

Surveyor: Kelvin

REF:

NS/INC18019656 / K11602

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: YP 569XPolicy No. 5096328787 181217 - 171218Claims No. MT/101-7963-002

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

Turn Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 3080M Yr Regn: 27 Mar, 2012Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Sonata C.C. 1.99LColour: Blue A/C: Ins / Std / NI / NASp. Reading: 259920 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHET41VM CA 821740Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Westlake

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 26/10/18 D.O.I. 29/10/18Survey held at CDGE (Loyang)

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

O/S R/L

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

Date / Time	Action / Instruction
	SHC 3080M - NA / INC17010386 / HU
	YP 569X - X
13/11/18	Checked U/S \$500 / 2 Rep. (Red: 560, 570%)

RECEIVED 13 NOV 2018

Date/Time, File Pass to?

☐ : Preli. Report

1) 13/11 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

160

Transportation:

S + RS SI

Photos

Others

TOTAL

160Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: TeLump Sum / I.B.I. (\$) 500

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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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"/>	5096328787		LANDOM DISTRIBUTIONS PTE LTD	199802775K	GCV	Preferred Workshop Plan	YP569X	YP569X	18/12/2017	17/12/2018

TP Claims against NTUC Income: Follow-Through Survey

Date : 13/11/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1017763-002	COMFORT TRANSPORTATION PTE LTD	SHC 3080M	YP 569X	26/10/2018	15:30	\$ 1,060.00
2	MT/1017817-002	COMFORT TRANSPORTATION PTE LTD	SHA 2853S	SHC 6418D	29/10/2018	15:50	\$ 2,719.28
3	MT/1011842-002	SMRT TAXIS PTE LTD	SHB 1902K	SKP 6334H	15/9/2018	11:35	\$ 8,856.56

