

Surveyor: Kelvin

REF:

NS/INC18022652/Kldbnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

Insured: SLD 7982G

Policy No: 5101571836 290618 - 280619

Claims No: MT/1023907 - 002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

NIS	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

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

18/12/18 Charged US \$1450/ 3 days.

18/12/18 Confirmed HS \$1,450/- @ 3 days with Kelvin. 4.

(\$ 982.32 Red - 40%)

RECEIVED 21 DEC 2018

Date/Time, File Pass to?

19/12/18

☐ : Prel. Report

1) Typist

☒ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum in / L.B.I: (\$) 1,450/- HS

Veh No:

SH D 67574

Yr Regn:

23 Apr 2015

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

Truck / Trailer or

Make:

Hyundai Z40

1685

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

34862

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB414MF4068141

Gen. Cond: Good / F6 / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size:

205/60R16

R:

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

TOYO / YOKO or

Han Koo K

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

15/12/18

D.O.I.

17/12/18

Survey held at

C D G E (Loyang)

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

0/5 Front

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

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos:

Others:

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

160

eBaoTech

General Claim

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="15/12/2018 11:09"/>							
Vehicle No. (For Motor)	<input type="text" value="SLD7982G"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5101571836		WEE FOONG YEE	57734525F	GPC	drive PREMIUM	SLD7982G	SLD7982G	29/06/2018	28/06/2019
<input type="button" value="Continue"/>										

TP Claims against NTUC Income: Follow-Through Survey

Date : 19/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1024224 -002	COMFORT TRANSPORTATION PTE LTD	SH 8318P	SMD 5746Z	16/12/2018	13:15	\$ 1,752.40	\$ 950.00
2	MT/1023907 -002	COMFORT TRANSPORTATION PTE LTD	SHD 6757U	SLD 7982G	15/12/2018	9:10	\$ 2,432.32	\$ 1,450.00

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	15/12/2018 11:20
Date Of Accident	15/12/2018 09:10
Exact Location Of Accident	T JUNCTION OF TAI HWAN HEIGHTS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6757U
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	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	LIM BOON CHYE
NRIC No	S1314002B
Date Of Birth	09/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	05/04/1989
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90995027
Fax Number	
Contact Number	
EMail Address	LIMBOONCHYE88@GMAIL.COM

Address	124 BEDOK RESERVOIR ROAD #09-1111
Postcode	S470124
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	SIDE SWIPE
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?	YES
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

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	SLD7982G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE FOONG YEE
NRIC/Passport Number	S7734525F
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM BOON CHYE
------	---------------

Approximate Age

60

Injuries Sustain

NECK

Injured person in which vehicle?

SHD6757U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

124 BEDOK RESERVOIR ROAD #09-1111

Postcode

S470124

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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:

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

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

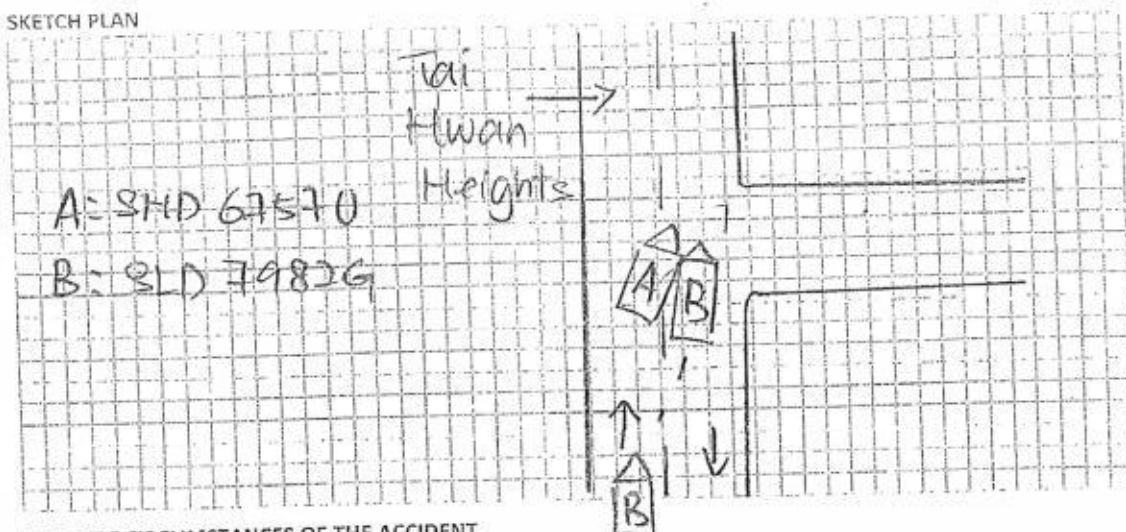
Koke Wei Yiong

15/12/18

GIA/MC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/12/18 at about 09:10 hrs, I was turning right at above said location.

In the process, Veh B came from behind overtaking my taxi. As a result, Veh B it front left portion hit onto the right front portion of my taxi.

No passenger in my taxi. I felt pain on neck after the accident, will consult doctor later on.

