

Surveyor: Kalvin

REF:

NS/INC18023011/Klsbn2



ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLU 8399UPolicy No: 5083403664 - 02 010518Claims No: MT/1024821 - 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

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

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

SHD 4885X - X

SLU 8399U - 03/CT18004371 / mid3e1

26/12/18 Contact 4/5 \$2250 / 3 hrs.

28/12/18 Confirmed 4/5 \$2,250/- @ 3 days with Kalvin.

(\$919.60 red 29%)

RECEIVED 28 DEC 2018

Veh No: SHD 4885X Yr Regt: 12 Mar, 2018

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

Truck / Trailer or

Make: Hyundai C.O. 1685Colour: Blue A/C: Ins / Std / HI / NASp. Reading: 631058 T/Radio: Ins / Std / HI / NA

Eng/No: _____

C/No: KMH1B41WME4048679Gen. Cond: Good / F / Poor / BurntSteering: Inord / 6 / Jammed / Leaked / Burnt orBrake: Inord / 6 / Jammed / Leaked / Burnt or

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

Tyre Size: 205/160R16

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

TOYO / YOKO or Wex/da

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 25/12/18 D.O.I. 24/12/18Survey held at CDGE (Loyang)

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

o/s Front

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

Date/Time, File Pass to?

28/12/18

1) Type

Date/Time, File Return to?

2)

3)

Report Format:

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

2,250/- 4/5

☐ : Prel. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

\$ - RS. \$1

Photos

Others

160

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 checked="" type="radio"/>	5083403664-02		H. L. CAR RENTAL PTE. LTD	201004543E	GFT	drive CLASSIC	SLU8399U	SLU8399U	01/05/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date: 27/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1024821-002	COMFORT TRANSPORTATION PTE LTD	SHD 4885X	SLU 8399U	21/12/2018
2	MT/1024913-002	COMFORT TRANSPORTATION PTE LTD	SHD 7187H	SHD 2443B	21/12/2018
3	MT/1024979-002	CITYCAB PTE LTD	SHC 124R	SHD 2133X	23/12/2018

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 willful 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	22/12/2018 07:36
Date Of Accident	21/12/2018 02:15
Exact Location Of Accident	SOUTH BRIDGE RD > CIRCULAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4885X
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	GUNA M
NRIC No	S1761021Z
Date Of Birth	02/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	13/06/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94607566
Fax Number	
Contact Number	
Email Address	RICKESZ@HOTMAIL.COM

Address	898A 11-210 WOODLANDS DRIVE 50
Postcode	730898
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	SIDE SWIPE
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)	1

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.

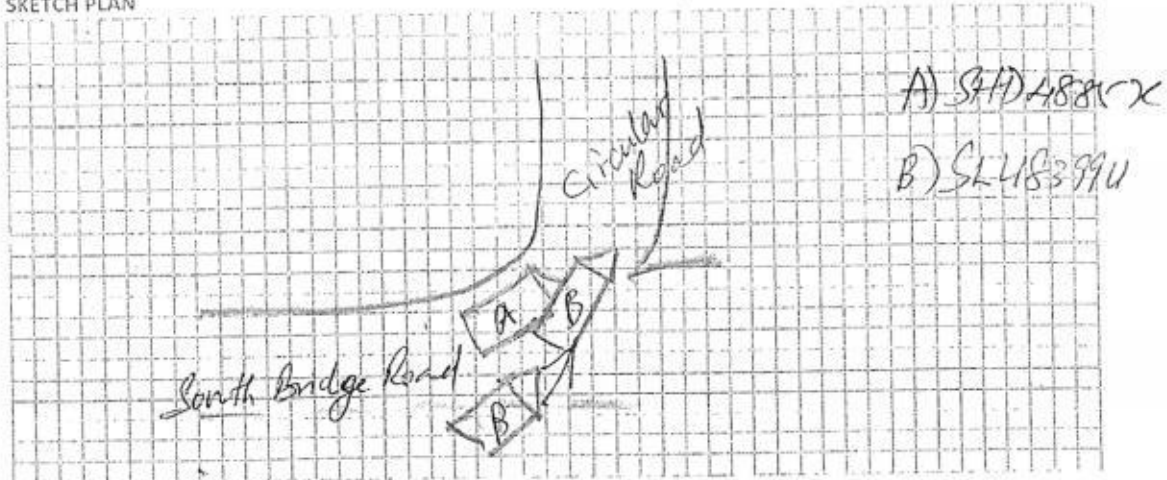
Attachment(s)

