

Surveyor: Kalvin

REF:

NS/INC 18021552 / Klsbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

At Workshop n/s: _____

At: _____

Insured: **GBB 3629H**

Policy No: **5096698944** **181217 - 171218**

Claims No: **MT/1024271-001**

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: _____

ISO 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

Date / Time Action / Instruction

SHA 4323S - NS/INC 11003280 / Dn

GBB 3629H - NA/DN 18013786 / TS

17/12/18 Chk P/P \$ 973.68 / 117.

18/12/18 Continued P/P \$ 973.68 @ 1 days with Kalvin.

(\$ 120.00 Rd - 11%)

Veh No: **SHA 4323S** Yr Regn: **314, 2018**

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

Truck / Trailer or

Make: **Hyundai Elantra** cc: **1580**

Colour: **Blue** A/C: **Ins** / Std / NI / NA

Sp. Reading: **5 6562** T/Radio: **Ins** / Std / NI / NA

Eng No: _____

C/No: **KMHC851CRJ4103370**

Gen. Cond: Good / **F** / Poor / Burnt

Steering: Inord / **C** / Jammed / Leaked / Burnt or

Brake: Inord / **C** / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / **C** / Rim or

Tyre Size: F: **195 / 65R15**

R: _____

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

TOYO / YOKO or **Nexen.**

Date/Time, File Pass to?

18/12/18

☐ : Prel. Report

☒ : Final Report

1) **Typist**

Date/Time, File Return to?

2) _____

Report Format:

Lump Sum / I.B.I. \$

973.68 P/P

Days Of Repair: **1**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160

18/12/2018

RECEIVED 18 2018

eBaoTech

GeneralClaim

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"/>	5096698944		TUNGSTEN MOVER SERVICES	53235154A	GCV	Comprehensive	GBB3629H	GBB3629H	18/12/2017	17/12/2018

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	14/12/2018 11:18
Date Of Accident	13/12/2018 17:00
Exact Location Of Accident	GEYLANG LOR 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4323S
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	IONIQ HYBRID
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	LIM NGUIK JIO
NRIC No	S1338739G
Date Of Birth	19/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94561263
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 59 #07-103 MARINE TERRACE
 Postcode 440059
 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 - OPENING DOOR OF VEHICLE
 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) 3
 Passenger 1

NAME: : -
 GENDER: : MALE

Passenger 2

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 GBB3629H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver AZZAHID BIN SOHANI
 NRIC/Passport Number S8237337C
 Contact Number
 Address
 Postcode

Insurance Company Name

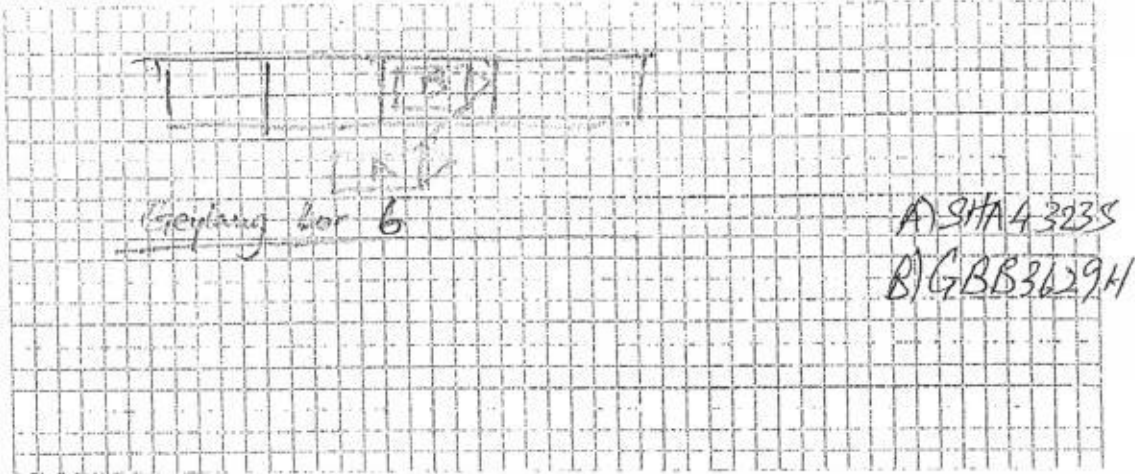
Nature Of Damage

RHT FRT DOOR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/12/18 at about 1700hrs while I Veh A was slowly travelling along the single laned road, Veh B that was parked along the left side designated parking lots, opened the right door which collided on the left wing mirror portion of my moving vehicle

DECLARATION

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

COMFORT TRANSPORTATION
CO REG NO 19874

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

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.

