

Form 101

Surveyor: Kelvin

REF: NS/WC1803212 / KINBN2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐
 To Inspected Vehicle No: _____
 at Workshop m/s: _____
 Insured: SBD 198J
 Policy No: 5078191844-02 300118-240119
 Claims No: MT/1025334-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

NIS	OIS

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 4979A Yr Reg: 9 Jan 2016
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 2.4 cc 1615
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 260234 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KMHCB414M64090154
 Gen. Cond: Good / F / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rlim / STD / AS / In or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
 TOYOTA / YOKO or Wentle
 Front: 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 26/2/18 D.O.I. 27/2/18
 Survey held at C D G E (Loyang)
 Des. of Damages: Frl / Rear / OIS / NIS / UIC / Rooftop or
Per Nt.
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 4979A - NA / msh17002865 / A4 DA: 13022017 Inc 4s
29/12/18	SBD 198J - x
	29/12/18 <u>Libert</u> <u>4/5 \$900/ 2ly.</u> (Red 1192.10, 57M)
	RECEIVED 02 JAN 2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 2/1 - typist

Report Format:

TP

Lump Sum / L.B. / (\$

900/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

☐ S + RS ☐ SI

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="radio"/>	5078191844-02		LIM POH KHOON	S1785438J	GPC	drive CLASSIC	SGD198J	SGD198J	30/01/2018	29/01/2019

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 13:34
Date Of Accident	26/12/2018 10:15
Exact Location Of Accident	SLIP RD FROM NEIL RD TO KAMPONG BAHRU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4979A
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	NGEAN KIM HWEE
NRIC No	S7201596G
Date Of Birth	22/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2001
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97655692
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	128A #12-510 CANBERRA STREET
Postcode	751128
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)

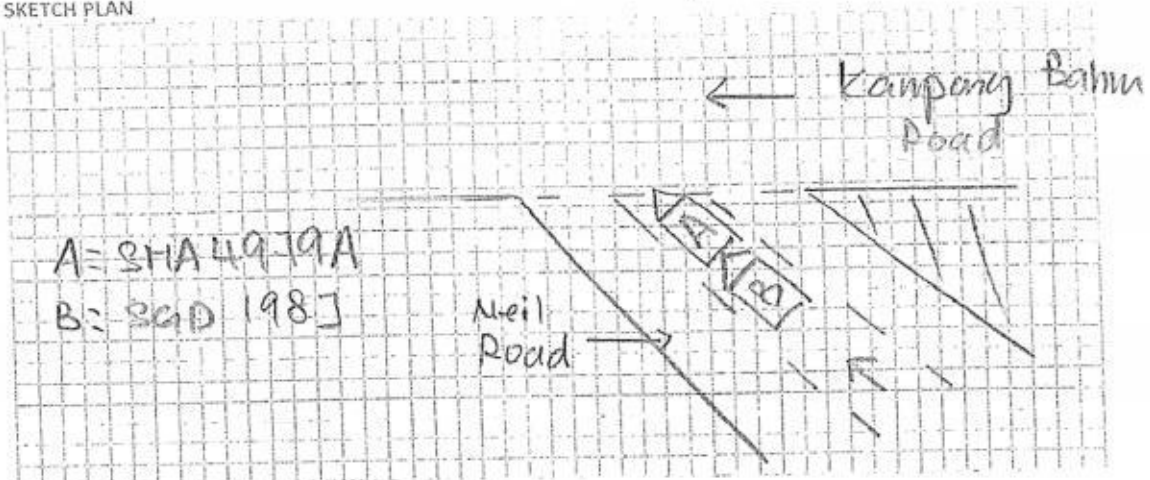
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGD198J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM POH KHOON
NRIC/Passport Number	S1785438J
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 26/12/18 at about 10:15 hrs, I veh A stopped at above said location to check traffic from major road.

Suddenly Veh B came from behind collided onto the rear portion of my stationary taxi.

No passenger in my taxi. No injury reported in this accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 JIMFORT TRANSPORTATION PTE LTD
 CO REG. NO 199303821R

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:

Loke Wai Yiong

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.

