

Surveyor: Kalvin

REF:

NS / INC18021739 / Klvbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop n/s _____

at _____

Insured: SLV 53P

Policy No. 5078662213-02 100518-270419

Claims No. MT/1002385-002

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

Est. or Market Value: _____

IDAC Accident Rpt: _____ 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: SH 9198L Yr Regn: 14 May, 2015

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685

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

Sp. Reading: 44649 T/Radio: Insul / Std / NI / NA

Eng/No: _____

C/No: KMHLP414AF-4068991

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. Air /

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Westlake

Front 7 mm Rear 7 mm

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

D.O.A. 1/12/18 D.O.I. 3/12/18

Survey held at CDGE (Loyang)

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

0/s Front.

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

Date / Time Action / Instruction

SH 9198L - TS / FCL 7000347 / Rth3m2 DA: 2272016 INC.

SLV 53P - X 41.

10/12/18 Chassis up + 4800 / 4 hrs. (Red 2846.76, 379)

RECEIVED 11 DEC 2018

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 10/12 - typist

Report Format: TP

Lump Sum / I.B.I: (\$) 4800/2

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 10/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1022385-002	COMFORT TRASPORTATION PTE LTD	SH 9198L	SLV 53P	1/12/2018	4:00	\$ 7,646.76
2	MT/1021903-002	COMFORT TRASPORTATION PTE LTD	SHD 6999M	GBG 5450R	29/11/2018	9:05	\$ 10,450.46
3	MT/1022781-002	COMFORT TRASPORTATION PTE LTD	SHC 425Y	SKU 1146R	5/12/2018	19:15	\$ 1,703.44
4	MT/1023217-001	COMFORT TRASPORTATION PTE LTD	SH 8330C	GBH 7474D	4/12/2018	18:25	\$ 5,995.36
5	MT/1022166-002	COMFORT TRASPORTATION PTE LTD	SHC 2722B	SJR 3837U	1/12/2018	14:40	\$ 3,436.52
6	MT/1022821-002	COMFORT TRASPORTATION PTE LTD	SHA 964T	SFZ 9845L	06/12/2018	12:20	\$ 3,115.23

eBaoTech

General Claim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078662213-02		NG POH HONG	S1695149H	GPC	drive CLASSIC	SLV53P	SLV53P	10/05/2018	27/04/2019

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	01/12/2018 09:25
Date Of Accident	01/12/2018 04:00
Exact Location Of Accident	PIE (TUAS) AFTER PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9198L
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	QUEK BENG TECK
NRIC No	S1072947E
Date Of Birth	25/01/1947
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1967
Driving Experience	51 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96197170
Fax Number	
Contact Number	
Email Address	QUEKBENGTECK@GMAIL.COM

Address	167 STIRLING ROAD #11-1213
Postcode	S140167
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 - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
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?	
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

HEAD TO SIDE. PLS SEE 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	SLV53P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR AND FRONT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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. 199303821R

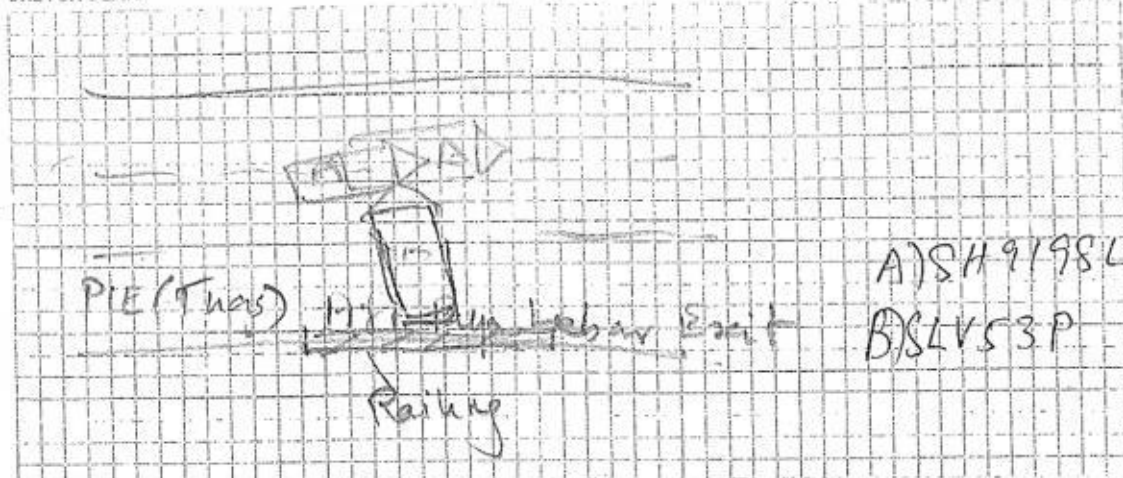
Policyholder's Signature
Date & Time:

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

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

S. P. Moorthy 1/12/18
CSO

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/12/18 at about 0400hrs while I Veh A was travelling along lane 2, noticed Veh B stopped in between lane 1 + 2 due to some accident I suppose. As the vision was so poor and wet, by the time I noticed and filtered to the left lane, my vehicle grazed against Veh B who also switch on the light just about one car distance away from my position.