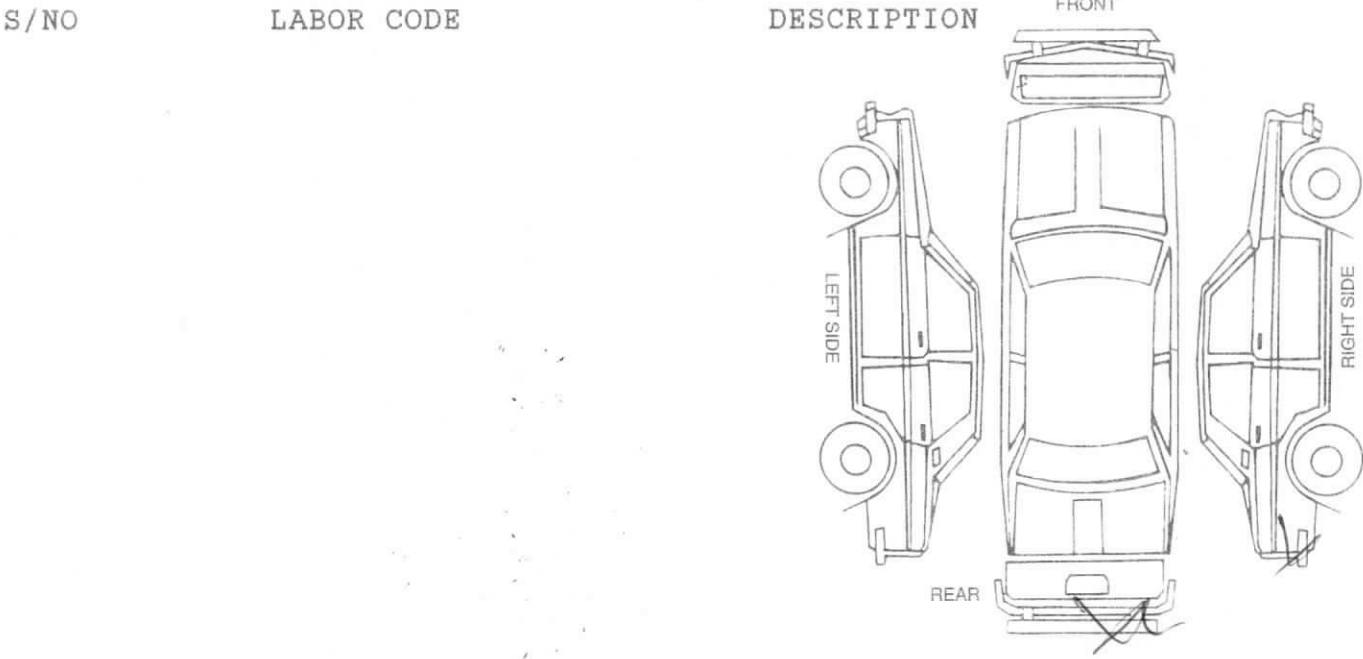
Claim received from LKK Auto

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305231657
STOMER	REGN NO.: SHC3080M	MILEAGE	
/MS	MAKE: HYUNDAI	FUEL	
STOMER NO. 7010045	MODEL SONATA	DATE/TIME IN 29.10.2018 09:15	
DRESS 383 SIN MING DRIVE	YR OF MANU. 27.03.2012	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE KMHET41VMCA821740	COMPLETION DATE/TIME:	
65508755 (R) (P) (O)			
COUNT CARD NO.			

Handwritten signature

JOB DESCRIPTION

Accident Date: 26.10.2018
NATURE: 3P 26.10.2018



CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHC3080M CHIANG		Vehicle No.: SHC3080M	
Signature/Date		Name of Service Advisor Date	
To be 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	27/10/2018 08:08
Date Of Accident	26/10/2018 15:30
Exact Location Of Accident	JLN TENAGA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3080M
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
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	TING LI LIAN
NRIC No	S0197500E
Date Of Birth	17/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1977
Driving Experience	41 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84483117
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 207 BISHAN STREET 23 #15-401
Postcode	570207
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	
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

PLS REFER TO 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	YP569X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QUAH KEH TECK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.

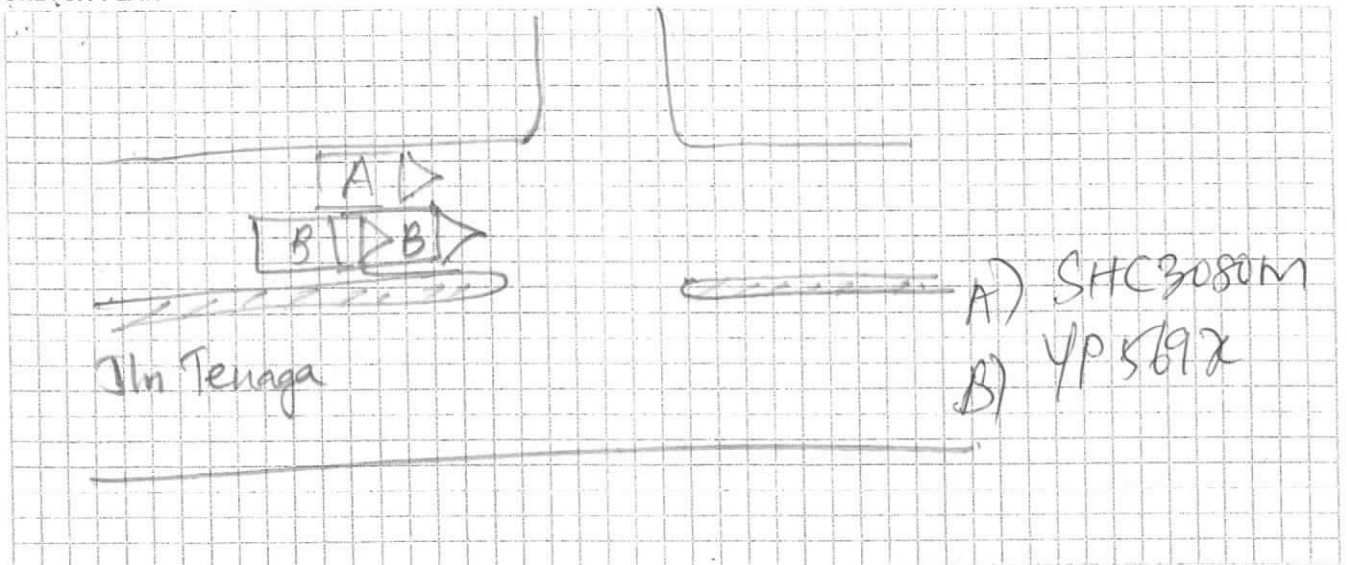
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203821R