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

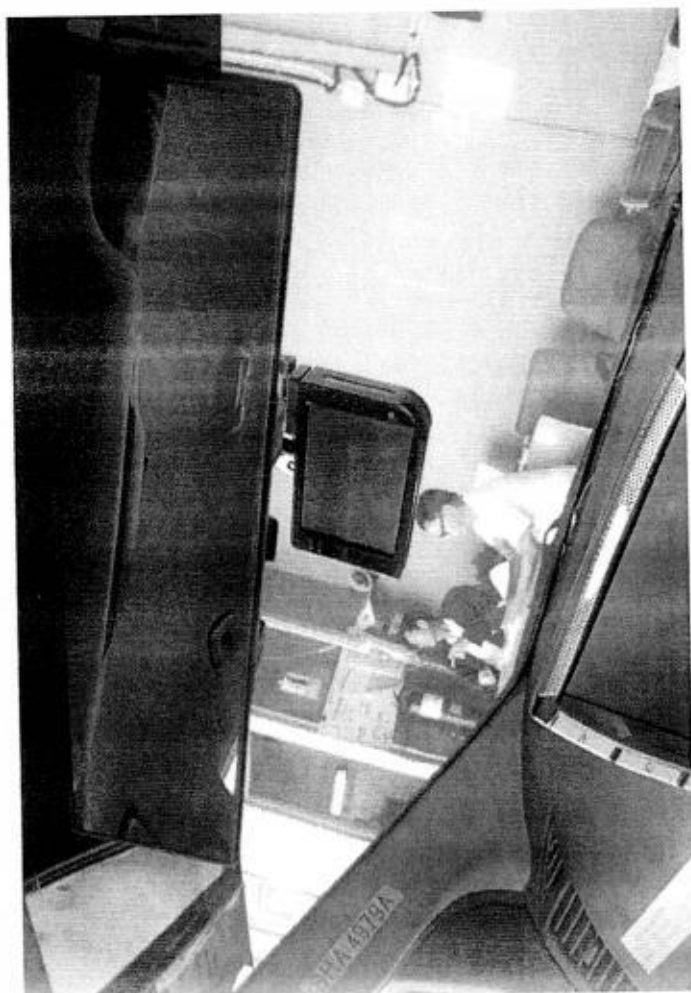
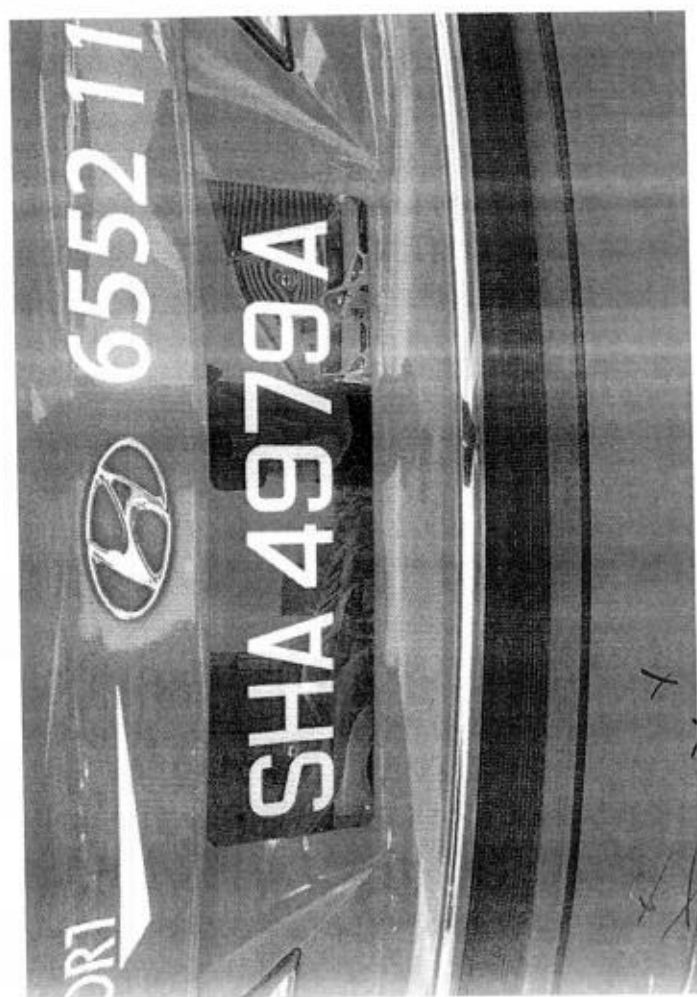
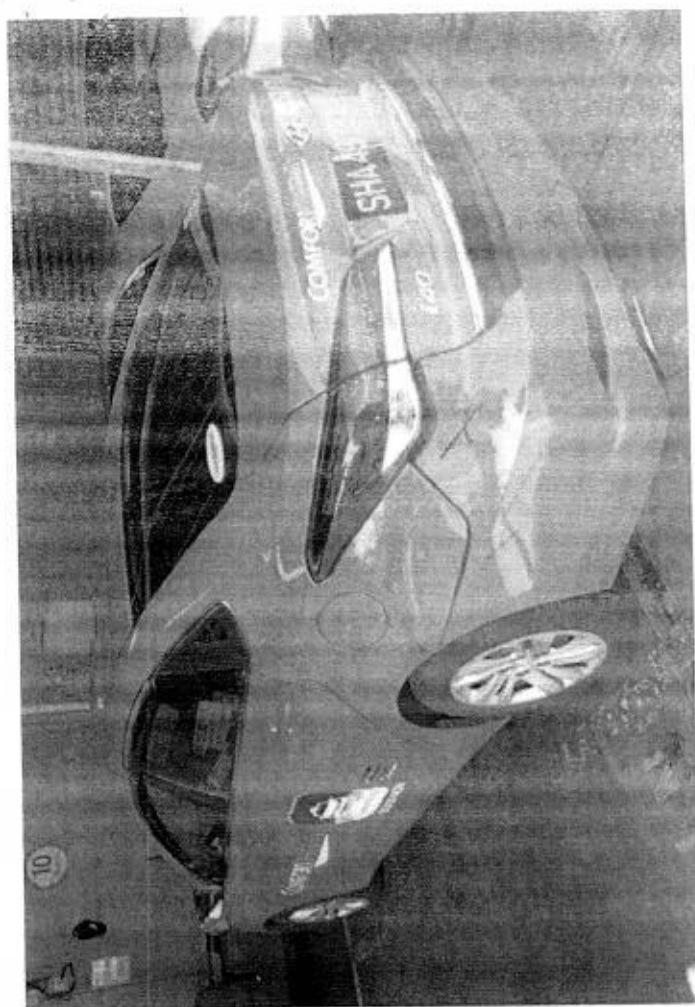
Policyholder's Signature
Date & Time:

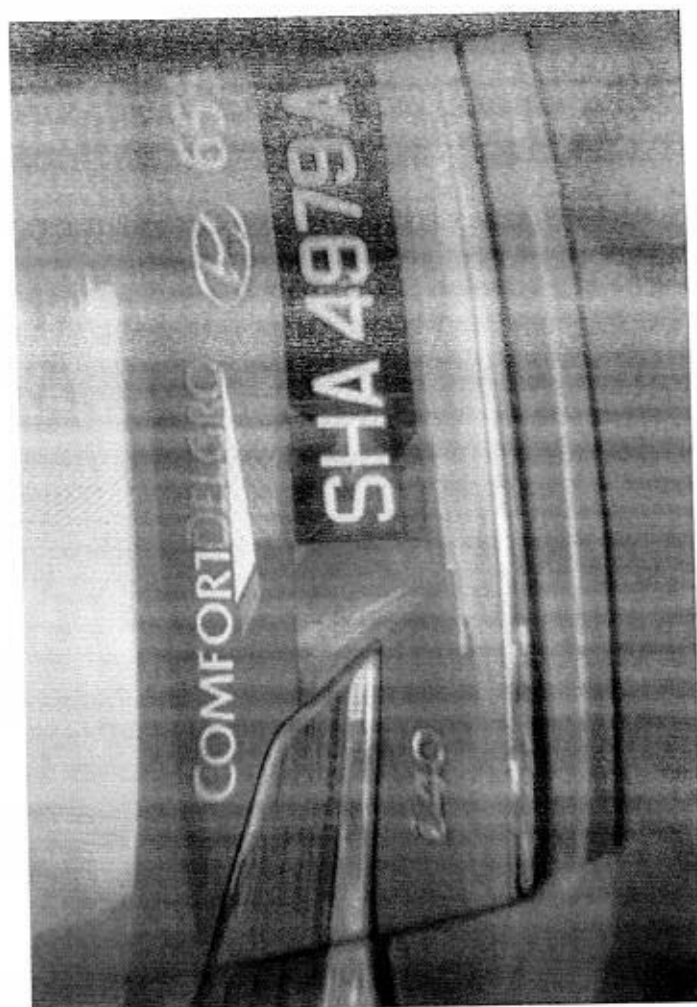
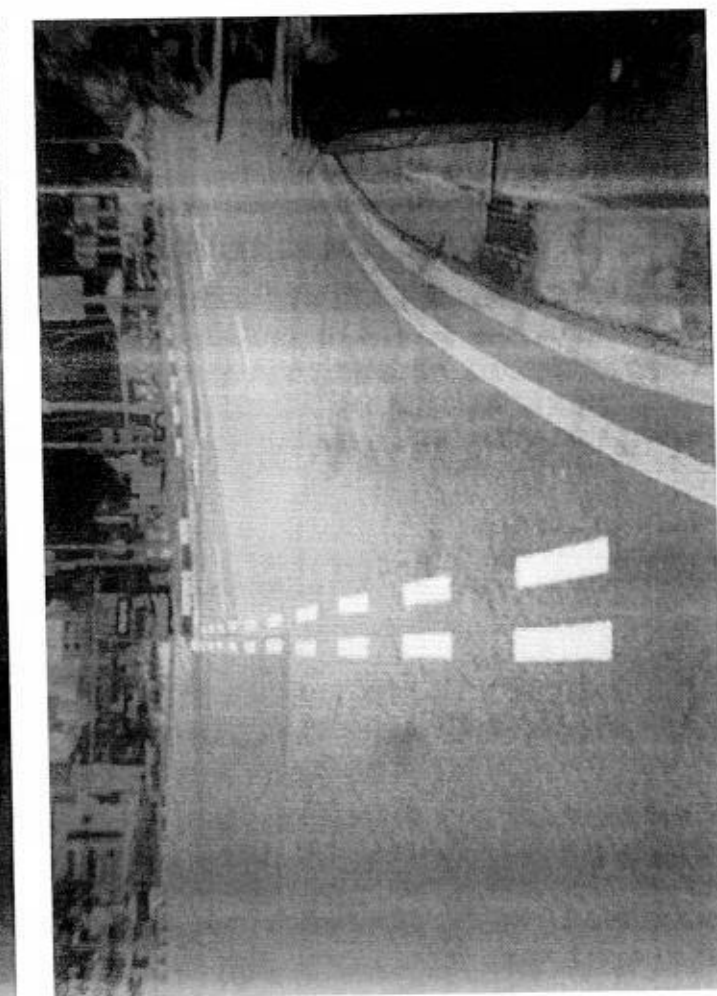
