

Bureau: Kelvin

REF: NS/INC18022395/K1sd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / HS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

at _____

Insured: 8JK 8657B

Policy No. 5068346560-04 (7/11/18 - 6/11/19)

Claims No. MT/1023588-002

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

Lump Sum: _____ % 3-Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 4073M Yr Regn: 5 Nov 2015

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

Truck / Trailer or

Make: Hyundai ZK cc 165

Colour: Blue A/C: Ins Ad / Std / HI / NA

Sp. Reading: 448697 T/Radio: Ins Ad / Std / HI / NA

Eng/No: _____

C/No: KMHLDK14444080336

Gen. Cond: Good / F / Poor / Burnt

Steering: In order / C / Jammed / Leaked / Burnt or

Brake: In order / C / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / HTSU / 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. 12/12/18 D.O.I. 12/12/18

Survey held at C D G E (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SHA 4073M-CC3/CTI18004490/K1sd3n2 Date: 6/3/18 IM
	8JK 8657B-X 4
13/12/18	Confirmed US \$ 950 / 2 days.
14/12/18	Confirmed HS \$ 950 / - @ 2 days with Kelvin.
	(\$ 1,149.06 Red - 55%)
	RECEIVED 17 DEC 2018

Date/Time, File Pass to?

17/12/18

1) Typist

Date/Time, File Return to?

2) _____

Report Format:

Lump Sum / L.B.I: (\$ 950/- HS)

☐ : Prel. Report

☒ : Final Report

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

Hello, NAC_PAYA_UBI_800601

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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"/>	5068346560-04		HO LIAM CHEW	S1196700J	GPC	drivo CLASSIC	SJK8657B	SJK8657B	07/11/2018	06/11/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 14/12/18

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
2	MT/1023579-002	COMFORT TRANSPORTATION PTE LTD	SHA 7582R	FBD 7489H	11/12/2018	16:40	\$ 2,844.32	\$ 1,650.00
	MT/1023585-002	CITYCAB PTE LTD	SHA 9195L	SNW 7081E	12/12/2018	5:45	\$ 1,702.40	\$ 1,050.00
	MT/1022487-002	COMFORT TRANSPORTATION PTE LTD	SHC 2334M	SLD 9092L	3/12/2018	22:00	\$ 6,305.08	\$ 4,306.92
	MT/1023345-002	COMFORT TRANSPORTATION PTE LTD	SHB 6213H	SHD 2410X	10/12/2018	8:05	\$ 3,089.55	\$ 1,860.53
	MT/1023588- 002	COMFORT TRANSPORTATION PTE LTD	SHA 4073M	SIK 8657B	12/12/2018	10:50	\$ 2,099.06	\$ 950.00

Claim received from LKK

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	12/12/2018 13:59
Date Of Accident	12/12/2018 10:50
Exact Location Of Accident	CTE TWDS SLE B4 EXIT 7B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4073M
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	QUAH HOCK HENG
NRIC No	S0055087F
Date Of Birth	20/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97802502
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	255 13-692 COMPASSVALE ROAD
Postcode	540255
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

SEE ATTACH.

Attachment(s)

