

Surveyor: Kalvin

REF:

NS/INC18022770/Klsbsr

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: SGZ 8886m

Policy No: 5101214587 060618 - 050619

Claims No: MT/1024917-001

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. Repair: _____ 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 4463E - NA/INC14007330 /J2

SGZ 8886m - X

24/12/18 Check P/P \$400/ 2 hrs.

24/12/18 Confirmed P/P \$400/ @ 2 days with Kalin.

(\$300/- Red - 43%)

RECEIVED 24 DEC 2018

Veh No: SHD 4463E Yr Regn: 24 12 2018

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

Truck / Trailer or

Make: Hyundai Santa cc 199

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

Sp. Reading: 618.03 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: KM HET 41VM CA 830782

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215 / 60 R16

R: _____

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

TOYO / YOKO or Han Kook

Front

R/Ral. 7 mm

L/Ral. 7 mm

D.O.A. 19/12/18

Survey held at C D G E (Loyang)

Des. of Damages: Frl / Rear / DIS / NIS / UIC / Rooftop or

Rear n/s

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

Date/Time, File Pass to?

24/12/18

Typist

Date/Time, File Return to?

21

2)

Report Format:

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

400/- P/P

☐ : 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

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"/>	5101214587		STEADFAST LIMOUSINE SERVICES	53185131A	GPC	drive CLASSIC	SGZ8886M	SGZ8886M	06/06/2018	05/06/2019

member of COMFORTDELGRO

Date/Time: 19.12.2018 13:35 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305252459

OWNER

AS COMFORT TRANSPORTATION PTE LTD
OWNER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(P) 65508755 (O)
(P)

IDENTIFICATION CARD NO.

REGN NO.: SHD4463E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 19.12.2018 09:55
YR OF MANU. 28.09.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA830382	COMPLETION DATE/TIME:

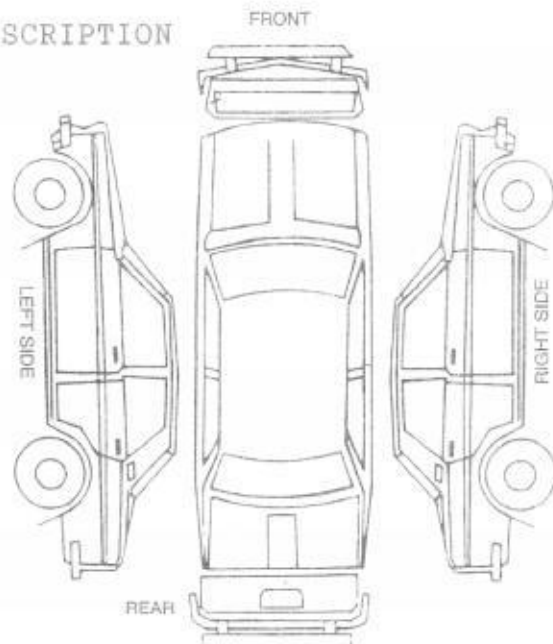
NTUC

JOB DESCRIPTION

Accident Date: 19.12.2018
NATURE: 3P 19.12.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge/ment Slip

Exit Pass

No.: SHD4463E

LKE

Vehicle No.:

SHD4463E

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	19/12/2018 11:24
Date Of Accident	19/12/2018 00:25
Exact Location Of Accident	HAVELOCK RD X CHIN SWEE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4463E
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	TOH BAN HIN
NRIC No	S1277534B
Date Of Birth	29/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1980
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98308495
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	311B 06-20 ANCHORVALE LANE
Postcode	542311
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

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	SGZ8886M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

