

Surveyor: Kelvin

REF:

NS/INC18022651/Klgbs2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJZ 85816

Policy No. 5093348634 -02 08112018

Claims No. MT/1024552 -01

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 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

	SHC 2967L - NA/MS615017344/d2	DA: 12-10-15	Inc
	SJZ 85816 - X		dr
18/12/15	Lump sum 454900/ 2 hrs. (Red 6680.32, 43%)		

RECEIVED 20 DEC 2018

Veh No: SHC 2967L Yr Regt: 29 Jan, 2014

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

Truck / Trailer or

Make: Hyundai Sonata cc 194

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

Sp. Reading: 396701 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHE741UMBA803812

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 A/Rim or

Tyre Size: F: 245/60R16

R: _____

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

TOYO / YOKO or Wael Ue.

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 14/2/15 D.O.I. 17/2/15

Survey held at CDGE (Loyang)

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

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

Date/Time, File Pass to?

☐ : Prel. Report

11/20/12 hupar

☐ : Final Report

Date/Time, File Return to?

21

Report Format: TP

Lump Sum / L.B. (\$) 900

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp. (\$

☐ : Interview. (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS \$1

Photos

Others

TOTAL

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	SJN 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

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="14/12/2018 11:09"/>
Vehicle No. (For Motor)	<input type="text" value="SJZ8581G"/>	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 checked="" type="radio"/>	5093348634-02		STARS RENTAL & LEASING	53312317L	GFT	drive CLASSIC	SJZ8581G	SJZ8581G	08/11/2018	

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 11:37
Date Of Accident	14/12/2018 09:30
Exact Location Of Accident	JALAN BUKIT MERAH > CTE (SLE / TPE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2967L
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	SONATA-2.0 (A)

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	BOK AH SAH
NRIC No	S0539651D
Date Of Birth	29/03/1946
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1970
Driving Experience	48 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91502515
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	673 HOUGANG AVE 8 #09-655
Postcode	S530673
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?	
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 SEE 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	SJZ8581G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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. 199303821R

Policyholder's Signature
Date & Time:

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

ceelz
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: *u11218*

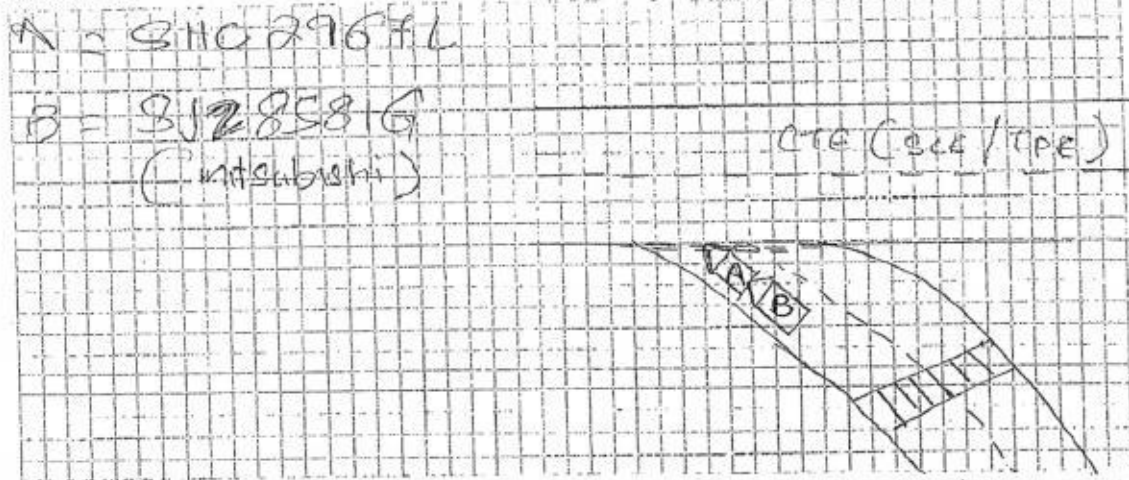
GIA/MC SketchPlanForm_V3

1
1

1
1

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

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:

CIARAC SketchPlanForm_V3

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

Wedy
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 141218

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On 14/12/2018 at about 09:30hrs, I was driving along Jln Bukit Merah towards CTE (SLE/TPE) direction.

As I approached the stop line, I stop my taxi to checked in coming vehicle from my right side.

Suddenly a few seconds later a vehicle SJZ8581G came from behind collided onto my rear portion of my taxi.

No passenger on board my taxi. No injury at the point of the accident.