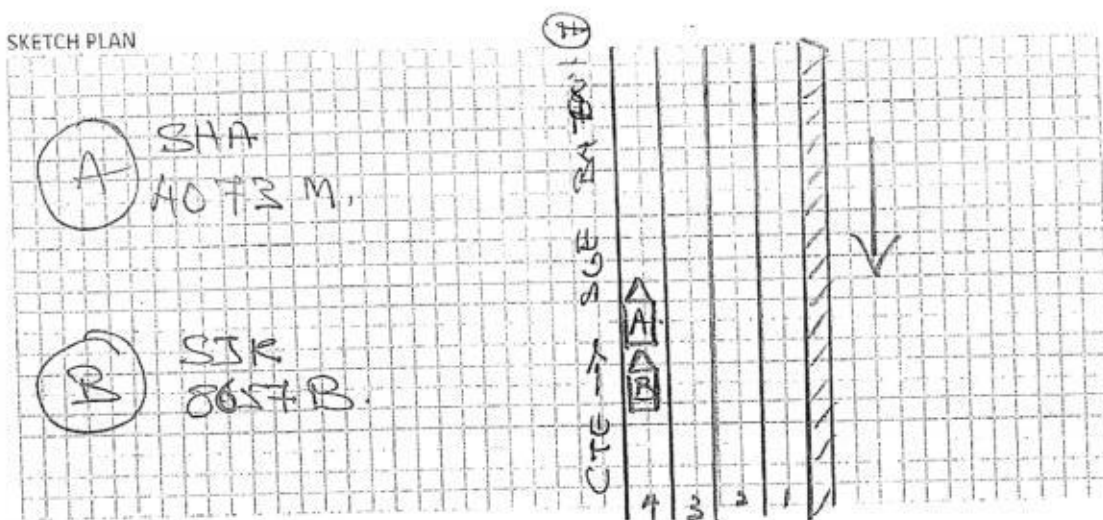
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK8657B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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. 12 Dec 2018 @ 10:20 hr T.

VEH (A) Slow down and stop due to

infront vehicle E-brake. Suddenly.

VEH B from rear hit VEH (A) Rear.

at the point of accident VEH A

NO PHX.

DECLARATION

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

COMFORT POLY STORAGE & LOGISTICS
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

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.

