

Part 1

Surveyor: Kelvin

REF:

NS/INC18022463 / Klvb2

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

At Workshop m/s: \_\_\_\_\_

at \_\_\_\_\_

Insured: PC 1427R

Policy No: 5092319497-01 B3092018

Claims No: MT / 1023784-002

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: \_\_\_\_\_

IDIAC 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

Date / Time Action / Instruction

SHA 72014 - NS/FELI 3021440 / Tigmasdi

DA: 10-11-13

Zm

PC 1427R - NS/AXA 15003014 / Klvb2

DA: 14/01/15

19/12/18 Insured r/p \$400 / 2 hrs

(Red 1340.88, 7710) (No LS)

Labour Only

RECEIVED 21 DEC 2018

20/12/2018

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 20/12 - typist

Report Format: TP

Lump Sum / I.B.I. (\$) 400p

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\_\_\_\_ S + RS \_\_\_\_ SI

Photos

Others

TOTAL

160

Veh No: SHA 72094 Yr Regn: 11 Feb, 2'4

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

Truck / Trailer or

Make: H-1 20 cc 168r

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

Sp. Reading: 787883 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB 41465904755r

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 Alloy or

Tyre Size: F: 205 / 60 R 6

R: \_\_\_\_\_

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

TOYO / YOKO or Wet / Dry

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: 13/12/18

Survey held at CDGE (Loyang)

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

Front

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

TP Claims against NTUC Income: Follow-Through Survey

20.12.2018

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/1023742-002	COMFORT TRANSPORTATION PTE LTD	SHA 5947K	CB 5118R	12/12/2018	15:30	\$3,089.20	\$2,800.08
2	MT/1023784-002	COMFORT TRANSPORTATION PTE LTD	SHA 7209U	PC 1427R	12/12/2018	06:00	\$1,740.88	\$400.00
3	MT/1023043-002	COMFORT TRANSPORTATION PTE LTD	SHC 8080E	SIN 7699X	5/12/2018	15:40	\$10,766.00	\$6,400.00
4	MT/1024548-001	COMFORT TRANSPORTATION PTE LTD	SHA 7923R	SGR 9161G	11/12/2018	14:55	\$1,505.00	\$1,000.00
5	MT/1023028-002	COMFORT TRANSPORTATION PTE LTD	SHC 2765C	YP 1158S	7/12/2018	20:40	\$9,964.20	\$5,400.00
6	MT/1024551-001	COMFORT TRANSPORTATION PTE LTD	SH 6206S	SJT 4065M	15/12/2018	10:05	\$2,044.23	\$860.95
7	MT/1024552-001	COMFORT TRANSPORTATION PTE LTD	SHC 2967L	SJZ 8581G	14/12/2018	9:30	\$1,580.32	\$900.00
8	MT/1023443-002	COMFORT TRANSPORTATION PTE LTD	SHD 7164Z	SLK 9402P	11/12/2018	8:30	\$1,903.36	\$850.00
9	MT/1021314-002	SMRT TAXIS PTE LTD	SHB 1764S	SHD 1031M	26/11/2018	5:50	\$2,982.26	\$1,050.00

Claim received from LKK

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 checked="" type="radio"/>	5092319497-01		DEWAY TRAVEL & COACH PTE LTD	200719833R	GFT	Comprehensive	PC1427R	PC1427R	03/07/2018	

## 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 11:46
Date Of Accident	12/12/2018 06:00
Exact Location Of Accident	TAMPINES AVE2 TWDS TAMPINES AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7209U
<b>Insured/Policyholder</b>	
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	LOONG JIN YANG (LONG JINYANG)
NRIC No	S8237011J
Date Of Birth	21/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98629206
Fax Number	
Contact Number	
EEmail Address	JINYANG82@HOTMAIL.COM

Address 153 #06-38 BISHAN STREET 13  
 Postcode 570153  
 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 ( TP Reverse )  
 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)