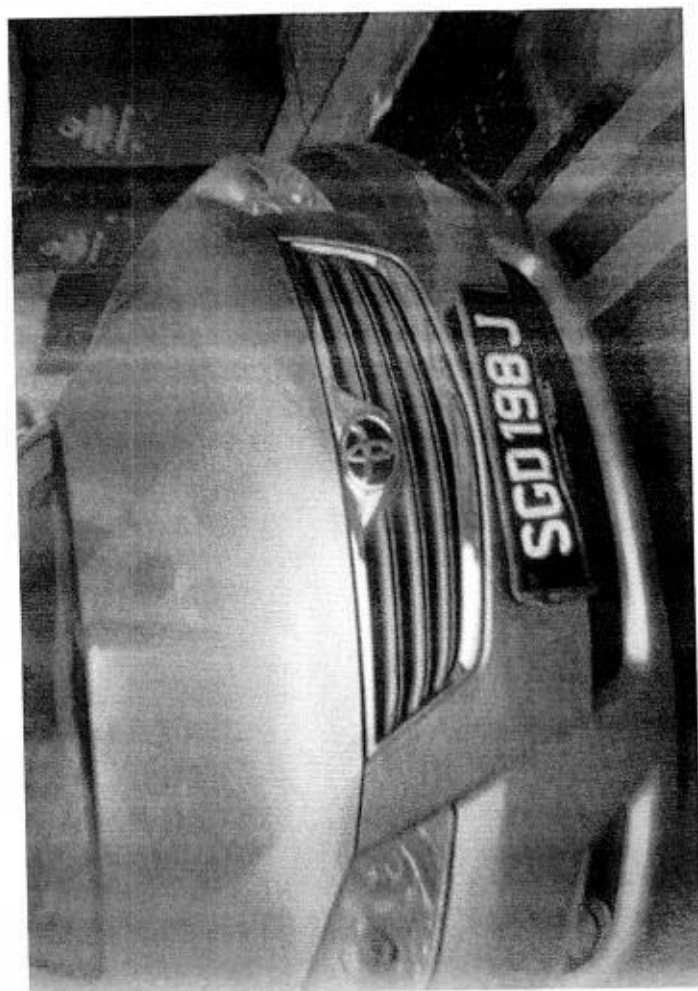
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Loke Wai Yeng

