

Surveyor: Kalvin

REF:

NS/INC 18019373/Klrbrn2

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / IWS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 At Workshop m/s \_\_\_\_\_  
 Insured: SKN 717467  
 Policy No: 5069958322-04 0810-18  
 Claims No: mt/1016917-002  
 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  
 Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHC 2827H Yr Regn: 31 Dec, 2010  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai Sonata c.c. 1994  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 664551 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHET41VMAA802674  
 Gen. Cond: Good / 6 / Poor / Burnt  
 Steering: In order / 6 / Jammed / Leaked / Burnt or  
 Brake: In order / 6 / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD / 6 / Rim or  
 Tyre Size: F: 215/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Westlake  
 Front: 7 mm R/Bal. 7 mm  
 L/Bal. 7 mm L/Bal. 7 mm  
 D.O.A. 23/10/18 D.O.I. 24/10/18  
 Survey held at CDGE (Loyang)  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
O/S Front

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SHC 2827H - (3/FCL1702)188 / Minbg2</u> <u>DA- 17-11-17</u> <u>INC</u>
	<u>SKN 717467 - NA/INC18019373/H4</u> <u>DA- 23/10/18</u> <u>41</u>
<u>25/10/18</u>	<u>Subvented 43 \$850 / 2871.</u>
	<u>(Red-4 2172.24, 721.)</u>

RECEIVED 26 OCT 2018

Date/Time, File Pass to? ☐ : Preli. Report

1) typist ☒ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: TP

Lump Sum / B.A. (\$) 850

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\_\_\_\_ S - RS. \_\_\_\_ SI

Photos

Others

TOTAL

160

**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

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5069958322-04		CARWAY LEASING & RENTAL	53264813K	GFT	drive CLASSIC	SKN7174G	SKN7174G	08/10/2018	

Continue

## 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 16:22
Date Of Accident	23/10/2018 14:45
Exact Location Of Accident	ROSYTH RD X LEITH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2827H
<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
<b>Vehicle Particulars</b>	
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	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	LIM KIM SWEE
NRIC No	S0372803Z
Date Of Birth	19/10/1948
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1968
Driving Experience	49 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97655701
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 346 08-2272 ANG MO KIO AVENUE 3  
 Postcode 560346  
 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 - MAJOR/MINOR RD  
 Weather Conditions RAINING  
 Road Surface WET

#### 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) 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

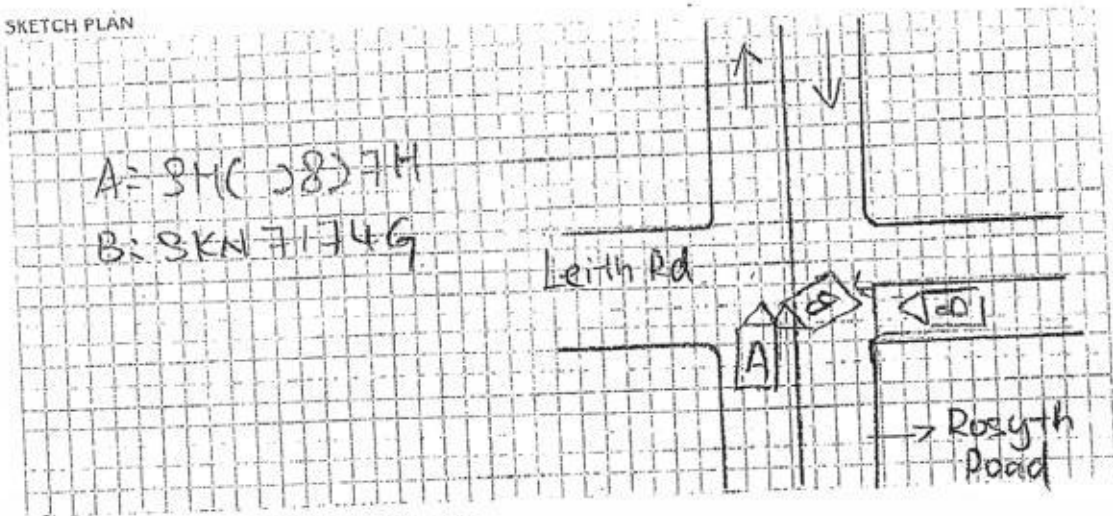
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKN7174G  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage FRT

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/10/18 at about 14:45 hrs, I was driving straight along Rosyth Road with a female pax onboard.