DECLARATION

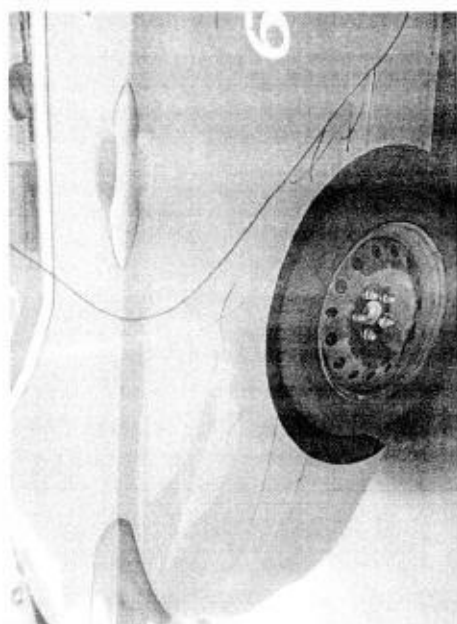
I/We declare the foregoing particulars are true in every respect.

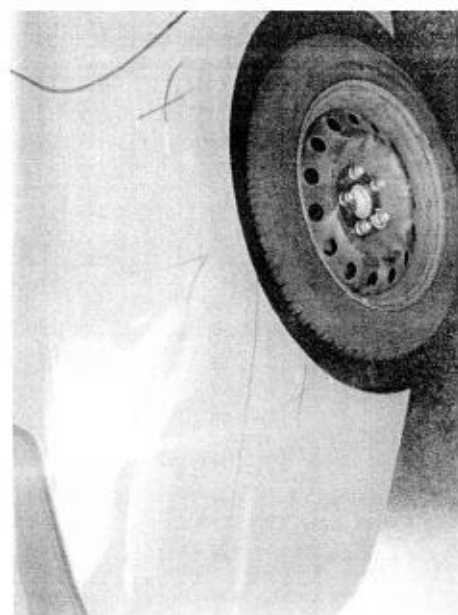
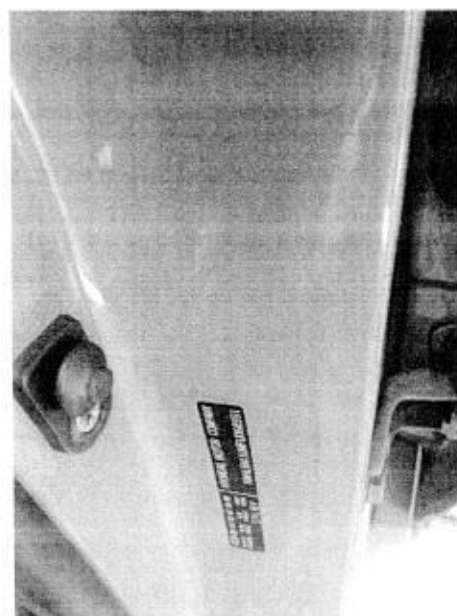
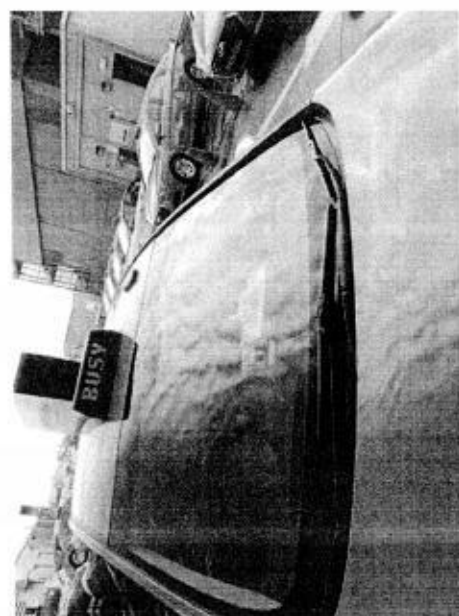
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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







COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 9198L

DATE : 01.12.2018

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Bracket Top (RH)			\$ 22.40
	Front Bumper Retainer Mounting			\$ 9.20
	Headlamp (RH)			\$ 1,388.00
	Front Fender (RH)			\$ 566.30
	Front Fender Shield (RH)			\$ 175.90
	Front Fender Retainer			\$ 24.60
	Front Door (RH)			\$ 2,256.40
	Front Wheel Rim (RH)			\$ 325.30
	Front Wheel Hub Cap (RH)			\$ 107.10
	Rear Wheel Hub Cap (RH)			
	Rear Door (RH)			
	Rear Fender (RH)			
	Rear Bumper (RH)			
	Front Bumper X repair			
	Rear Door Panel X repair			
	SUB TOTAL			\$ 5,419.70
	LESS 20%			\$ 1,083.94
	DISCOUNTED TOTAL			\$ 4,335.76
	Front Door Comfort Logo (RH)			\$ 75.00
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00
	Front Tyre (RH)			\$ 216.00
	TOTAL			\$ 371.00
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 1,800.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Transfer of Door			\$ 120.00
	FRT Wheel Alignment			\$ 120.00
	TOTAL LABOUR			\$ 2,940.00
	ESTIMATE TOTAL			\$ 7,646.76

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.