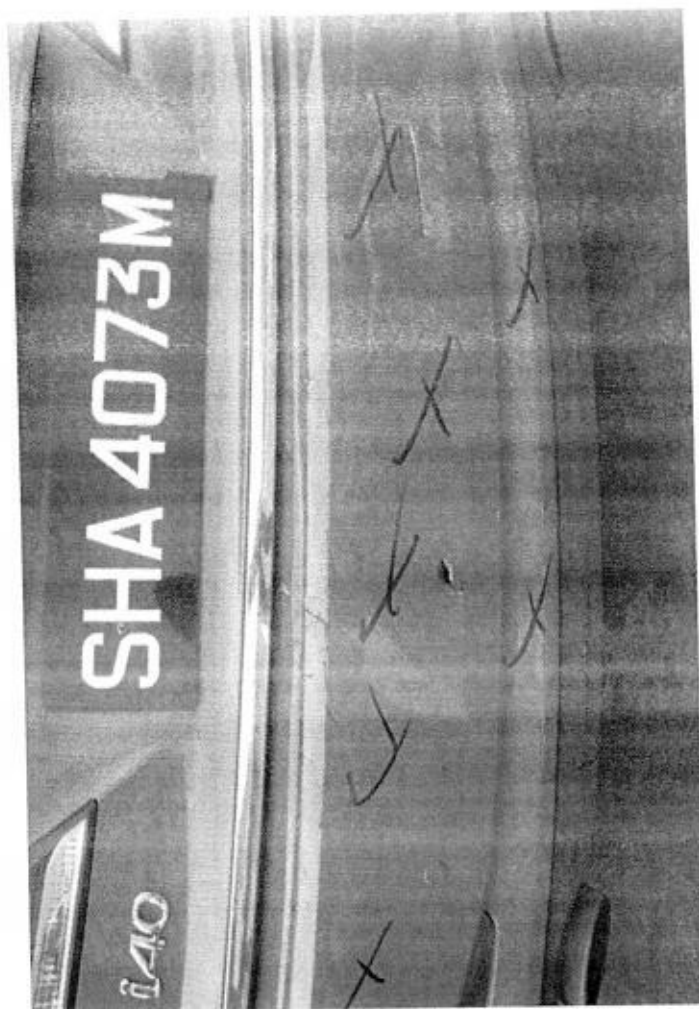
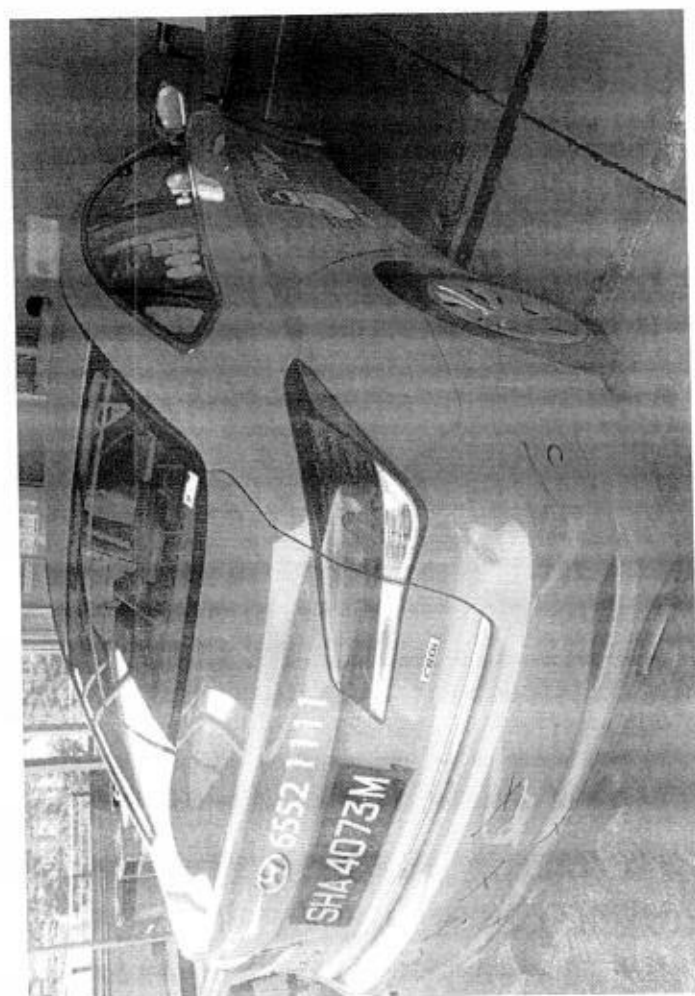
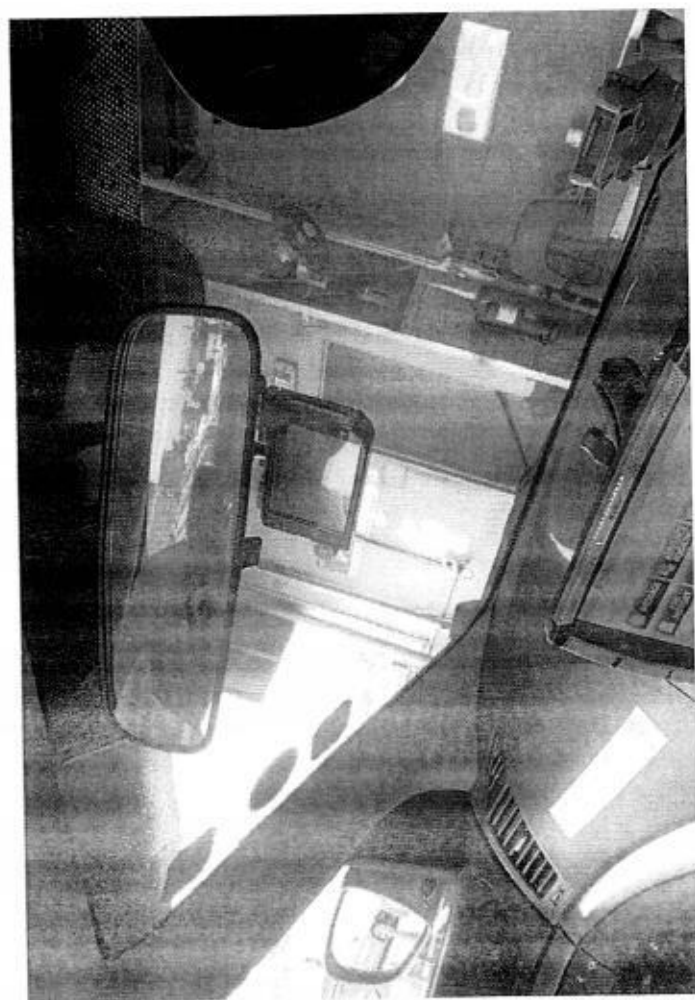
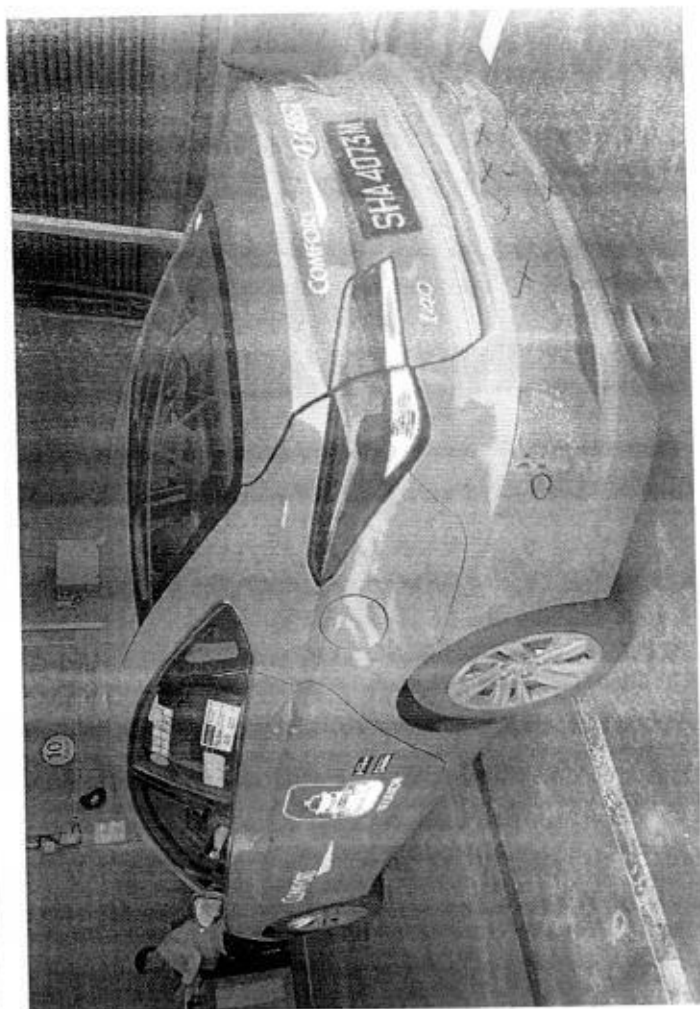
COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

