

01/11/2018

Inspector: Kelvin

REF: NS/INC18023207/Klsb sz

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: SJE 5047m

Policy No. 5103591 998 050918 - 04092018

Claims No. MT/1025217 - 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 Report: _____ Consistent?: Yes or No

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

Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 1073H Yr Regt: 29 Jan 2019

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

Truck / Trailer or

Make: Hyundai Santa Fe c.c. 1991

Colour: Blue A/C: Ins Std / HI / NA

Sp. Reading: 365652 T/Radio: Ins Std / HI / NA

Eng/No: _____

C/No: KMHET410MBA 8045B

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inop 6 / Jammed / Leaked / Burnt or

Brake: Inop 6 / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215 / 65 R16

R: _____

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

TOYO / YOKO or Hokke

Front _____ Rear _____

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

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

D.O.A. 25 / 12 / 18 D.O.I. 27 / 12 / 18

Survey field at C D G E (Loyang)

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

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

Date / Time	Action / Instruction
	SHA 1073H - NS/INC17019272/Klsb sz
	SJE 5047m - NA/INC18023111/13
29/12/18	Check P/P \$400/ 2 days.
29/12/18	Confirmed P/P \$400/ @ 2 days with Kelvin
	(\$520.32 Red - 57%)

RECEIVED 02 JAN 2019

Date/Time, File Pass to?

02/01/19

☐ : Prel. Report

1) Typist

☒ : Final Report

Date/Time, File Return to?

2) _____

Report Format:

Lump Sum / 1.81: 400/- P/P

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$ _____

Photos

Others

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

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"/>	5103591998		TAN WAY CHUAN STANLEY	S8824706Z	GCV	Comprehensive	SJE5047M	SJE5047M	05/09/2018	04/09/2019

Date/Time: 26.12.2018 16:04

Page : 1

Team: IN ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3885035

JC NO.: 305254380

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

IESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

DUNT CARD NO.

REGN NO.:

SHA1073H

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

SONATA

DATE/TIME IN

26.12.2018 10:40

YR OF MANU.

29.01.2011

TARGET DATE

CHASSIS CODE

KMHET41VMBA804513

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 25.12.2018

NATURE: 3P 25.12.18

S/NO LABOR CODE

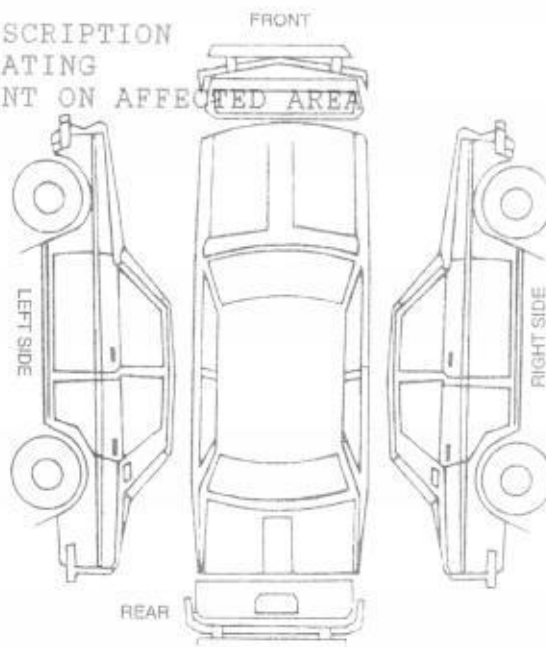
000030 L

000040 23-502

DESCRIPTION

PANEL BEATING

SPRAYPAINT ON AFFECTED AREA



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: SHA1073H

LIMITS

Vehicle No.:

SHA1073H

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	26/12/2018 13:35
Date Of Accident	25/12/2018 22:30
Exact Location Of Accident	BUYONG ROAD (SLIP RD) TWDS CTE ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1073H
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	SHAMSUDIN B TANI
NRIC No	S1668879G
Date Of Birth	14/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/08/1987
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96226585
Fax Number	
Contact Number	
Email Address	SHAMT1964@HOTMAIL.COM

Address BLK 344 UBI AVENUE 1 #05-1091
Postcode 400344
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 CHAIN COLLISION
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 3
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) 5
Passenger 1
NAME: : -
GENDER: : MALE
Passenger 2
NAME: : -
GENDER: : MALE
Passenger 3
NAME: : -
GENDER: : FEMALE
Passenger 4
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

PLS REFER TO ATTACHED

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 SJE5047M
Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	TAY WAY CHUAN STANLEY
NRIC/Passport Number	S8824706Z
Contact Number	81984819
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGU1505K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GURJEET SINGH SANDHU S/O HARBAN S SINGH
NRIC/Passport Number	S9344759Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

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. 199203321R

Policyholder's Signature
Date & Time:

