

Surveyor: Kelvin

REF:

NS/WC18022767 / Kldon2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/INS/TPRES/OORES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s: _____

at: _____

Insured: YP 2823Z

Policy No: 5070790535-02 01/09/2017

Claims No: NT/1024369-002

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 Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

24/12/18 Conduct P/P \$1206.26 / 2 hrs.
(Red & GST. 50, 75%)

Inc.
P/P

RECEIVED 26 DEC 2018

Date/Time, File Pass to?

11/24/12 turn over

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$

☐ : Prel. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS: \$

Photos

Others

TOTAL

160

Veh No: SHC 10127 Yr Regn: 554, 218

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

Truck / Trailer or

Make: Hyundai 2019 CC: 1580

Colour: Blue A/C: In/Red / Std / Nil / NA

Sp. Reading: 90023 T/Radio: In/Red / Std / Nil / NA

Eng/No: _____

C/No: KMHCB51CVJ4103466

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In/Red / Jammed / Leaked / Burnt or

Brake: In/Red / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Duraturn

Front Rear

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

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

D.O.A. 18/12/18 D.O.I. 19/12/18

Survey held at C D Gr E (Loyang)

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

Rear.

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

eBaoTech

General Claim

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"/>	5070270535-02		RICHLAND LOGISTICS SERVICES PTE LTD	199500443D	GFT	Comprehensive	YP2823Z	YP2823Z	01/09/2017	

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	SU 489D	15/12/2018	\$ 8,038.50
5	MT/1024513-002	COMFORT TRANSPORTATION PTE LTD	SHD 4980D	SIN 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	19/12/2018 09:43
Date Of Accident	18/12/2018 14:45
Exact Location Of Accident	TELOK BLANGAH RD X ALEXANDRA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1012Z
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	IONIQ HYBRID

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	QUEK KHOON SENG
NRIC No	S1123293J
Date Of Birth	03/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1972
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96196631
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	554 02-249 BEDOK NORTH STREET 3
Postcode	460554
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 (including own vehicle) involved in the accident	2
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)

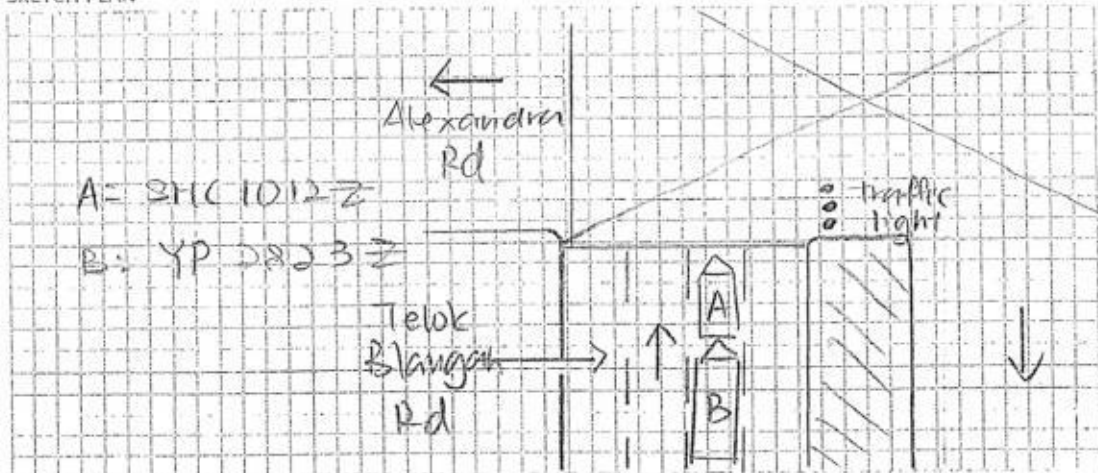
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP2823Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SI TIONG BOON
NRIC/Passport Number	S1602659Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/12/18 at about 14:45 hrs, my taxi stopped at above said location waiting for traffic light change.

Suddenly Veh B behind of my taxi it front portion hit onto the rear portion of my taxi.

01 female passenger on board my taxi.

