

INSURANCE

Surveyor: Kalvin

REF:

NS/INC180727B1/Klsbsz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: GZ 6718D

Policy No 51885879 05-01 010518

Claims No MT/1025488-001

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

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

SHD 4545C - CC3 / M15001415 / Klsbsz

GZ 6718D - CC4 / LFC15014188 / Tlpob

24/12/18 Est 4545C \$500 / 2 hrs.

24/12/18 Confirmed 4545C \$500 - @ 2 days with Kelvin.

(\$ 1,116.02 Red - 69%)

RECEIVED 28 DEC 2018

Veh No: SHD 4545C Yr Regn: 25 Oct, 2012

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

Truck / Trailer or

Make: Hyundai Santa C.C. 1991

Colour: Blue A/C: Ins 0 / Std / NI / NA

Sp. Reading: 168432 T/Radio: Ins 0 / Std / NI / NA

Eng/No: _____

C/No: KMHET41VMCA83.481

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inorder / 6 / Jammed / Leaked / Burnt or

Brake: Inorder / 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / 6 / STD A/Rim or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Wet like

Front: _____ Rear: _____

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

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

Survey held at C.D Gr E (Loyang)

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

Rear o/s

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

Delete Time, File Pass to?

28/12/18

1) Typist

Date/Time, File Return to?

2) _____

Report Format:

Lump Sum / L.B.I: (\$) 500/- 4/5

☐ : Prel. Report

☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

TP Claims against NTUC Income: Follow-Through Survey

Date: 28/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1025488-001	COMFORT TRANSPORTATION PTE LTD	SHD 4545C	GZ 6718D	17/12/2018	5:40	\$ 1,616.02
2	MT/1025491-001	CITYCAB PTE LTD	SHC 7018T	FBF 3549J	24/12/2018	8:35	\$ 7,760.60
3	MT/1025231-002	COMFORT TRANSPORTATION PTE LTD	SH 8872E	SIF 5181C	22/12/2018	19:15	\$ 3,558.72

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"/>	5088587905-01		TEHC INTERNATIONAL PTE LTD	199103354G	GFT	Comprehensive	GZ6718D	GZ6718D	01/05/2018	

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305251944

TOMER

MS

COMFORT TRANSPORTATION PTE LTD

TOMER NO.

7010045

RESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R)

65508755

(O)

(P)

COUNT CARD NO.

REGN NO.:

SHD4545C

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

SONATA

DATE/TIME IN

17.12.2018 10:25

YR OF MANU

25.10.2012

TARGET DATE

CHASSIS CODE

KMHET41VMCA830481

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.12.2018

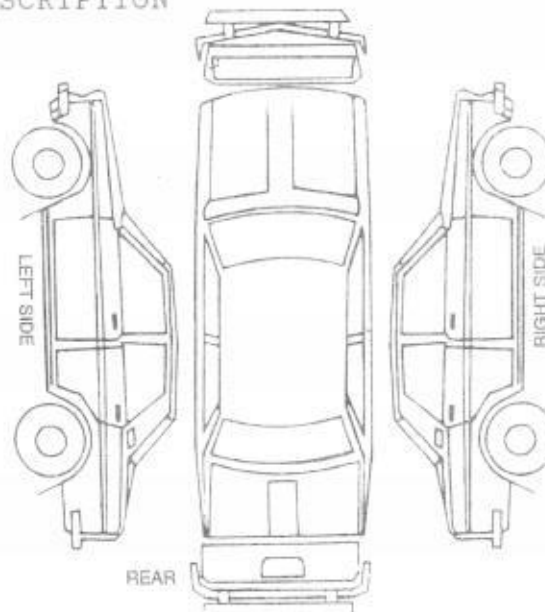
NATURE: 3P 17.12.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

By:

Job No.:

File No.:

SHD4545C

CHIANG

Vehicle No.:

SHD4545C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

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 15:00
Date Of Accident	17/12/2018 05:40
Exact Location Of Accident	BLK 145 LOR AH SOO CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4545C
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
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	KANASAN KANAGASABAI
NRIC No	S0272866D
Date Of Birth	10/12/1954
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2000
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90035441
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	229 10-37 SERANGOON AVENUE 4
Postcode	550229
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?	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)	2
Passenger 1	
	NAME: : -
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS NPC
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	GZ6718D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KANASAN KANAGASABAI