HUC

FZ

Lsum

LKK Auto Consultants

the Repairer of the following:

- To resurvey before/after work is done
- To display damaged parts during survey
- Parts prices are subject to market prices
- Third party survey is not allowed
- Supplies must be approved by insurance company

TOTAL LABOUR

Acknowledged by:

Signature:

Date:

Kahin Ullas

3/12/18 1.35h

4 App

4/5 After Repair

1600

20

20

50

60

number of COMFORTDELGRO

Date/Time: 01.12.2018 11:17

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305245845

MEMBER NO. 7010045
COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REGN NO: SH 9198L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 01.12.2018 08:20
YR OF MANU 14.05.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU068991	COMPLETION DATE/TIME:

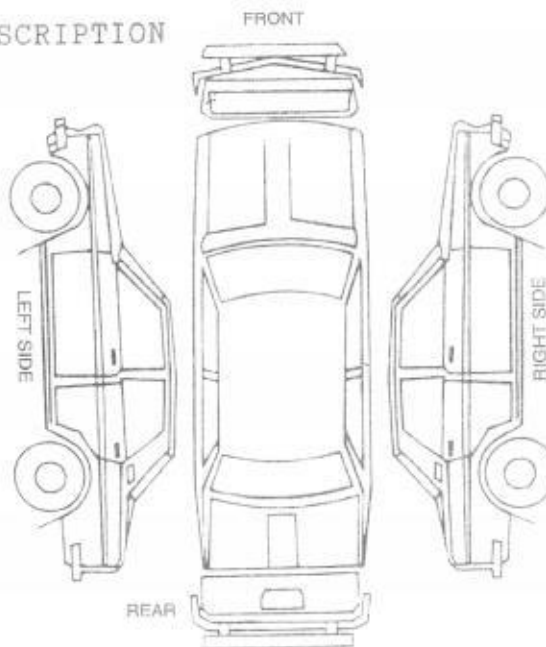
UNIT CARD NO.

JOB DESCRIPTION

Accident Date: 01.12.2018
NATURE: 3P 01.12.18

S/NO LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: SH 9198L FZ NTUC

Vehicle No.: SH 9198L

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305245845
Date : 08.12.2018

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM


To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SH 9198L Date of Accident : 01.12.2018


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

1. The repair job shall bill to: NTUC -- SLV 53P
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost \$0.00
 - (c) Lumpsum Repair (if applicable) \$4800.00
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

3. Estimated normal period for repairs: 4 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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 10/12/18

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/INC18021739/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 17-12-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLV 53P	Veh. Inspected	SH 9198L
Policy No.	5078662213-02	Coverage (\$)	0.00
Claim No.	MT/1022385-002	Excess (\$)	0.00
Assign From		Assign Date	03/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068991	Colour	BLUE
Odometer	446219	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	01/12/2018	Inspection Date	03/12/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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National Assessment Centre Services

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Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9198L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	HEADLAMP (RH)	CUT	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT DOOR (RH)	DENTED	2,256.40	2,256.40
1	FRONT WHEEL RIM (RH)	SERVICEABLE	325.30	-
1	FRONT WHEEL HUB CAP (RH)	CRACKED	107.10	107.10
1	REAR WHEEL HUB CAP (RH)(NPA)	MISSING	-	-
1	REAR DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR BUMPER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT BONNET (NPA)	TO REPAIR SEE LABOUR	-	-
1	ROCKER PANEL (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-1,083.94	-972.46
			4,335.76	3,889.84
<u>NETT ITEMS</u>				
1	FRONT DOOR COMFORT LOGO (RH)(N)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH)(N)	NECESSARY	80.00	80.00
1	FRONT TYRE (RH)(N)	SERVICEABLE	216.00	-
	LESS 10% DISCOUNT		-	-15.50
			371.00	139.50

Report Ref No. NS/INC18021739/K1vbn2



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Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR DOOR (RH),REAR FENDER (RH),REAR BUMPER (RH),FRONT BONNET AND ROCKER PANEL.		800.00	600.00
	SPRAY PAINTING CHARGE.		1,800.00	1,600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR.		120.00	50.00
	FRT WHEEL ALIGNMENT.		120.00	60.00
			2,940.00	2,350.00
	GRAND TOTAL		7,646.76	6,379.34
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,800.00

Report Ref No. NS/INC18021739/K1vbn2

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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