Suddenly Veh B come out from Leith road and it front portion collided onto the front right portion of my taxi. As it happen too fast, I could not take evasive action to prevent this collision of female passenger in my taxi. No injury reported in this accident.

## DECLARATION

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

COMFORT TRANSPORTATION  
CO REG NO 1993000000

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:

Lok Yee Yung

## Sketch Plan Pg. 2

### 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. 199303821R

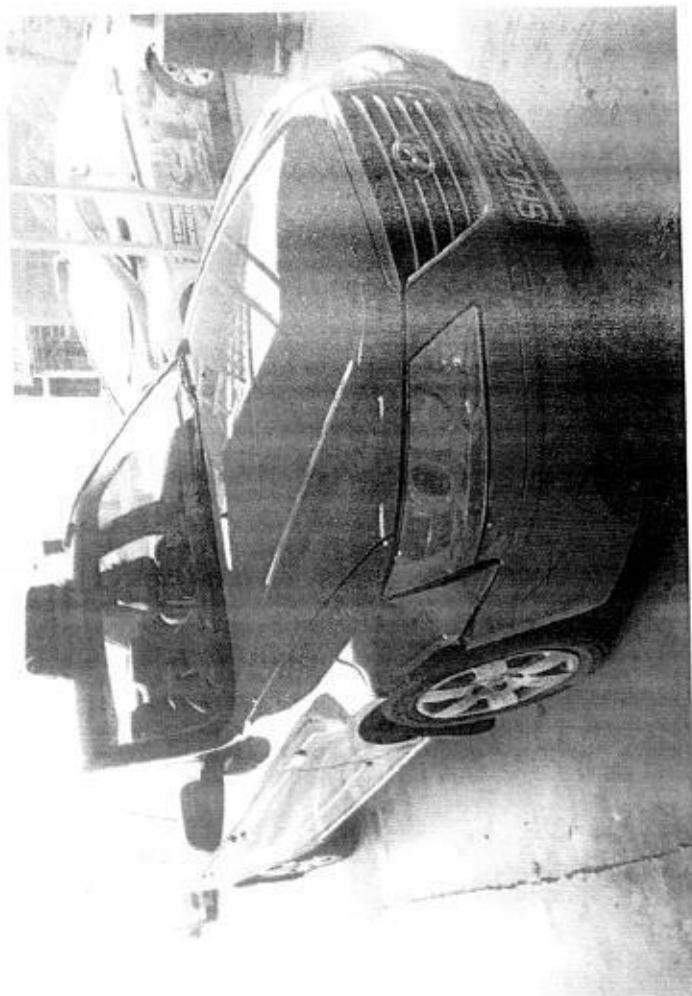
Policyholder's Signature  
Date & Time:

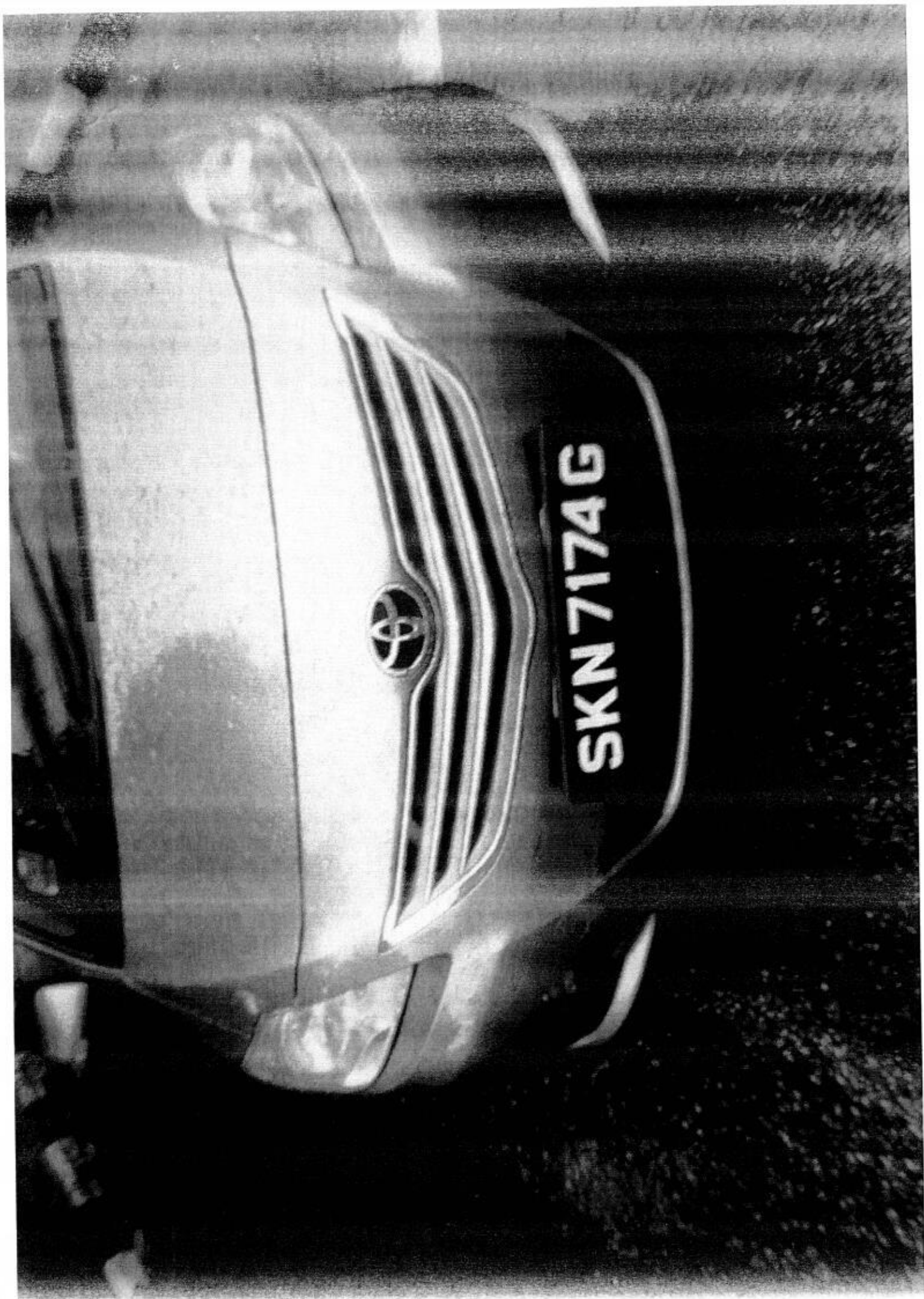
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Loke Wei Yiong

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







## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 2827H

DATE 24/10/2018 9:50

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>X 140</i>			\$ 538.80
	Front Bumper Bracket (RH) <i>X 50</i>			\$ 20.10
	Headlamp (RH) <i>X 50</i>			\$ 797.90
	Front Fender (RH) <i>X 50</i>			\$ 593.00
	Front Fender Shield (LRH) <i>X 50</i>			\$ 86.00
	Wiper Container <i>X 50</i>			\$ 59.00
	Wiper Container Motor <i>X 50</i>			\$ 63.00
	Front Wheel Hub Cap (RH) <i>X 50</i>			\$ 145.00
	<b>SUB TOTAL</b>			<b>\$ 2,302.80</b>
	<b>LESS 20%</b>			<b>\$ 460.56</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,842.24</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>500.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>500.00</del> <i>400</i>
	Wiring Charge			\$ <del>50.00</del> <i>X 1</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	FRT Wheel Alignment			\$ <del>80.00</del> <i>X 1</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,180.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,022.24</b>

