

001/1/1/2/1

Surveyor: Kelvin

REF:

NS/INC18019759/KITBn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

at _____

Insured: XD 3489Z

Policy No: 5092407698-01 09.10.18-08.10.19

Claims No: MT/10/1706-002

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

Bol. 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: SHD 4701T Yr Regn: 2J4, 213

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

Truck / Trailer or

Make: Hyundai Santa c.c. 1991

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

Sp. Reading: 76952 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HETR/MDA 835/80

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inorder / 6 / Jammed / Leaked / Burnt or

Brake: Inorder / 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim / 6 or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Westlake

Front _____ Rear _____

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

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

D.O.A. 29/10/18 D.O.I. 30/10/18

Survey held at CDGE (Loyang)

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

Rear

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

Date / Time Action / Instruction

SHD 4701T - 03/III 16023075/Pbm2 DA: 01/12/16 Inc.

XD 3489Z - X 42

31/10/18 claim 4/5 of 100/200 (Red. 37.88: 22%)

RECEIVED 01 NOV 2018

Delete Time, File Pass to? ☐ : Prell. Report

11/11 Typist ☒ : Final Report

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.I: (\$) 1300

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

160

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

29/10/2018 17:32

XD3489Z

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092407698-01		THONG HUAT BROTHERS (PTE) LTD	197201236H	GCV	Third Party	XD3489Z	XD3489Z	09/10/2018	08/10/2019

Continue

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	29/10/2018 16:41
Date Of Accident	29/10/2018 11:55
Exact Location Of Accident	TANAH MERAH COAST RD NO THROUGH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4701T
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	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	KU CHUNG MING
NRIC No	S6839740E
Date Of Birth	20/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	18/07/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96924161
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 943 HOUGANG STREET 92 #08-129
Postcode	530943
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	
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	XD3489Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	XIN ZHI
NRIC/Passport Number	0 74711790
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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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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:

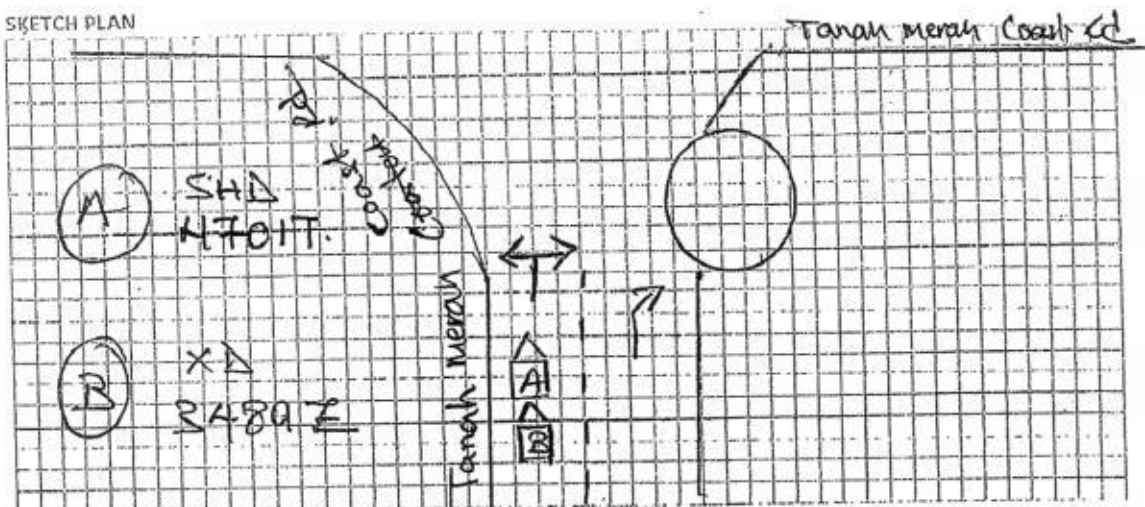
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/RC SketchPlanForm_V3

1

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29 OCT 2018 @ 11:25 hrs I, VEH A

Slow down and stop suddenly VEH B from

Rear hit VEH A Rear. at the point

of accident is park at VEH A.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203921R

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.:

GIABAC SketchPlanForm V3

NTUC-45

LKF-kalvin

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305232078
 REGN NO : SHD4701T
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : SONATA
 DATE OF REGN : 02.07.2013
 DATE/TIME IN : 29.10.2018 14:40
 ACCIDENT DATE : 29.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0101-0020-U	BOOTLID	1 L	1,349.50	20.00	1,079.60	
0002 04-01-0101-0008-G	EMBLEM HYUNDAI	1 L	24.20	20.00	19.36	
0003 04-01-0101-0570-G	EMBLEM SONATA	1 L	43.60	20.00	34.88	
0004 04-01-0101-0002-G	EMBLEM CRDI	1 L	22.70	20.00	18.16	
0005 04-01-0101-0007-G	EMBLEM H	1 L	26.10	20.00	20.88	
0006 28-01-0101-0002-A	BOOTLID 'COMFORT'	1	20.00	10.00	18.00	
0007 28-01-0199-0012-A	BOOTLID 65521111	1	10.00	10.00	9.00	