Approximate Age 64

Injuries Sustain NECK,BACK,SHOULDER

Injured person in which vehicle? SHD4545G

Were seat belts worn? YES

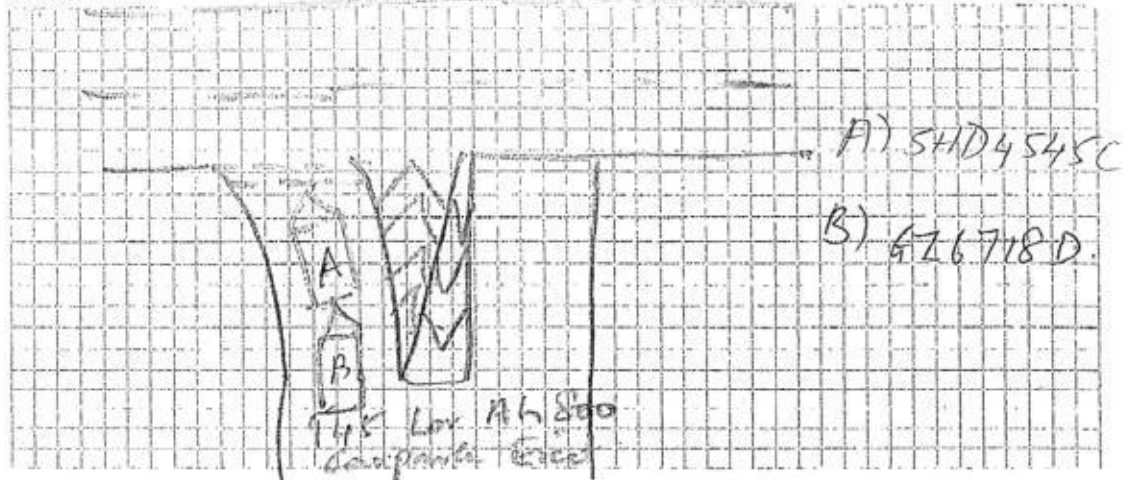
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20181217/2038

DECLARATION

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

COMFORT TRANSPORTATION P.L.L.
CO REG NO 101090001R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

SR Mochiz, 12/18
GSO



SINGAPORE
POLICE FORCE



T/20181217/2038

1 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20181217/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2018 11:38	Vide Report No.:	Station Diary No.: 70
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Informant's Particulars

Name of Informant: KANASAN KANAGASABAI			Address: APT BLK 229 SERANGOON AVENUE 4 #10-37 SINGAPORE 550229	
ID Type / ID No.: NRIC NO / S0272866D			Contact No.: Home/Office: Mobile: 90035441	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 64	Date of Birth: 10/12/1954	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2018 05:40	Type of Location: Straight Road
Location: Along Road 1 LORONG AH SOO				
COMING OUT FROM CAR PARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit: .	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ6718D	Lorry					0
SHD4545C	Car	HYUNDAI	SONATA		Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20181217/2038

Police Station Of Origin:

2 of 3

Pasir Ris N.P.C

Report No. T/20181217/2038

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

CONTINUATION OF REPORT

Tel No: 1800-5852999

Driver			
Name	KANASAN KANAGASABAI	ID No.	S0272866D
Related Vehicle	SHD4545C (Car)	Contact No.	90035441
Hospital/Clinic	MEDICAL UNION CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/12/2018	Date Discharge	17/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 17 Dec 2018 at about 0544hrs, I was driving a taxi (SHD4545C) and I picked up a passenger at Blk 145 Lor Ah Soo. After picking up the passenger, as I was about to exit the gantry, I noticed a lorry (GZ6718D) in front of my vehicle. Right before exiting the gantry, the lorry stop at the side and switched on his hazard light. Noticing that, I then went past him and proceeded to the car park gantry to exit.

After the gantry lifted up, before I could proceed forward, I suddenly heard and felt a thud sound coming from the rear part of my vehicle. My passenger informed me that the rear vehicle had hit onto my vehicle. I then asked my passenger if he is alright and he informed that he is fine. He also informed that he is in a rush to work.

I stepped out of my vehicle to make a check. I then realized that the same lorry which had stopped at the side earlier had hit onto my vehicle. The driver also got out from his vehicle. I asked him what happened and he only said sorry.

As my passenger was in a hurry, I then took photos of the lorry plate number and left. The other driver's name is Jazz and his contact number is 94245404. The other driver was also not injured. I went over to my company to make a report. They advised me to lodge a police report. They also took the SD card from my vehicle.

I had went to see a doctor as I felt pain at my back area. I was given with 3 days of medical certificate. My vehicle suffered damages on the rear bumper.

