

Surveyor: Kelvin

REF:

NS/INC18032737/KHb2

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: **STW 140L**

Policy No **5106121247 05122018**

Claims No **MT/1023928-002**

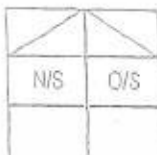
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



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

Eum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

SHC 3051Y - PC3 / TH 17013206 / Khushq2

STW 140L - X

24/12/18 **Contract L/S \$2300 / 28% (Red: 1600', 42%)**

RECEIVED 26 DEC 2018

Veh No: **SHC 3051Y** Yr Regn: **13 May 2013**

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

Truck / Trailer or

Make: **Mercedes Benz E220** c.c. **2140**

Colour: **White** A/C: Insu **G** / Std / NI / NA

Sp. Reading: **790748** T/Radio: Ins **G** / Std / NI / NA

Eng/No: _____

C/No: **WDD2120022A732488**

Gen. Cond: Good / **F** / Poor / Burnt

Steering: Inorder / **G** / Jammed / Leaked / Burnt or

Brake: Inorder / **G** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **205 / 60 R16**

R: _____

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

TOYO / YOKO or **West / Ho**

Front

Rear

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

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

D.O.A. **14/12/18** D.O.I. **18/12/18**

Survey held at **CDGE (Loyang)**

Des. of Damages: Frt / Rear / O/S / N/S / VIC / Rooltop or

Res o/s

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

Date/Time, File Pass to?

24/12/18 Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.J. (\$) **23001-**

☐ : Preli. Report

☒ : Final Report

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

160

TOTAL

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 type="radio"/>	5106121247		URBAN WHEELER LEASING LLP	T18LL1922F	GFT	Third Party	SFW140L	SFW140L	05/12/2018	

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

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 16:55
Date Of Accident	14/12/2018 10:35
Exact Location Of Accident	TPE (PIE) TWDS PASIR RIS DR 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3051Y
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	MERCEDES-BENZ
Model	MERC

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	HAN JOO JUAN
NRIC No	S1535687A
Date Of Birth	23/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90614266
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	110 #09-84 ALJUNIED CRESCENT
Postcode	380110
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)	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)

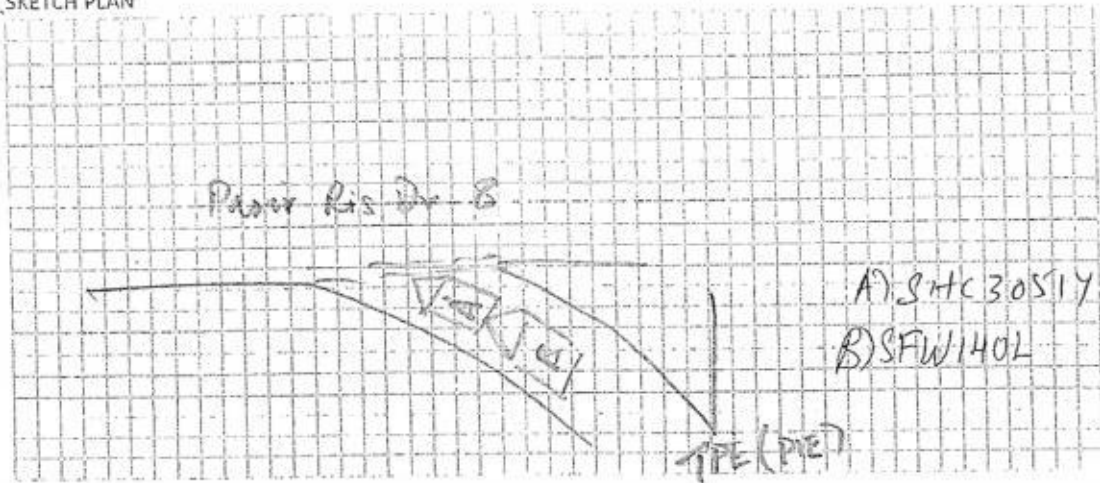
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFW140L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HIBRI ISLAM BIN ABDUL
NRIC/Passport Number	S9142816D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/12/18 at about 1035hr while I Veh A gradually stopped at the give-way mark along the ship Road from TPE towards Pagar Kis Dr B, Veh B collided on the rear portion of my stationary vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO: 1990000215

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

[Signature]
CSO
14/12/18

IMPORTANT NOTICE

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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.

