

Surveys: Kolvin

REF: NS/INC18019772/Klsbnz

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / IWS / TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop m/s _____
 Insured: SHC 6418D
 Policy No: 5095103893 20-10-2017
 Claims No: MT/1017817-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 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
 Lump Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Veh No: SHA 2853S Yr Regn: 19 Nov, 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Ix0 c.c. 1685
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 368121 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KMHLDK1UMK4080503
 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: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Went late
 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 / UIC / Rooftop or
O/S Front
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 2853S - NA / INC18019772 / 51 Def: 20072003 IMC
	SHC 6418D - CC3 / TEL 6023928 / H101502 Def: 12122016 U/S
13/11/18	Checked up \$1700 / 2 days
13/11/18	Confirmed HS \$1,700/- @ 2 days (\$1,019.28 Red - 38%)
RECEIVED 13 NOV 2018	

Date/Time, File Pass to? 13/11/18 : Prel. Report
 1) Typist : Final Report
 Date/Time, File Return to? _____
 2) _____
 Report Format: _____
 Lump Sum / I.B.I: (\$) 1,700/- HS

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

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____

Survey Fee: _____
 Transportation: _____
 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. Date of Accident
 Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095103893		PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6418D	SHC6418D	20/10/2017	

Continue

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

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	30/10/2018 09:05
Date Of Accident	29/10/2018 15:50
Exact Location Of Accident	BEDOK RESERVOIR RD > PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2853S
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	CHUA AH TEE
NRIC No	S0176984G
Date Of Birth	18/09/1944
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1970
Driving Experience	48 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91468529
Fax Number	
Contact Number	
EMail Address	CHUAAT44@YAHOO.COM

Address	BLK 34 WHAMPOA WEST #11-83
Postcode	330034
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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	SHC6418D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT CENTRE

No. Of Passenger (Including Driver)

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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.

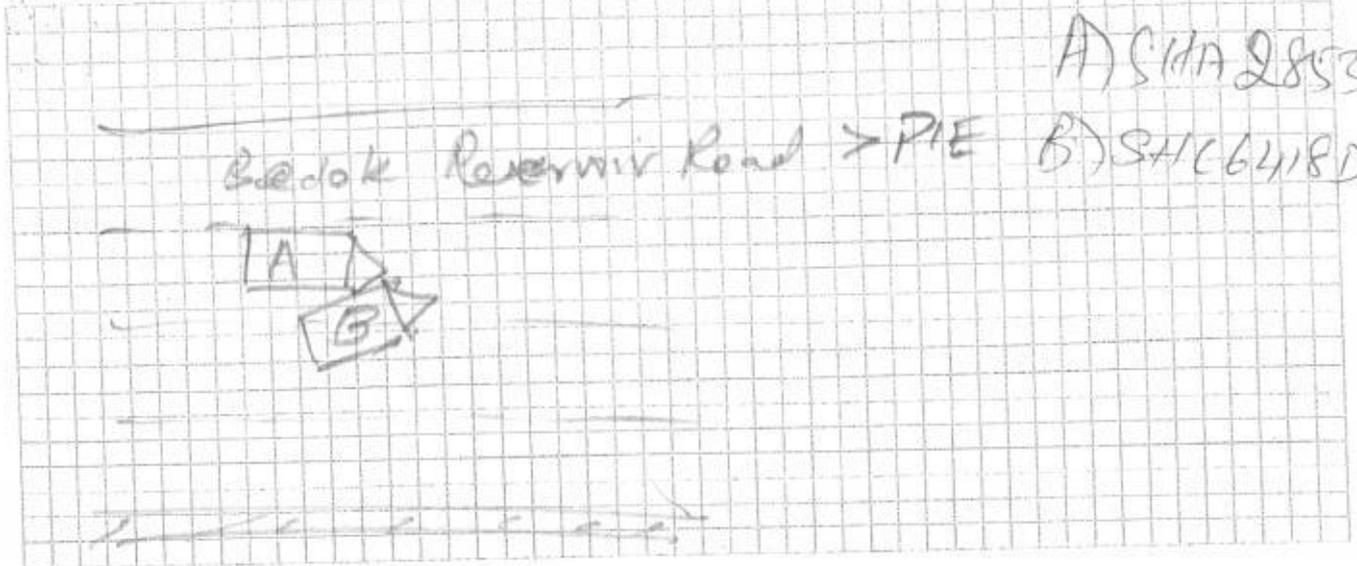
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO: 189203521R

Policyholder's Signature
Date & Time:

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

R Moorthy
CSO
29/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/10/18 at about 1550 hrs while I Veh A was about 80% inside lane 3, Veh B from lane 2 filtered onto my lane and collided on the front right portion of my vehicle.