SUB-TOTAL : 1,199.88

JOB NATURE

0000 L	PANEL BEATING	
0001 23-502	SPRAYPAINT ON AFFECTED AREA	
0002 20-00	TUFF COAT ON AFFECTED PARTS.	

~~220.00~~ 200
~~220.00~~ 200
~~40.00~~ 20

SUB-TOTAL : 480.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 30.10.2018

Time: 08:25:34

Page: 2/2

TS

NTUC-45

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305232078
REGN NO : SHD4701T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 02.07.2013
DATE/TIME IN : 29.10.2018 14:40
ACCIDENT DATE : 29.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,679.88

Limf
MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Kahin 16km
30/10/18 1040km
2 Dg/s.
L/s
After Repair plots

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey but not before spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party claims on a "without Prejudice" basis
- No illegal modification is allowed
- Suppliers must be notified and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305232078

OMER:
S
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R)
(P)

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(O)

JUNT CARD NO.

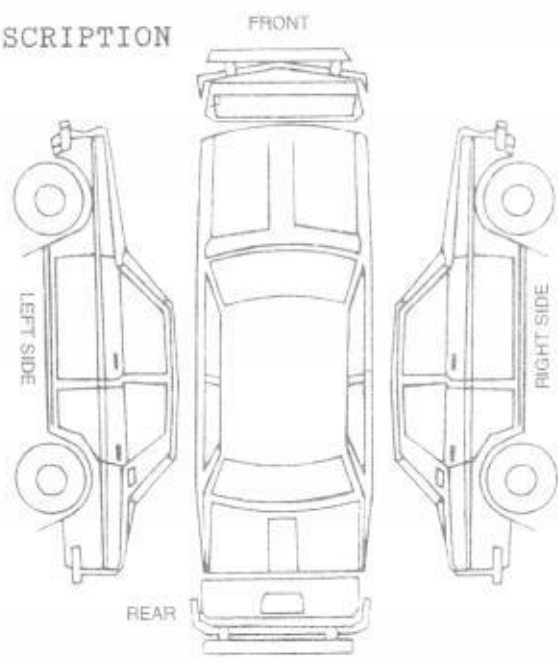
REGN NO.: SHD4701T	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 29.10.2018 14:40
YR OF MANU 02.07.2013	TARGET DATE
CHASSIS CODE KMHET41VMDA835180	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.10.2018
NATURE: 3P 29.10.18

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SHD4701T LIMITS

Vehicle No.: SHD4701T

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 : 305232078
Date : 31/10/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG
Vehicle Reg No. : SHD4701T

Fax :

Date of Accident : 29-Oct-18

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

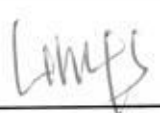
1. The repair job shall bill to: NTUC --- XD3489Z
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c.) Lumpsum Repair (if applicable)
 - Total for Lumpsum repair cost after Less: 20% \$1,300.00
 - Final Lumpsum Repair cost \$1,300.00**

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 : 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:




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/INC18019759/K1tbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 08-11-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	XD 3489Z	Veh. Inspected	SHD 4701T	
Policy No.	5092407698-01	Coverage (\$)	0.00	
Claim No.	MT/1017706-002	Excess (\$)	0.00	
Assign From		Assign Date	30/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	KMHET41VMDA835180	Colour	BLUE	
Odometer	769502	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 REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/10/2018	Inspection Date	30/10/2018	
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. SHD 4701T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOTLID	DENTED	1,349.50	1,349.50
1	EMBLEM HYUNDAI	NECESSARY	24.20	24.20
1	EMBLEM SONATA	NECESSARY	43.60	43.60
1	EMBLEM CRDI	NECESSARY	22.70	22.70
1	EMBLEM H	NECESSARY	26.10	26.10
	LESS 20% DISCOUNT		-293.22	-293.22
			1,172.88	1,172.88
NETT ITEMS				
1	BOOTLID "COMFORT" (N)	NECESSARY	20.00	20.00
1	BOOTLID 65521111 (N)	NECESSARY	10.00	10.00
	LESS 10% DISCOUNT		-3.00	-3.00
			27.00	27.00
LABOUR				
	PANEL BEATING.		220.00	200.00
	SPRAYPAINT ON AFFECTED AREA.		220.00	200.00
	TUFF COAT ON AFFECTED PARTS.		40.00	20.00
			480.00	420.00
GRAND TOTAL			1,679.88	1,619.88
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,300.00

Report Ref No. NS/INC18019759/K1tbn2

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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