

Surveyor: Kalvin

REF:

NS/INC18019441/Kirber

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: SJC 7100P

Policy No: 5066335541-03 170318 - 160319

Claims No: MT/1017192 - 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 Rpt: _____ 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: SHD 4424T Yr Regn: 28 Sep, 2012

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

Truck / Trailer or

Make: Vauxhall Senator c.c. 1991

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

Sp. Reading: 101423 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET4/VMCA82955F

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Went like

Front _____ Rear _____

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

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

D.O.A. 24/10/18 D.O.I. 25/10/18

Survey held at CDGE (Loyang)

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

N/S Front

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

Date / Time	Action / Instruction
	<u>SHD 4424T - NSA / INC17005862 / Y</u>
	<u>SJC 7100P - X</u>
<u>29/10/18</u>	<u>Chased 45 \$3600 / 3 Rep.</u>
	<u>Red: \$1811.84, 33%.</u>
RECEIVED 29 OCT 2018	

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2) _____

☐ : Prel. Report

☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format: TP

Lump Sum / I.B.T. (\$ 3600)

160

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 29/10/2018

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/1017192-002	COMFORT TRANSPORTATION PTE LTD	SHD 4424T	SJC 7100P	24/10/2018	16:40	\$ 5,411.84	\$ 3,600.00
2	MT/1002769-003	SMRT TAXIS PTE LTD	SHC 4404G	SIQ 3276T	11/07/2018	20:05	\$ 13,462.50	\$ 3,250.00

Claim received from LKK Auto

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/10/2018 16:53"/>
Vehicle No.(For Motor)	<input type="text" value="SJC7100P"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5066335541-03		SEAH DAVID	S7526555G	GPC	drivo CLASSIC	SJC7100P	SJC7100P	17/03/2018	16/03/2019

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305230491
STOMER	REGN NO.: SHD4424T	MILEAGE	
/MS	MAKE: HYUNDAI	FUEL	
STOMER NO. 7010045	MODEL SONATA	DATE/TIME IN 24.10.2018 17:45	
DRESS 383 SIN MING DRIVE	YR OF MANU 28.09.2012	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE RMHET41VMCA829554	COMPLETION DATE/TIME:	
65508755			
(R)			
(P)			
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 24.10.2018
NATURE: 3P 24.10.2018

S/NO	LABOR CODE	DESCRIPTION
		FRONT
		LEFT SIDE
		RIGHT SIDE
		REAR

NTUC - Left Front Damage
LKK/Kelmi -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD4424T LARRY

Vehicle No.: SHD4424T

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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	25/10/2018 08:52
Date Of Accident	24/10/2018 16:40
Exact Location Of Accident	MICRON SEMICONDUCTOR ASIA PL C/P AT N COAST CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4424T
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	SONATA-2.0 (A)
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	MUKUNTHAN S/O KUNKAPPA
NRIC No	S2575591Z
Date Of Birth	20/04/1950
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1978
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90261919
Fax Number	
Contact Number	
EMail Address	MIKE_SINGA@YAHOO.COM

Address	BLK 752 WOODLANDS CIRCLE #07-520
Postcode	730752
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	2
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

REFER ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

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	SJC7100P
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAH DAVID
NRIC/Passport Number	S7526555G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH
No. Of Passenger (Including Driver)	

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.
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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:

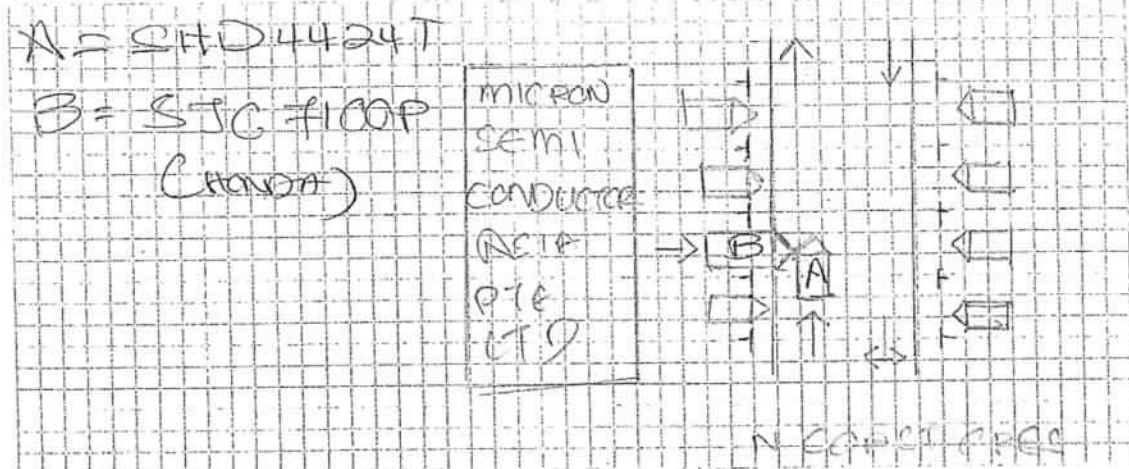
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/IMAC SketchPlanForm_V3



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. 199303821R

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.:

openspacecarmovingout

Describe Circumstances of the Accident.

On 24/10/2018 @ about 16:40hrs, I was driving towards N Coast Cres open space car park at Micron Semiconductor Asia Pte Ltd.

I was driving straight at the carpark to pick up my passenger. Suddenly a vehicle SJC7100P drive out from the parking lot and collided onto my left front of my taxi.

No passenger on board my taxi and no injury reported at the point of accident.

Declaration

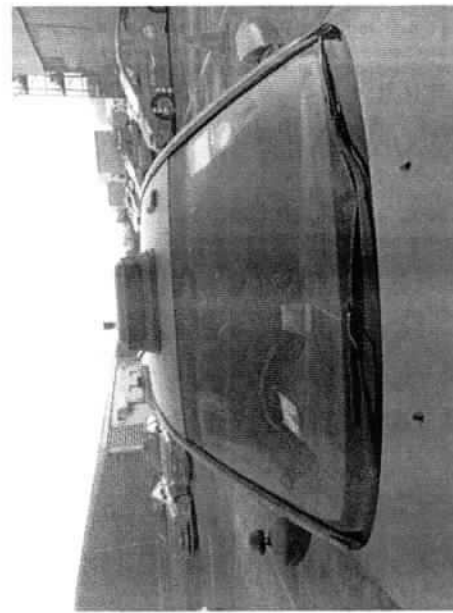
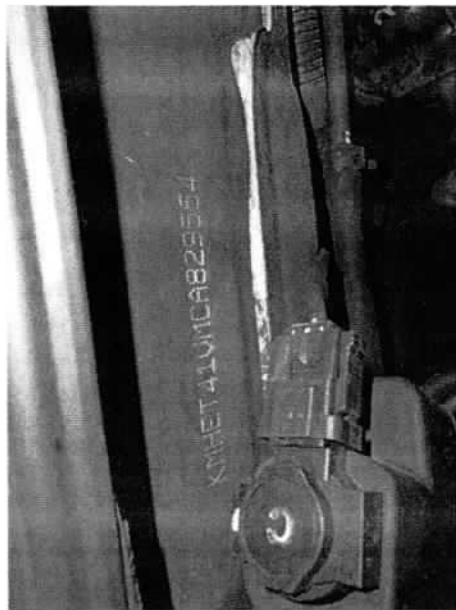
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 189303821R

