

Form 10/2011

Surveyor: Kelvin

REF:

NS/INC18023019 / KH652

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / IWS / ITP RES / OD RES / EVA / INV / MV

To Insured Vehicle No: _____

at Workshop m/s _____

at _____

Insured: GBC 14583

Policy No. 5101204296 340618 - 230619

Claims No. MT/102517-002

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

SHB 6671T - CCG/116003358 / R2302

GBC 14583 - X

29/12/18 Advant 4/5 \$2500/ 3 By. (Red: 1317.40! 84%)

RECEIVED 02 JAN 2019

Veh No: SHB 6671T Yr Regn: 24 Oct, 2013

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

Truck / Trailer or

Make: Mercedes Benz Viano C.C. 2003

Colour: White A/C: Insured / Std / HI / NA

Sp. Reading: 537381 T/Radio: Insured / Std / HI / NA

Eng/No: _____

C/No: WDF 6398132380942

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inord / 6 / Jammed / Leaked / Burnt or

Brake: Inord / 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / ST 6 / Rim or

Tyre Size: F: 225 / 60 R16C

R: _____

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

TOYO / YOKO or Flc Kkt

Front Rear

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

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

D.O.A. 20/12/18 D.O.I. 24/12/18

Survey held at C D G E (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooltop or

o/s R/L

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐ : Prel. Report

21/12/18 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Report Format:

TP

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

2500/-

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1024648-002	CITYCAB PTE LTD	SHB 3100U	SLV 4930G	20/12/2018
2	MT/1025117-002	COMFORT TRANSPORTATION PTE LTD	SHB 6671T	GBC 1458S	21/12/2018
3	MT/1025334-002	COMFORT TRANSPORTATION PTE LTD	SHA 4979A	SGD 198J	26/12/2018
4	MT/1025873-001	COMFORT TRANSPORTATION PTE LTD	SHD 6949H	SKZ 3566Y	24/12/2018
5	MT/1025217-002	COMFORT TRANSPORTATION PTE LTD	SHA 1073H	SJE 5047M	25/12/2018
6	MT/1024874-002	COMFORT TRANSPORTATION PTE LTD	SH 8203L	SLR 5726U	21/12/2018
7	MT/1025317-002	COMFORT TRANSPORTATION PTE LTD	SH 7573A	SKF 8716D	25/12/2018
8	MT/1025290-002	COMFORT TRANSPORTATION PTE LTD	SHD 6502M	SHD 2790Z	25/12/2018

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/12/2018 15:37"/>
Vehicle No. (For Motor)	<input type="text" value="GBC14585"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5101204296		FINE AIR ENGINEERING PTE LTD	199904517D	GCV	Comprehensive	GBC14585	GBC14585	24/06/2018	23/06/2019

Team: ARC Repair TP(CLSO)1

NATURE
LKR JOB CARD

Sales Order:

JC NO.: 305253266

CUSTOMER

COMPANY: COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO.: 7010045
ADDRESS: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)(F)

COUNT CARD NO.

REGN NO.:

SHB6671T

MILEAGE

MAKE:

MERCEDES BENZ

FUEL

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

MODEL

VIANO CDI 2.2L

DATE/TIME IN

22.12.2018 08:30

YR OF MANU.

24.10.2013

TARGET DATE

CHASSIS CODE

WDF63981323809415

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.12.2018

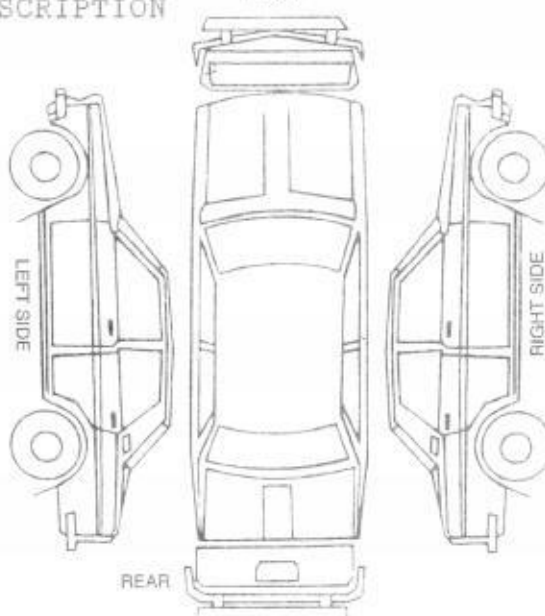
NATURE: 3P 21.12.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Signature: _____
Vehicle No.: SHB6671T
LIMTS

