3 mm

D.O.A. 22/10/18 D.O.I. 23/10/18

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
	SHB 6395R - CC3 / III / 5004622 / Klsbn2 DIA: 090318 Inc
	SLP 3505P - CC3 / IIV / 8015599 / Klsbn2 DIA: 261117 45
29/10/18	Quoted up \$2800 / 4 days
30/10/18	Confirmed HS \$2,800/- @ 4 days with Kelvin.
	(\$2,509.38 Red - 47%)
	RECEIVED 30 OCT 2018

Date/Time, File Pass to?

30/10/18

1) 4p.4

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) 2,800/- HS

☐ : Prel. Report☒ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

160

eBaoTech

GeneralClaim

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"/>	5083404689-02		L H CAR RENTAL PTE LTD	200009761N	GFT	drive CLASSIC	SLP3505P	SLP3505P	01/05/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date : 30/10/2018

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/1016705-002	COMFORT TRANSPORTATION PTE LTD	SHB 6395R	SLP 3505P	22/10/2018	8:20	\$ 5,309.88	\$ 2,800.00
2	MT/1016841-002	COMFORT TRANSPORTATION PTE LTD	SHC 3963R	SJP 5318Z	22/10/2018	14:00	\$ 2,810.68	\$ 1,500.00
2	MT/1016520-002	COMFORT TRANSPORTATION PTE LTD	SHA 3905U	SMD 3383A	19/10/2018	19:00	\$ 14,091.78	\$ 5,800.00

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 16:24
Date Of Accident	22/10/2018 08:20
Exact Location Of Accident	ECP TWDS CUIY B4 MARINE PARADE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6395R
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	MERCEDES-BENZ
Model	MERC
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	KHAIRULAMIN BIN YUNUS
NRIC No	S8014444Z
Date Of Birth	31/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	10/06/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96733374
Fax Number	
Contact Number	
Email Address	MNIN24@GMAIL.COM

Address 7 07-15 CANBERRA DRIVE
Postcode 768069
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) 3
Passenger 1 NAME: : -
GENDER: : MALE

Passenger 2 NAME: : -
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
POLICE STATION NAME [OTHER] PASIR RIS NPC
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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 SLP3505P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LAI HONG FAH
NRIC/Passport Number S2633014I
Contact Number
Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KHAIRULAMIN BIN YUNUS

Approximate Age

38

Injuries Sustain

BACK, SHOULDER, ARM

Injured person in which vehicle?

SHB6395R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

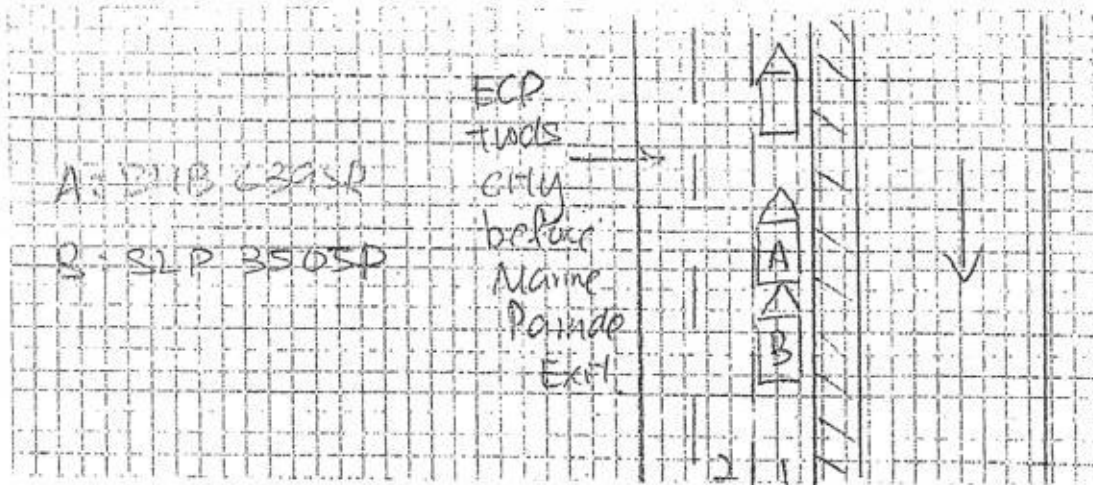
NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20181022/2054