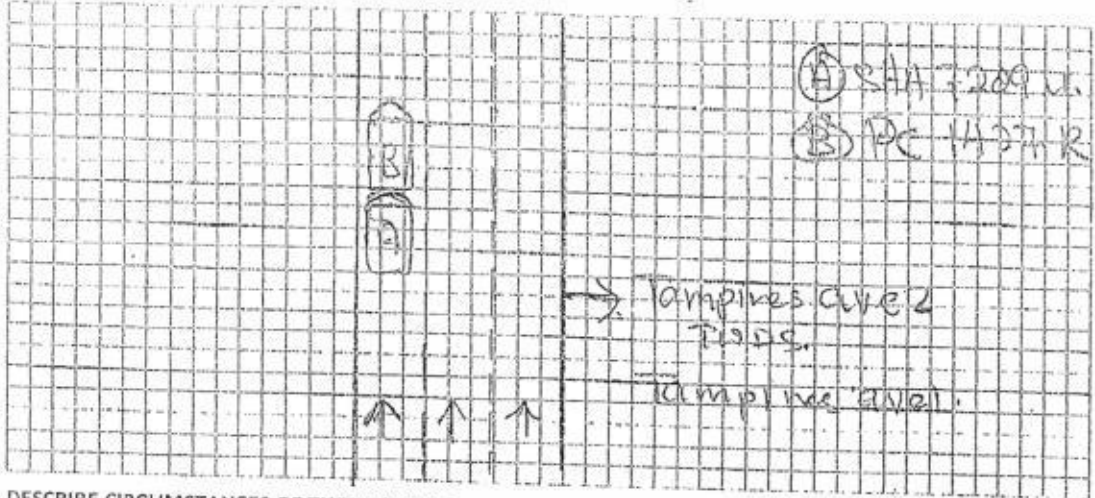
Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: -  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC1427R  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category BUS  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number 67667997  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage REAR  
 No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/12/2018 at about 0600 hrs, I vehicle A was driving my taxi along Tampines ave 2 toward Tampines ave 1. While I was travelling on the most left lane. As vehicle B in front of me stop I also manage to stop too. Then vehicle B reverse