Vehicle No.: SHB6671T

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	22/12/2018 09:52
Date Of Accident	21/12/2018 13:10
Exact Location Of Accident	AIRPORT BLVD TWDS CHANGI TERMINAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6671T
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	VIANO
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	ONG CHEE CHOON
NRIC No	S1801890Z
Date Of Birth	25/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	06/10/1986
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93387346
Fax Number	
Contact Number	
Email Address	GARYONG1967@GMAIL.COM

Address	507 11-209 CHOA CHU KANG STREET 51
Postcode	680507
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)	7

Passenger 1	NAME: : -
	GENDER: : MALE
Passenger 2	NAME: : -
	GENDER: : FEMALE
Passenger 3	NAME: : -
	GENDER: : MALE
Passenger 4	NAME: : -
	GENDER: : MALE
Passenger 5	NAME: : -
	GENDER: : FEMALE
Passenger 6	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

GBC1458S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

WONG SAI SONG

NRIC/Passport Number

S0826319A

Contact Number

Address

Postcode

Insurance Company Name

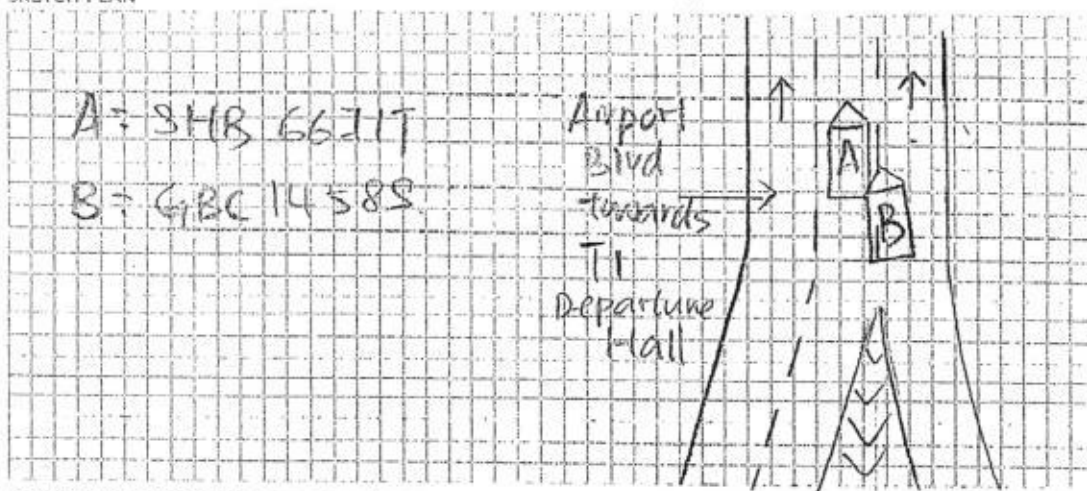
Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/12/18 at about 13:10 hrs, I was travelling at above said location towards Changi Airport Terminal 1 with 2 adults and 4 children.

Suddenly Veh B GBC 14585 coming from right hand side encroached into my lane and hit onto my taxi right rear portion.

Both of us then alighted to take photo and exchange particulars. No injury at the point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

Policyholder's Signature: 100303821R Driver's Signature

Date & Time:

(If driver is not the policyholder)

Lo Wei Yeng

Reporting Centre Personnel's Signature

Name:

22/12/18

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.

