

Surveyor: Kelvin

REF: NS/INC18022114/K1td3gr

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/HS/TPRES/ODRES/EVA/INV/MV
 To Inspected Vehicle No: _____
 at Workshop m/s: _____
 at: _____
 Insured: SHC6034C
 Policy No: 5095103893 (20/10/17-
 Claims No: MT/1022888-002
 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 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: SHC1360T Yr Regn: 19 Apr 2012
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T₀ / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Santa C.C. 1921
 Colour: Blue A/C: Ins / Std / NI / NA
 Sp. Reading: 58567 T/Radio: Ins / Std / NI / NA
 Eng/No: _____
 C/No: KMHET41UMCA823059
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: Inoper / Jammed / Leaked / Burnt or
 Brake: Inoper / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / 6 / Rim or
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Went to
 Front: _____ Rear: _____
 R/Bal: 3 mm R/Bal: 3 mm
 L/Bal: 3 mm L/Bal: 3 mm
 D.O.A: 6/12/18 D.O.I: 7/12/18
 Survey held at CDGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Per
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC1360T-CS/FCR16022516/714h3v2 DUN: 23/11/16 INC
	SHC6034C-CC/AXA17019525/K1ca342 DDA: 7/10/17 C/S
12/12/18	Shut C/S \$3250/3P. Cred: 2074.70.38%
	CRD:

RECEIVED 13 DEC 2018

Date/Time, File Pass to? ☐ : Prel. Report
☒ : Final Report
 1) 1312 Typist
 Date/Time, File Return to?

Days Of Repair: 3
 Resurvey No. of Trip: 1

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

Survey Fee:	
Transportation:	
Photos	
Others	
TOTAL	

Report Format: TP
 Lump Sum / I.B.I: (\$ 3250)

TP Claims against NTUC Income: Follow-Through Survey

Date : 13/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1023682-001	COMFORT TRASPORTATION PTE LTD	SHD 3081E	SFM 8760Y	9/12/2018	5:45	\$ 2,267.88
2	MT/1022888-002	COMFORT TRASPORTATION PTE LTD	SHC 1360T	SHC 6034C	6/12/2018	18:05	\$ 5,324.90

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="06/12/2018 12:43"/>
Vehicle No.(For Motor)	<input type="text" value="SHC6034C"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095103893		PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6034C	SHC6034C	20/10/2017	

Date/Time: 07.12.2018 13:26

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305248348

STOMER
VMS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

3COUNT CARD NO.

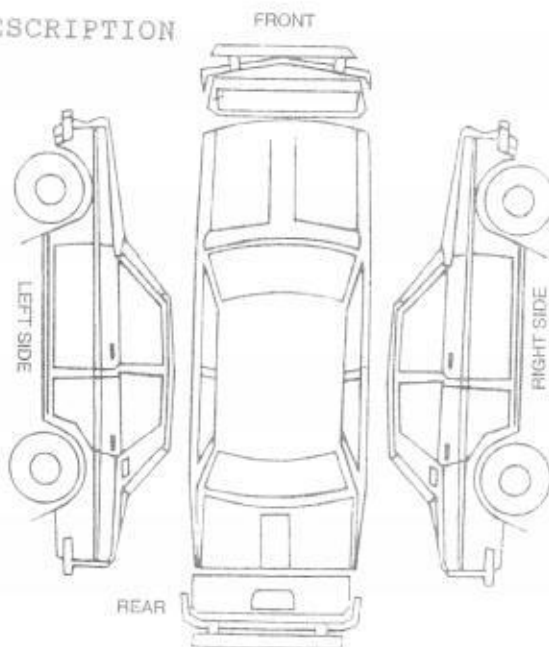
REGN NO.: SHC1360T	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 07.12.2018 09:55
YR OF MANU 19.04.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA823059	COMPLETION DATE/TIME:

Accident Date: 06.12.2018
NATURE: 3P 06.12.2018

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC1360T

CHIANG

Vehicle No.: SHC1360T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

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	07/12/2018 11:11
Date Of Accident	06/12/2018 18:05
Exact Location Of Accident	HOLLAND RD TWDS FARRER RD AFTER BONTANIC GARDEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1360T
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	ABDUL HADI BIN MOHAMED AMIN
NRIC No	S1309389Z
Date Of Birth	16/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96212311
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 143 #01-48 YISHUN RING ROAD
Postcode 760143
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 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: : 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

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

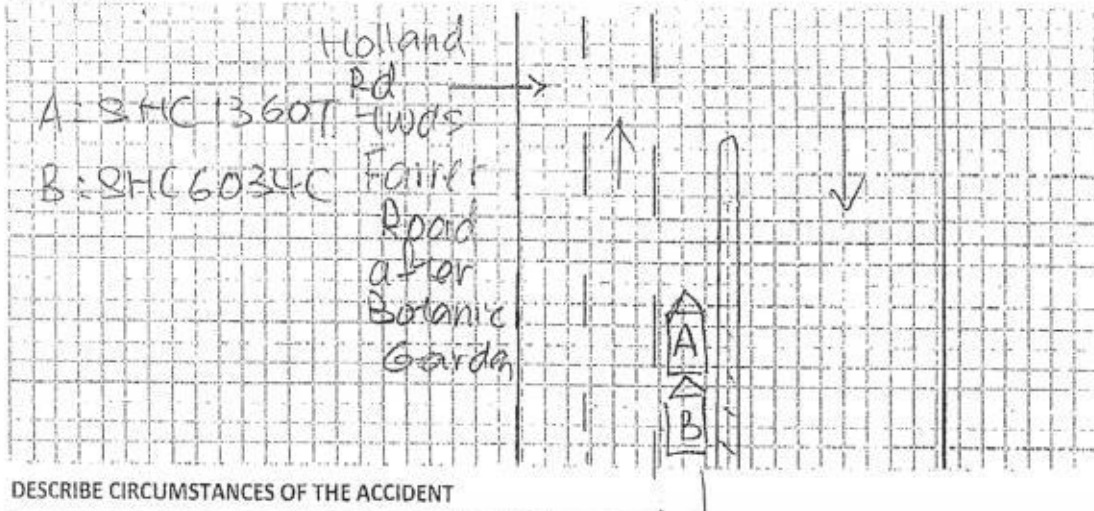
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC6034C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/12/18 at about 18:05 hrs, I was driving on above said location with a female pax. Shortly veh in front braked to stopped and I follow suit. A few second later, I felt an impact from my taxi behind. Luckily I able to prevent collision with the veh in front. A taxi SHC6034C collided onto the rear portion of my stationary taxi. No injury reported at the point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199003821R

Policyholder's Signature
Date & Time:

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

Loke Wei Yong

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

7/12/18.

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. The 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 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
CD REG NO 19930221R

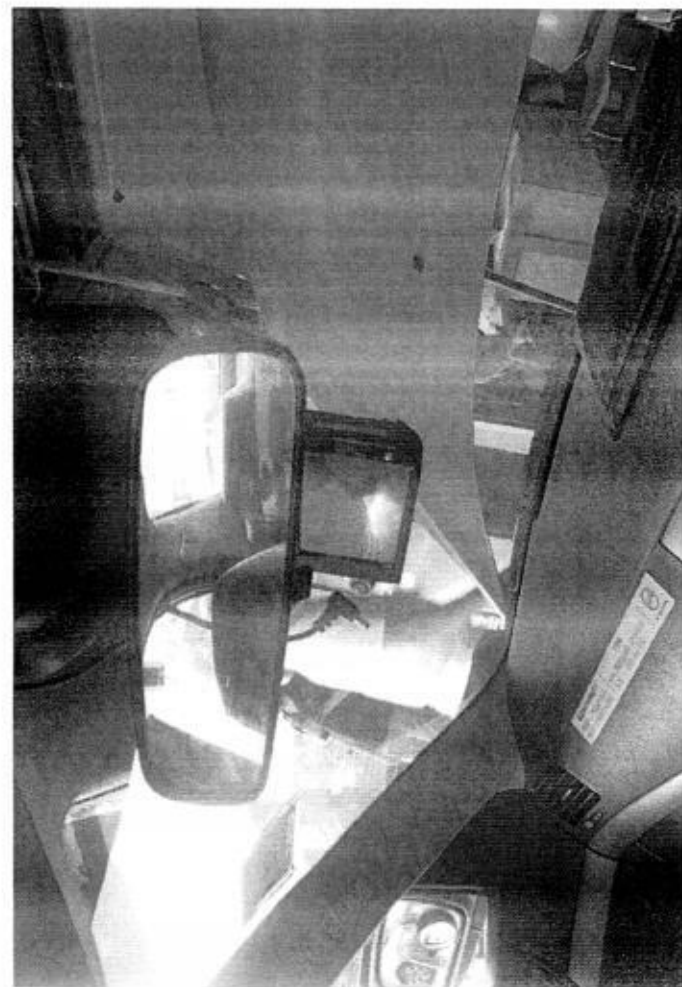
Policyholder's Signature
Date & Time:

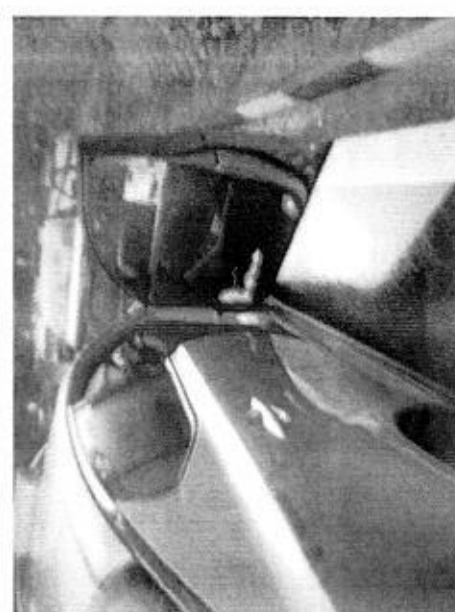
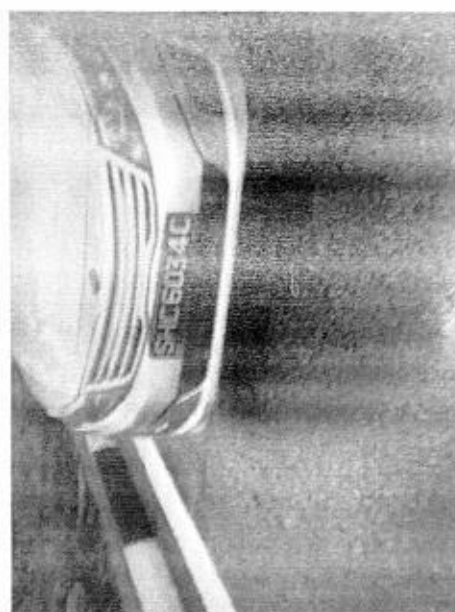
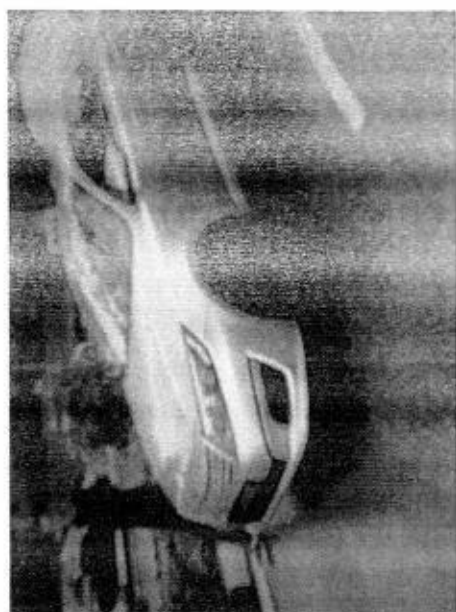
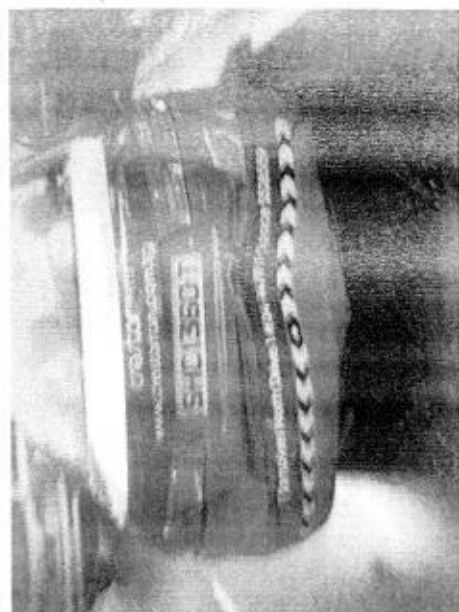
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Loke Wei Keng