back on, then I start to horn him. But his vehicle B it till reverse and hit against vehicle A front portion before coming to a stop.

## 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

118 Signature

12/12/18 Jackson Heng

C90

Reporting Centre Personnel's Signature

## Sketch Plan Pg. 2

### IMPORTANT NOTICE

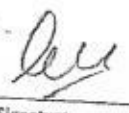
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)

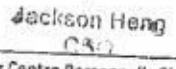
I understand, acknowledge, agree and consent that:

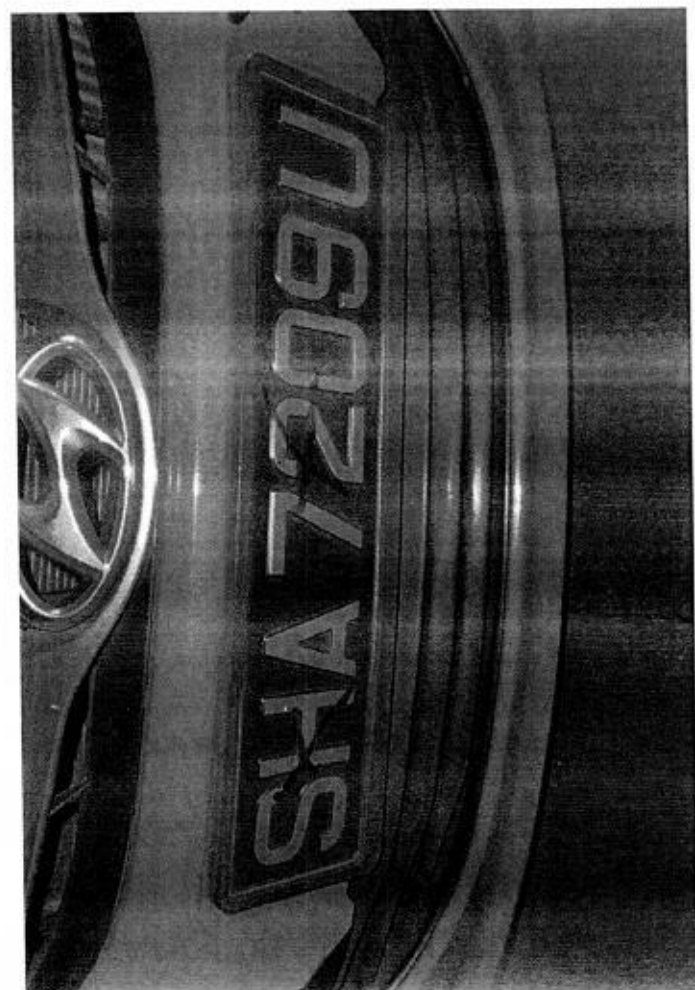
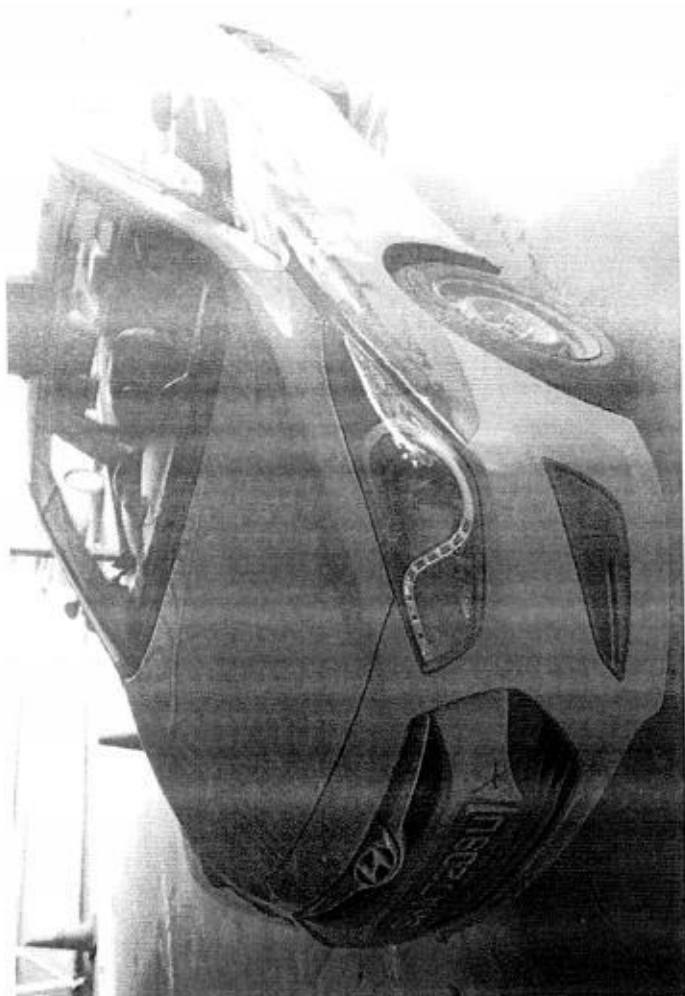
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