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/10/18 at about 1530hrs while I Veh A alighted my passenger and waited for vehicle overtaking my stationary vehicle to pass. Veh B that was overtaking my vehicle within the single lane dual carriage road, collided on the right rear portion till the right wing mirror portion of my vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

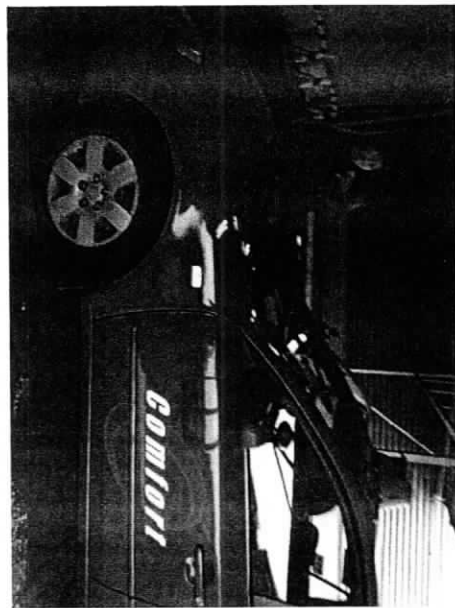
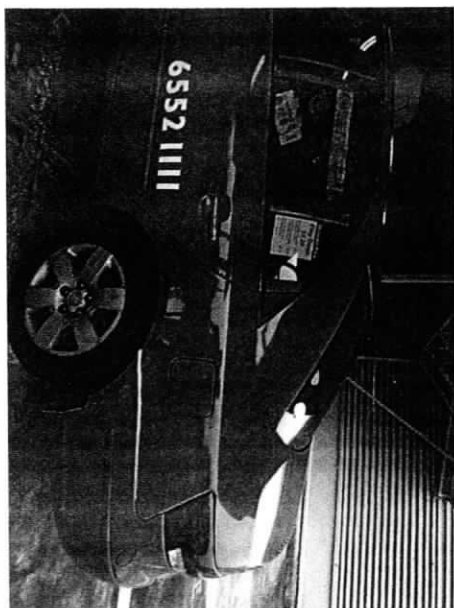
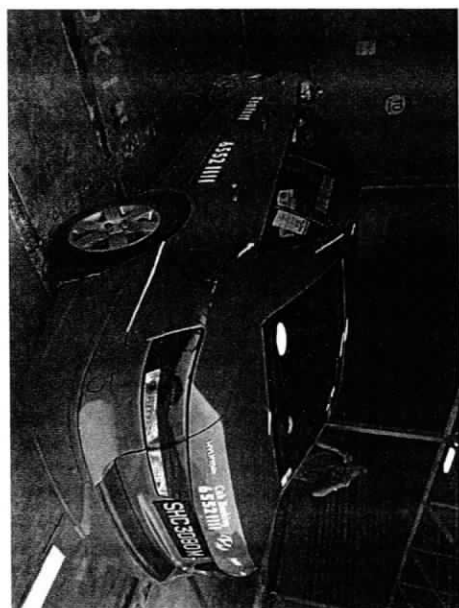
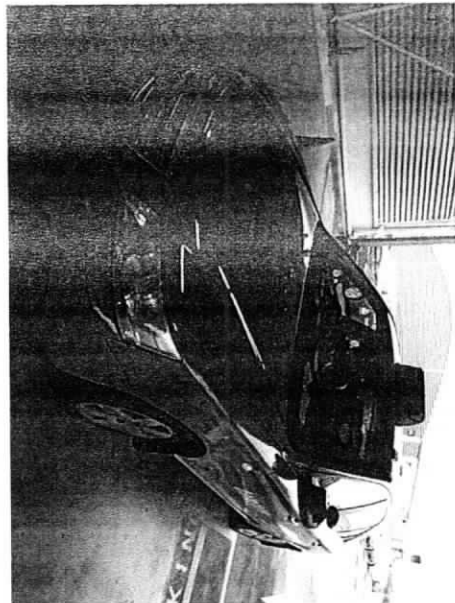
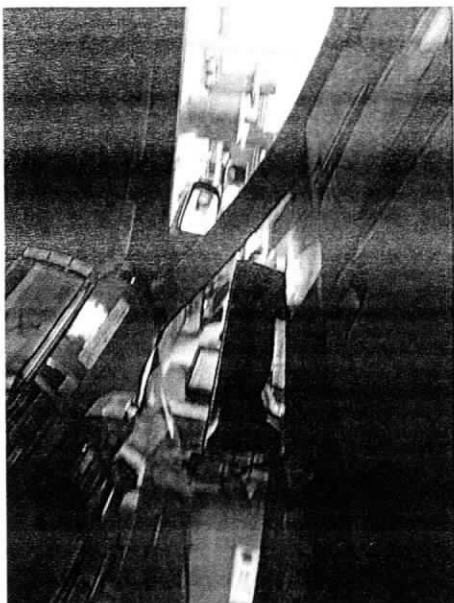
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SR Moorthy
CSO 26/10/18



