

Surveyor: Kelvin

REF:

NS/INC18022656/Klvbnz

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: SMD 5746Z

Policy No. 5103187510 270818 - 260819

Claims No. MT 1024224-002

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

Est. or Market Value: _____

IDAC 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

Veh No: SH 8318P Yr Regn: 24 Mar 2016

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

Truck / Trailer or

Make: Hyundai Z40 C.C. 1600

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

Sp. Reading: 316724 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMH6B414M4 085842

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Front: _____ Rear: _____

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

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

D.O.A. 16/12/18 D.O.I. 17/12/18

Survey held at CDGE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
SH 8318P - NS/INC12022499 / Hign	DD: 27/11/2012 Jrl
SMD 5746Z - X	
18/12/18	Checked 4/5 \$950/ 2hr. (Red 800.40, H69)

RECEIVED 20 DEC 2018

Date/Time, File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 19/12 - typist

Report Format: TP

Lump Sum / I.B.I: (\$ 950/-)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Invs (\$) ☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

160

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

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"/>	5103187510		LEONG FAI CHONG	S12347818	GPC	drive PREMIUM	SMD5746Z	SMD5746Z	27/08/2018	26/08/2019

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	17/12/2018 12:52
Date Of Accident	16/12/2018 13:15
Exact Location Of Accident	UPPER PAYA LEBAR RD TOWARDS UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8318P
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	NG YAN QU
NRIC No	S1605274D
Date Of Birth	13/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	03/08/1999
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83838928
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	180 #18-03 LOMPANG ROAD
Postcode	670180
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?	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	SMD5746Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG JIA HAO BAOZ
NRIC/Passport Number	S9208172I
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

UPPER SE RANGCOON RD

A = CH8318P

B = SMD57462
(TOYOTA)

JLN CHERMAT

UPPER PAVA (CER) RD

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. 12000021P

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
17 DEC 2018

Sketch Plan Pg. 2

Describe Circumstances of the Accident.

On the 16/12/2018 @ 13:15hrs, I was driving along Upper Paya Lebar Rd towards Jln Chermat

direction.

I slow my taxi just before I was about to turn towards Jln Chermat junction, then suddenly

there's an impact from behind my taxi. I step out to check the damages and found out

vehicle SMD5746Z had collided onto my rear left portion of my taxi.

01 female and 01 male passenger on board my taxi.

No injury reported at the point of accident.

Declaration

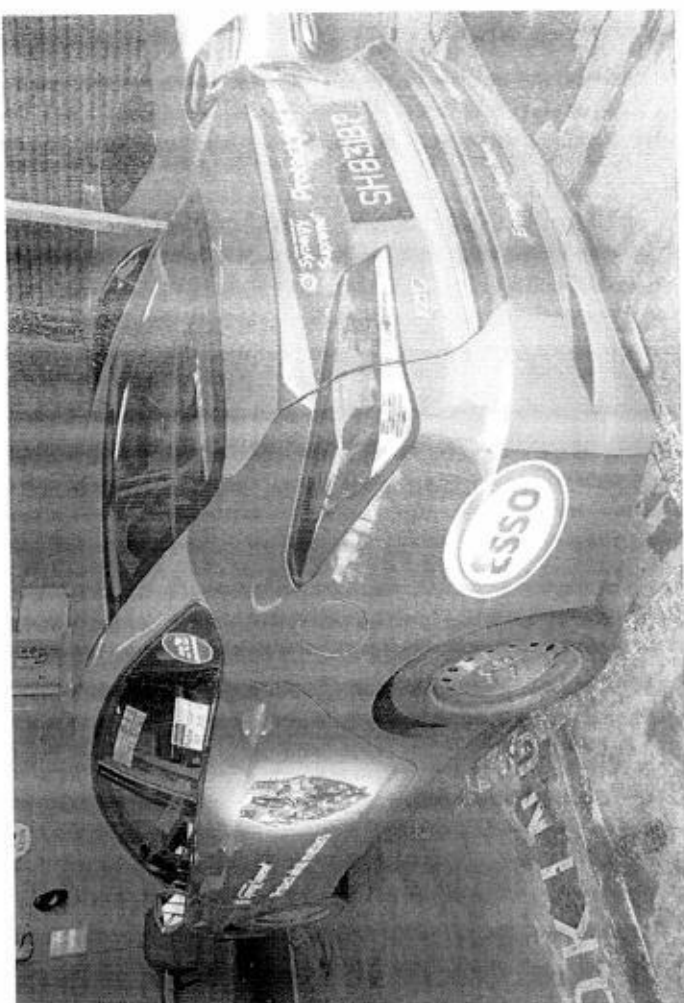
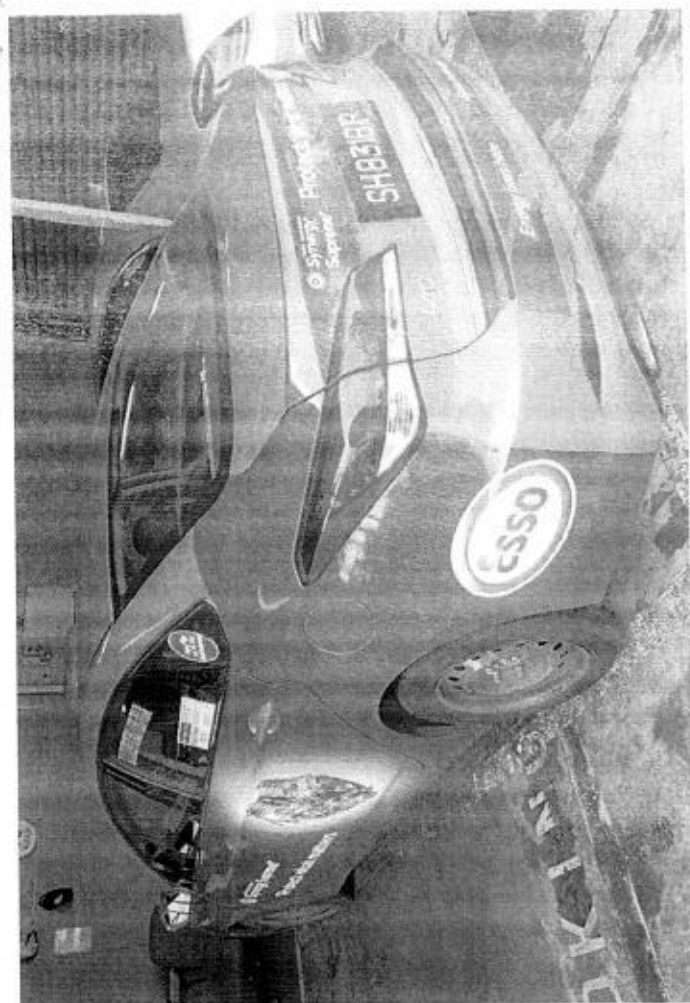
I/We declare the foregoing particulars are true in every respect.