DECLARATION

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

COMFORT TRANSPORTATION PTE.
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Loke Wei Yieng

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20181022/2054

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20181022/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2018 12:46	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: KHAIRULAMIN BIN YUNUS			Address: 7 CANBERRA DRIVE #07-15 SINGAPORE 768069	
ID Type / ID No.: NRIC NO / S8014444Z			Contact No.: Home/Office: Mobile: 96733374	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 38	Date of Birth: 31/05/1980	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2018 08:20	Type of Location: Straight Road
Location: EAST COAST EXPRESSWAY ECP towards City				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6395R	Car				Slightly Damaged	2



SINGAPORE
POLICE FORCE



T/20101022/2054

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20101022/2054

CONTINUATION OF REPORT

Brief Details.

On the 22/10/2018, at about 0818hrs, I was going by ECP towards City when the accident happened. I was fetching 2 passengers from the airport to Bencoolen at G Hotel. When I was driving by the expressway, suddenly a vehicle in front of me come to sudden stop. That caused me to do an emergency brake, and this resulted in the vehicle behind to collide into my vehicle. The damage was a slight dent on the boot of my vehicle on the area around the license plate number. I exchanged particulars with the driver who collided his vehicle into mine.

I went to A Life Clinic Pte Ltd and was issued a 7 days Medical Certificate for my injury. There vehicles involved was SLP3505P, and my vehicle SHB5395R.

Sketch Plan Pg. 4



SINGAPORE
POLICE FORCE



T/20181022/2054

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20181022/2054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 OH JIA KAI JACKIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/10/2018 12:46

