

Surveyor: Kelvin

REF: NSLINC18022398 / Klad3n2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop rms _____
 Insured: _____
 Policy No: 5102708293
 Claims No: MT/1023579-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SH A7582R Yr Regt: 21 May 2015
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Zeta cc: 1685
 Colour: Blue A/C: Ins 6 / Std / Nil / NA
 Sp. Reading: 452159 T/Radio: Ins 6 / Std / Nil / NA
 Eng/No: _____
 C/No: KMHLB414MF4069109
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: In order / 6 / Jammed / Leaked / Burnt or _____
 Brake: In order / 6 / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD / 6 / Rim or _____
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 7 days Res.: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. n/a D.O.I. 12/12/8
 Survey held at C DGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SH A7582R - CC4 / III 18015074 / Uma Zeta 2 Dur: 14/8/18 IMC 4s.
	FBD 7489H - X
14/12/18	Returned up \$1650 / 20%. (Red to 194.37, 42%)
RECEIVED 17 DEC 2018	

Date/Time, File Pass to? : Prell. Report
 1) 17/12/18 hmg : Final Report
 Date/Time, File Return to?
 2) _____
 Report Format: TP
 Lump Sum / L.B.I. (\$): 1650

Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS: \$ _____
 Photos _____
 Others: 160
 TOTAL _____

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/12/2018 18:22"/>
Vehicle No.(For Motor)	<input type="text" value="FBD7489H"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102708293		SIM YONG SHENG	T0001641H	GMC	Third Party	FBD7489H	FBD7489H	26/07/2018	19/07/2019

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	SW 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 10:40
Date Of Accident	11/12/2018 16:40
Exact Location Of Accident	PIE TWDS JURONG (LAMP POST 1384A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7582R
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	CHIA KIANG SENG
NRIC No	S1366633D
Date Of Birth	03/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	02/06/1980
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97629387
Fax Number	
Contact Number	
EEmail Address	CHIAKIANGSENG@GMAIL.COM

Address	BLK 809 TAMPINES AVENUE 4 #08-163
Postcode	520809
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	2
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: : MALE

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

REFER 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	FBD7489H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SIM YONG SHENG
NRIC/Passport Number	
Contact Number	96403638
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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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
CG. REG. NO: 199303821R

Policyholder's Signature
Date & Time:

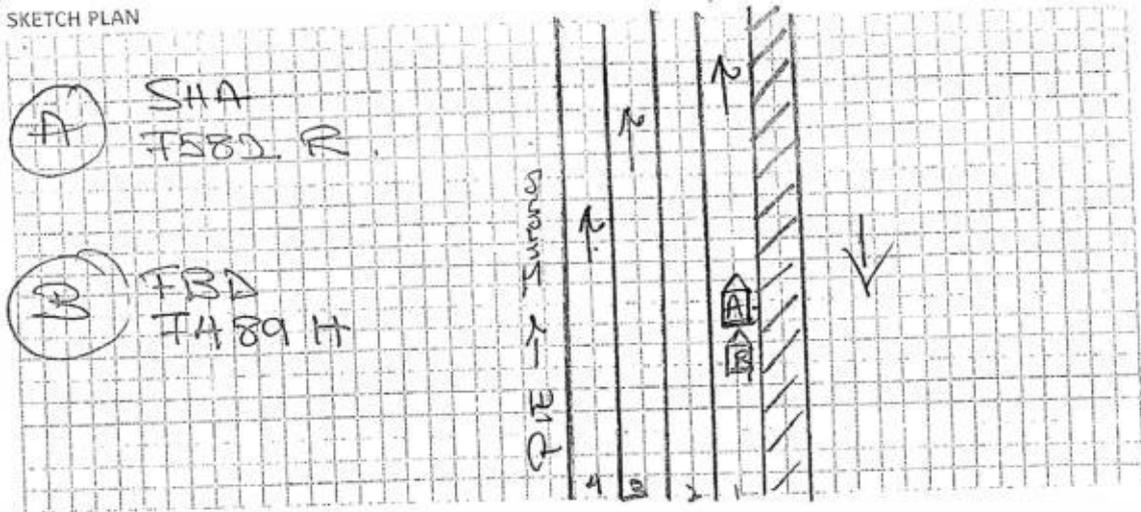
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/IMAC SketchPlanForm_V3

4-1
6-6

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

GN. 00V 11 Dec 2018 @ 16.40hr I

veh A was driving along the above location at one point whilst vehicle

Stop - I veh A slow down and stop.