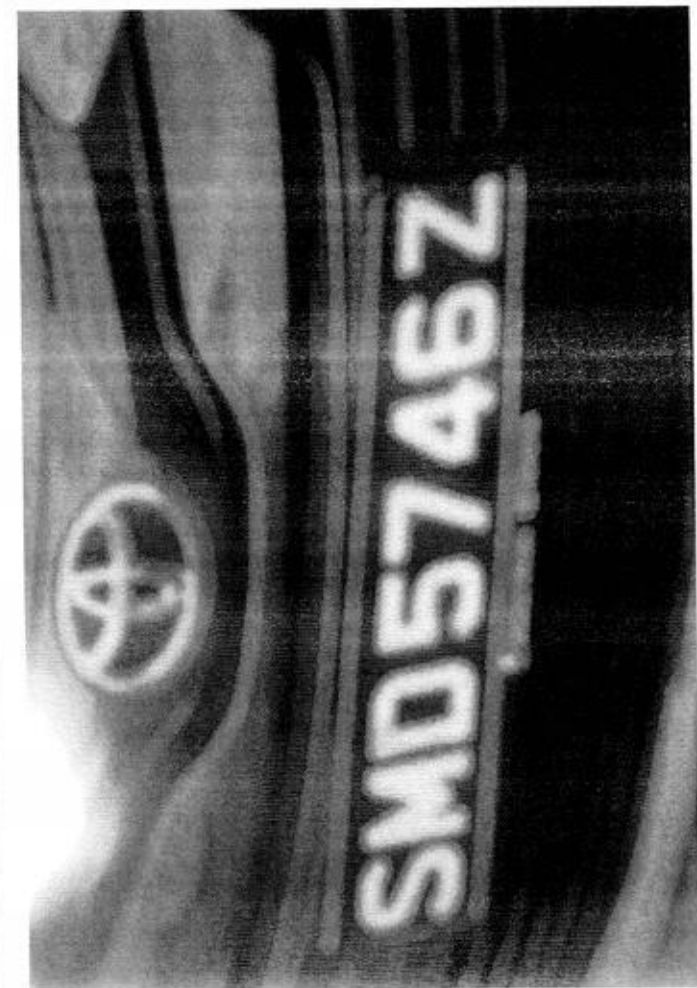
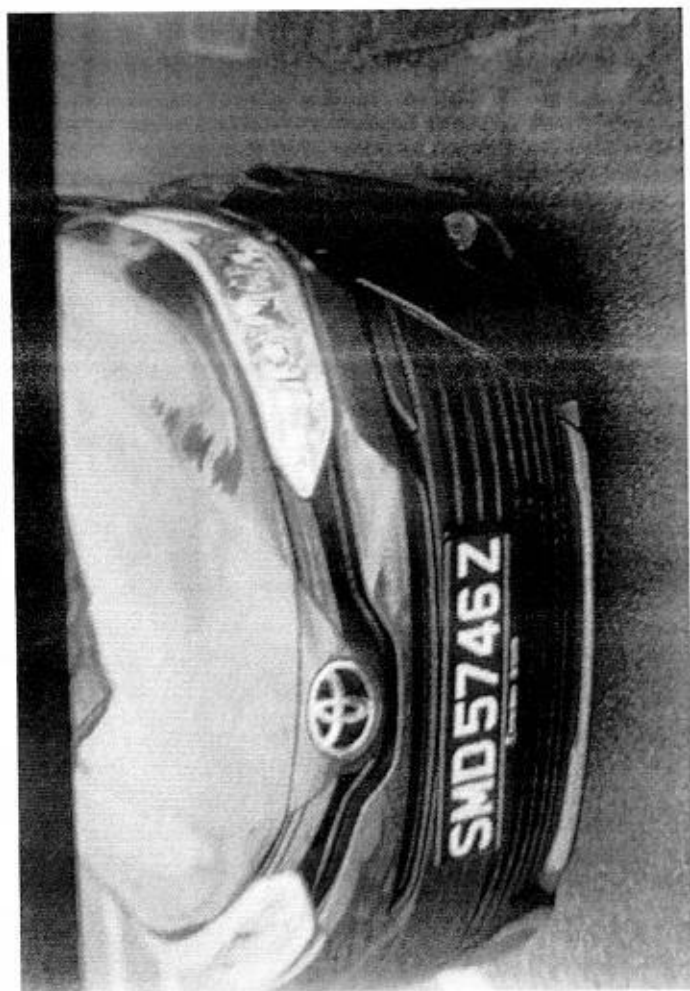
COMFORT TRANSPORTATION PTE LTD
CO-REG NO 199503521R

