

09/11/2018

Surveyor: Kelvin

REF:

NS/INC18022213/KITbs

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspected Vehicle No: _____

at Workshop m/s _____

at _____

Insured: SMF 1482A

Policy No. 510355423 02112018

Claims No. MT/1023136-002

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

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 40615

Yr Regn: 10 Sep 2015

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

Truck / Trailer or

Make: Hyundai 2x

cc 1685

Colour: Blue

AJC: Insured / Std / Nil / NA

Sp. Reading: 455705

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLB K14444 077 X 96

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop / Jammed / Leaked / Burnt or

Brake: Inop / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 9/2/8

D.O.I. 10/2/8

Survey held at C D Gr E (Layang)

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

6/5 Fmt

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

Date / Time Action / Instruction

SHB 40615 - C3 17/11/2018 15:01:40 / H1234

DUA: 0611-2018

Inc

SMF 1482A - 7

45

14/12/8 Estimated 45 \$1600 / 26% (Red: 1103.48; 40%)

RECEIVED 10 DEC 2018

Date/Time, File Pass to?

1) 18/12 Typist

☐ : Prel. Report☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I. (\$) 1600/-

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

TP Claims against NTUC Income: Follow-Through Survey

Date: 17/12/18

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1024108-001	COMFORT TRANSPORTATION PTE LTD	SHC 8509L	SLN 1326M	7/12/2018	6:40	\$ 3,590.12	\$ 1,239.50
2	MT/1023995-002	COMFORT TRANSPORTATION PTE LTD	SHD 6605A	SLD 3401T	12/12/2018	14:40	\$ 4,276.00	\$ 1,900.00
3	MT/1024114-001	COMFORT TRANSPORTATION PTE LTD	SHC 8445L	SKR 7532K	8/12/2018	16:10	\$ 1,455.70	\$ 850.00
4	MT/1023136-002	COMFORT TRANSPORTATION PTE LTD	SHB 4061S	SMF 1482A	9/12/2018	3:50	\$ 2,708.48	\$ 1,600.00
5	MT/1024118-001	COMFORT TRANSPORTATION PTE LTD	SHB 4086X	SLC 8735C	10/12/2018	2:20	\$ 1,380.00	\$ 750.00
6	MT/1023556-002	COMFORT TRANSPORTATION PTE LTD	SH 6866L	CB 7663U	10/12/2018	16:10	\$ 2,402.32	\$ 1,450.00

Claim received from LKK

eBaoTech

GeneralClaim

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="09/12/2018 17:56"/>							
Vehicle No. (For Motor)	<input type="text" value="SMF1482A"/>	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 type="radio"/>	5103395423		TOY CAR	52883907A	GFT	Third Party	SMF1482A	SMF1482A	02/11/2018	
<input type="button" value="Continue"/>										

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305249118

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

REGN NO.:

SHB4061S

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

10.12.2018 08:45

YR OF MANU

10.09.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU077496

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

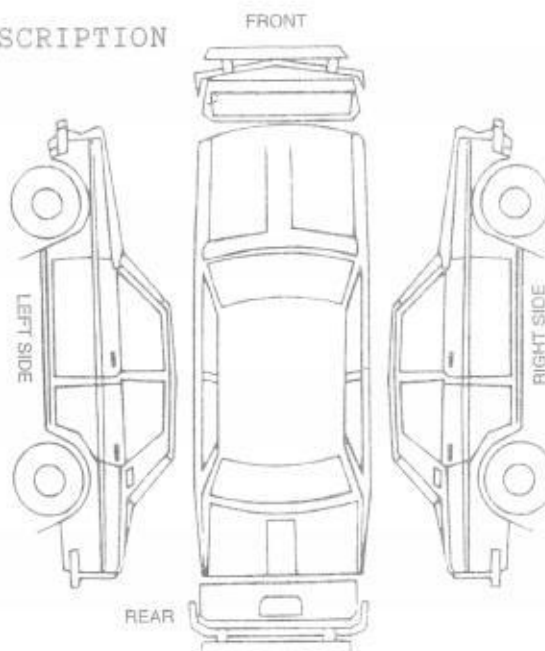
Accident Date: 09.12.2018

NATURE: 3P 09.12.2018

S/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.:

SHB4061S

LKE

Vehicle No.:

SHB4061S

Signature/Date

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	10/12/2018 10:50
Date Of Accident	09/12/2018 03:50
Exact Location Of Accident	TAMASEK BLVD TWDS RAFFLES BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4061S
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	MOHAMED HANIFFA B OMAR
NRIC No	S1211422B
Date Of Birth	08/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1978
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97886983
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address *	BLK 763 BEDOK RESERVOIR VIEW #07-291
Postcode	470763
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	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?	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	SMF1482A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VICTOR GOH
NRIC/Passport Number	S9132851H
Contact Number	82824422
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	WHOLE LEFT SIDE
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.
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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. 199203321R

Policyholder's Signature
Date & Time:

