

Inspector: Kalvin

REF: NS/INC.18019653/Klgbs2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop no/s _____

Insured: GBA 13182

Policy No: 5074614033-02 03-11-2017

Claims No: MT/1017876-001

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: 2 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: SHC3692Y Yr Regn: 14A, 2014

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

Truck / Trailer or

Make: Hyundai 240 cc 1685

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

Sp. Reading: 572976 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414NE4057703

Gen. Cond: Good / F6 / Poor / Burnt

Steering: Inorder / G / Jammed / Leaked / Burnt or

Brake: Inorder / G / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / S6 A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wet file

Front R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 27/10/18

Survey held at CDGE (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
	SHC3692Y - CC3/TO17001338 / Klgbs2 DA: 17012017 INC 42
	GBA 13182 - x
31/10/18	Checked L/S \$1550 / 24hrs. (Red 61376.96, 55%)
RECEIVED 02 NOV 2018	

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

11/07/11 for MSA : Final Report

Date/Time, File Return to? _____

Report Format: 7P

Lump Sum / B.I. (\$) 1550

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS. \$	
Photos	
Others	
TOTAL	

TP Claims against NTUC Income: Follow-Through Survey

Date: 31/10/2018

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/1017876-001	COMFORT TRANSPORTATION PTE LTD	SHC 3692Y	GBA 1318Z	27/10/2018	17:30	\$ 2,876.96	\$ 1,550.00
2	MT/1016845-002	COMFORT TRANSPORTATION PTE LTD	SH 8310K	SJJ 8011U	22/10/2018	21:30	\$ 12,927.44	\$ 11,554.64
3	MT/1017146-002	COMFORT TRANSPORTATION PTE LTD	SHC 2821Z	SMD 5979T	25/10/2018	6:35	\$ 1,320.00	\$ 940.00
4	MT/1017648-002	COMFORT TRANSPORTATION PTE LTD	SHA 7383Z	SKA 8811M	26/10/2018	10:00	\$ 1,490.00	\$ 900.00

Claim received from LKK Auto

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="27/10/2018 16:40"/>
Vehicle No.(For Motor)	<input type="text" value="GBA1318Z"/>	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 checked="" type="radio"/>	5074614033-02		HUI WANG ENTERPRISE PTE LTD	201426468N	GFT	Third Party	GBA1318Z	GBA1318Z	03/11/2017	

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	29/10/2018 07:26
Date Of Accident	27/10/2018 17:30
Exact Location Of Accident	EUNOS LINK TWDS JLN EUNOS/ BEDOK RESEVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3692Y
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	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	WOO LEONG CHOONG
NRIC No	S1838520A
Date Of Birth	01/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1983
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84228692
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 102 04-1421 ANG MO KIO AVENUE 3
 Postcode 560102
 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 CHAIN COLLISION
 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: : 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

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 GBA1318Z
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRT

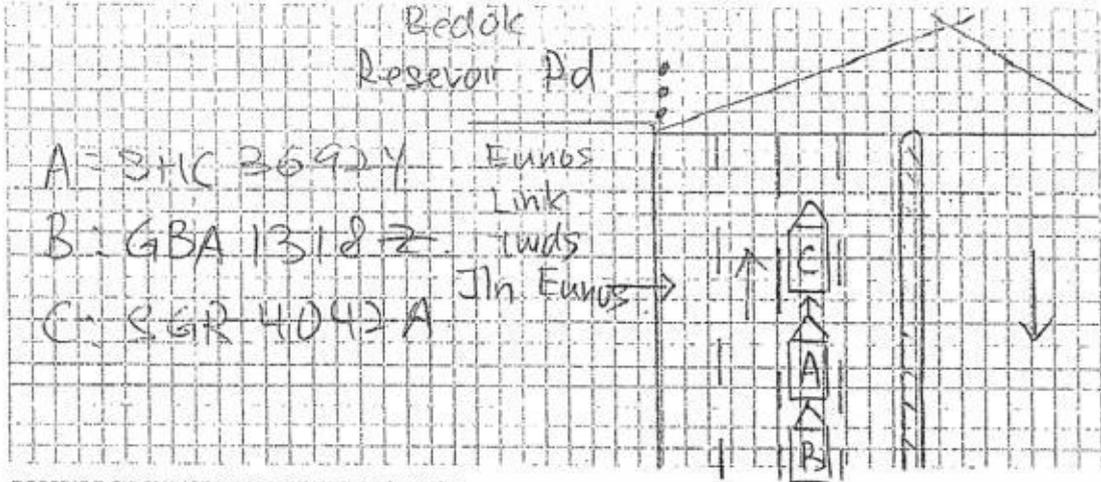
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGR4042A
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	NO DAMAGE
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attended.