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

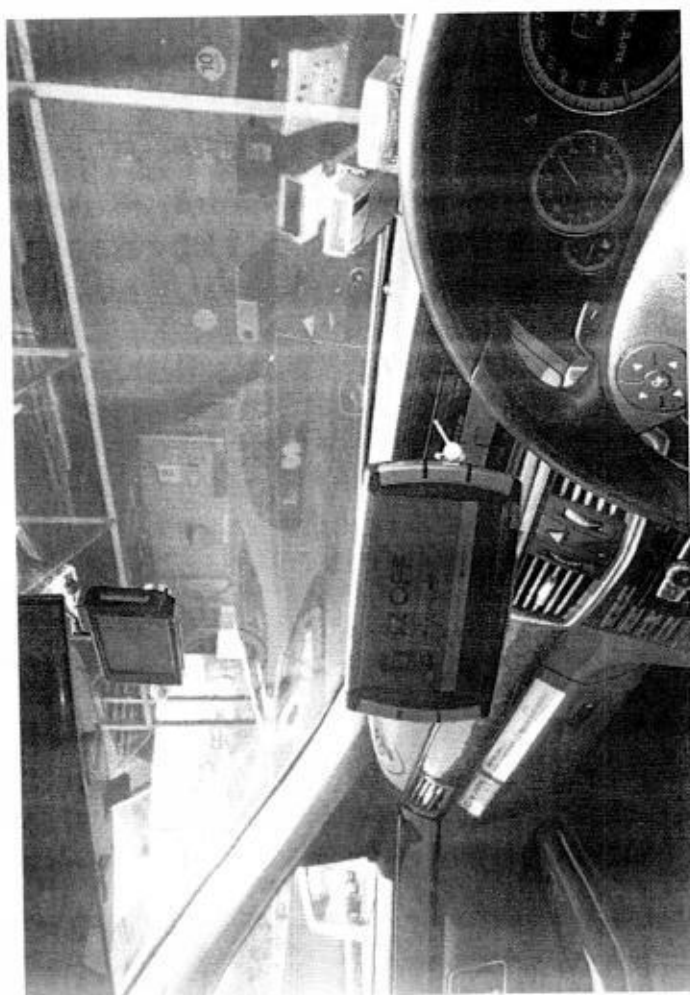
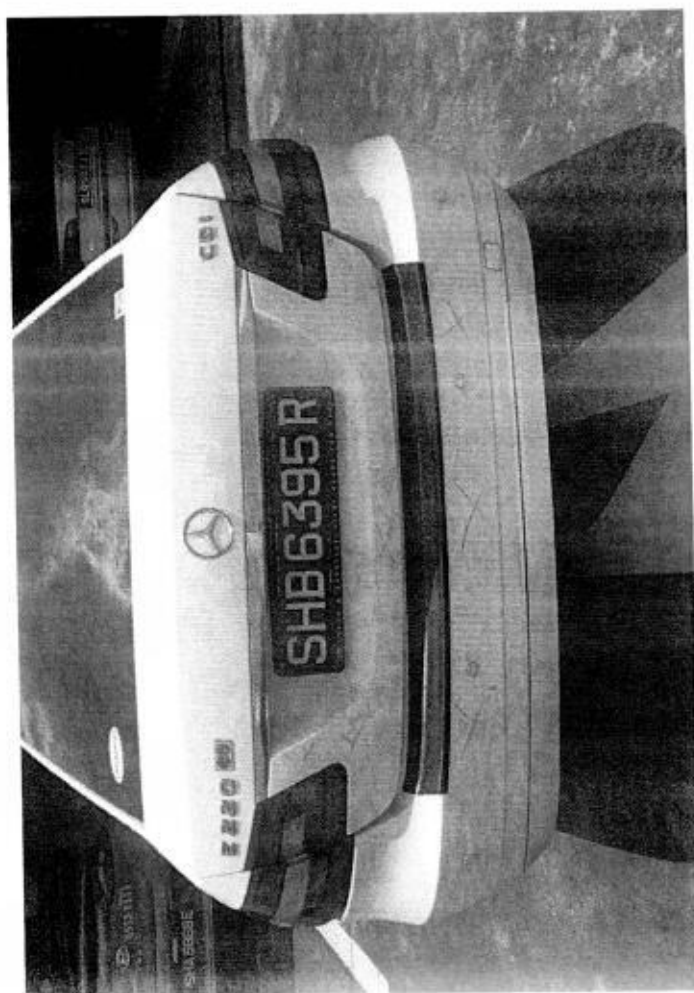
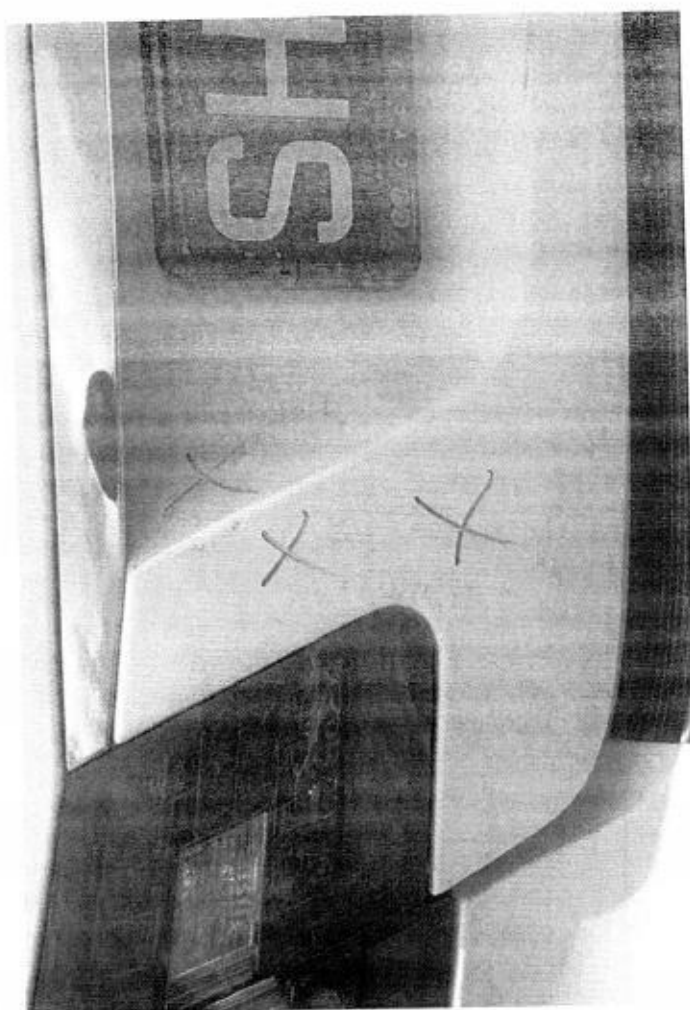
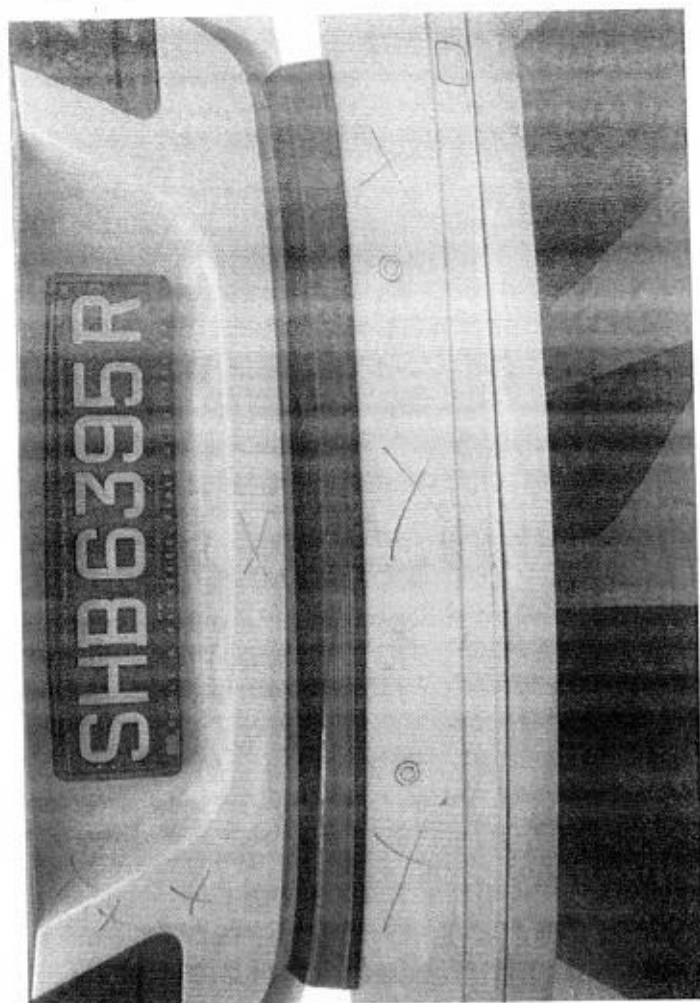
Classification Of Case:

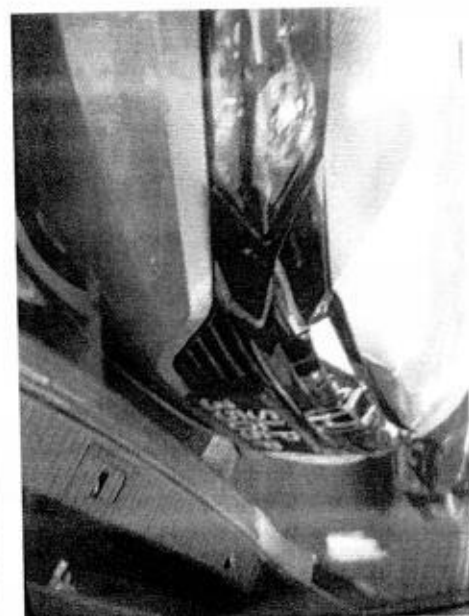
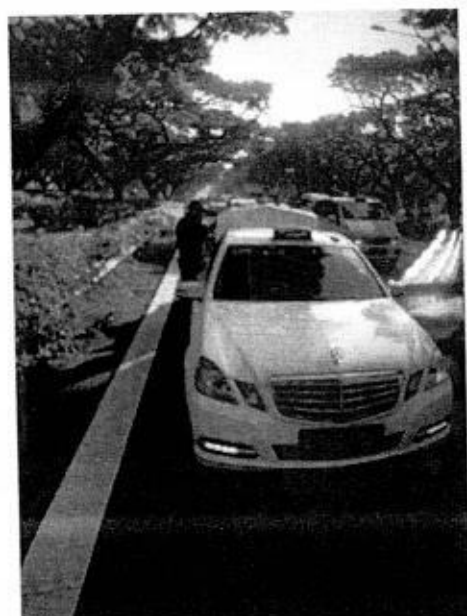
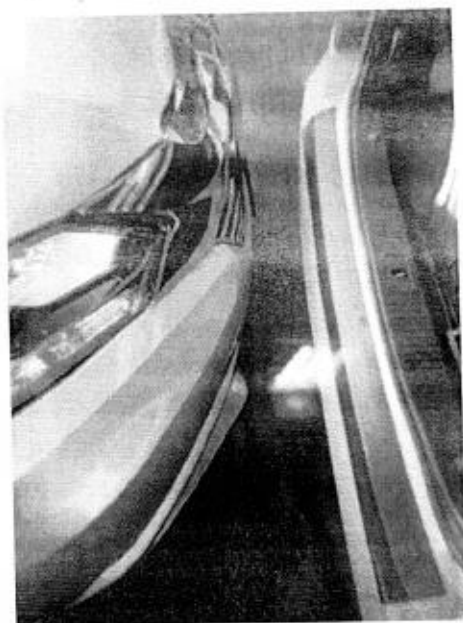
Authentication Stamp

