

Surveyor: Kalm

REF: NS/INC18022736/KIS652

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/HS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

at _____

Insured: GZ4814Y

Policy No: 3065309190-04 090518-080519

Claims No: MT/1024209-002

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

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

Lump Sum: _____ % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

SHB 4305 P - NS/INC12005091/Hijab

GZ 4814 Y - NA/AIC18018195/SI

24/12/18 Check up \$1100 / 2 hrs.

24/12/18 Confirmed HS \$ 1,100/- @ 2days with Kalm.

(\$ 1,143.38 Red - 51%)

RECEIVED 24 DEC 2018

Veh No: SHB 4305 P Yr Regn: 25 Jan 2015

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

Truck / Trailer or

Make: Honda 2400 cc 1885

Colour: Blue A/C: Ins 6 / Std / NI / NA

Sp. Reading: 433372 T/Radio: Ins 6 / Std / NI / NA

Eng/No: _____

C/No: KMHL041444 407499

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop / Jammed / Leaked / Burnt or

Brake: Inop / Jammed / Leaked / Burnt or

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

Tyre Size: 205 / 60 R16

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

TOYO / YOKO or Wells

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. 18/12/18

Survey held at C DGE (Loyang)

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

Rear

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

Date/Time, File Pass to?

24/12/18

1) Typ. 4

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.S. (\$ 1,100/- HS)

☐ : Prell. Report

☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S+RS \$ _____

Photos _____

Others _____

TOTAL _____

Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
1	MT/1024917-001	COMFORT TRANSPORTATION PTE LTD	SHD 4463E	SGZ 8886M	19/12/2018	\$ 700.00
2	MT/1024209-002	COMFORT TRANSPORTATION PTE LTD	SHB 4305P	GZ 4814Y	16/12/2018	\$ 2,243.38
3	MT/1023928-002	COMFORT TRANSPORTATION PTE LTD	SHC 3051Y	SFW 140L	14/12/2018	\$ 3,966.00
4	MT/1023972-002	CITYCAB PTE LTD	SHC 7301A	SLJ 489D	15/12/2018	\$ 8,038.50
5	MT/1024513-002	COMFORT TRANSPORTATION PTE LTD	SHD 4980D	SJN 1702J	18/12/2018	\$ 2,103.36
6	MT/1024369-002	COMFORT TRANSPORTATION PTE LTD	SHC 1012Z	YP 2823Z	18/12/2018	\$ 1,789.28
7	MT/1024265-002	COMFORT TRANSPORTATION PTE LTD	SHA 2352X	SFM 6273A	17/12/2018	\$ 3,442.72

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"/>	5065309190-04		ROBIN WOOD PTE LTD	201321009E	GCV	Third Party	GZ4814Y	GZ4814Y	09/05/2018	08/05/2019

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305251941

STOMER

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

ICOUNT CARD NO.

REGN NO.:

SHB4305P

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

17.12.2018 11:05

YR OF MANU

25.06.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU074991

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.12.2018

NATURE: 3P 16.12.2018

S/NO

LABOR CODE

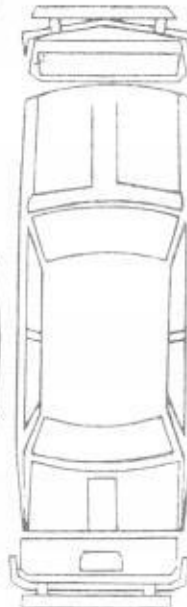
DESCRIPTION

FRONT

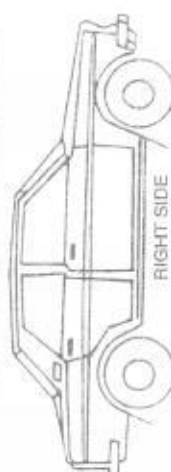
NOTE / Rear damage
Lr k / Kahr -



LEFT SIDE



REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

30:

0.:

Is No.:

SHB4305P

LARRY

Larry Ng

Vehicle No.:

SHB4305P

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

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 13:13
Date Of Accident	16/12/2018 11:40
Exact Location Of Accident	CENTRE EXPRESSWAY TWDS BT, TIMAH RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4305P
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	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	KONG FOONG SING
NRIC No	S0030766A
Date Of Birth	06/09/1953
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1981
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87665516
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	739 09-438 YISHUN AVENUE 5
Postcode	760739
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: : 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	GZ4814Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	IVAN YAP
NRIC/Passport Number	
Contact Number	98253606
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

