

Surveyor: Kolvin

REF:

NS/INC18023309 / Klvbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

Insp Vehicle No: _____

at Workshop m/s _____

at _____

Insured: SKZ 3566Y

Policy No: 5087 619346 - 01 19032018

Claims No: MT/1005873 - 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: _____

DIAC 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: SHD 6949H

Yr Regt: 804 2015

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

Truck / Trailer or

Make: Hyundai 240 cc 1.6L

Colour: Blue

A/C: Insured / Std / HI / NA

Sp. Reading: 69495

T/Radio: Insured / Std / HI / NA

Eng/No: _____

C/No: KMHLB414M64078458

Gen. Cond: Good / F. ☒ Poor / Burnt

Steering: Inop. ☒ Jammed / Leaked / Burnt or

Brake: Inop. ☒ Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / S. ☒ Rint or

Tyre Size: _____

F: 205/60R16

R: _____

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

TOYO / YOKO or

Wearble

Front

Rear

R/Bal. 2 mm

R/Bal. 2 mm

L/Bal. 2 mm

L/Bal. 2 mm

D.O.A. 24/12/18

D.O.I. 27/12/18

Survey held at

C D G E (Loyang)

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

Rear

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

Date / Time Action / Instruction

SHD 6949H - X

SKZ 3566Y - X

29/12/18 Went 4/5 \$1200 / 2 R. (Red 604.21, 339)

RECEIVED 02 JAN 2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

21 - typst

Report Format:

TP

Lump Sum / 1.8 / 1.3

1200/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Weekend (\$ _____)

☐ : S + RS (\$ _____)

☐ : Photos

☐ : Others

160

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.: 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="checkbox"/>	5087619346-01		ST CARZ LEASING PTE LTD	201535819E	GFT	drive CLASSIC	SKZ3566Y	SKZ3566Y	19/03/2018	

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 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 15:52
Date Of Accident	24/12/2018 20:00
Exact Location Of Accident	TANJONG PAGAR RD X KEPPEL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6949H
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LIM CHENG GUAN
NRIC No	S7530804C
Date Of Birth	10/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	30/05/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86110750
Fax Number	
Contact Number	
Email Address	BUNNYALAN28@YAHOO.COM

Address	443 15-339 CHOA CHU KANG AVENUE 4
Postcode	680443
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)	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)

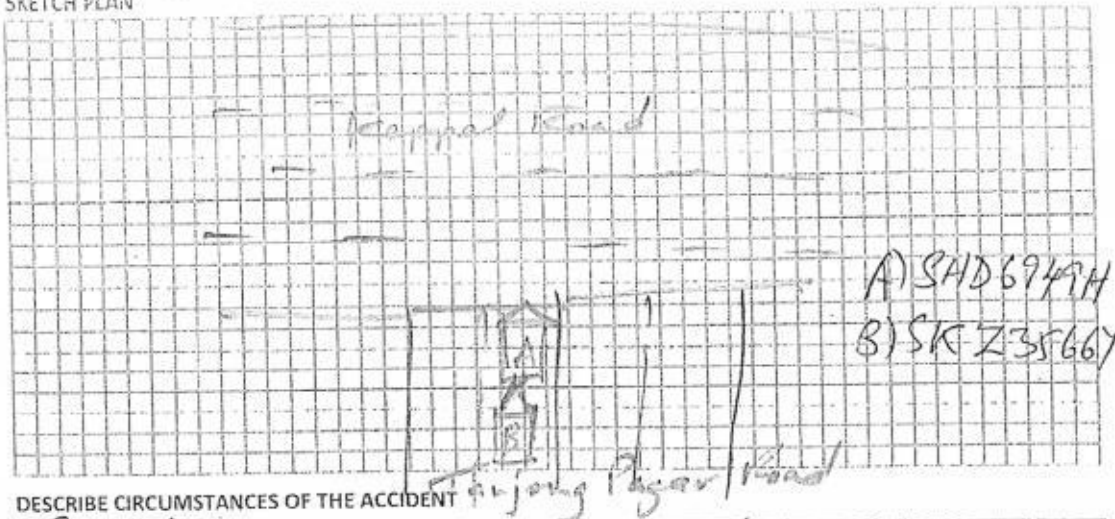
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ3566Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG JIAN HAO
NRIC/Passport Number	S8371116G
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 24/12/18 at about 2000hrs while I Veh A stopped at the T-junction, Veh B collided on the rear of my stationary vehicle

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 189303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

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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.

UNIFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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 6/11/18

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 26.12.2018

Time: 17:42:26

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

: 305254386

REGN NO

: SHD6949H

MILEAGE

: 0000000000

MAKE

: HYUNDAI

MODEL

: I-40

DATE OF REGN

: 08.10.2015

DATE/TIME IN

: 26.12.2018 14:20

ACCIDENT DATE

: 24.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	—	ok
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	—	ok
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	—	ok
0004 04-01-0103-0852-G	REAR BUMPER REFLECTOR RH	1	32.00	20.00	25.60	X	ok
0005 04-01-0103-0851-G	REAR BUMPER REFLECTOR LH	1	32.00	20.00	25.60	X	ok
0006 04-01-0103-0743-G	REAR BUMPER STAY RH	1	80.30	20.00	64.24	X	ok
0007 04-01-0103-0742-G	REAR BUMPER STAY LH	1	80.30	20.00	64.24	X	ok
0008 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	—	ok
0009 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00	1.00	50.00	—	ok

SUB-TOTAL : 994.21

JOB NATURE

0000 20-05	Rear Fender Adv.Sticker RH/LH	200.00	—	ok
0001 20-05	Rear Bumper Adv.Sticker	50.00	—	ok

REPAIR ESTIMATE

Page: 2

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Maidline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 506989
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 600286
220 Ubi Road 3 Singapore 408709
24 Serangoon Loop Singapore 755156
7 Sungei Kadut Way Singapore 725791
501 Yehun Industrial Park A Singapore 758732

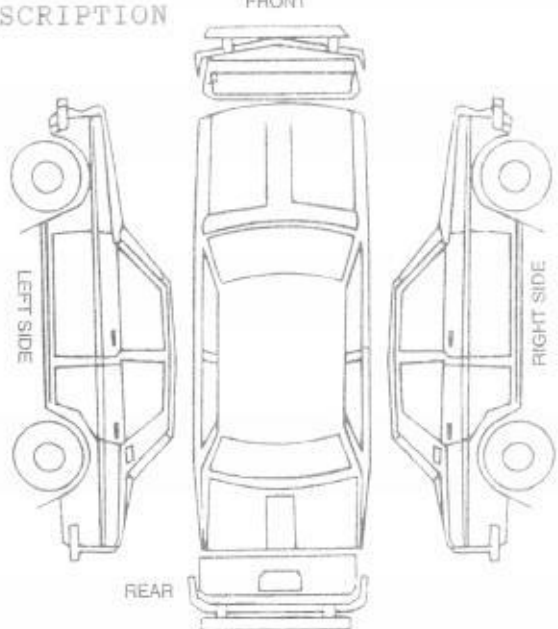
Date/Time: 26.12.2018 17:18 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305254386

OMER	REGN NO.: SHD6949H	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045		E.....1/2.....F
OMER NO. 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 26.12.2018 14:20
ESS Singapore SINGAPORE 575717	YR OF MANU 08.10.2015	TARGET DATE
65508755 (P) (O)	CHASSIS CODE RMHLB41UMGU078458	COMPLETION DATE/TIME:
JUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 24.12.2018
NATURE: 3P 24.12.18

S/NO	LABOR CODE	DESCRIPTION
		<div>FRONT</div>  <div>LEFT SIDE</div> <div>RIGHT SIDE</div> <div>REAR</div>

KED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip	Exit Pass
No.: SHD6949H LIMITS	Vehicle No.: SHD6949H
Service Advisor	Name of Service Advisor
Signature/Date	Date
turned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305254386

Date : 28/12/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD6949H

Date of Accident : 24-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 --- SKZ3566Y

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% \$1,200.00

Final Lumpsum Repair cost \$1,200.00

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 : 

Signature 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 29/12/18

Fax : 65468156

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/INC18023209/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 04-01-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKZ 3566Y	Veh. Inspected	SHD 6949H
Policy No.	5087619346-01	Coverage (\$)	0.00
Claim No.	MT/1025873-001	Excess (\$)	0.00
Assign From		Assign Date	27/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU078458	Colour	BLUE
Odometer	694595	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 REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	24/12/2018	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.
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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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6949H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER REFLECTOR RH	SERVICEABLE	32.00	-
1	REAR BUMPER REFLECTOR LH	SERVICEABLE	32.00	-
1	REAR BUMPER STAY RH	SERVICEABLE	80.30	-
1	REAR BUMPER STAY LH	SERVICEABLE	80.30	-
	LESS 20% DISCOUNT		-205.52	-160.60
			822.08	642.40
<u>NETT ITEMS</u>				
1	REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-13.57	-13.57
			122.13	122.13
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADV STICKER RH/LH (SN)	NECESSARY	200.00	200.00
1	REAR BUMPER ADV STICKER (SN)	NECESSARY	50.00	50.00
			300.00	300.00
<u>LABOUR</u>				
	PANEL BEATING.		240.00	200.00
	SPRAYPAINT ON AFFECTED AREA.		200.00	200.00
	R/I REVERSE SENSOR.		120.00	30.00
	-		-	-
	-		-	-
	-		-	-
			560.00	430.00
GRAND TOTAL			1,804.21	1,494.53

Report Ref No. NS/INC18023209/K1vbn2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,200.00
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Report Ref No. NS/INC18023209/K1vbn2

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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