After few sec. veh B from rear hit veh A

Rear. at the point of accident

veh A being a male pte. not injured.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 122063021R

Policyholder's Signature
Date & Time:

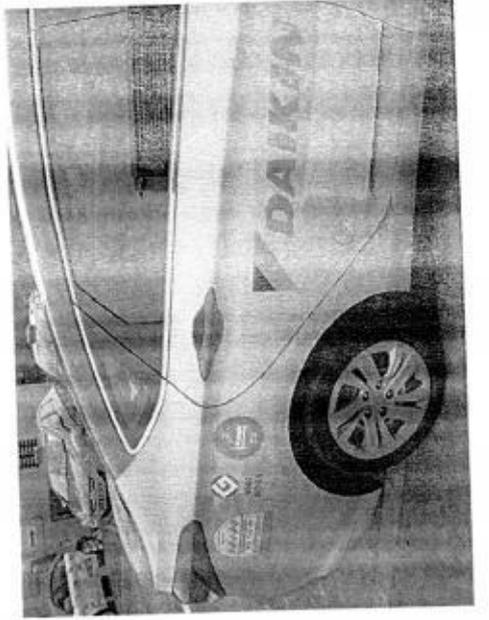
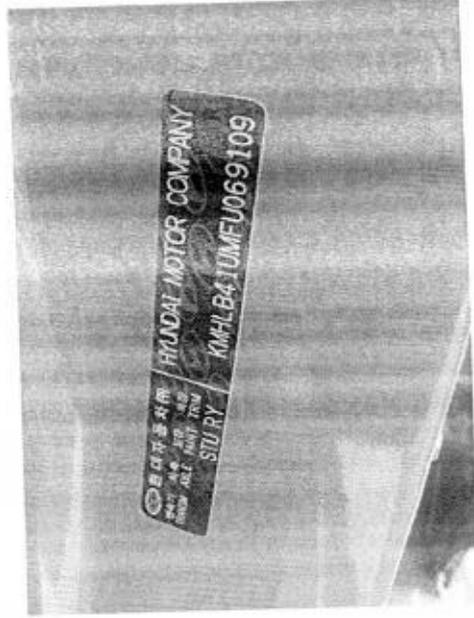
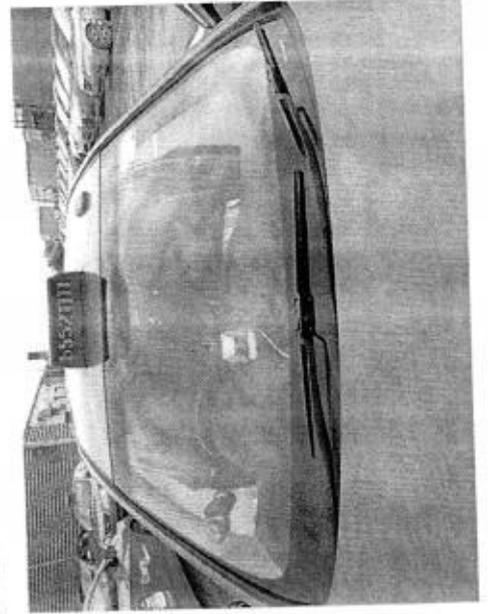
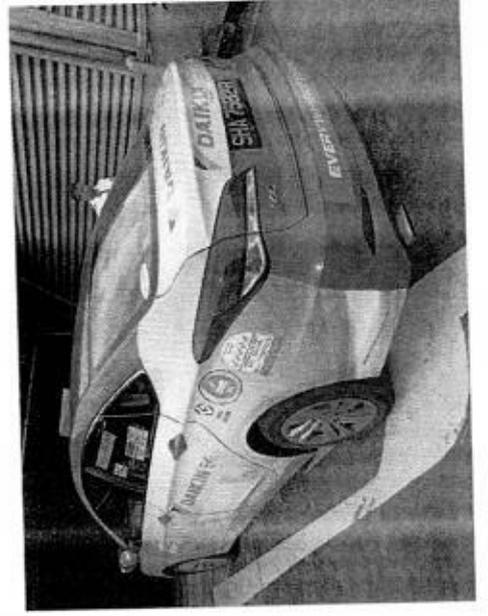
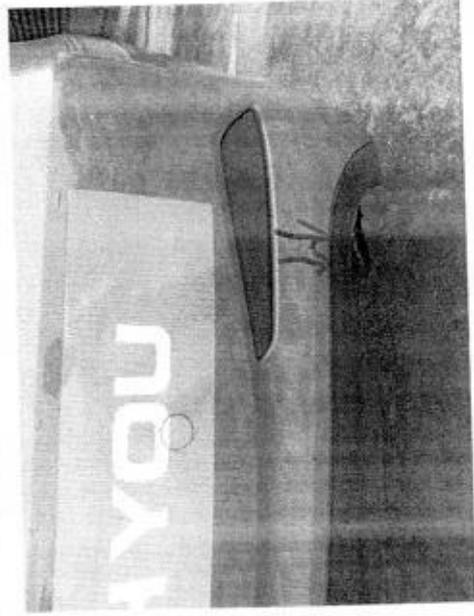
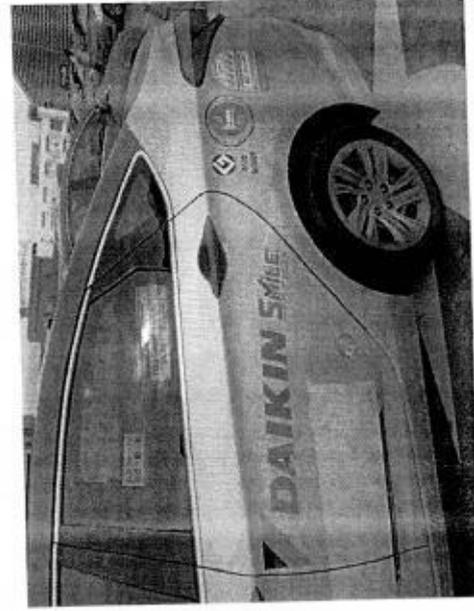
[Signature]