NP168



SINGAPORE
POLICE FORCE





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 6395R

DATE 23/10/2018 10:21

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid Rubber X <i>sc</i>			\$ 170.00
	Boot Lid 'E220' Emblem <i>sc</i>			\$ 54.30
	Boot Lid Star Logo <i>sc</i>			\$ 45.00
	Boot Lid 'CDI' Emblem <i>sc</i>			\$ 54.30
	Rear Bumper <i>sc</i>			\$ 1,510.00
	Rear Bumper Reinforcement <i>sc</i>			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH) <i>sc</i>	\$	135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH) <i>sc</i>	\$	125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) <i>sc</i>	\$	115.00	\$ 230.00
	Rear Bumper Lower Cover X <i>sc</i>			\$ 325.00
	SUB TOTAL			\$ 4,058.60
	LESS 20%			\$ 811.72
	DISCOUNTED TOTAL			\$ 3,246.88
	Boot Lid Sovereign' Sticker <i>sc</i>			\$ 25.00 Nett
	Rear Bumper Sensor <i>sc</i>			\$ 388.00 Nett
	Rear Bumper Rubber Mat <i>sc</i>			\$ 50.00 Nett
				\$ 463.00
	Labour Charge			
	Panel Beating			\$ 800.00 <i>400</i>
	Spray Painting Charge			\$ 600.00 <i>400</i>
	Wiring Charge			\$ 30.00 <i>X 1</i>
	Tuff Kote			\$ 50.00 <i>X 1</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>30</i>
	TOTAL LABOUR			\$ 1,600.00
	ESTIMATE TOTAL			\$ 5,309.88
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.				

Kalin (Kaly)

23/10/18 12:15 hrs

143 hrs

L/s

After Repair photo.