Sketch Plan Pg. 4



SINGAPORE
POLICE FORCE



T/20181217/2038

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20181217/2038

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Staff Sgt MOHAMED HAZWAN BIN MOHAMED
YASIN

Signature Of Interpreter:
Not applicable

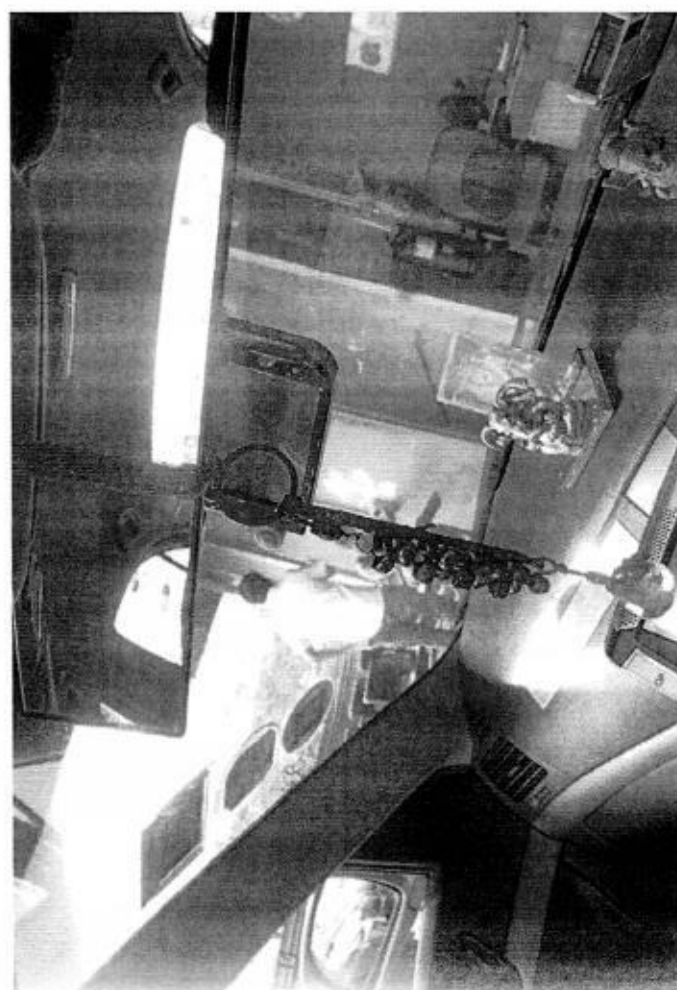
Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