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

[Signature]

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

12/12/18.



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

NTUC / REAR

DATE 12/12/2018 15:30

FZ

VEHICLE NO : SHA 7582R

MAKE :

Fauzy

MODEL : HYUNDAI i40

LKK

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper Under Cover X <i>see</i>			\$ 228.00
	Exhaust Pipe Insulator,RH X <i>see</i>			\$ 58.55
	Exhaust Silencer,RH - <i>Beut</i>			\$ 967.70
	Exhaust Pipe Hanger,RH X <i>regular</i>			\$ 58.55
	Exhaust Pipe Centre - <i>Beut</i>			\$ 730.10
	<i>Rear Bumper x repair</i>			
	SUB TOTAL			\$ 2,042.90
	LESS 20%			\$ 408.58
	DISCOUNTED TOTAL			\$ 1,634.32
	Rear Bumper Advertisement Logo - <i>see</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) - <i>see</i>	\$	100.00	\$ 200.00
				\$ 250.00
	Labour Charge			
	Panel Beating- Repair Bumper			\$ 400.00 ²⁰⁰
	Spray Painting Charge			\$ 300.00 ²⁰⁰
	Wiring Charge			\$ 30.00 ^{X 74}
	Remove/Refix Reverse Sensor			\$ 80.00 ^{X 22}
	Remove/Refix Exhaust Pipe			\$ 150.00 ⁵⁰
	TOTAL LABOUR			\$ 960.00
	ESTIMATE TOTAL			\$ 2,844.32

Ka/2 11/11/14
12/12/18 1605h
2 Pys
4/s
After Repair p/lt

LKK Auto Consultants hereby notify the Repairer of the following:
 • To resurvey before any spraying
 • To display damaged parts in a resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modifications are allowed
 • Supplementary items 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.