Date/Time: 23.10.2018 09:00

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305229270

STOMER

COMFORT TRANSPORTATION PTE LTD

VMS

7010045

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

REGN NO.:

SHB6395R

MILEAGE

MAKE :

MERCEDES BENZ

FUEL

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

MODEL

E220CDI (E5)

DATE/TIME IN

22.10.2018 13:10

YR OF MANU

20.03.2014

TARGET DATE

CHASSIS CODE

WDD2120022A758752

COMPLETION DATE/TIME:

3COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.10.2018

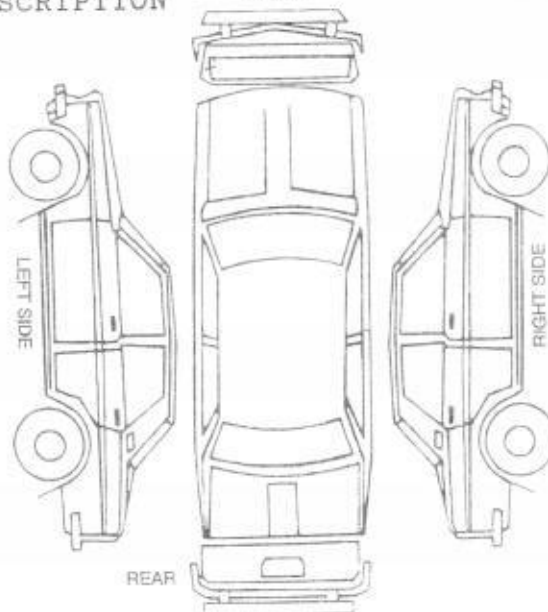
NATURE: 3P 22.10.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



REAR

IECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

er:

io.:

le No.:

SHB6395R

CHIANG

Vehicle No.:

SHB6395R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

is returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305229270
Date : 26/10/18

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHB6395R

Fax:

22/10/2018

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

- | | | | |
|------|---|-------------|-------------------|
| 1. | The repair job shall bill to: | <u>NTUC</u> | <u>SLP3505P</u> |
| 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: | | |
| | Final Lumpsum Repair cost | | \$2,800.00 |

3. Estimated normal period for repairs: 4 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

We confirm the estimates and finalized amount

Signature : _____
Name : **CHIANG**
Tel : 62148314
Fax : 65468156

Signature: _____
Name : Kaluh
Date : 29/10/18

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/INC18019256/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 07-11-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLP 3505P	Veh. Inspected	SHB 6395R
Policy No.	5083404689-02	Coverage (\$)	0.00
Claim No.	MT/1016705-002	Excess (\$)	0.00
Assign From		Assign Date	23/10/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	WDD2120022A758752	Colour	WHITE
Odometer	845730	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 PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	22/10/2018	Inspection Date	23/10/2018
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:	4 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. SHB 6395R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID RUBBER	SERVICEABLE	170.00	-
1	BOOT LID "E220" EMBLEM	NECESSARY	54.30	54.30
1	BOOT LID STAR LOGO	NECESSARY	45.00	45.00
1	BOOT LID "CDI" EMBLEM	NECESSARY	54.30	54.30
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	BENT	1,150.00	1,150.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
1	REAR BUMPER LOWER COVER	TO REPAIR SEE LABOUR	325.00	-
	LESS 20% DISCOUNT		-811.72	-562.72
			3,246.88	2,250.88
SPECIAL NETT ITEMS				
1	BOOT LID SOVEREIGN "STICKER " (SN)	NECESSARY	25.00	25.00
1	REAR BUMPER SENSOR (SN)	SHORTED	388.00	388.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			463.00	463.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER LOWER COVER.		800.00	400.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,600.00	830.00
GRAND TOTAL			5,309.88	3,543.88
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,800.00

Report Ref No. NS/INC18019256/K1sbn2

Report Ref No. NS/INC18019256/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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