UNION TRANSPORTATION PTE. LTD.
CO. REG. NO. 199003621R

Policyholder's Signature _____
Date & Time: _____

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

Loke Yee YONG

Reporting Centre Personnel's Signature _____
Name: _____
NRIC/FIN No.: 22/12/18

Our Job Ref No : 305253266
Date : 29/12/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

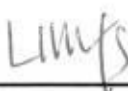
To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SHB6671T Date of Accident : 21-Dec-18


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

1. The repair job shall bill to: NTUC --- GBC1458S
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% \$2,500.00
Final Lumpsum Repair cost \$2,500.00

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 : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 29/12/18

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 6671T

DATE 24/12/2018

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Door Shell Sliding, RH — <i>Det</i>			\$ 2,370.18
	Door Protector Sliding (RH) — <i>Det</i>			\$ 125.10
	Rear Fender Protector (RH) X <i>repov</i>			\$ 56.48
	SUB TOTAL			\$ 2,551.76
	LESS 20%			\$ 510.35
	DISCOUNTED TOTAL			\$ 2,041.41
	MAXICAB' Sticker /RH) — <i>nee</i>			\$ 80.00 Nett
	COMFORTDELGRO' Sticker (RH) — <i>nee</i>			\$ 80.00 Nett
	Sliding Door Glass Sealant — <i>nee</i>			\$ 46.00 Nett
				\$ 206.00
	Labour Charge			
	Panel Beating			\$ 850.00 <i>400</i>
	Spray Painting Charge			\$ 500.00 <i>400</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Remove/Refix RR Sliding Door			\$ 120.00 <i>100</i>
	TOTAL LABOUR			\$ 1,570.00
	ESTIMATE TOTAL			\$ 3,817.41
<p><i>Kalvin 1/11/14</i></p> <p><i>24/12/18 1150hrs.</i></p> <p><i>3 Pys.</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p>				
<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>				

Any dispute shall be referred to the Arbitrator of the following:

- To make a report before the survey
- To discuss damaged parts during survey
- Parts prices are subject to confirmation
- Third party liability is not a "without prejudice" basis
- No litigation/claim is allowed
- Supplementary items must be approved and subject to final approval from insurance Company

Acknowledged by Reparer:
Signature:
Date:

**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/INC18023019/K1tbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-01-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBC 1458S	Veh. Inspected	SHB 6671T
Policy No.	5101204296	Coverage (\$)	0.00
Claim No.	MT/1025117-002	Excess (\$)	0.00
Assign From		Assign Date	24/12/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ VIANO	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDF63981323809415	Colour	WHITE
Odometer	537381	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/60 R16C	HANKOOK	7 mm
L/H Front Tyre	225/60 R16C	HANKOOK	7 mm
R/H Rear Tyre	225/60 R16C	HANKOOK	7 mm
L/H Rear Tyre	225/60 R16C	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. 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
-------------------------------------	----------------

**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 6671T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	DOOR SHELL SLIDING, RH	DENTED	2,370.18	2,370.18
1	DOOR PROTECTOR SLIDING (RH)	BENT	125.10	125.10
1	REAR FENDER PEOTECTOR (RH)	TO REPAIR SEE LABOUR	56.48	-
	LESS 20% DISCOUNT		-510.35	-499.06
			2,041.41	1,996.22
	SPECIAL NETT ITEMS			
1	MAXICAB' STICKER (RH) (SN)	NECESSARY	80.00	80.00
1	COMFORTDELGRO' STICKER (RH) (SN)	NECESSARY	80.00	80.00
1	SLIDING DOOR GLASS SEALANT (SN)	NECESSARY	46.00	46.00
			206.00	206.00
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR FENDER PEOTECTOR (RH).	NOT NECESSARY	850.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	-
	TUFF KOTE.		50.00	20.00
	REMOVE / REFIX RR SLIDING DOOR.		120.00	100.00
			1,570.00	920.00
GRAND TOTAL			3,817.41	3,122.22
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,500.00

Report Ref No. NS/INC18023019/K1tbs2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.