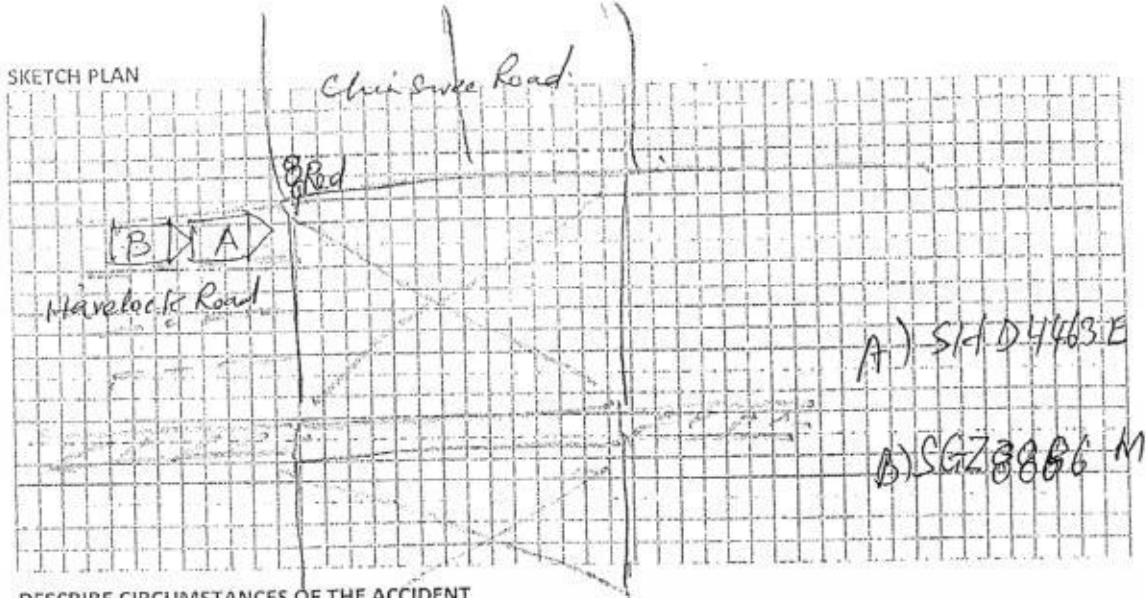
Nature Of Damage

FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/12/18 at about 00xkm while I Veh A
stopped at the traffic junction (Red), Veh B
collided on the rear of my stationary
vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PICT
CC REG NO 10000001R

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 19/12/18

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.
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. 150505411R