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 : SHD4424T

DATE: 25. Oct. 2018

MAKE : HYUNDAI

MODEL : SONATA

DOA: 24. Oct. 2018

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover <i>Paint</i>			\$538.80
1	Front Bumper Protector – LH <i>con</i>			\$29.20
	Front Bumper Side Bracket – LH <i>con</i>			\$14.30
	Front Bumper Top Bracket – LH <i>con</i>			\$30.00
10	Front Bumper clips <i>con</i>			\$22 \$200
1	Headlamp - LH <i>brake</i>			\$797.90
1	Headlamp Support Panel <i>con</i>			\$1,023.00
10	Front Fender – LH <i>con</i>			\$593.00
1	Front Fender Shield – LH <i>X see</i>			\$86.00
1	Front Fender Retainer – LH <i>X see</i>			\$9.20
1	Front Wheel Cover – LH <i>X see</i>			\$145.00
1	Bonnet <i>Paint</i>			\$1,151.80
1	Radiator Grille <i>X see</i>			\$282.10
SUB TOTAL				\$4,702.30
LESS 20%				\$940.46
DISCOUNTED TOTAL				\$3,761.84
1	Front Fender Advertisement Logo (LH) <i>con</i>			\$100.00
Labour Charge				
1	Panel Beating			\$600.00
1	Spray Painting Charge			600 \$800.00
1	Tuff Kote			20 \$100.00
1	Wiring Charge			30 \$50.00
TOTAL LABOUR				\$1,550.00
ESTIMATE TOTAL				\$5,411.84
5427.84				

Nett

KK Auto Consultants hence notify the Repairer of the following:

- To resurvey before start of painting
- To display damaged parts for resurvey
- Parts prices are subject to resurvey
- Third party survey 2018 12/20/2018
- No illegal modification
- Supp. certain amount of repair cost is subject to final approval by the insurance company

Acknowledged by Repairer

Signature:

Date:

1/2/18/18
25/10/18 1300hrs.

3 Repair jobs

4/5
After Repair photo

Lorry 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.

Our Job Ref No. : 305230491
Date : 26. Oct. 2018

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD4424T

Date of Accident: 24. 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 SJC7100P

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

\$3,600.00

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalle

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				
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/INC18019441/K1rbe2

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.	SJC 7100P	Veh. Inspected	SHD 4424T
Policy No.	5066335541-03	Coverage (\$)	0.00
Claim No.	MT/1017192-002	Excess (\$)	0.00
Assign From		Assign Date	25/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA829554	Colour	BLUE
Odometer	101423	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	24/10/2018	Inspection Date	25/10/2018
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
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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. SHD 4424T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT BUMPER PROTECTOR - LH	CRACKED	29.20	29.20
1	FRONT BUMPER SIDE BRACKET - LH	CRACKED	14.30	14.30
1	FRONT BUMPER TOP BRACKET - LH	SERVICEABLE	30.00	-
10	FRONT BUMPER CLIPS	NECESSARY	22.00	22.00
1	HEADLAMP - LH	GRAZED	797.90	797.90
1	HEADLAMP SUPPORT PANEL	CRACKED	1,023.00	1,023.00
10	FRONT FENDER - LH	DENTED	593.00	593.00
1	FRONT FENDER SHIELD - LH	SERVICEABLE	86.00	-
1	FRONT FENDER RETAINER - LH	SERVICEABLE	9.20	-
1	FRONT WHEEL COVER - LH	SERVICEABLE	145.00	-
1	BONNET	BUCKLED	1,151.80	1,151.80
1	RADIATOR GRILLE	SERVICEABLE	282.10	-
	LESS 20% DISCOUNT		-944.46	-834.00
			3,777.84	3,336.00
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
	<u>LABOUR</u>			
	PANEL BEATING.		600.00	400.00
	SPRAY PAINTING CHARGE.		800.00	600.00
	TUFF KOTE.		100.00	20.00
	WIRING CHARGE.		50.00	30.00
			-	-
			-	-
			1,550.00	1,050.00
	GRAND TOTAL		5,427.84	4,486.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,600.00

Report Ref No. NS/INC18019441/K1rbe2

Report Ref No. NS/INC18019441/K1rbe2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be "K.K. LAU".

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.