Date : 12/11/18

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

To : NTUC

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC3080M

26/10/2018

1. The repair job shall bill to: NTUC YP569X

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

\$500.00

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 :

Signature :

Name : CHIANG

Name :

Tel : 62148314

Date :

Fax : 65468156

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:

COMFORTDELGRO ENGINEERING PTE LTD

NTAC

VEHICLE NO : SHC 3080M

DATE 29/10/2018 13:42

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door Tel No. Sticker (RH) <i>nt</i>			\$ 10.00	Nett
	<i>Rear Fender (RH) x repair</i>				
	<i>Rear Door (RH) so repair</i>				
	Labour Charge				
	Panel Beating			\$ 400.00 <i>200</i>	
	Spray Painting Charge-Fender/Door			\$ 600.00 <i>400</i>	
	Tuff Kote			\$ 50.00 <i>20</i>	
	<i>Wiring</i>			\$ 100	
	TOTAL LABOUR			\$ 1,050.00	
	ESTIMATE TOTAL			\$ 1,060.00	
<p><i>Kahz (LKK)</i></p> <p><i>29/10/18 1510hrs</i></p> <p><i>2 hrs</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p> <div data-bbox="689 1384 1260 1877" data-label="Text"> <p>LKK Auto Consultants hereby notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged parts during resurvey • Parts prices are subject to LKK Appraisal • Third party survey is on a "No Fault/No Prejudice" basis • No illegal modifications is allowed • Supplemental items must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>					
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.					




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/INC18019656/K1tbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 15-11-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YP 569X	Veh. Inspected	SHC 3080M	
Policy No.	5096328787	Coverage (\$)	0.00	
Claim No.	MT/1017763-002	Excess (\$)	0.00	
Assign From		Assign Date	29/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	KMHET41VMCA821740	Colour	BLUE	
Odometer	259920	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
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 BODY. 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:		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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3080M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR DOOR TEL NO STICKER (RH)(SN)	NECESSARY	10.00	10.00
1	REAR FENDER (RH)(NPA)(SN)	TO REPAIR SEE LABOUR	-	-
1	REAR DOOR (RH)(NPA)(SN)	TO REPAIR SEE LABOUR	-	-
			10.00	10.00
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER (RH) AND REAR DOOR (RH).		400.00	200.00
	SPRAY PAINTING CHARGE-FENDER/DOOR.		600.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	WIRING.		100.00	20.00
			1,150.00	620.00
GRAND TOTAL			1,160.00	630.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				500.00

Report Ref No. NS/INC18019656/K1tbe2

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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