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

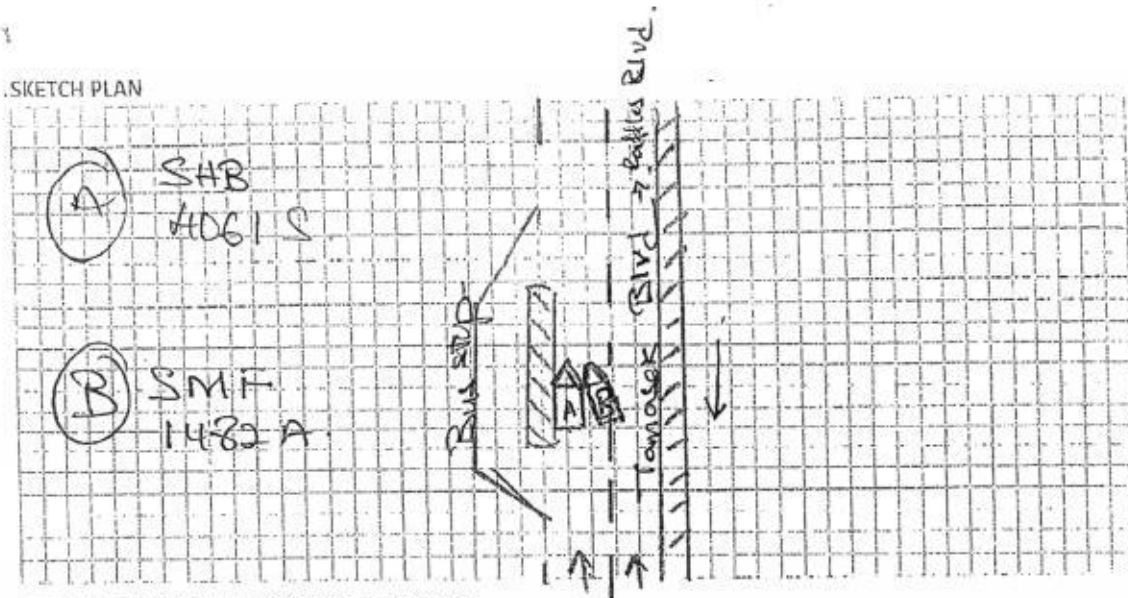
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 9 DEC 2018 @ 08:50 hrs I. VEH (A)

was driving along the above location and

to pick up. PHE.

Slow down and stop. After talking with the PHE.

never manage to pick up I. VEH (A) CHE

on my right there was no vehicle. Suddenly

veh B came very fast and hit veh A

Right front. at the point of accident

veh A. No PHE.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203321R

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.:

GMATAC SketchPlanForm_V3



COMFORTDELGRO ENGINEERING

Our Job Ref No : 305249118
Date : 13/12/18

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

FINALIZATION FORM


To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. : SHB4061S CTPL

Fax :


09.12.18

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

1. The repair job shall bill to: NTUC --- SMF1482A
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% \$1,600.00
Final Lumpsum Repair cost \$1,600.00
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.

Signature : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

We confirm the estimates and finalized amount

Signature : 
Name : Kalvin
Date : 14/12/18

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		NO		
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 : SHB 4061S

DATE 10/12/2018 14:26

MAKE :

MODEL : HYUNDAI i40

LKR/palwan
LikeL/Sum
NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — Defend			\$ 1,052.20
	Front Bumper Bracket Top (RH) X sm			\$ 22.40
	Front Bumper Bracket (RH) X sm			\$ 24.60
	Front Fender (RH) — Defend			\$ 566.30
	Front Fender Shield (R[H) X sm			\$ 175.90
	Front Fender Retainer X sm			\$ 24.60
	Front Wheel Hub Cap (RH) — hatched			\$ 107.10
	SUB TOTAL			\$ 1,973.10
	LESS 20%			\$ 394.62
	DISCOUNTED TOTAL			\$ 1,578.48
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00 400
	Tuff Kote			\$ 50.00 20
	Frt Wheel Alignment			\$ 80.00 X 20
	TOTAL LABOUR			\$ 1,130.00
	ESTIMATE TOTAL			\$ 2,708.48
<p>Kaluh 11/12/18</p> <p>11 10/12/18 1505h</p> <p>2 Dys</p> <p>U/s</p> <p>After Repair photo</p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before start 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 is allowed • Supplementary charges must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p>				
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/INC18022213/K1tbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 31-12-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMF 1482A	Veh. Inspected	SHB 4061S
Policy No.	5103395423	Coverage (\$)	0.00
Claim No.	MT/1023136-002	Excess (\$)	0.00
Assign From		Assign Date	10/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU077496	Colour	BLUE
Odometer	455705	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	HANKOOK	7 mm
L/H Front Tyre	205/60R16	HANKOOK	7 mm
R/H Rear Tyre	205/60R16	HANKOOK	7 mm
L/H Rear Tyre	205/60R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/12/2018	Inspection Date	10/12/2018
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:	2 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4061S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
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 WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-394.62	-345.12
			1,578.48	1,380.48
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,130.00	620.00
GRAND TOTAL			2,708.48	2,000.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,600.00

Report Ref No. NS/INC18022213/K1tbs2

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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