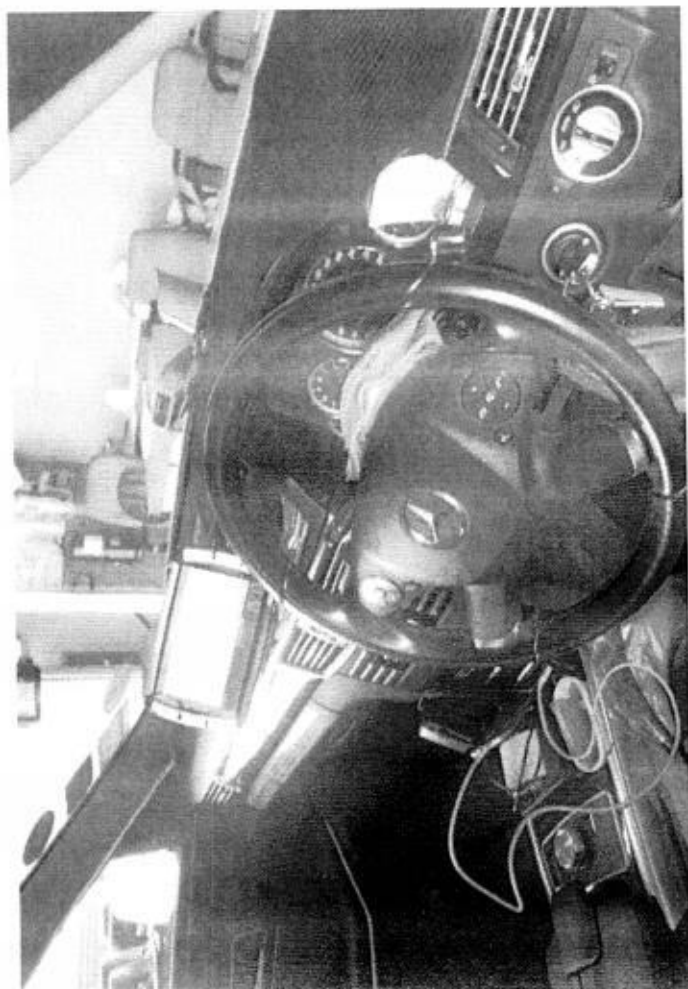
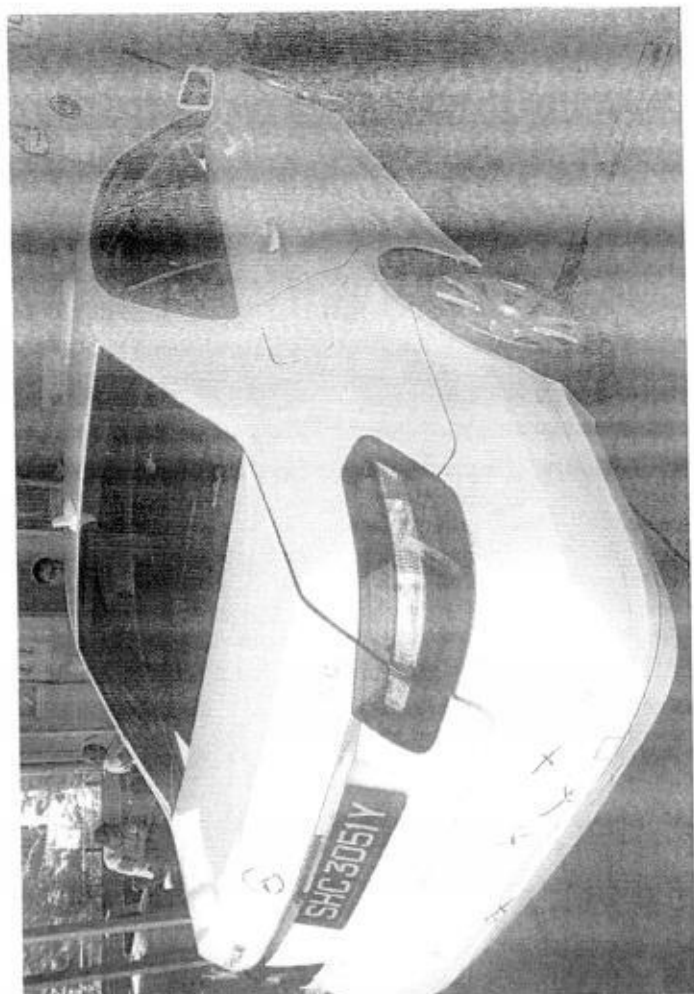
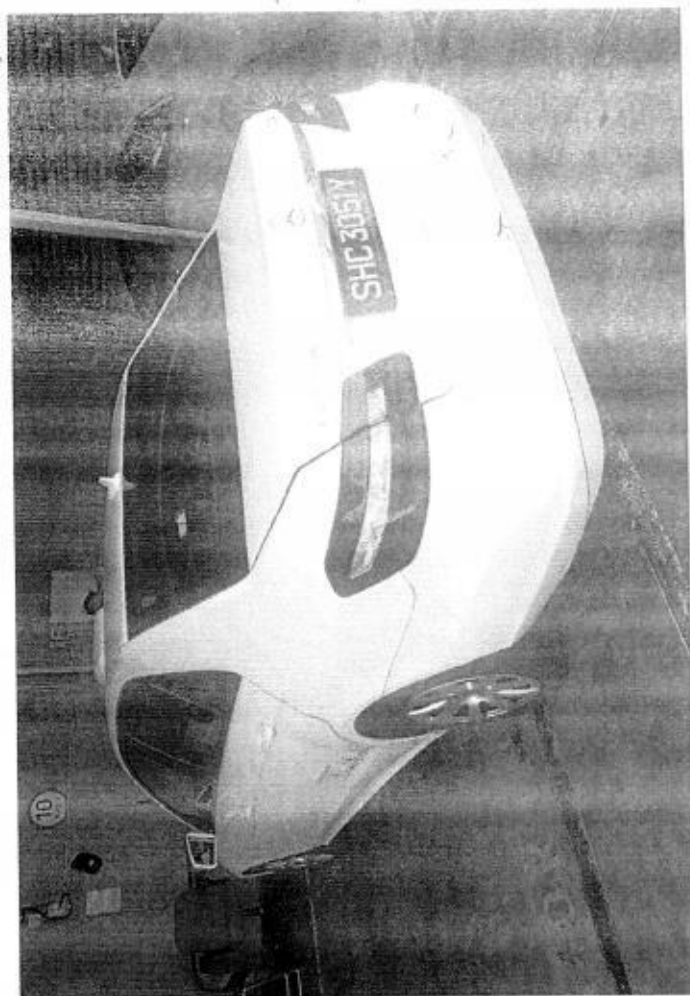
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 196097700

