

08/11/13

Surveyor: Kelvin

REF:

NS/INC18019359/Klvb n2

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: SHB 8552R

Policy No. 5095103693 20.10.17 - 19.10.18

Claims No. MT/1016716-002

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: SHD3338R Yr Regn: 1424, 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / T/ 6 / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Hyundai 240 c.c. 1685

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

Sp. Reading: 378124 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB41444091897

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inord 6 Jammed / Leaked / Burnt or

Brake: Inord 6 Jammed / Leaked / Burnt or

Modi: Nil / SIRim / STD 6 Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or U3/6K6

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

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

Survey held at CDHE (Layang)

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

8/3 B/L

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

Date / Time	Action / Instruction
	SHD 3338R - CB/A16140/2003/H106302 Dia: 240614 IMC
	SHB 8552R - CCN/1016018559/Klvb n2 Dia: 210916 4s
24/10/18	Checked up \$400 / 24hrs (Recd 2594.52, 879)

RECEIVED 25 OCT 2018

Date/Time, File Pass to?  : Prel. Report

1)  : Final Report

Date/Time, File Return to? 2) 25/10 - typist

Report Format: TP

Lump Sum / I.B.I: (\$) 400/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\$ + RS. SI \_\_\_\_\_

Photo: \_\_\_\_\_

Others: \_\_\_\_\_

TOTAL: 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"/>	5095103893		PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHB8552R	SHB8552R	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	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	23/10/2018 09:36
Date Of Accident	23/10/2018 01:40
Exact Location Of Accident	GEYLANG RD TWDS KPE BEFORE LOR 17 GEYLANG JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3338R
<b>Insured/Policyholder</b>	
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	KOO YONG HOE
NRIC No	S1596617C
Date Of Birth	13/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	08/10/1980
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94650098
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 165A TECK WHYE CRESCENT #07-329
Postcode	681165
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	2
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)	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

REFER 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	SHB8552R
Vehicle Make/Model/Colour	PREMIER TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO YONG HOONG
NRIC/Passport Number	S1202238G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	KOO YONG HOE
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	SHD3338R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**IMPORTANT NOTICE**

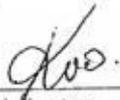
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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)

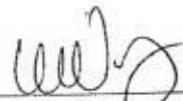
I understand, acknowledge, agree and consent that:

- (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. T50003621R

\_\_\_\_\_  
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.:



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer Statement as per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303021R

Policyholder's Signature  
Date & Time:

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

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

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On 23/10/2018 at about 01:40hrs, I was driving along Geylang Rd towards KPE.

Suddenly the SHB8552R silvercab encroached into my lane and grazed onto my right front door and my wing mirror.

No passenger on board my taxi.

I have slight back and neck pain due to the impact.

**Declaration**

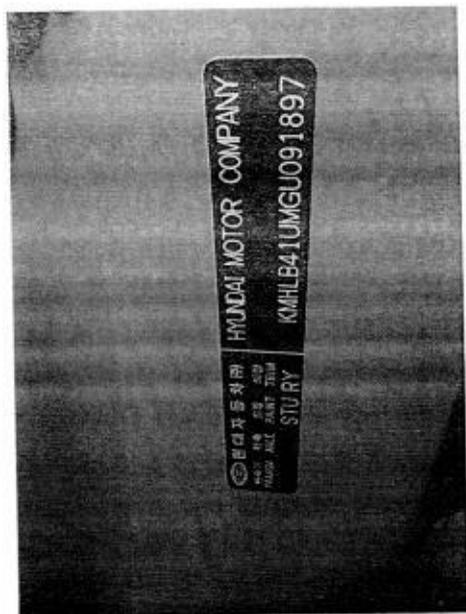
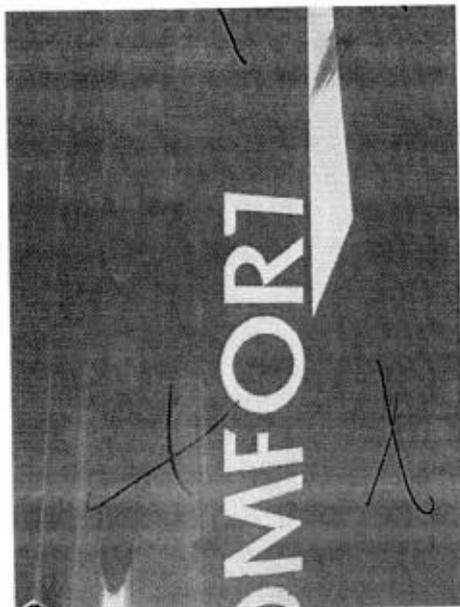
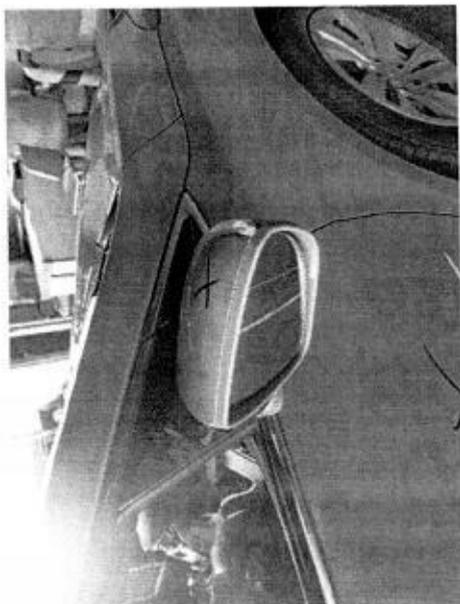
I/We declare the foregoing particulars are true in every respect.