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	SLU8399U
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	LEFT REAR
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/12/18 at about 0215hrs while I Veh A was making a left turn, Veh B from the right lane intercepted onto my lane on the left and collided onto the right front portion of my vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CC REG. NO. 199503821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

[Signature]
J R Moorthy
CSO 21/12/18

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)**

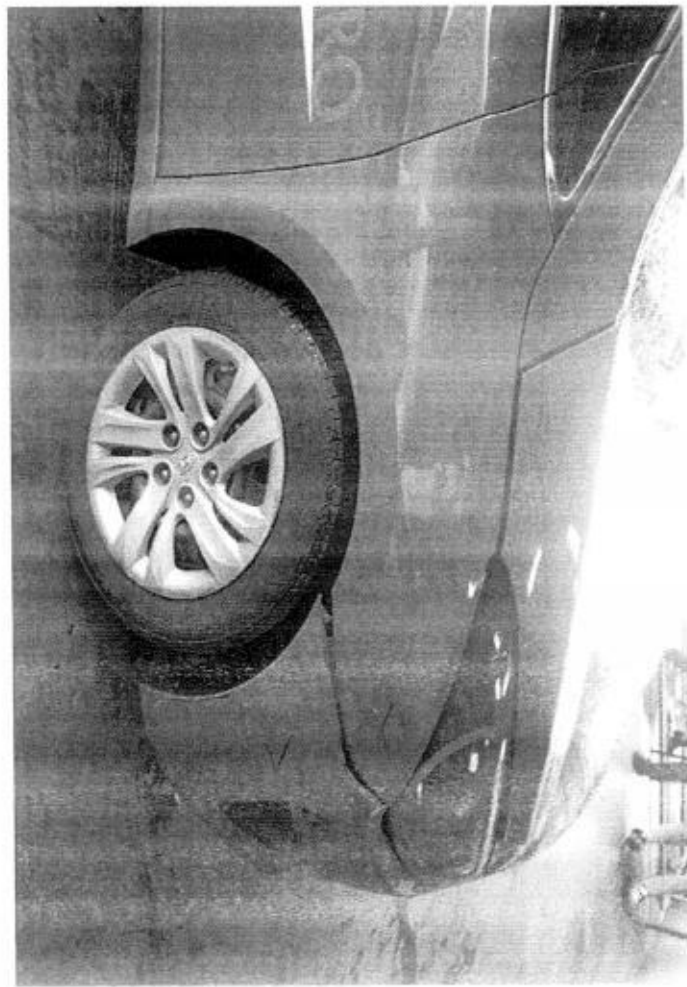
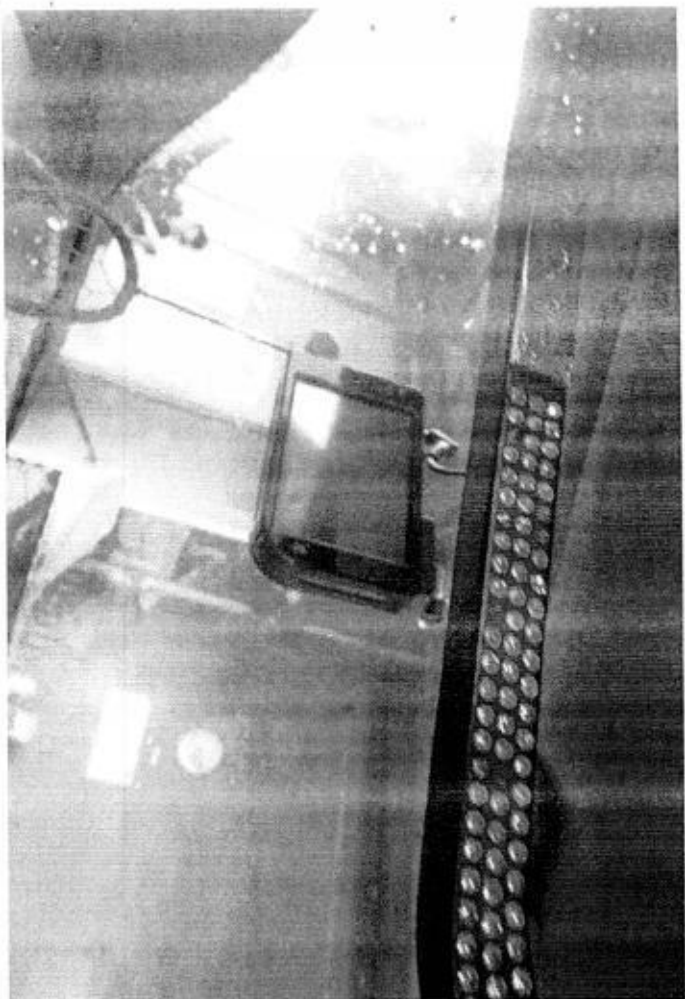
I understand, acknowledge, agree and consent that:

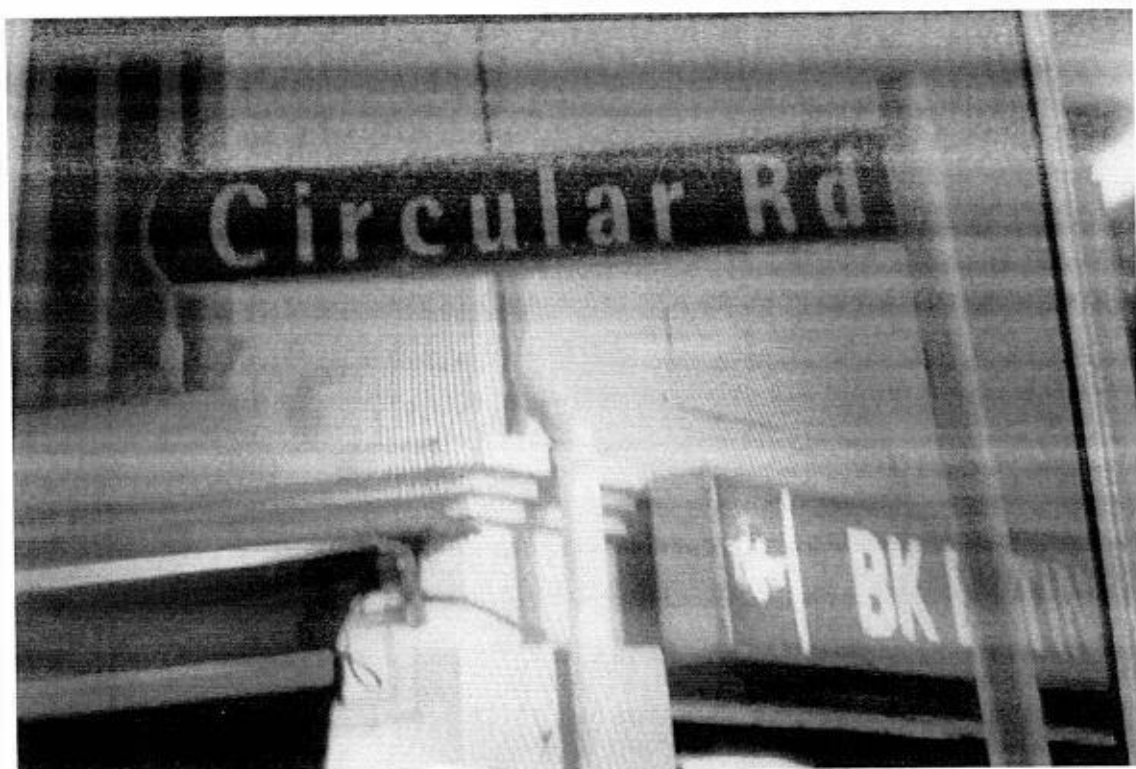
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
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.:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4885X

