

Surveyor: Kelvin

REF:

NS/INC18019649/Kldbn2

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: SLV 7887D

Policy No: 50977 8893 160118 - 150119

Claims No: MT/1017574-002

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: 3 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: SHB 41466 Yr Regn: 31 Oct, 2013

Type: M.Car / M.Cycle / Bus / Van / Lorry / T₂ / Prime Mover /

Truck / Trailer or

Make: Hyundai 2.4 c.c. 1685

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

Sp. Reading: 792825 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLEB41466A1041675

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Camper

Front _____ Rear _____

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

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

D.O.A. 26/10/18 D.O.I. 29/10/18

Survey held at CDGE (Loyang)

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

Front N/S

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

Date / Time	Action / Instruction
	SHB 41466 - NA/INC10006202/S1
	SLV 7887D - X
31/10/18	Checked 4/5 of 2900 / 2 Rep (Red & 4561.40, 61%)

RECEIVED 01 NOV 2018

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

13/01/19 Kevin ☐ : Final Report

Date/Time, File Return to?

24 _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) S + RS _____ \$

☐ : Interview (\$ _____) Photos

☐ : Tech. Invs (\$ _____) Others

☐ : Weekend (\$ _____) TOTAL

Report Format: 71

Lump Sum / I.B.I. (\$) 2950

160

eBaoTech

General Claim

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="26/10/2018 16:40"/>
Vehicle No. (For Motor)	<input type="text" value="SLV7887D"/>	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"/>	5097278893		ZALINA BINTE ABDUL RAHMAN	S7012304E	GPC	drive CLASSIC	SLV7887D	SLV7887D	16/01/2018	15/01/2019

Date: 29/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1017706-002	COMFORT TRANSPORTATION PTE LTD	SHD 4701T	XD 3489Z
2	MT/1017524-002	COMFORT TRANSPORTATION PTE LTD	SHB 4146G	SLV 7887D
3	MT/1017402-002	COMFORT TRANSPORTATION PTE LTD	SHC 1706E	SJR 7536L
4	MT/1016198-002	CITYCAB PTE LTD	SHB 3262K	XD 9615L
5	MT/1017995-001	COMFORT TRANSPORTATION PTE LTD	SH 9128P	SKT 8473E
6	MT/1017667-002	COMFORT TRANSPORTATION PTE LTD	SHC 2639J	SGL 3007R
7	MT/1017764-002	COMFORT TRANSPORTATION PTE LTD	SHC 1323B	SDY 1368D

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	27/10/2018 09:59
Date Of Accident	26/10/2018 23:25
Exact Location Of Accident	BUKIT BATOK EAST AVE 2 X BT BATOK EAST AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4146G
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	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	CHUNG ENG KEONG
NRIC No	S7113937I
Date Of Birth	22/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	26/08/1991
Driving Experience	27 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96938833
Fax Number	
Contact Number	
EMail Address	CHUNGEK71@GMAIL.COM

Address	BLK 434 CHOA CHU KANG AVENUE 4 #09-543
Postcode	680464
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 - CROSS JUNCTION
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?	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: : MALE

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

PLS REFER TO 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	SLV7887D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AMIRUL IMAN BIN AMRAN
NRIC/Passport Number	S9248430J
Contact Number	91904400
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	WHOLE LEFT SIDE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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.
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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:



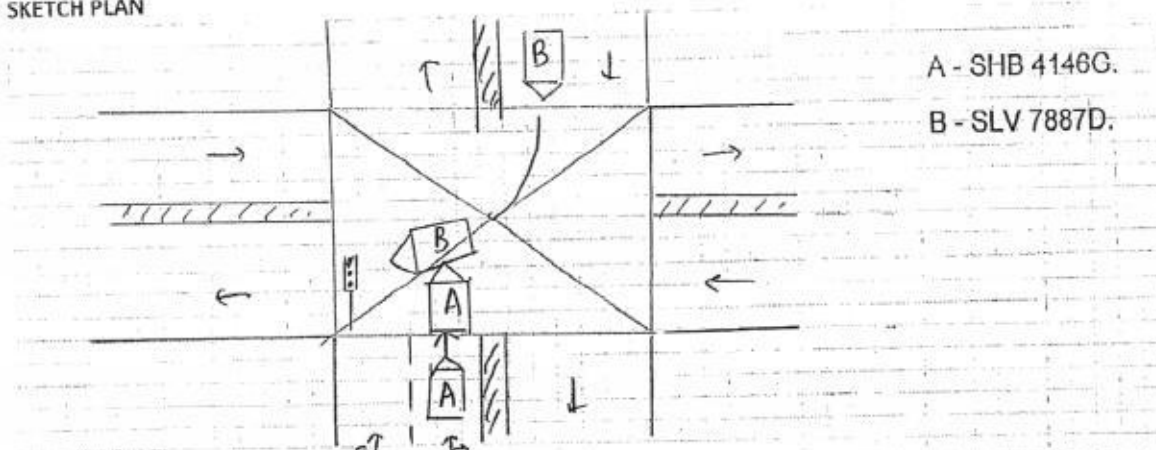
Driver's Signature
(If driver is not the policyholder)
Date & Time: 27.10.2018 @ 08:50 Hrs



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

Sketch Plan Pg. 2

SKETCH PLAN



Along Bukit Batok East Ave 2 x Bukit Batok East Ave 5.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26.10.2018 at about 23:25 hrs, I was travelling along Bukit Batok East Ave 2 with one
male passenger on board.
I was travelling on the extreme right lane. As I reached the junction with Bukit Batok East Ave
5, I proceeded straight as the traffic light was green. Suddenly, veh (B) (SLV 7887D), a private
car, on my opposite side did not give way to me, and collided onto my taxi (A) front left portion.
Both of us then alighted and exchanged the particulars. I have company video fixed in my taxi
and photos taken at scene to support my claims.
Veh (B) (SLV 7887D) was driven by Mr. Amirul Iman Bin Amran. NRIC : S 9248430J.
Hp : 9190 4400.
No injury in this accident.

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: 27.10.2018 @ 08:50 Hrs

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

REPAIR ESTIMATE*

VEHICLE NO : SHB 4146G

DATE 27/10/2018

MAKE :

MODEL : HYUNDAI i40

NTUC - 45

IS

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet <i>X rep.</i>			\$ 2,265.90
	Front Bumper Cover <i>Rehail to</i>			\$ 544.50
	Front Bumper Sponge <i>X rep</i>			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	Front Bumper Grille (LH) <i>cl</i>			\$ 41.60
	Front Bumper Centre Grille <i>cl</i>			\$ 178.60
	Front Bumper Centre Grille Top Garnish <i>X rep</i>			\$ 80.00
	Front Bumper Bracket Top (LH) <i>X rep</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>cl</i>			\$ 24.60
	Headlamp Support Panel Assy <i>X rep</i>			\$ 907.40
	Headlamp (LH) <i>cl</i>			\$ 1,388.00
	Front Fender (LH) <i>cl</i>			\$ 566.30
	Front Fender Shield (LH) <i>cl</i>			\$ 174.90
	SUB TOTAL			\$ 6,695.50
	LESS 20%			\$ 1,339.10
	DISCOUNTED TOTAL			\$ 5,356.40
	Front Number Plate <i>cl</i>			\$ 25.00 Nett
	Front No Plate Trim Cover <i>cl</i>			\$ 30.00 Nett
				\$ 55.00
	Labour Charge			
	Panel Beating			\$ 1,000.00 <i>600</i>
	Spray Painting Charge			\$ 800.00 <i>600</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Towing Charge			\$ 50.00 <i>X 1</i>
	Remove/Refix Aircon & Refill Gas			\$ 150.00 <i>X 1</i>
	TOTAL LABOUR			\$ 2,100.00
	ESTIMATE TOTAL			\$ 7,511.40
<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>				