DECLARATION

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

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

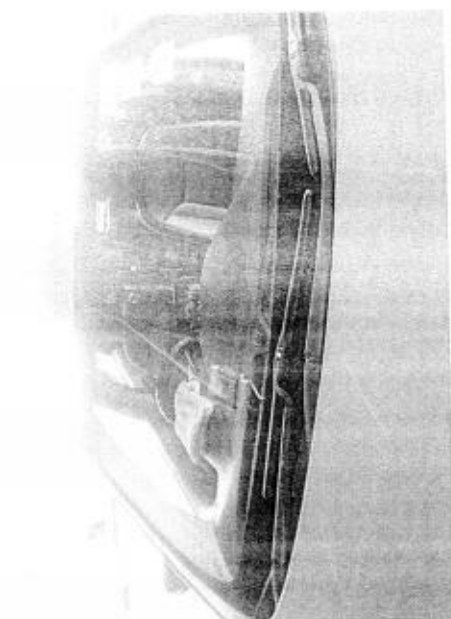
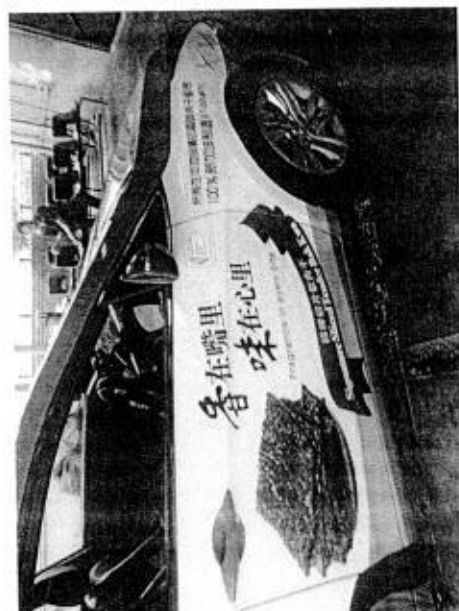
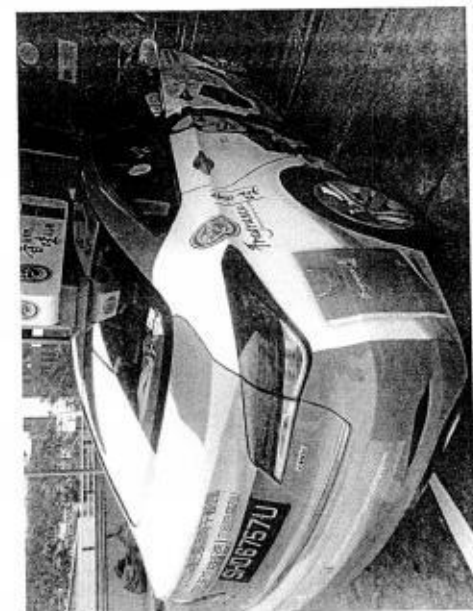
Policyholder's Signature
Date & Time:

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

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

Loke Wei Yeng

15/12/18.





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6757U

DATE 17/12/2018 9:06

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Panel</i>			\$ 544.50
	Front Bumper Bracket Top (RH) <i>X</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>X</i>			\$ 24.60
	Front Fender (RH) <i>Panel</i>			\$ 566.30
	Front Fender Shield (RH) <i>X</i>			\$ 175.90
	Front Fender Retainer <i>X</i>			\$ 24.60
	Frt Wheel Hub Cap (RH) <i>hinged</i>			\$ 107.10
	SUB TOTAL			\$ 1,465.40
	LESS 20%			\$ 293.08
	DISCOUNTED TOTAL			\$ 1,172.32
	Front Fender Advertisement Logo (RH) <i>me</i>			\$ 100.00 Nett
				\$ 100.00
	Labour Charge			300
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00 400
	Wiring			\$ 30.00 X
	Tuff Kote			\$ 50.00 30
	Frt Wheel Alignment			\$ 80.00 X
	TOTAL LABOUR			\$ 1,160.00
	ESTIMATE TOTAL			\$ 2,432.32

Ka hui 1/11/18
17/12/18 1300hrs
3 Days
LP
After Repair plz

LKK Auto Consultants hence notify the Repairer of the following:

- 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

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.

Date/Time: 15.12.2018 12:23

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305251380

STOMER

COMFORT TRANSPORTATION PTE LTD

VAC

I/MS

7010045

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

REGN NO.: SHD6757U

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 15.12.2018 10:20

YR OF MANU. 23.04.2015

TARGET DATE

CHASSIS CODE KMHLB41UMFU068141

COMPLETION DATE/TIME:

(R)

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.12.2018

NATURE: 3P 15.12.2018

S/NO

LABOR CODE

NTUC - Right Front

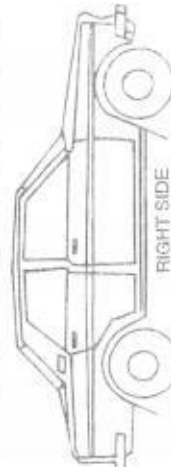
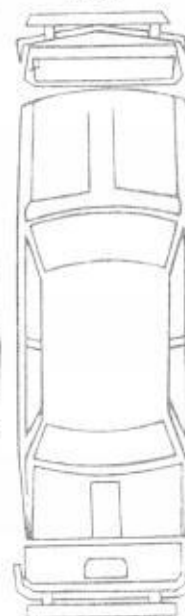
DESCRIPTION

FRONT



LEFT SIDE

REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

By:

On:

File No.:

SHD6757U

LARRY

Vehicle No.:

SHD6757U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Larry Ng

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305251380

Date : 18. Dec. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD6757U

Date of Accident: 15. 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 SLD7982G
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: **Final Lumpsum Repair cost** \$1,450.00

3. Estimated normal period for repairs: 3 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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalvin

Name : Kalvin

Date : 18/12/18

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:



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/INC18022652/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-12-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLD 7982G	Veh. Inspected	SHD 6757U
Policy No.	5101571836	Coverage (\$)	0.00
Claim No.	MT/1023907-002	Excess (\$)	0.00
Assign From		Assign Date	17/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068141	Colour	BLUE
Odometer	340762	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 O/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	15/12/2018	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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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. SHD 6757U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRT WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-293.08	-243.58
			1,172.32	974.32
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	30.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,160.00	730.00
GRAND TOTAL			2,432.32	1,804.32
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,450.00

Report Ref No. NS/INC18022652/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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