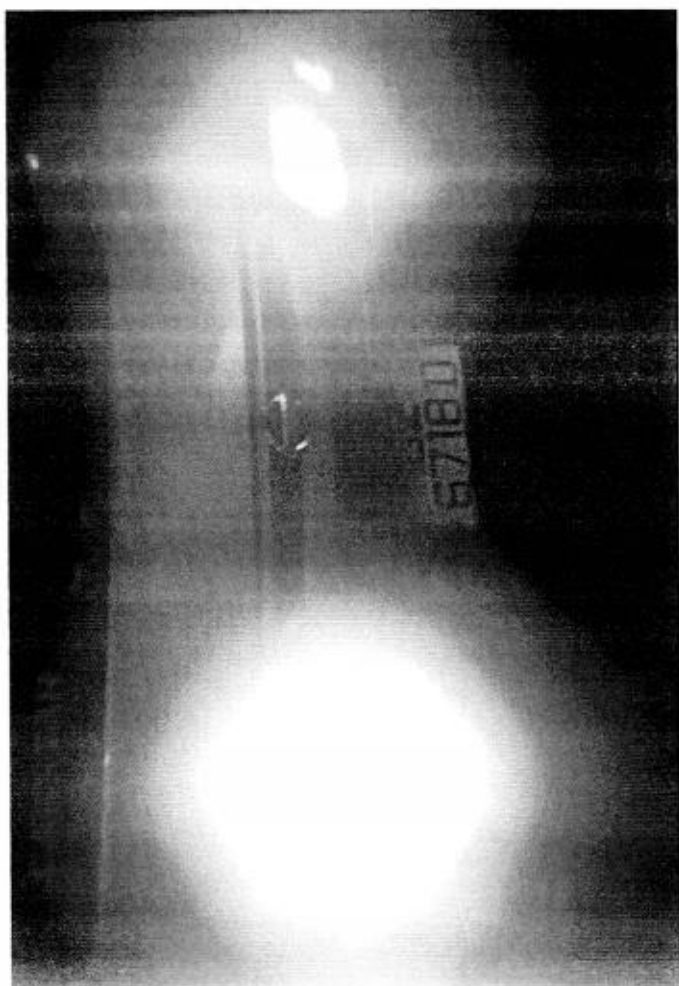
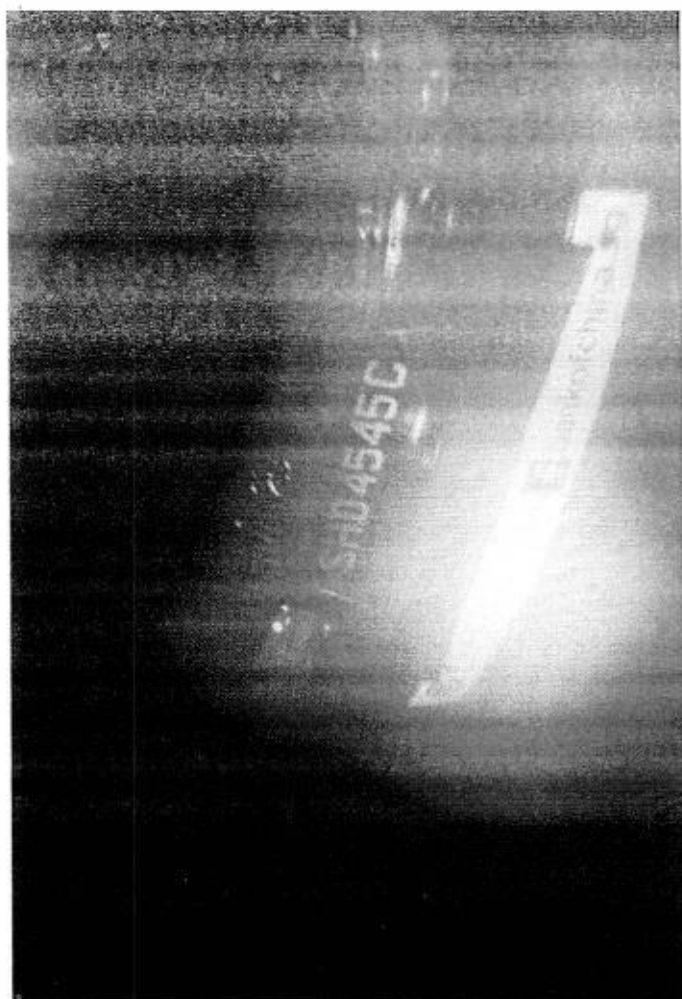
Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/12/2018 11:38

Classification Of Case:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4545L

DATE 18/12/2018 10:05

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X Rep</i>			\$ 578.40	
	Rear Bumper Clip <i>X 14</i>			\$ 22.00	
	SUB TOTAL			\$ 600.40	
	LESS 20%			\$ 120.08	
	DISCOUNTED TOTAL			\$ 480.32	
	Rear Bumper Reverse Sensor <i>X 500</i>			\$ 135.70	Nett
	Rear Bumper Advertisement Logo <i>100</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>100</i>	\$	100.00	\$ 200.00	Nett
				\$ 385.70	
	Labour Charge				
	Panel Beating			\$ 350.00 <i>200</i>	
	Spray Painting Charge			\$ 250.00 <i>200</i>	
	Wiring Charge			\$ 30.00 <i>X 11</i>	
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X 3</i>	
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 1,616.02	
<p><i>Kahz 1/11/16/</i></p> <p><i>18/12/18 1210L</i></p> <p><i>2 Rep,</i></p> <p><i>4/1,</i></p> <p><i>After Repair p 1/16</i></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>					

Our Job Ref No : 305251944
Date : 22/12/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD4545C
Fax :
15/12/2018

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

- The repair job shall bill to: NTUC GZ6718D
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges

Total for Part-By-Part Repair Cost

 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost \$500.00
- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
- Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature :
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name : KAHN
Date : 24/2/18

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/INC18022731/K1sbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 02-01-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GZ 6718D	Veh. Inspected	SHD 4545C
Policy No.	5088587905-01	Coverage (\$)	0.00
Claim No.	MT/1025488-001	Excess (\$)	0.00
Assign From		Assign Date	18/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA830481	Colour	BLUE
Odometer	168432	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60R16	WEST LAKE	7 mm
L/H Front Tyre	215/60R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	17/12/2018	Inspection Date	18/12/2018
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. SHD 4545C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	578.40	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-120.08	-
			480.32	-
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
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
			385.70	250.00
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			750.00	400.00
	GRAND TOTAL		1,616.02	650.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			500.00

Report Ref No. NS/INC18022731/K1sbs2

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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