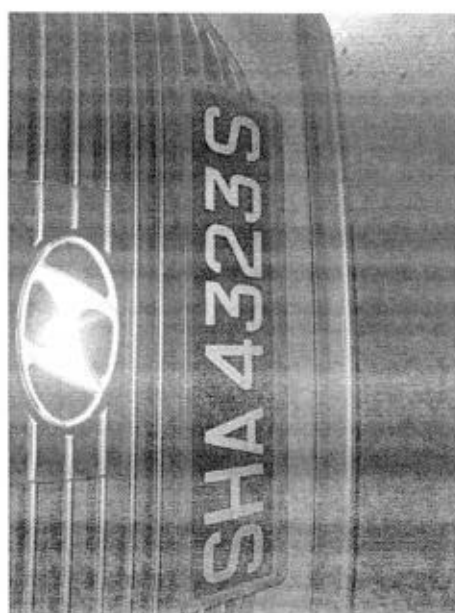
COMFORT TRANSPORTATION PTE. LTD.
CO REG NO 159297821R

SEA MOU 14/12/18
ESO

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.:





REPAIR ESTIMATE*

DATE: 14. Dec. 2018

DOA: 13. Dec. 2018

NTUC

[illegible]

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305250943
STOMER:	REGN NO.: SHA4323S	MILEAGE	
/MS 7010045	MAKE: HYUNDAI	FUEL	
STOMER NO. 383 SIN MING DRIVE	MODEL IONIQ(G2)	DATE/TIME IN 13.12.2018 17:00	
JRESS Singapore SINGAPORE 575717	YR OF MANU 03.07.2018	TARGET DATE	
65508755 (R) (P)	CHASSIS CODE RMHC851CVJU103370	COMPLETION DATE/TIME:	
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 13.12.2018
NATURE: 3P 13.12.2018

S/NO	LABOR CODE	DESCRIPTION
		NTUC - Left Side Mirror
		LK/Kahni -

CHECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SHA4323S	Vehicle No.: SHA4323S
Signature/Date	Name of Service Advisor
Signature/Date	Date
Signature/Date	To be kept by Security Guard

Larry Ng

COMFORTDELGRO ENGINEERING PTE LTD

Date: 15.12.2018

REPAIR ESTIMATE

Time: 11:28:59

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305250943
REGN NO : SHA4323S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 03.07.2018
DATE/TIME IN : 13.12.2018 17:00
ACCIDENT DATE : 13.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2537-G IONIQV2 MIRROR ASSY-OUTSI 1 1,054.60 20.00 843.68

SUB-TOTAL : 843.68

JOB NATURE

0000 L PANEL BEATING 80.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 50.00

SUB-TOTAL : 130.00

TOTAL : 973.68

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No. : 305250943

Date : 15. Dec. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA4323S

Date of Accident: 13. Dec. 2018

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

1. The repair job shall bill to: NTUC GBB3629H
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$843.68
(b) Labour Charges	\$130.00
Total for Part-By-Part Repair Cost	\$973.68
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
Final Lumpsum Repair cost	


3. Estimated normal period for repairs: 1 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 : 
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Kalvin
Date : 17/12/18

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Surge time 150 hrs.



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/INC18022552/K1sbn2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
Date: 27-12-2018			
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBB 3629H	Veh. Inspected	SHA 4323S
Policy No.	5096698944	Coverage (\$)	0.00
Claim No.	MT/1024271-001	Excess (\$)	0.00
Assign From		Assign Date	14/12/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVJU103370	Colour	BLUE
Odometer	56562	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	NEXEN	7 mm
L/H Front Tyre	195/65 R15	NEXEN	7 mm
R/H Rear Tyre	195/65 R15	NEXEN	7 mm
L/H Rear Tyre	195/65 R15	NEXEN	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S WING MIRROR.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	13/12/2018	Inspection Date	14/12/2018
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:		1 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 4323S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>REPLACEMENT OF PARTS</u>	BROKEN		
	SIDE MIRROR-LH		1,054.60	1,054.60
	LESS 20% DISCOUNT		-210.92	-210.92
			843.68	843.68
	<u>LABOUR</u>	NOT NECESSARY		
	PANEL BEATING.		100.00	80.00
	SPRAY PAINTING CHARGE.		100.00	50.00
	WIRING CHARGE.		50.00	-
			250.00	130.00
GRAND TOTAL			1,093.68	973.68
RECOMMENDED COST OF REPAIRS (CONFIRMED)				973.68

Report Ref No. NS/INC18022552/K1sbn2

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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