Declaration

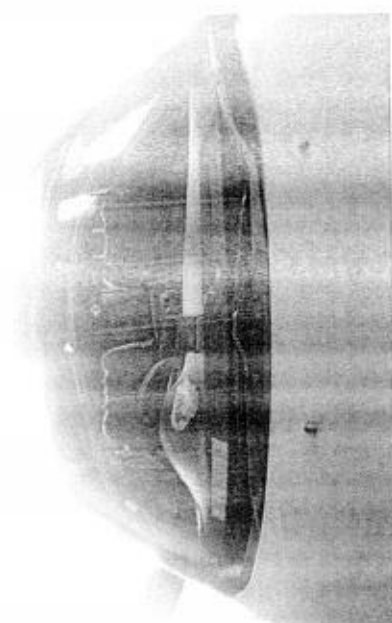
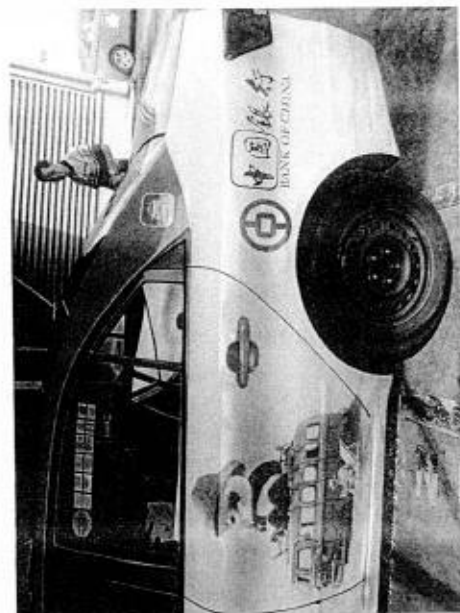
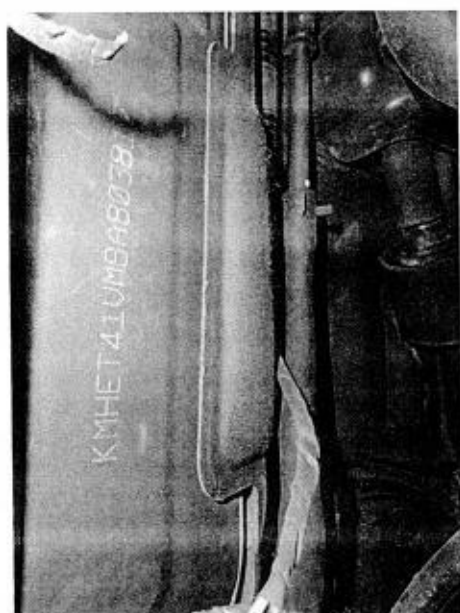
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel
12/12/18





Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305251553

CUSTOMER

MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

COUNT CARD NO.

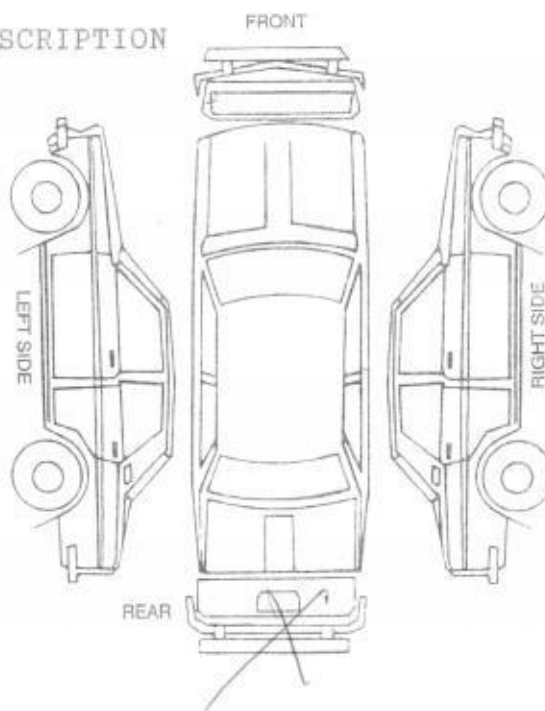
REGN NO.: SHC2967L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 17.12.2018 09:00
YR OF MANU. 29.01.2011	TARGET DATE
CHASSIS CODE KMHET41VMB803817	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.12.2018
NATURE: 3P 14.12.18

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC2967L JU NTUC

Vehicle No.: SHC2967L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 2967L

DATE 14/12/2018 11:31

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Before</i>			\$ 578.40	
	Rear Bumper Clip <i>me</i>			\$ 22.00	
	SUB TOTAL			\$ 600.40	
	LESS 20%			\$ 120.08	
	DISCOUNTED TOTAL			\$ 480.32	
	Rear Bumper Advertisement Logo <i>me</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>me</i>		\$ 100.00	\$ 200.00	Nett
				\$ 250.00	
	Labour Charge				
	Panel Beating			\$ 400.00 <i>200</i>	
	Spray Painting Charge			\$ 300.00 <i>200</i>	
	Wiring Charge			\$ 30.00 <i>X 1.5</i>	
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>	
	TOTAL LABOUR			\$ 850.00	
	ESTIMATE TOTAL			\$ 1,580.32	
<p><i>Kahin (day)</i></p> <p><i>17/12/18 11:06</i></p> <p><i>2 R.</i></p> <p><i>L/S</i></p> <p><i>After Repair & Lk</i></p> <div data-bbox="916 1583 1361 1962"> <p>LKK Auto Consultants hereby notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>					
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.					

COMFORTDELGRO ENGINEERING

Our Job Ref No 305251553

Date : 18/12/2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC2967L

Date of Accident : 14/12/2018

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

1. The repair job shall bill to: NTUC --- SJZ8581G
###

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%
Final Lumpsum Repair cost

\$900.00

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.

We confirm the estimates and
finalized amount

Signature : [Signature]

Signature : [Signature]

Name : JUMANI

Name : Kalvin

Tel : 6214 8315

Date : 18/12/18

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/INC18022651/K1qbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 21-12-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJZ 8581G	Veh. Inspected	SHC 2967L
Policy No.	5093348634-02	Coverage (\$)	0.00
Claim No.	MT/1024552-001	Excess (\$)	0.00
Assign From		Assign Date	17/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA803817	Colour	BLUE
Odometer	396701	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 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	14/12/2018	Inspection Date	17/12/2018
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
-------------------------------------	----------------

**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. SHC 2967L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	578.40	578.40
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-120.08	-120.08
			480.32	480.32
<u>SPECIAL NETT ITEMS</u>				
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
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			850.00	430.00
GRAND TOTAL			1,580.32	1,160.32
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC18022651/K1qbs2

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.