LKK Auto Care is the
 the Repair of the car
 • To resurvey the car
 • To display damage
 • Parts prices
 • Third party survey
 • No illegal work
 • Supp. is subject to the approval of the insurance company

Acknowledged by Reparer
 Date:

1/2 1/2 1/2
M 29/10/18 1245h
3 Rep
After Report p Lto

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305230989

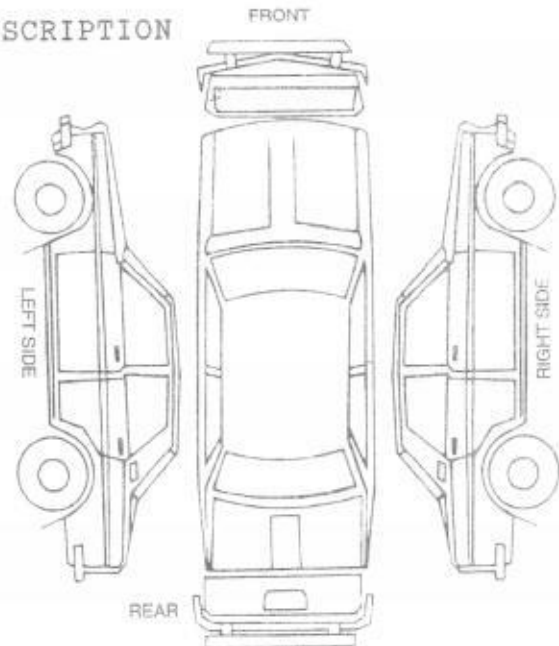
STOMER	REGN NO.: SHB4146G	MILEAGE
VMS	MAKE: HYUNDAI	FUEL
STOMER NO. 7010045	MODEL I-40	E.....1/2.....F
DRESS 383 SIN MING DRIVE	YR OF MANU 31.10.2013	DATE/TIME IN 27.10.2018 08:10
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMDU041675	TARGET DATE
65508755 (R) (P)		COMPLETION DATE/TIME:
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 26.10.2018
NATURE: 3P 26.10.2018

S/NO LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

S:
O:
ile No.: SHB4146G LIMTS

Vehicle No.: SHB4146G

e 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 : 305230989

Date : 31/10/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHB4146G

Date of Accident : 26-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 --- SLV7887D

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% \$2,950.00

Final Lumpsum Repair cost \$2,950.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 31/10/18

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: FRT FENDER SHIELD LH - REPLACED



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/INC18019649/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 08-11-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLV 7887D	Veh. Inspected	SHB 4146G
Policy No.	5097278893	Coverage (\$)	0.00
Claim No.	MT/1017524-002	Excess (\$)	0.00
Assign From		Assign Date	29/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHLB41UMDU041675	Colour	BLUE
Odometer	792825	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	26/10/2018	Inspection Date	29/10/2018
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. SHB 4146G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BONNET	TO REPAIR SEE LABOUR	2,265.90	-
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER SPONGE	TORN	99.20	99.20
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	402.10	-
1	FRONT BUMPER GRILLE (LH)	CUT	41.60	41.60
1	FRONT BUMPER CENTRE GRILLE	CRACKED	178.60	178.60
1	FRONT BUMPER CENTRE GRILLE TOP GARNISH	SERVICEABLE	80.00	-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	CRACKED	24.60	24.60
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	907.40	-
1	HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	TORN	174.90	174.90
	LESS 20% DISCOUNT		-1,339.10	-603.54
			5,356.40	2,414.16
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT NUMBER PLATE (SN)	CRACKED	25.00	25.00
1	FRONT NO PLATE TRIM COVER (SN)	CRACKED	30.00	30.00
			55.00	55.00
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BONNET.		1,000.00	600.00
	SPRAY PAINTING CHARGE.		800.00	600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	TOWING CHARGE.		50.00	-
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
			2,100.00	1,240.00
	GRAND TOTAL		7,511.40	3,709.16

Report Ref No. NS/INC18019649/K1qbn2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,950.00
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Report Ref No. NS/INC18019649/K1qbn2



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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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.