Policyholder's Signature/Date &
Time

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


Witnessed by Reporting
Centre Personnel
17 DEC 2018





REPAIR ESTIMATE*

DATE 17/12/2018 15:44

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Refined</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>on</i>			\$ 22.00
	Rear Bumper Under Cover <i>X su</i>			\$ 228.00
	SUB TOTAL			\$ 803.00
	LESS 20%			\$ 160.60
	DISCOUNTED TOTAL			\$ 642.40
	Rear Bumper Rubber Mat <i>on</i>			\$ 50.00
	Rear Bumper Advertisement Logo <i>on</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>on</i>		\$ 100.00	\$ 200.00
				\$ 300.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 30.00 <i>X</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>20</i>
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,752.40
	<i>Kalvin 16/11/14</i>			
	<i>17/12/18 1600h</i>			
	<i>21/12</i>			
	<i>4/1</i>			
	<i>After Repair</i>			

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Part 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.

member of COMFORTDELGRO

Date/Time: 17.12.2018 14:18 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305251618

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

JUNT CARD NO.

REGN NO.:

SH 8318P

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

17.12.2018 10:50

YR OF MANU

24.03.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU085842

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.12.2018

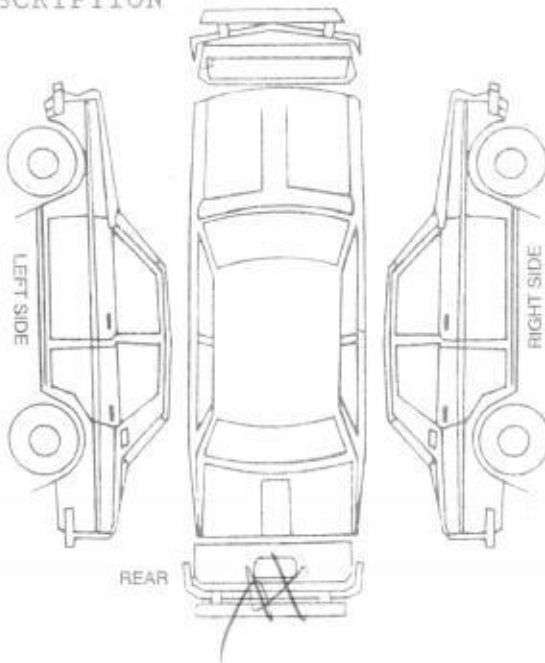
NATURE: 3P 16.12.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Settlement Slip

Exit Pass

No.: SH 8318P

JU NTUC

Vehicle No.:

SH 8318P

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

Our Job Ref No 305251618
Date : 18/12/2018

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
: SH 8318P Date of Accident : 16/12/2018

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

1. The repair job shall bill to: NTUC --- SMD5746Z
###
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) NI
Total for Lumpsum repair cost after Less: 20% \$950.00
Final Lumpsum Repair cost _____

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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : [Signature]
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		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/INC18022656/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-12-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMD 5746Z	Veh. Inspected	SH 8318P
Policy No.	5103187510	Coverage (\$)	0.00
Claim No.	MT/1024224-002	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.	2016
Chassis No.	KMHLB41UMGU085842	Colour	BLUE
Odometer	316724	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	16/12/2018	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:	2 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. SH 8318P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
	LESS 20% DISCOUNT		-160.60	-115.00
			642.40	460.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
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
			300.00	300.00
<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.		80.00	30.00
			810.00	430.00
GRAND TOTAL			1,752.40	1,190.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				950.00

Report Ref No. NS/INC18022656/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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