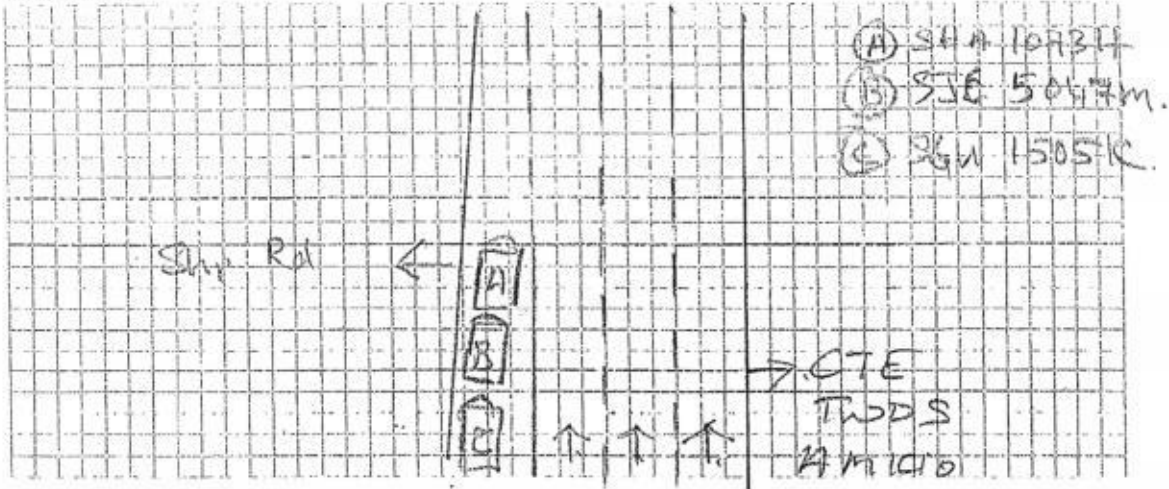
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

26/12/18
Jackson Heng
CSO

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>(1) At about 2230 hrs I was travelling along Buyong Road heading toward CTE (Amk) direction.</p>
<p>(2) As we were about to enter CTE at speed less than 50 km/h, the taxi in front press the brake and I did the same.</p>
<p>(3) My taxi did not hit the taxi in front but I was hit by the rear car SJE 5047M, driver Tan Way chuan, Stanley 1/c: S 8824 706 Z Tel no: 8198 4819 he was force forward by vehicle C SGU 1505K.</p> <p>At the time of accident I have 4 passengers in the taxi. Everyone said they are 'OK'!</p> <p>Passenger Detail: Vanessa Wong Tel: 8748 5287</p>

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CC. REG. NO. 199203921R

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

Date: 26.12.2018

REPAIR ESTIMATE

Time: 16:05:02

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 : 305254380
 REGN NO : SHA1073H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : SONATA
 DATE OF REGN : 29.01.2011
 DATE/TIME IN : 26.12.2018 10:40
 ACCIDENT DATE : 25.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0101-0001-U	REAR BUMPER	1 L	578.40	20.00	462.72	<i>X mpm</i>
0002 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	<i>X 44</i>

SUB-TOTAL : 480.32

JOB NATURE

0000 L	PANEL BEATING					<i>240.00 200</i>
0001 23-502	SPRAYPAINT ON AFFECTED AREA					<i>200.00</i>

SUB-TOTAL : 440.00

TOTAL : 920.32

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

*Limfs**Kalvin (Kk)**27/12/18 1210L**2 by**45**After Repair p/Lt*

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305254380

Date : 29/12/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA1073H

Date of Accident : 25-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 --- SJE5047M

2. The finalized amount shall be:

(a) Spare Parts after List discount NIL

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$400.00

(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 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

Date: 28.12.2018

REPAIR ESTIMATE

Time: 08:24:24

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 : 305254380
REGN NO : SHA1073H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 29.01.2011
DATE/TIME IN : 26.12.2018 10:40
ACCIDENT DATE : 25.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 400.00


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO



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/INC18023207/K1sbs2

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.	SJE 5047M	Veh. Inspected	SHA 1073H
Policy No.	5103591998	Coverage (\$)	0.00
Claim No.	MT/1025217-002	Excess (\$)	0.00
Assign From		Assign Date	27/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA804513	Colour	BLUE
Odometer	365657	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

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 PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	25/12/2018	Inspection Date	27/12/2018
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
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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. SHA 1073H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	578.40	-
10	REAR BUMPER CLPS	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-120.08	-
			480.32	-
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		240.00	200.00
	SPRAY PAINT ON AFFECTED AREA.		200.00	200.00
			440.00	400.00
GRAND TOTAL			920.32	400.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				400.00

Report Ref No. NS/INC18023207/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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