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 : SHD3338R

DATE: 23. Oct. 2018

MAKE : HYUNDAI

MODEL : i40

DOA: 23. Oct. 2018

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Door – Right <i>x repair</i>			\$2,256.40
1	Side Mirror – Right <i>x repair</i>			\$518.00
<b>SUB TOTAL</b>				<b>\$2,774.40</b>
<b>LESS 20% DISCOUNTED TOTAL</b>				<b>\$554.88</b>
<b>\$2,219.52</b>				
1	Comfort Sticker – RHF Door <i>me</i>			\$75.00
				<b>Nett</b>
				<b>\$75.00</b>
<b>Labour Charge</b>				
Panel Beating				<i>200</i> <del>\$300.00</del>
Spray Painting Charge				<i>250</i> <del>\$300.00</del>
Tuff Kote				<i>75</i> <del>× \$50.00</del>
Wiring Charge				<i>75</i> <del>× \$50.00</del>
<b>TOTAL LABOUR</b>				<b>\$700.00</b>
<b>ESTIMATE TOTAL</b>				<b>\$2,994.52</b>

*Kalvin 10/11/18*  
*M 23/10/18 1505 hrs*  
*2 P.M's*  
*4s*  
*After Repair photo*

Larry Ng

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.

A member of COMFORTDELGRO

Date/Time: 23.10.2018 10:41 Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD**

Sales Order:

JC NO.: 305229273

STOMER	COMFORT TRANSPORTATION PTE LTD <b>VARs</b>	REGN NO.: SHD3338R	MILEAGE
I/MS	7010045	MAKE: HYUNDAI	FUEL
STOMER NO.	383 SIN MING DRIVE	MODEL I-40	E.....1/2.....F
DRESS	Singapore SINGAPORE 575717	YR OF MANU 14.07.2016	DATE/TIME IN 23.10.2018 07:30
(R)	65508755 (O)	CHASSIS CODE KMHLEB41UMGU091897	TARGET DATE
(P)			COMPLETION DATE/TIME:
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 23.10.2018  
NATURE: 3P 23.10.2018

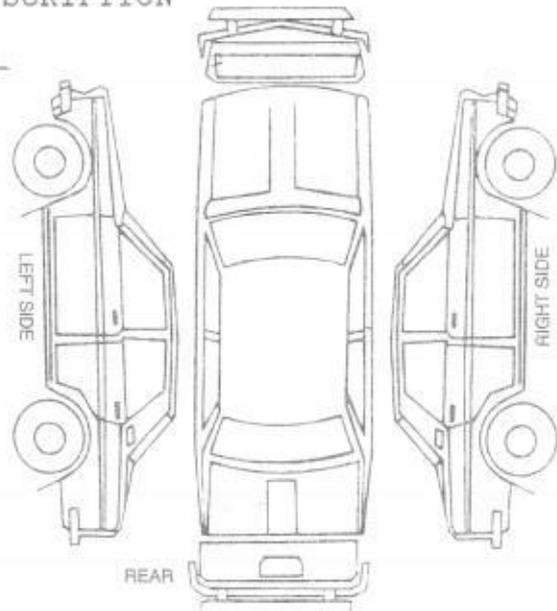
S/NO

LABOR CODE

DESCRIPTION

FRONT

NOTUC - RHF Door / Side Mirror  
LKC / Kabin -



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD3338R      LARRY

Vehicle No.: SHD3338R

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

Our Job Ref No . 305229273

Date : 24. Oct. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3338R

Date of Accident: 23. Oct. 2018

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

1. The repair job shall bill to: NTUC SHB8552R(Premier)

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** \$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.

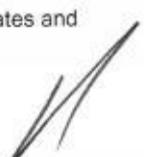
We confirm the estimates and finalized amount

Signature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Calvin

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				
3. Survey Fees				
4. LTA Search Fee				
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/INC18019259/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.	SHB 8552R	Veh. Inspected	SHD 3338R
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/1016716-002	Excess (\$)	0.00
Assign From		Assign Date	23/10/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU091897	Colour	BLUE
Odometer	378124	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 O/S BODY. DAMAGES SEE DETAILS.
--

### 5. General Information

Accident Date	23/10/2018	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.
---

### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	<b>2 Working Days</b>
-------------------------------------	-----------------------



# 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 3338R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT DOOR-RIGHT	TO REPAIR SEE LABOUR	2,256.40	-
1	SIDE MIRROR-RIGHT	TO REPAIR SEE LABOUR	518.00	-
	LESS 20% DISCOUNT		-554.88	-
			2,219.52	-
<b>SPECIAL NETT ITEMS</b>				
1	COMFORT STICKER-RHF DOOR (SN)	NECESSARY	75.00	75.00
			75.00	75.00
<b>LABOUR</b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT DOOR-RIGHT AND SIDE MIRROR-RIGHT.		300.00	200.00
	SPRAY PAINTING CHARGE.		300.00	250.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	WIRING CHARGE.	NOT NECESSARY	50.00	-
			700.00	450.00
<b>GRAND TOTAL</b>			<b>2,994.52</b>	<b>525.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>400.00</b>

Report Ref No. NS/INC18019259/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

**DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.