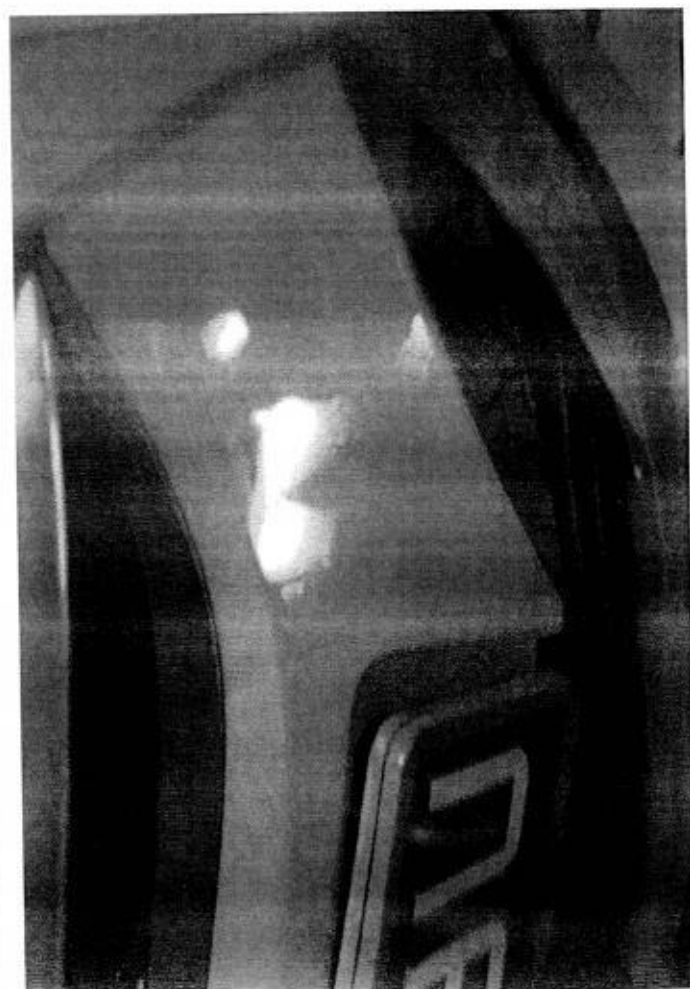
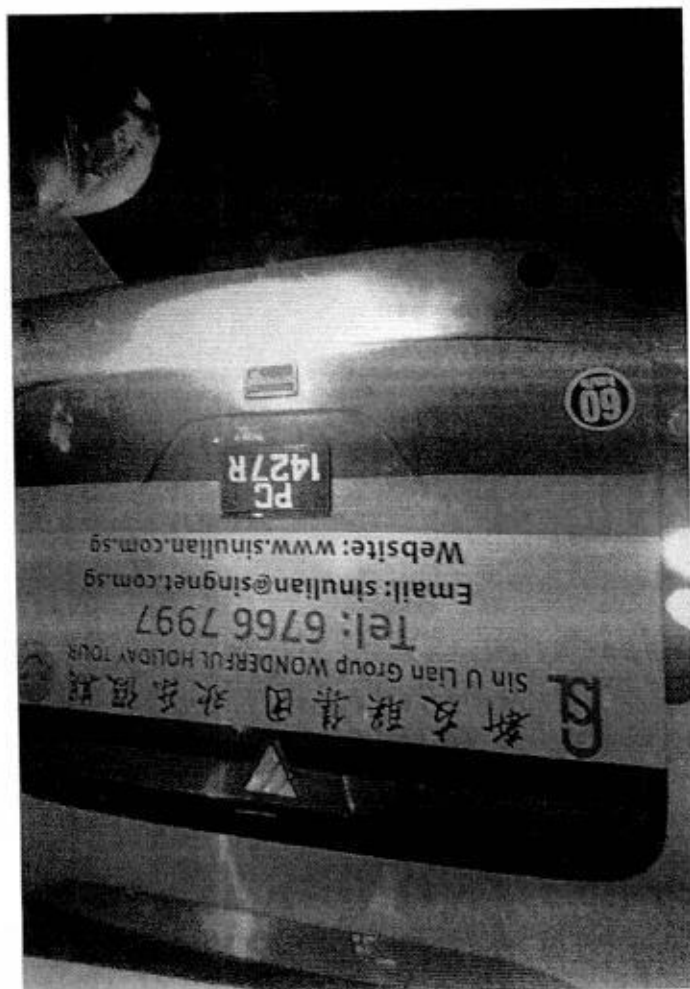
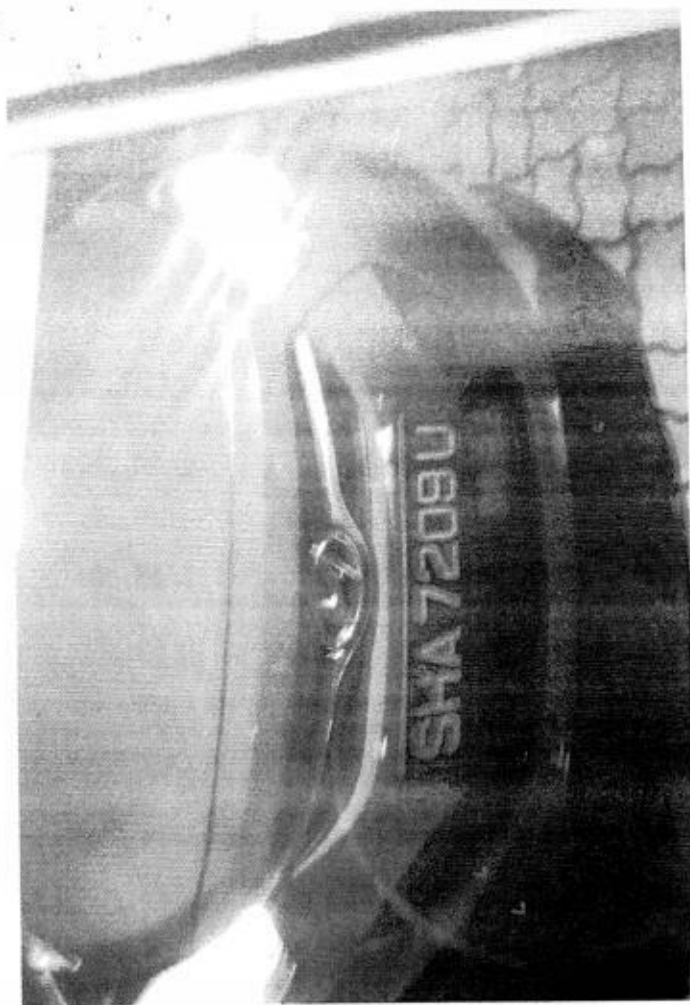
COMFORT TRANSPORTATION PTE LTD  
CD REG ID: 180193621R