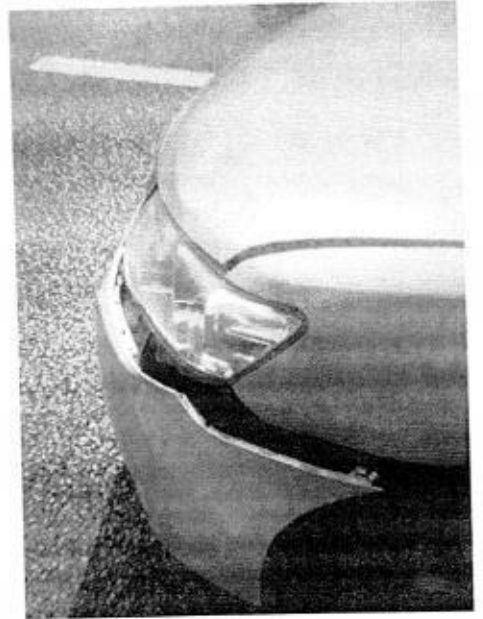
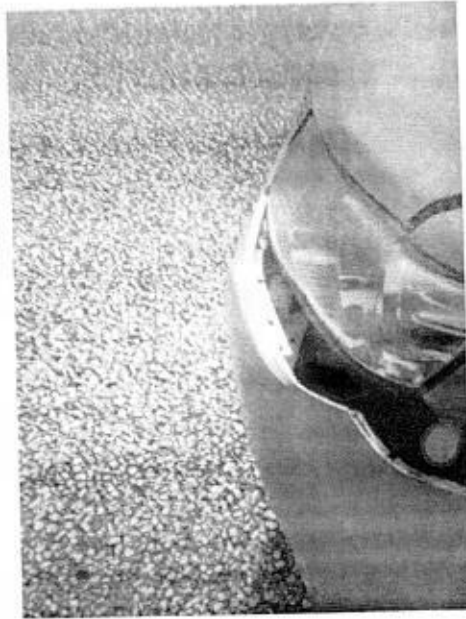
Policyholder's Signature
Date & Time:

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

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

[Signature] 18/12





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4073M

DATE 12/12/2018 14:13

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>Reformed</i>			\$ 553.00
	Rear Bumper Reinforcement <i>Xsu</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Xsu</i>	\$	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs — <i>new</i>			\$ 22.00
	Rear Bumper Bracket <i>Xsu</i>	\$	35.60	\$ 71.20
	Rear Bumper Sponge <i>Xsu</i>			\$ 103.50
	Rear Bumper Under Cover — <i>cut</i>			\$ 228.00
	SUB TOTAL			\$ 1,566.70
	LESS 20%			\$ 313.34
	DISCOUNTED TOTAL			\$ 1,253.36
	 Rear Bumper Reverse Sensor — <i>shorted</i>			\$ 135.70 Nett
				\$ 135.70
	Labour Charge			
	Panel Beating			\$ 350.00 ²⁰⁰
	Spray Painting Charge			\$ 250.00 ²⁰⁰
	Wiring Charge			\$ 30.00 ^{X 1.1}
	Remove/Refix Reverse Sensor			\$ 80.00 ³⁰
	TOTAL LABOUR			\$ 710.00
	ESTIMATE TOTAL			\$ 2,099.06
<p><i>Ka/wh 10/11/18</i></p> <p><i>12/12/18 1515 hrs</i></p> <p><i>2 Days</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p>				
<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. </p>				

Linc Auto Centre will notify the Insurer of the following:
 • To resurvey the vehicle at the time of the survey
 • To supply the age of the vehicle during the survey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification is allowed
 • Supplemental items will be surveyed 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.: 305250298

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

/MS

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

COUNT CARD NO.

REGN NO.:

SHA4073M

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

12.12.2018 12:25

YR OF MANU

05.11.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU080336

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.12.2018

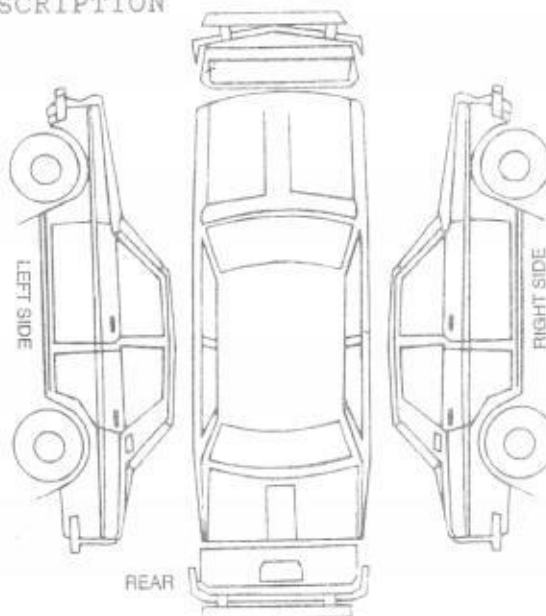
NATURE: 3P 12.12.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

By:

On:

Vehicle No.:

SHA4073M

CHIANG

Vehicle No.:

SHA4073M

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



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/INC18022395/K1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-12-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJK 8657B	Veh. Inspected	SHA 4073M
Policy No.	5068346560-04	Coverage (\$)	0.00
Claim No.	MT/1023588-002	Excess (\$)	0.00
Assign From		Assign Date	12/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080336	Colour	BLUE
Odometer	448697	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 REAR PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	12/12/2018	Inspection Date	12/12/2018
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:	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. SHA 4073M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-313.34	-160.60
			1,253.36	642.40
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
			135.70	135.70
LABOUR				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			710.00	430.00
GRAND TOTAL			2,099.06	1,208.10
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				950.00

Report Ref No. NS/INC18022395/K1sd3n2

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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