26/12/18





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4979A

DATE: 12/27/2018 10:28

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Reinforcement			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Sponge			\$ 103.50
	Rear Bumper under cover - it			228
	SUB TOTAL			\$ 1,267.50
	LESS 20%			\$ 253.50
	DISCOUNTED TOTAL			\$ 1,014.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
	TOTAL			\$ 185.70
	Labour Charge			
	Panel Beating (Repair Rear)			\$ 350.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 710.00
	ESTIMATE TOTAL			\$ 1,909.70
				2092.10

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(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305254133

CUSTOMER

VMS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L (R) 65508755 (O)
(P)

REGN NO.: SHA4979A	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 26.12.2018 11:25
YR OF MANU 09.06.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU090154	COMPLETION DATE/TIME:

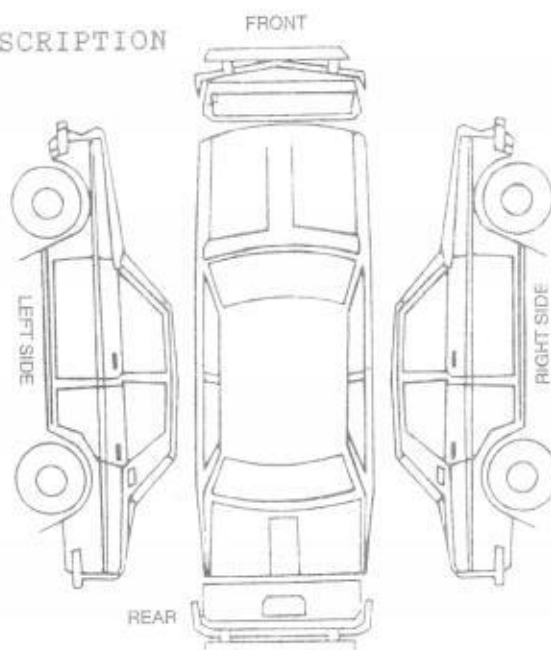
SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 26.12.2018
NATURE: 3P 26.12.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

at:
to:
File No.: SHA4979A CHIANG

Exit Pass

Vehicle No.: SHA4979A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305254133
Date : 27/12/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA4979A

Fax :

26/12/2018

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


1. The repair job shall bill to: NTUC SGD198J
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:
Final Lumpsum Repair cost \$900.00


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 : CHIANG
Tel : 62148314
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		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/INC18023212/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 03-01-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGD 198J	Veh. Inspected	SHA 4979A
Policy No.	5078191844-02	Coverage (\$)	0.00
Claim No.	MT/1025334-002	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.	2016
Chassis No.	KMHLB41UMGU090154	Colour	BLUE
Odometer	260234	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 N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	26/12/2018	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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4979A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-299.10	-160.60
			1,196.40	642.40
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
LABOUR				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			710.00	430.00
GRAND TOTAL			2,092.10	1,122.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC18023212/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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