Kahin (LKK)  
 24/10/18 1150h  
 26/10  
 L/S  
 After Repair photo

LKK Auto Care Centre hereby  
 the Repairer of the above vehicle  
 • To survey the vehicle and provide a written report  
 • To display the vehicle in a safe and secure place  
 • Parts prices given are on a "best price" basis  
 • Third party surveyors are not to be involved  
 • No illegal methods are to be used  
 • Supplemental work must be surveyed and  
 is subject to final approval from insurance company  
 Acknowledged by Repairer  
 Signature:  
 Date:

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.

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO.: 305229647

STOMER

COMFORT TRANSPORTATION PTE LTD

/MS 7010045

STOMER NO. 383 SIN MING DRIVE  
DRESS Singapore SINGAPORE 575717  
65508755 (O)

(R)  
(P)

COUNT CARD NO.

REGN NO:	SHC2827H	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	SONATA	DATE/TIME IN 23.10.2018 15:30
YR OF MANU	31.12.2010	TARGET DATE
CHASSIS CODE	KMHET41VMAA802674	COMPLETION DATE/TIME:

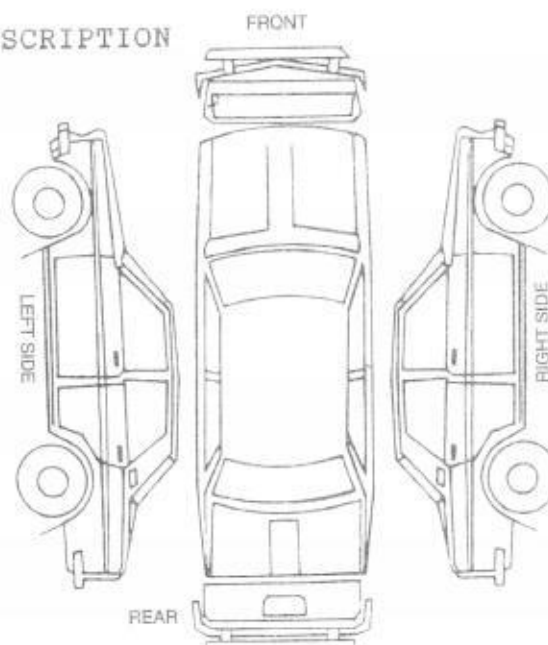
### JOB DESCRIPTION

Accident Date: 23.10.2018

NATURE: 3P 23.10.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHC2827H  
CHIANG

Exit Pass

Vehicle No.: SHC2827H

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 : 305229647

Date : 25/10/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC2827H

23/10/2018

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

1. The repair job shall bill to: NTUC SKN7174G

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**

\$850.00

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 : 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/INC18019373/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-11-2018  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKN 7174G	Veh. Inspected	SHC 2827H
Policy No.	5069958322-04	Coverage (\$)	0.00
Claim No.	MT/1016917-002	Excess (\$)	0.00
Assign From		Assign Date	24/10/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	KMHET41VMAA802674	Colour	BLUE
Odometer	664551	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 O/S FRONT PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	23/10/2018	Inspection Date	24/10/2018
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. SHC 2827H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	538.80	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	20.10	-
1	HEADLAMP (RH)	SERVICEABLE	797.90	-
1	FRONT FENDER (RH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (LRH)	SERVICEABLE	86.00	-
1	WIPER CONTAINER	SERVICEABLE	59.00	-
1	WIPER CONTAINER MOTOR	SERVICEABLE	63.00	-
1	FRONT WHEEL HUB CAP (RH)	SERVICEABLE	145.00	-
	LESS 20% DISCOUNT		-460.56	-118.60
			1,842.24	474.40
	<b>LABOUR</b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		500.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,180.00	620.00
	<b>GRAND TOTAL</b>		<b>3,022.24</b>	<b>1,094.40</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>850.00</b>

Report Ref No. NS/INC18019373/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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