R. Moorthy
CSO 19/12/18

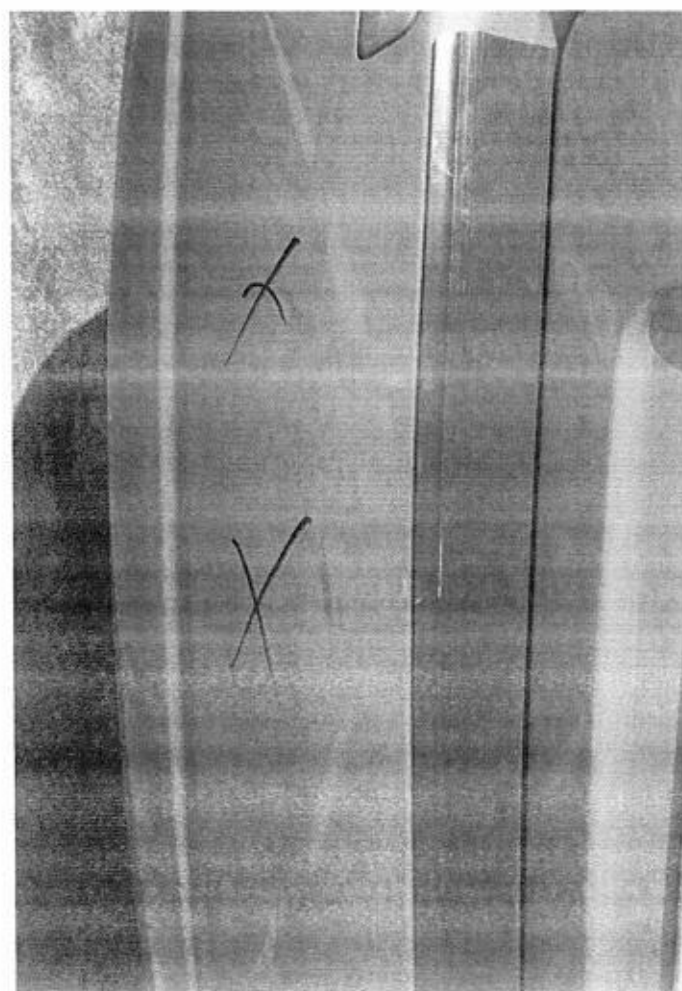
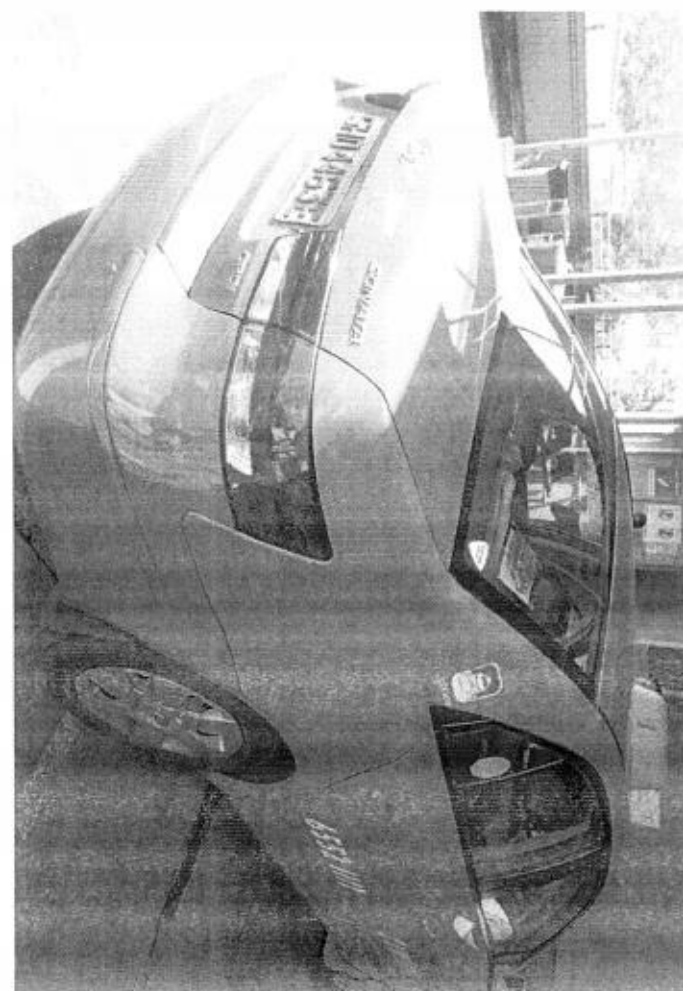
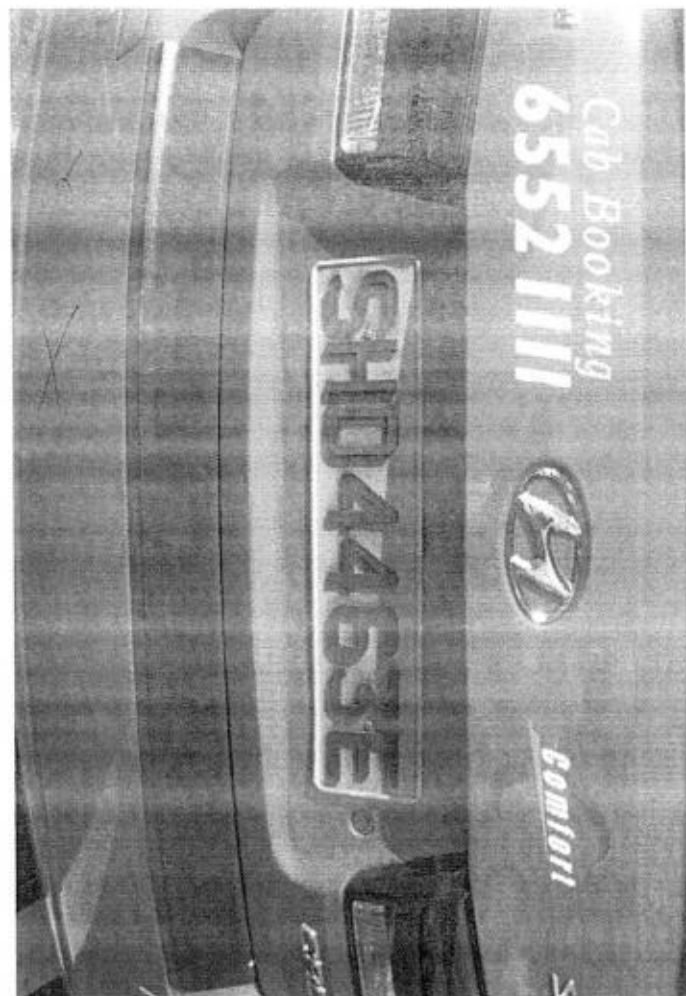
Policyholder's Signature
Date & Time:

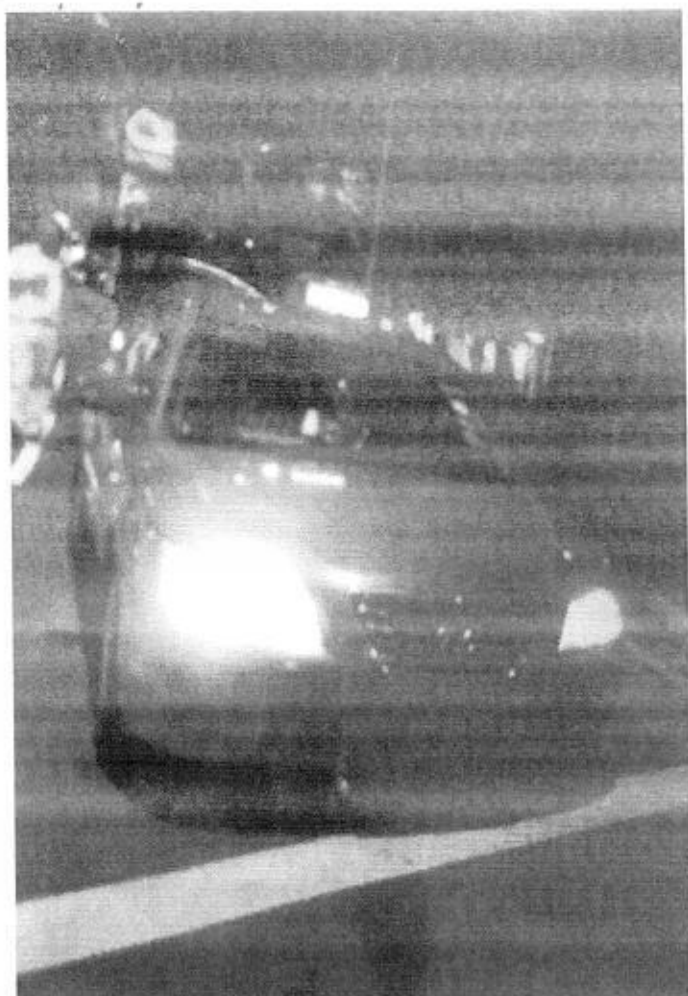

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/ACC SketchPlanForm_V3







COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4463E

DATE 19/12/2018 14:46

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Rubber Mat X 1			\$ 50.00	Nett
				\$ 50.00	
	Labour Charge				
	Panel Beating-Repair Bumper			\$ 400.00 200	
	Spray Painting Charge			\$ 300.00 200	
	Wiring Charge			\$ 30.00 X 1	
	Remove/Refix Reverse Sensor			\$ 120.00 X 1	
	TOTAL LABOUR			\$ 650.00	
	ESTIMATE TOTAL			\$ 700.00	
				6100	
<p>Kalini (Utk)</p> <p>19/12/18 1505hr</p> <p>2 Days</p> <p>U/s</p> <p>After Repair photo</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.					

COMFORTDELGRO ENGINEERING

Our Job Ref No 305252459
Date : 21/12/18

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive, Singapore 508989
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHD4463E CTPL

19.12.18

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

1. The repair job shall bill to: NTUC --- SGZ8886M
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: 20% _____
Final Lumpsum Repair cost \$400.00

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 :  _____

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature :  _____

Name : Kahr

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/INC18022770/K1sbs2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 28-12-2018	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGZ 8886M	Veh. Inspected	SHD 4463E	
Policy No.	5101214587	Coverage (\$)	0.00	
Claim No.	MT/1024917-001	Excess (\$)	0.00	
Assign From		Assign Date	19/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	KMHET41VMCA830382	Colour	BLUE	
Odometer	618003	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60R16	HANKOOK	7 mm	
L/H Front Tyre	215/60R16	HANKOOK	7 mm	
R/H Rear Tyre	215/60R16	HANKOOK	7 mm	
L/H Rear Tyre	215/60R16	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	19/12/2018	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.				
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. SHD 4463E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	NOT NECESSARY		
	REAR BUMPER RUBBER MAT		50.00	-
			50.00	-
	LABOUR			
	PANEL BEATING - REPAIR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			850.00	400.00
GRAND TOTAL			900.00	400.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				400.00

Report Ref No. NS/INC18022770/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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