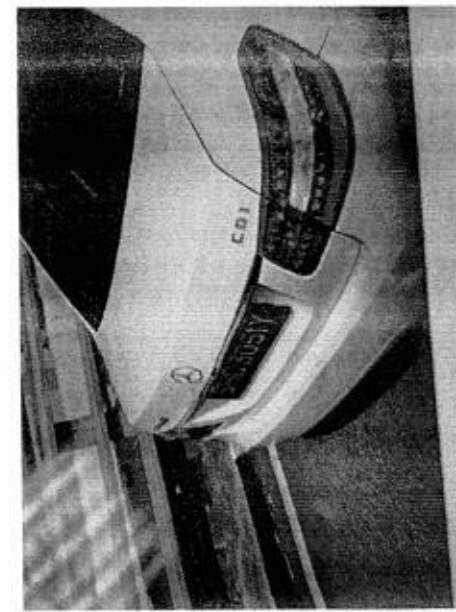
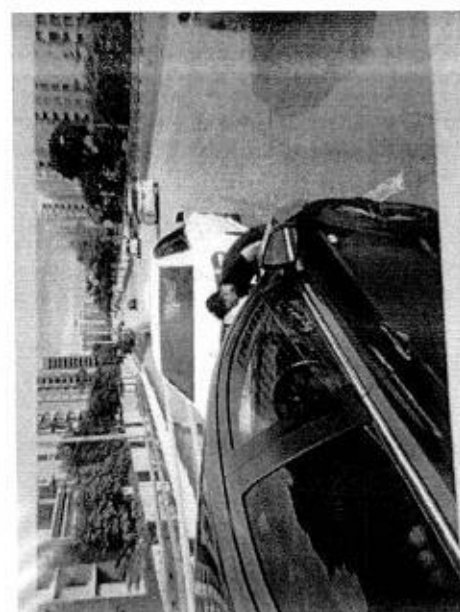
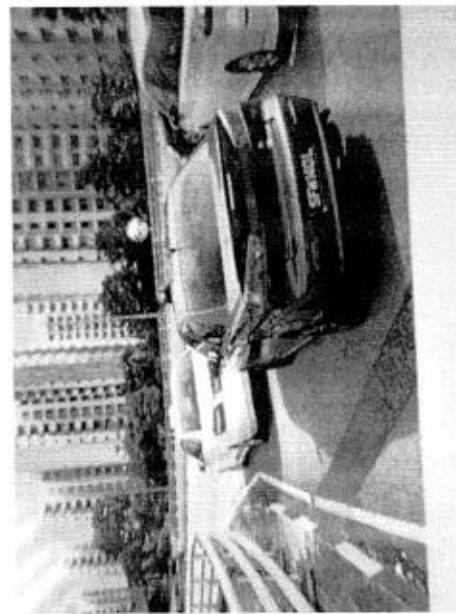
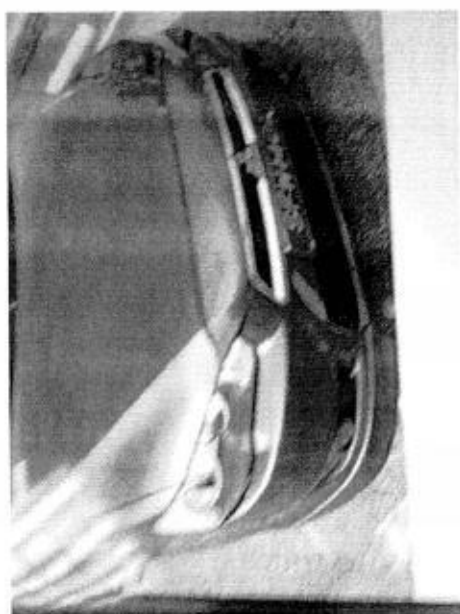
Policyholder's Signature
Date & Time:

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

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

S/R Moorthy
CSO 14/12/18





NOTED

DATE 18/12/2018 10:30

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Retreat</i>			\$ 1,510.00
	Rear Bumper Reinforcement <i>Best</i>			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH) <i>Xun</i>		\$ 135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH) <i>Xun</i>		\$ 125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) <i>Xun</i>		\$ 115.00	\$ 230.00
	SUB TOTAL			\$ 3,410.00
	LESS 20%			\$ 682.00
	DISCOUNTED TOTAL			\$ 2,728.00
	Rear Bumper Sensor <i>slk</i>			\$ 388.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 30.00 <i>Xun</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>30</i>
	TOTAL LABOUR			\$ 850.00
	ESTIMATE TOTAL			\$ 3,966.00

LKK Auto Consultants notify
the Repairer of the damage
• To reserve the right to inspect
• To disassemble and repair
• Paint and finish on a "best effort"
• Time and materials on a "best effort"

1 call 1 call
18/12/18 1400h
2 days
After Repair photo

Larry Ng

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

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Breddell Road Singapore 579701
Mandarin + 65 6383 6280 Facsimile + 65 6380 9755
Workshops
59 Loyang Drive Singapore 508989 24 Senoko Loop Singapore 756156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 501 Yehun Industrial Park A Singapore 796732
220 Ubi Road 3 Singapore 408695
Date/Time: 18.12.2018 12:18 Page : 1

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305252068
STOMER	REGN NO.: SHC3051Y	MILEAGE	
VMS	MAKE : MERCEDES BENZ	FUEL	
STOMER NO. 7010045	MODEL E220CDI (E5)	DATE/TIME IN 18.12.2018 09:45	
DRESS 383 SIN MING DRIVE	YR OF MANU 13.05.2013	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE WDD2120022A733498	COMPLETION DATE/TIME:	
65508755 (R) (P)			
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 14.12.2018
NATURE: 3P 14.12.2018

S/NO	LABOR CODE	DESCRIPTION
	NTUC - Rear damage	
	LCC/Kahni -	

FRONT

LEFT SIDE

RIGHT SIDE

REAR

HECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
nowledgement Slip	Exit Pass
Vehicle No.: SHC3051Y	Vehicle No.: SHC3051Y
Signature/Date	Signature/Date
Name of Service Advisor	Name of Service Advisor
Date	Date
returned to Service Reception upon collection	To be kept by Security Guard

Our Job Ref No : 305252068

Date : 20. Dec. 2018

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No : SHC3051Y

Date of Accident: 14. 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 SFW140L

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

\$2300.00

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 : Kalin

Name : Kalin

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/INC18022737/K1tbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 27-12-2018	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SFW 140L	Veh. Inspected	SHC 3051Y	
Policy No.	5106121247	Coverage (\$)	0.00	
Claim No.	MT/1023928-002	Excess (\$)	0.00	
Assign From		Assign Date	18/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ E 220	c.c	2143	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	WDD2120022A733498	Colour	WHITE	
Odometer	790748	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	WEST LAKE	7 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	205/60 R16	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	14/12/2018	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.				
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 3051Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	BENT	1,150.00	1,150.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
	LESS 20% DISCOUNT		-682.00	-532.00
			2,728.00	2,128.00
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER SENSOR (SN)	SHORTED	388.00	388.00
			388.00	388.00
	<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		3,966.00	2,946.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,300.00

Report Ref No. NS/INC18022737/K1tbn2

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.