DECLARATION

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

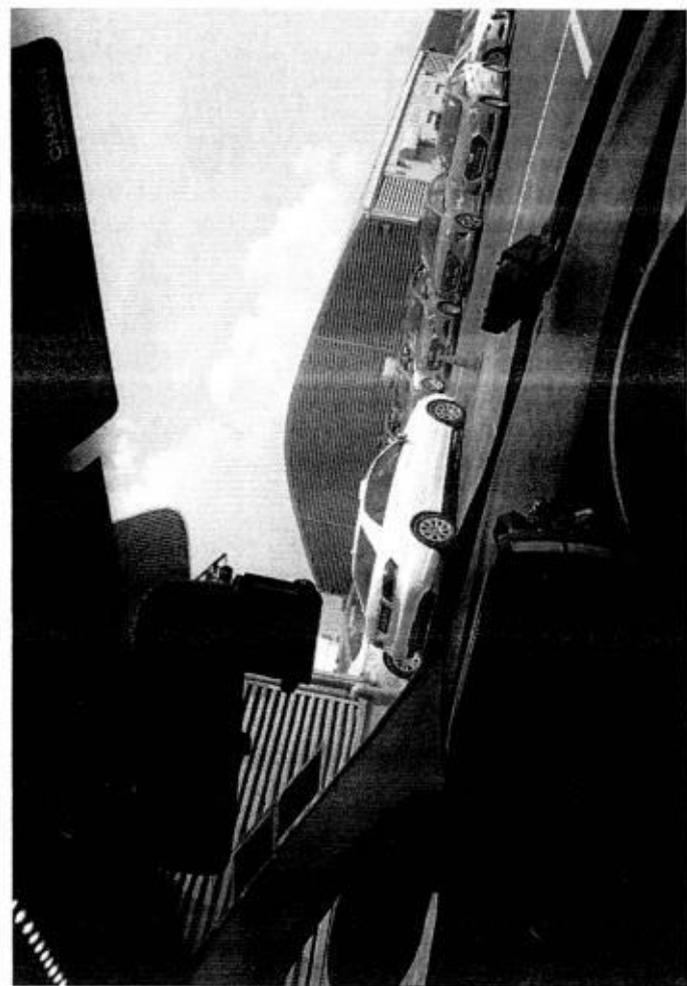
COMFORT TRANSPORTATION PTE L.
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Loke Wei Yeng

Reporting Centre Personnel's Signature
Name:



Workshops

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3868651

JC NO.: 305231496

OMER	REGN NO.: SHC3692Y	MILEAGE
S COMFORT TRANSPORTATION PTE LTD 7010045	MAKE : HYUNDAI	FUEL E.....1/2.....F
OMER NO. 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65508755	MODEL I-40	DATE/TIME IN 27.10.2018 18:39
(R) (O) (P)	YR OF MANU 14.08.2014	TARGET DATE
JUNT CARD NO.	CHASSIS CODE KMHLB41UMEU057703	COMPLETION DATE/TIME:

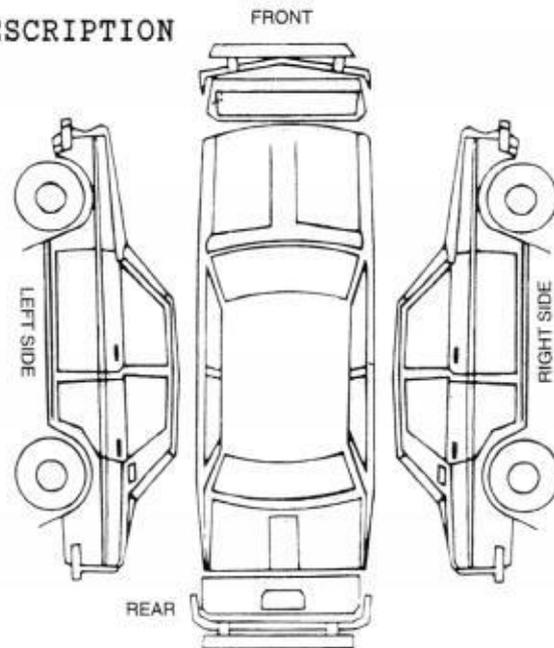
JOB DESCRIPTION

Accident Date: 27.10.2018
 NATURE: 3P 27.10.18/B-

NTUC

S/NO LABOR CODE DESCRIPTION

Towing - King Dolly



REKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: SHC3692Y FZ NTUC LKK

Vehicle No.: SHC3692Y

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 PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3692Y

DATE 29/10/2018 9:27

MAKE :