Workshops

59 Loyang Drive Singapore 508968
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
329 Ubi Road 3 Singapore 401509

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 12.12.2018 11:57

Page : 1

JOB CARD

Sales Order: 3881432

JC NO.: 305250293

Team: ARC Repair TP(CLS0)1

COMER
S
COMER NO.
ESS
(R)
(P)
COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REGN NO.: SHA7582R	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 12.12.2018 09:20
YR OF MANU 21.05.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU069109	COMPLETION DATE/TIME:

UNIT CARD NO.

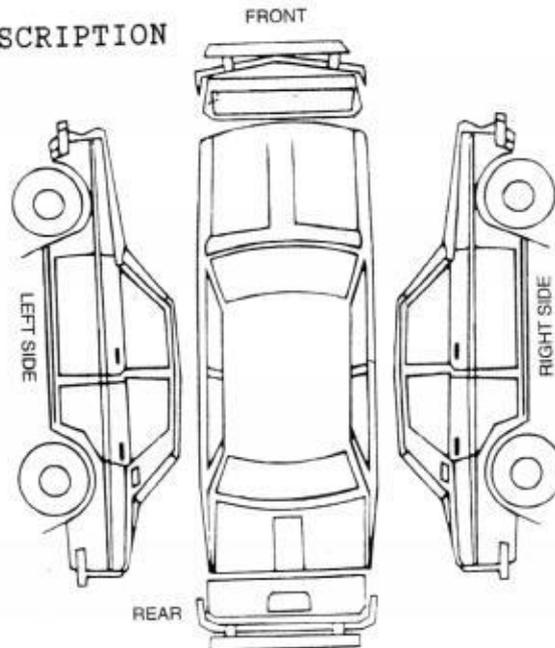
JOB DESCRIPTION

Accident Date: 11.12.2018
NATURE: 3P 11.12.18/B

Leak

S/NO LABOR CODE

DESCRIPTION



REKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHA7582R FZ (NTUC)

Vehicle No.: SHA7582R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Handwritten signature and date: 22/12/2018

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305250293
Date : 13.12.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA7582R

Date of Accident : 11.12.2018

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

1. The repair job shall bill to: NTUC --- FBD7489H
2. The finalized amount shall be:

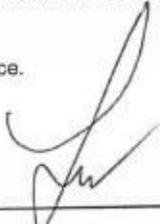
(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
Total for Part-By-Part Repair Cost	<u>\$0.00</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$1,650.00</u>
Final Lumpsum Repair cost	<u>\$1,650.00</u>

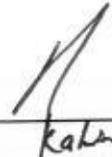
3. Estimated normal period for repairs: 2 working days.

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 : 

Signature : 

Name : FAUZY BIN MOKHTAR

Name : Kaka

Tel : 62148319

Date : 14/12/18

Fax : 65468156

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/INC18022398/K1qd3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 18-12-2018
Code: INC4	



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBD 7489H	Veh. Inspected	SHA 7582R
Policy No.	5102708293	Coverage (\$)	0.00
Claim No.	MT/1023579-002	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.	KMHLB41UMFU069109	Colour	BLUE
Odometer	452159	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

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

5. General Information

Accident Date	11/12/2018	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
-------------------------------------	----------------

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7582R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
1	EXHAUST PIPE INSULATOR,RH	SERVICEABLE	58.55	-
1	EXHAUST SILENCER,RH	BENT	967.70	967.70
1	EXHAUST PIPE HANGER,RH	TO REPAIR SEE LABOUR	58.55	-
1	EXHAUST PIPE CENTRE	BENT	730.10	730.10
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-408.58	-339.56
			1,634.32	1,358.24
SPECIAL NETT ITEMS				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	250.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF EXHAUST PIPE HANGER,RH AND REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	REMOVE/REFIX EXHAUST PIPE.		150.00	50.00
			960.00	450.00
GRAND TOTAL			2,844.32	2,058.24
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,650.00

Report Ref No. NS/INC18022398/K1qd3n2



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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