DECLARATION

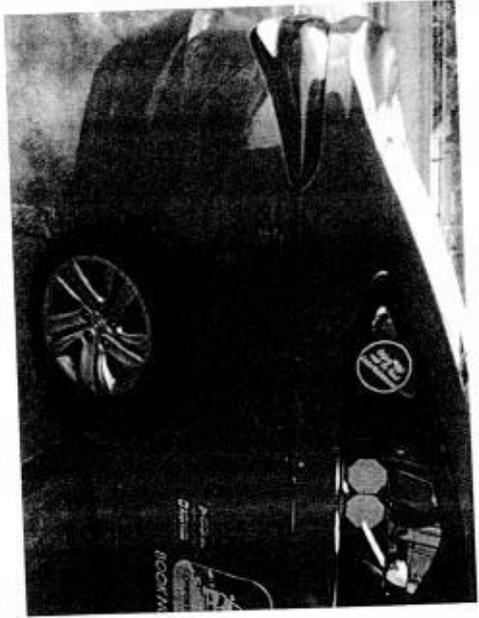
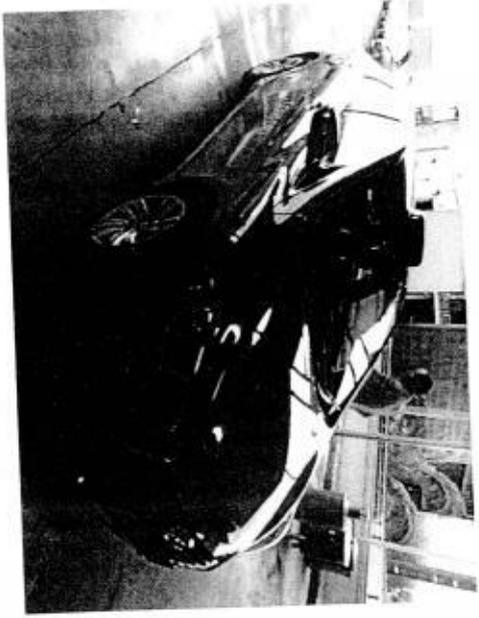
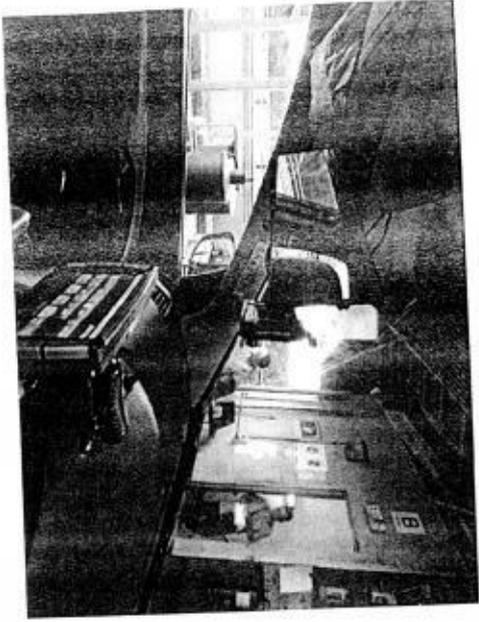
I/We declare the foregoing particulars are true in every respect.

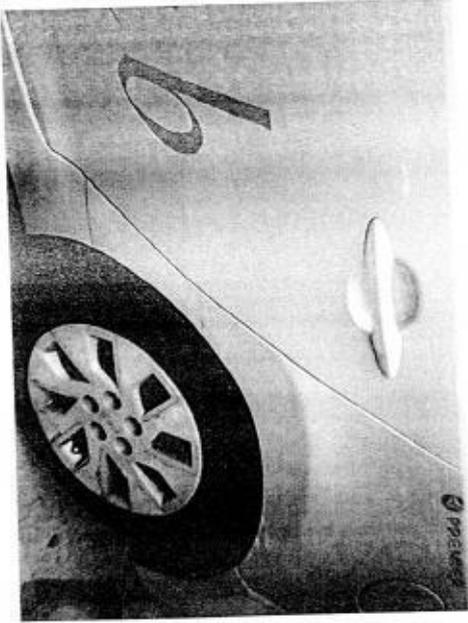
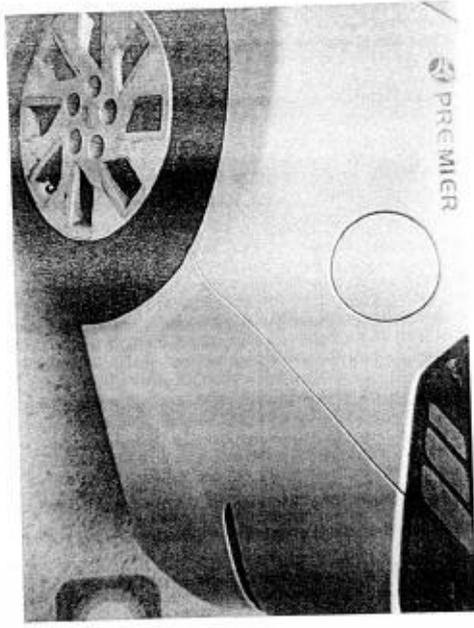
COMFORT TRANSPORTATION PTE LTD
CO REG NO 199203521R