DATE 24/12/2018 11:28

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover / <i>Rebuilt</i>			\$ 544.50
	Front Bumper Grille (RH) / <i>at</i>			\$ 41.60
	Front Bumper Bracket Top (RH) <i>Xone</i>			\$ 22.40
	Front Bumper Bracket (RH) / <i>at</i>			\$ 24.60
	Headlamp (RH) / <i>Rebuilt</i>			\$ 1,388.00
	Front Fender (RH) / <i>Rebuilt</i>			\$ 566.30
	Front Fender Retainer <i>X one</i>			\$ 24.60
	SUB TOTAL			\$ 2,612.00
	LESS 20%			\$ 522.40
	DISCOUNTED TOTAL			\$ 2,089.60
	Labour Charge			
	Panel Beating			\$ 400.00 <i>300</i>
	Spray Painting Charge			\$ 600.00 <i>400</i>
	Wiring			\$ 30.00 <i>30</i>
	Tuff Kote			\$ 50.00 <i>30</i>
	TOTAL LABOUR			\$ 1,080.00
	ESTIMATE TOTAL			\$ 3,169.60
<p><i>Kalvi (UKK)</i> <i>28/12/18</i> <i>24/12/18 1425hrs</i> <i>3 Pys</i> <i>U/s</i> <i>After Repair photo</i></p> <div> <p>UKK Auto Consultants hence notify the Repaired of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged part(s) during resurvey Parts prices are subject to confirmation Third party survey on a "Without Prejudice" basis No illegal modification is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repaired Signature: Date:</p> </div>				
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(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305253506

OMER

S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(P) 65508755

(O)

(P)

UNIT CARD NO.

REGN NO.: SHD4885X

MILEAGE

MAKE : HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 24.12.2018 11:00

YR OF MANU. 12.03.2014

TARGET DATE

CHASSIS CODE KMHLB41UMEU048679

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.12.2018

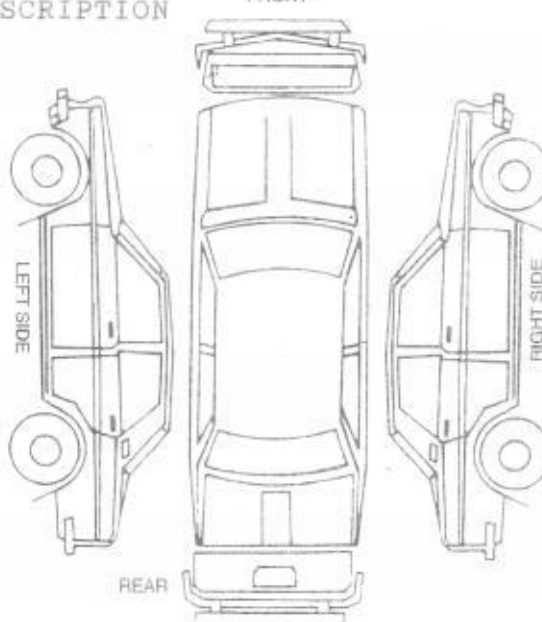
NATURE: 3P 21.12.18/C

S/NO

LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip:

Exit Pass

No.: SHD4885X

JU NTUC

Vehicle No.:

SHD4885X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305253506
Date : 26/12/2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHD4885X

Fax :

Date of Accident : 21.12.18

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

1. The repair job shall bill to: NTUC --- SLU8399U
###
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) N
 - Total for Lumpsum repair cost after Less: 20% \$2,250.00
 - Final Lumpsum Repair cost** _____

3. Estimated normal period for repairs: 3 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 : [Signature]
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : [Signature]
Name : Kalvin
Date : 26/12/18

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		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/INC18023011/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 02-01-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLU 8399U	Veh. Inspected	SHD 4885X
Policy No.	5083403664-02	Coverage (\$)	0.00
Claim No.	MT/1024821-002	Excess (\$)	0.00
Assign From		Assign Date	24/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU048679	Colour	BLUE
Odometer	631058	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 O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	21/12/2018	Inspection Date	24/12/2018
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:	3 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 4885X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER GRILLE (RH)	CUT	41.60	41.60
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	CRACKED	24.60	24.60
1	HEADLAMP (RH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
	LESS 20% DISCOUNT		-522.40	-513.00
			2,089.60	2,052.00
LABOUR				
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING.		30.00	30.00
	TUFF KOTE.		50.00	30.00
			1,080.00	760.00
GRAND TOTAL			3,169.60	2,812.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,250.00

Report Ref No. NS/INC18023011/K1sbn2

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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