Policyholder's Signature  
Date & Time:

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

12/12/15  
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 7209U

DATE 12/12/2018 15:24

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille <i>X see</i>			\$ 251.00
	Radiator Grille H Emblem <i>X see</i>			\$ 27.50
	Front Bumper Cover <i>X see</i>			\$ 544.50
	Front Bumper Centre Grille Top Garnish <i>X see</i>			\$ 80.00
	Front Bumper Bracket Top (LH/RH) <i>X see</i>		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) <i>X see</i>		\$ 24.60	\$ 49.20
	Horn Unit (LH/RH) <i>X see</i>		\$ 73.80	\$ 147.60
	Horn Wire <i>X see</i>			\$ 156.50
	<b>SUB TOTAL</b>			<b>\$ 1,301.10</b>
	<b>LESS 20%</b>			<b>\$ 260.22</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,040.88</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>400.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>300.00</del> <i>200</i>
	<b>TOTAL LABOUR</b>			<b>\$ 700.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,740.88</b>
<p><i>Ka Liellu</i></p> <p><i>13/12/18 1130L</i></p> <p><i>2 R's</i></p> <p><i>4's</i></p> <p><i>After Repair plz</i></p>				
<p>LKK Auto Components Singapore</p> <p>the Repairing the following</p> <ul style="list-style-type: none"> <li>• To repair any damage to the car</li> <li>• To repair any damaged parts</li> <li>• Parts prices are subject to change</li> <li>• The car must be returned to the repairer</li> <li>• No cash payment accepted</li> <li>• Single item repair is subject to final price</li> </ul> <p>Acknowledged by Rep.</p> <p>Signature:</p> <p>Date:</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>				

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305250297

CUSTOMER  
COMFORT TRANSPORTATION PTE LTD  
MR/MS 7010045  
CUSTOMER NO. 383 SIN MING DRIVE  
ADDRESS Singapore SINGAPORE 575717  
TEL (P) 65508755 (O)  
DISCOUNT CARD NO.

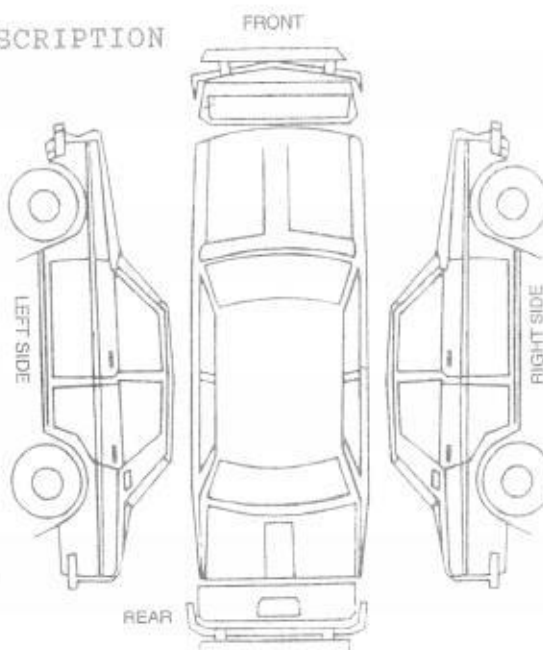
REGN NO.: SHA7209U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 12.12.2018 09:40
YR OF MANU 11.02.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU047535	COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 12.12.2018  
NATURE: 3P 12.12.2018

S/NO LABOR CODE

## DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

knowledge Slip

Exit Pass

me:

No.:

hicle No.:

SHA7209U

CHIANG

Vehicle No.:

SHA7209U

ime of Service Advisor

Signature/Date

Name of Service Advisor

Date

be returned to Service Reception upon collection

To be kept by Security Guard

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

## FINALIZATION FORM

Fax:

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

- We confirm the estimates and finalized amount

Signature: \_\_\_\_\_  
Name : Ka/m  
Date : 19/12/18

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/INC18022463/K1vbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 26-12-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	PC 1427R	Veh. Inspected	SHA 7209U	
Policy No.	5092319497-01	Coverage (\$)	0.00	
Claim No.	MT/1023784-002	Excess (\$)	0.00	
Assign From		Assign Date	13/12/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU047535	Colour	BLUE	
Odometer	787883	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	12/12/2018	Inspection Date	13/12/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



# 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 7209U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	RADIATOR GRILLE	SERVICEABLE	251.00	-
1	RADIATOR GRILLE H EMBLEM	SERVICEABLE	27.50	-
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER CENTRE GRILLE TOP GARNISH	SERVICEABLE	80.00	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	SERVICEABLE	49.20	-
2	HORN UNIT (LH/RH) @\$73.80	SERVICEABLE	147.60	-
1	HORN WIRE	SERVICEABLE	156.50	-
	LESS 20% DISCOUNT		-260.22	-
			1,040.88	-
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	400.00
<b>GRAND TOTAL</b>			<b>1,740.88</b>	<b>400.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>400.00</b>

Report Ref No. NS/INC18022463/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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