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.:





REPAIR ESTIMATE*

DATE 30/10/2018 10:44

VEHICLE NO : SHA 2853S

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover / cra			\$ 544.50
	Front Bumper Bracket Top (RH) X1cc			\$ 22.40
	Front Bumper Bracket (RH) X1cc			\$ 24.60
	Frt Wheel Hub Cap, RH / legal			\$ 107.10
	Front Fender (RH) X repair			\$ 698.60
	Front Headlamp (RH) - cra		\$ 1388.00	\$ 139.72
	SUB TOTAL			\$ 698.60
	LESS 20%			\$ 139.72
	DISCOUNTED TOTAL			\$ 558.88
	Labour Charge			
	Panel Beating-Repair Fender			\$ 400.00 200
	Spray Painting Charge			\$ 600.00 X1cc
	Tuff Kote			\$ 50.00 X1cc
	TOTAL LABOUR			\$ 1,050.00
	ESTIMATE TOTAL			\$ 1,608.88
				2719.28

Kalvin'ikky
 30/10/18 1200 hrs
 2 days
 L/S
 After Repair photo

UKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before (after spray painting)
- To display (damaged parts) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

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.

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305232283

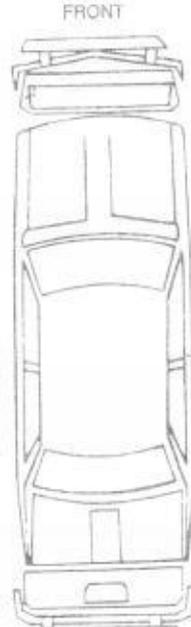
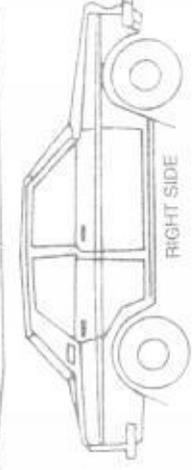
CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO: SHA2853S	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: I-40	DATE/TIME IN 29.10.2018 16:40
	YR OF MANU: 19.11.2015	TARGET DATE
	CHASSIS CODE: KMHLB41UMGU080503	COMPLETION DATE/TIME:

Handwritten signature

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.10.2018
NATURE: 3P 29.10.2018 -C

S/NO	LABOR CODE	DESCRIPTION
		<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>LEFT SIDE</p> </div> <div style="text-align: center;">  <p>FRONT</p> </div> <div style="text-align: center;">  <p>RIGHT SIDE</p> </div> </div>
		 <p>REAR</p>

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA2853S CHIANG

Vehicle No.: SHA2853S

Name 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 : 305232283
Date : 12/11/18

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

FINALIZATION FORM

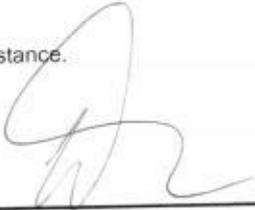
To : NTUC
Attn : KALVIN
Vehicle Reg No. : SHA2853S

Fax : _____
29/10/2018

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

1. The repair job shall bill to: NTUC SHC6418D
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: _____ \$1,700.00
Final Lumpsum Repair cost _____
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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kalvin
Date : 13/11/18

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		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/INC18019772/K1sbn2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 16-11-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 6418D	Veh. Inspected	SHA 2853S
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/1017817-002	Excess (\$)	0.00
Assign From		Assign Date	30/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080503	Colour	BLUE
Odometer	368121	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT 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

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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. SHA 2853S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	CRACKED	544.50	544.50
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	FRT WHEEL HUB CAP,RH	GRAZED	107.10	107.10
1	FRONT FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
	LESS 20% DISCOUNT		-417.32	-407.92
			1,669.28	1,631.68
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT FENDER (RH).		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,050.00	600.00
GRAND TOTAL			2,719.28	2,231.68
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,700.00

Report Ref No. NS/INC18019772/K1sbn2

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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