No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Loke Wei Yieng

Reporting Centre Personnel's Signature

Name:

17/12/18

Sketch Plan Pg. 2

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.
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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 lodging 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. 189393821R

Wong

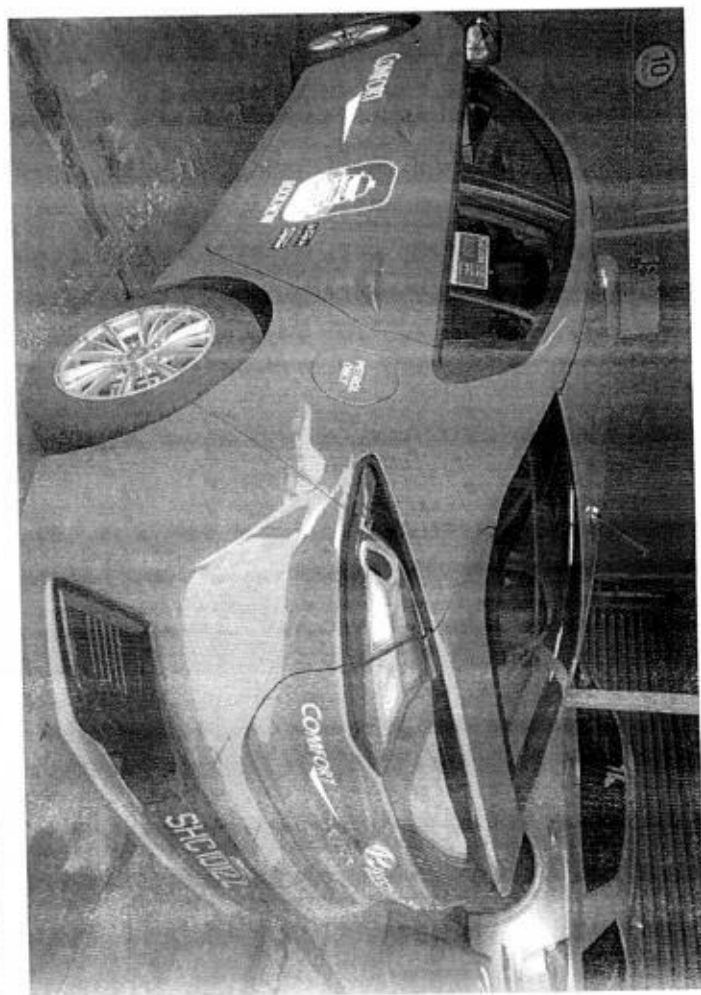
See Vwei Yang

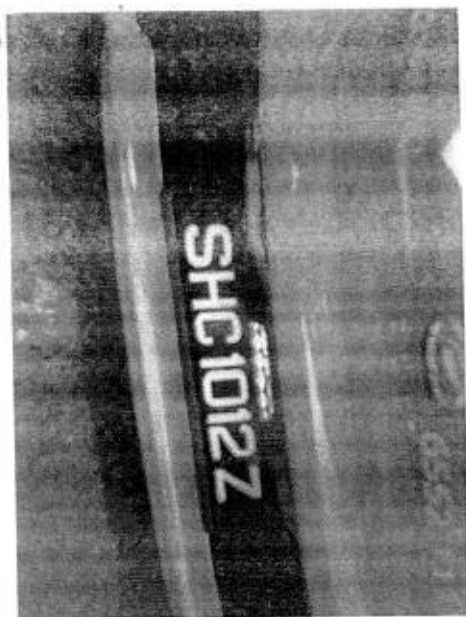
Policyholder's Signature
Date & Time:

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

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

19/12/18





play P

NTUC

2063.76

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.

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305252452

STOMER

COMFORT TRANSPORTATION PTE LTD

/MS: 7010045

STOMER NO. 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

(P) 65508755

(O)

(P)

COUNT CARD NO.