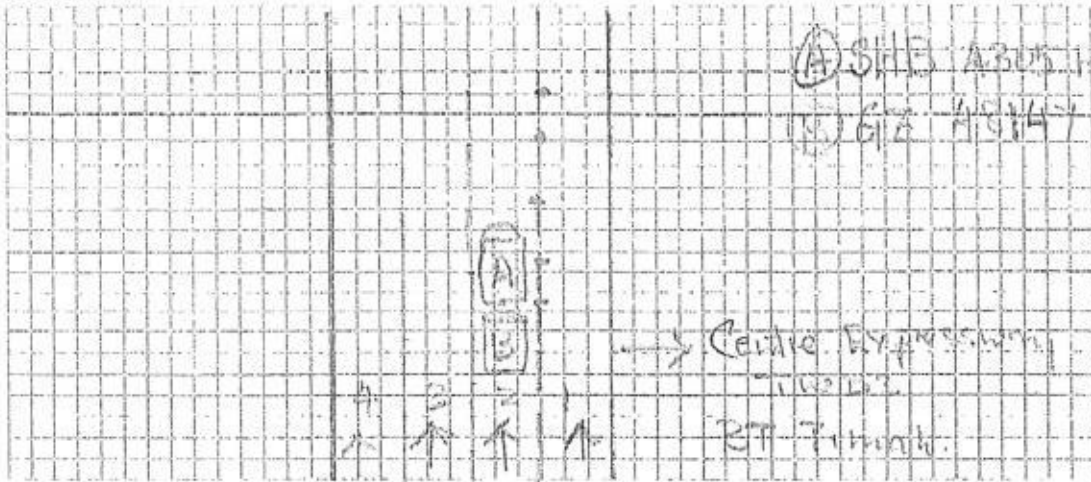
Name	KONG FOONG SING
Approximate Age	65
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHB4305P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LADY
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/12/2018 at about 1140 hrs, I vehicle A was driving my taxi along Centre Expressway toward burst tunnel on the Second lane. As a car in front of stop, I also managed to stop too. vehicle B came from behind collided onto vehicle A rear portion.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 189093821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

17/12/18
Jackson Heng
CSO

Reporting Centre Personnel's Signature

Name:

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 199303021R

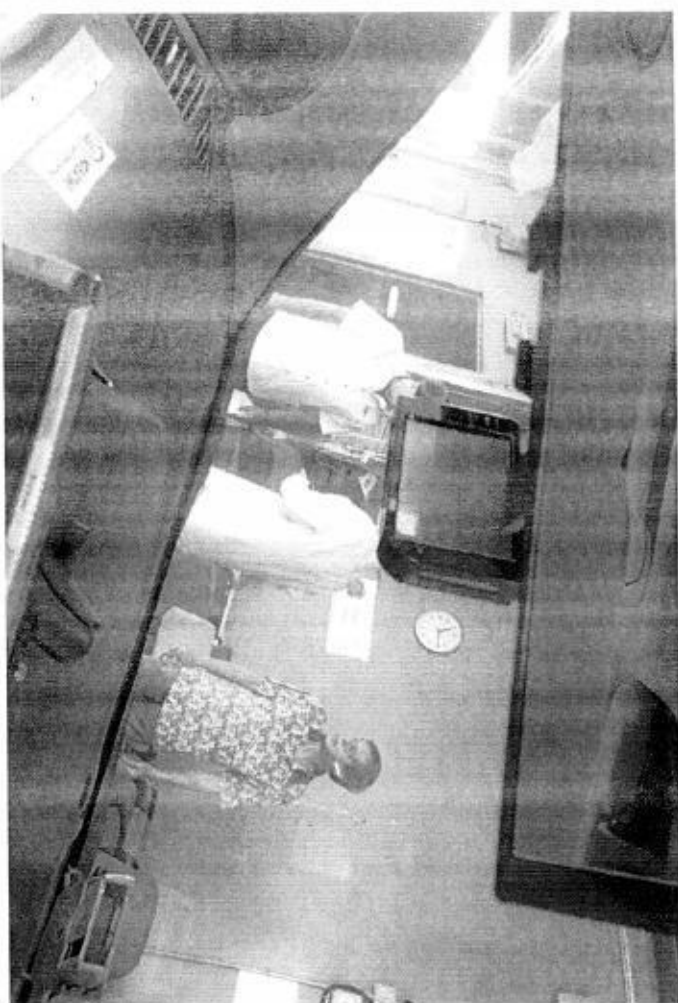
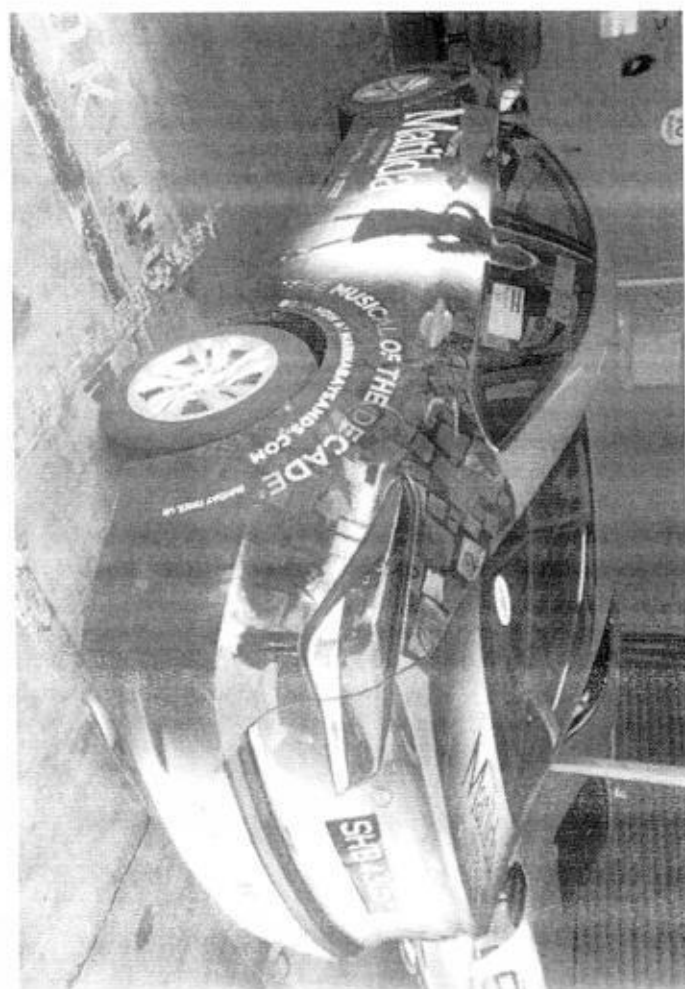
Policyholder's Signature
Date & Time:

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

17/12

17/12/18
Jackson Heng
CSO

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





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB4305P

DATE: 17. Dec. 2018

MAKE : HYUNDAI

MODEL : i40

DOA: 16. Dec. 2018

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>Internal</i>			\$553.00
10	Rear Bumper Clips <i>new</i>		\$2.20	\$22.00
1	Rear Bumper Undercover <i>cut</i>			\$228.00
1	Rear Bumper Sponge <i>Xsu</i>			\$99.20
1	Rear Bumper Reinforcement <i>Xsu</i>			\$402.10
2	Rear Bumper Reinforcement Brackets – RH/LH <i>Xsu</i>			\$80.30
SUB TOTAL				\$1,384.60
LESS 20%				\$276.92
DISCOUNTED TOTAL				\$1,107.68
1	Advertisement – Rear Bumper <i>new</i>			\$50.00
2	Advertisement – Rear Fenders RH/LH <i>new</i>		\$100.00	\$200.00
1	Rear Bumper Rubber Mat <i>new</i>			\$50.00
1	Reverse Sensor <i>X</i>			\$135.70
				\$435.70
Labour Charge				
Panel Beating				\$300.00
Spray Painting Charge				\$300.00
Remove/refix reverse sensor				\$100.00
				<i>200</i>
TOTAL LABOUR				\$700.00
ESTIMATE TOTAL				\$2,243.38
<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> <p><i>Ka Li 10/11/14</i> <i>18/12/18 1250h</i> <i>2 Pgs</i> <i>4s</i> <i>After Repair p/ths</i></p> <p><i>Larry Ng</i></p>				

Nett
Nett
Nett
Nett

* Supplementary estimate must be submitted to the insurance company for final approval.

Acknowledged by Repairer
Signature:
Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305251941

Date : 20. Dec. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB4305P

Date of Accident: 16. 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 GZ4814Y
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 \$1,100.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalvin

Name : Kalvin

Date : 24/12/18

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/INC18022736/K1sbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-12-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GZ 4814Y	Veh. Inspected	SHB 4305P
Policy No.	5065309190-04	Coverage (\$)	0.00
Claim No.	MT/1024209-002	Excess (\$)	0.00
Assign From		Assign Date	18/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU074991	Colour	BLUE
Odometer	433372	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	WEST LAKE	7 mm
L/H Front Tyre	205/60R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60R16	WEST LAKE	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	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. SHB 4305P

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 CLIPS @ \$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER UNDERCOVER	CUT	228.00	228.00
1	REAR BUMPER SPONGE	SERVICEABLE	99.20	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	402.10	-
2	REAR BUMPER REINFORCEMENT BRACKETS - RH/LH	SERVICEABLE	80.30	-
	LESS 20% DISCOUNT		-276.92	-160.60
			1,107.68	642.40
<u>SPECIAL NETT ITEMS</u>				
1	ADVERTISEMENT - REAR BUMPER (SN)	NECESSARY	50.00	50.00
2	ADVERTISEMENT - REAR FENDERS RH/LH @ \$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			435.70	300.00
<u>LABOUR</u>				
	PANEL BEATING.		300.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	REMOVE / REFIX REVERSE SENSOR.		100.00	30.00
			700.00	430.00
GRAND TOTAL			2,243.38	1,372.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,100.00

Report Ref No. NS/INC18022736/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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