MODEL : HYUNDAI i40

NTUC

F2

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid 'H' Emblem <i>— ne</i>			\$ 28.70
	Boot Lid CRDI Plate <i>— ne</i>			\$ 27.90
	Licence Lamp (LH/RH) <i>X ne</i>		\$ 33.95	\$ 67.90
	Bootlid Moulding <i>X su</i>			\$ 227.90
	Bootlid i40 Emblem <i>— ne</i>			\$ 27.90
	Bootlid Lower Garnish <i>X ne</i>			\$ 227.90
	Rear Bumper <i>— ne</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>— ne</i>			\$ 22.00
	SUB TOTAL			\$ 1,183.20
	LESS 20%			\$ 236.64
	DISCOUNTED TOTAL			\$ 946.56
	Boot Lid Comfort Logo & Tel No. Sticker <i>— ne</i>			\$ 30.00
	Rear Bumper Rubber Mat <i>— ne</i>			\$ 50.00
	Rear Bumper Advertisement Logo <i>— ne</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>— ne</i>		\$ 100.00	\$ 200.00
				\$ 330.00
	Labour Charge			
	Panel Beating <i>2 hrs</i>			\$ 400.00
	Spray Painting Charge-Bootlid <i>4 hrs</i>			\$ 600.00
	Tuff Kote <i>After Repair photo</i>			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 1,130.00
	ESTIMATE TOTAL			\$ 2,406.56

Kalin ICKK
29/10/18 12:20h
2 hrs
4 hrs
After Repair photo

LKK Auto Com...
 the Repairer...
 • To receive...
 • To display...
 • Parts price...
 Third party...
 • Sum...
 is sub...
 Acknowledged by Repairer
 Signature:
 Date:

2876.96

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.

2876.96

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>27/10/13</u>	Time Received: <u>1839</u>	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MPCONG</u> Contact No. : <u>97392221</u> Vehicle No. : <u>SHC 36924</u> Make / Model / Colour : <u>Blue / 4s</u> Email :	5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____	
7. Location: <u>26 Sm</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 #: Cracked X: Dented /: Scatched O: Missing	
Job Attended			
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING		Signature of Customer _____	
Name of Driver : <u>Jimmy Tay</u>			
Vehicle No. : <u>Y1562357</u>			
Time Dispatch : <u>1839</u>			
Time of Arrival : <u>1905</u> Time Completed : <u>1945</u>			
Cash Invoice Details (if applicable)			
13. Cash Invoice No. : _____			
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
Date: <u>27/10/13</u>		Time: <u>1905</u>	
Signature of Customer _____			
14. WORKSHOP			
Name of Attending Staff/Guard _____		Date & Time of Arrival _____	
Signature of Attending Staff/Guard _____			

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305231496

Date : 30.10.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC3692Y

Date of Accident : 27.10.2018

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

1. The repair job shall bill to: NTUC --- GBA1318Z
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
Total for Part-By-Part Repair Cost	<u>\$0.00</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$1,550.00</u>
Final Lumpsum Repair cost	<u>\$1,550.00</u>

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: 

Signature: 

Name : FAUZY BIN MOKHTAR

Name : Kalvin

Tel : 62148319

Date : 31/10/18

Fax : 65468156

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/INC18019653/K1qbs2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 09-11-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBA 1318Z	Veh. Inspected	SHC 3692Y
Policy No.	5074614033-02	Coverage (\$)	0.00
Claim No.	MT/1017876-001	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.	2014
Chassis No.	KMHLB41UMEU057703	Colour	BLUE
Odometer	572976	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60R16	WEST LAKE	7 mm
L/H Front Tyre	205/60R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	27/10/2018	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:		2 Working Days	



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. SHC 3692Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID "H" EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
2	LICENCE LAMP (LH/RH) @\$33.95	SERVICEABLE	67.90	-
1	BOOTLID MOULDING	SERVICEABLE	227.90	-
1	BOOTLID I40 EMBLEM	NECESSARY	27.90	27.90
1	BOOTLID LOWER GARNISH	TO REPAIR SEE LABOUR	227.90	-
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER LOWER COVER	CUT	228.00	228.00
1	REAR REINFORCEMENT BRACKET RH	BENT	180.00	180.00
1	REAR REINFORCEMENT BRACKET RH	BENT	180.00	180.00
	LESS 20% DISCOUNT		-354.24	-249.50
			1,416.96	998.00
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			330.00	330.00
LABOUR				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH.		400.00	200.00
	SPRAY PAINTING CHARGE-BOOTLID.		600.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			1,130.00	600.00
GRAND TOTAL			2,876.96	1,928.00

Report Ref No. NS/INC18019653/K1qbs2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,550.00
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Report Ref No. NS/INC18019653/K1qbs2

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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