REGN NO.: SHC1012Z

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL IONIQ(G2)

DATE/TIME IN 19.12.2018 08:25

YR OF MANU. 05.07.2018

TARGET DATE

CHASSIS CODE KMHC851CVJU103466

COMPLETION DATE/TIME

NTUC

JOB DESCRIPTION

Accident Date: 18.12.2018

NATURE: 3P 18.12.2018

S/NO

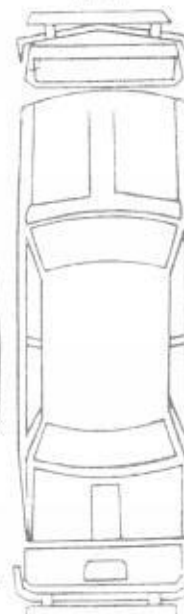
LABOR CODE

DESCRIPTION

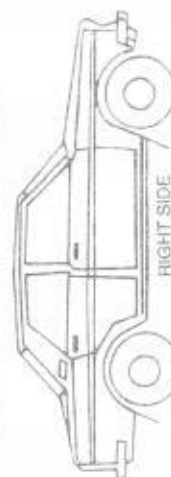
FRONT



LEFT SIDE



REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

By:

Chassis

Vehicle No.: SHC1012Z

LKE

Exit Pass

Vehicle No.:

SHC1012Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

VEHICLE NO. : SHC1012Z
MODEL IONIQ (G2)
JOB NO 305252452

TYPE OF CASE : TP-YP2823Z
SURVEY BY : LKK/Kalini Ang
DATE : 20/12/18

[illegible]

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.12.2018

REPAIR ESTIMATE

Time: 15:13:17

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305252452
REGN NO : SHC1012Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 05.07.2018
DATE/TIME IN : 19.12.2018 08:25
ACCIDENT DATE : 18.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1 L	451.25	20.00	361.00
0002 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	140.20	10.00	126.18
0003 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0004 04-01-0104-2270-G	IONIQ EMBLEM-HYBRID	1	24.30	20.00	19.44
0005 04-01-0104-2271-G	IONIQ EMBLEM-IONIQ	1	31.30	20.00	25.04
0006 28-01-0103-0005-A	(I40/SONATA)REAR BOOT LOG	1 N	20.00	10.00	18.00
0007 28-01-0103-0006-A	(I40/SONATA)REAR BOOT TEL	1 N	10.00	10.00	9.00

SUB-TOTAL : 576.26

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 20-22	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 630.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.12.2018

Time: 15:13:17

REPAIR ESTIMATE

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305252452
REGN NO : SHC1012Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 05.07.2018
DATE/TIME IN : 19.12.2018 08:25
ACCIDENT DATE : 18.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,206.26

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305252452
Date : 21/12/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. : SHC1012Z CTPL

Fax :
18.12.18

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

1. The repair job shall bill to: NTUC --- YP2823Z
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$576.26
(b) Labour Charges	\$630.00
Total for Part-By-Part Repair Cost	\$1,206.26
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
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 : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : KALVIN ANG
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		NO		
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/INC18022767/K1qbn2

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.	YP 2823Z	Veh. Inspected	SHC 1012Z
Policy No.	5070270535-02	Coverage (\$)	0.00
Claim No.	MT/1024369-002	Excess (\$)	0.00
Assign From		Assign Date	19/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVJU103466	Colour	BLUE
Odometer	90023	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	DURATURN	7 mm
L/H Front Tyre	195/65 R15	DURATURN	7 mm
R/H Rear Tyre	195/65 R15	DURATURN	7 mm
L/H Rear Tyre	195/65 R15	DURATURN	7 mm

4. Description of Damages

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

5. General Information

Accident Date	18/12/2018	Inspection Date	19/12/2018
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
-------------------------------------	----------------

**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 1012Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER CENTRE MOULDING ASSY	DEFORMED	451.25	451.25
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	SERVICEABLE	66.20	-
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
1	REAR TAILGATE (NPA)	TO REPAIR SEE LABOUR	-	-
1	BOOTLID EMBLEM "HYBRID"	NECESSARY	24.30	24.30
1	BOOTLID EMBLEM "IONIQ"	NECESSARY	31.30	31.30
	LESS 20% DISCOUNT		-210.89	-105.77
			843.56	423.08
<u>NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	140.20	140.20
1	BOOTLID COMFORTDELGRO" LOGO (N)	NECESSARY	20.00	20.00
1	BOOTLID "TEL NO" STICKER (N)	NECESSARY	10.00	10.00
	LESS 10% DISCOUNT		-	-17.02
			170.20	153.18
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR TAILGATE.		400.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,050.00	630.00
GRAND TOTAL			2,063.76	1,206.26
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,206.26

Report Ref No. NS/INC18022767/K1qbn2

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.