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

7/12/18





Our Job Ref No : 305248348
Date : 11/12/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC1360T
Fax :
08/12/18

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

- The repair job shall bill to: NTUC SHC6034C
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges

Total for Part-By-Part Repair Cost

 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost \$3,250.00
- Estimated normal period for repairs: 3 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
- Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature :
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name :
Date : 12/12/18

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 1360T

DATE 7/12/2018 10:53

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Boat</i>			\$ 1,349.50
	Boot Lid Lock Upper <i>X m</i>			\$ 132.10
	Boot Lid Lock Lower <i>X sue</i>			\$ 30.30
	Boot Lid Sonata Plate <i>ne</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>ne</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>ne</i>			\$ 26.10
	Boot Lid CRDI Plate <i>ne</i>			\$ 22.70
	Rear Bumper <i>Blue</i>			\$ 578.40
	Rear Bumper Reinforcement <i>CSA</i>			\$ 483.30
	Rear Bumper Clip <i>ne</i>			\$ 22.00
	Rear Bumper Sponge <i>X sue</i>			\$ 137.40
	Rear Bumper Under Cover <i>ne</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X mpr</i>		\$ 38.00	\$ 76.00
	Rear Panel <i>Blue</i>			\$ 391.80
	Rear Panel Garnish <i>on</i>			\$ 95.80
	SUB TOTAL			\$ 3,599.00
	LESS 20%			\$ 719.80
	DISCOUNTED TOTAL			\$ 2,879.20
	Boot Lid Comfort Logo & Tel No. Sticker <i>ne</i>			\$ 30.00 Nett
	Boot Lid Advertisement Logo <i>ne</i>			\$ 100.00 Nett
	Rear Bumper Reverse Sensor <i>X m</i>			\$ 135.70 Nett
	Rear Bumper Advertisement Logo <i>ne</i>			\$ 50.00 Nett
	Rear Bumper Rubber Mat <i>X m</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>ne</i>		\$ 100.00	\$ 200.00 Nett
				\$ 565.70
	Labour Charge			
	Panel Beating			\$ 800.00 <i>600</i>
	Spray Painting Charge			\$ 900.00 <i>600</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>X m</i>
	TOTAL LABOUR			\$ 1,880.00
	ESTIMATE TOTAL			\$ 5,324.90
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/INC18022114/K1td3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 24-12-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 6034C	Veh. Inspected	SHC 1360T
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/1022888-002	Excess (\$)	0.00
Assign From		Assign Date	07/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA823059	Colour	BLUE
Odometer	58567	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	06/12/2018	Inspection Date	07/12/2018
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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**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 1360T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	BENT	1,349.50	1,349.50
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	CRACKED	185.80	185.80
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR SEE LABOUR	76.00	-
1	REAR PANEL	BUCKLED	391.80	391.80
1	REAR PANEL GARNISH	CRACKED	95.80	95.80
	LESS 20% DISCOUNT		-719.80	-644.64
			2,879.20	2,578.56
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	BOOT LID ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			565.70	380.00
<u>LABOUR</u>				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF REAR BUMPER PROTECTOR (LH/RH).		800.00	600.00

Report Ref No. NS/INC18022114/K1td3s2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	SPRAY PAINTING CHARGE.	NOT NECESSARY	900.00	600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	-
			1,880.00	1,240.00
GRAND TOTAL			5,324.90	4,198.56
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,250.00

Report Ref No. NS/INC18022114/K1td3s2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.