

09/11/2019

Arrival: Kelvin

REF:

NS/TNC18023214/Klsbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

DD/T/PS/TPRES/ODRES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

at _____

Insured: SKF 8716D

Policy No: 5097971791-01 140618-190619

Claims No: MT/1025317-002

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 Rpt: _____ 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

Date / Time	Action / Instruction
	SH 7573A - CC3/ALC11001755/Fbs
29/12/18	Check L/S \$900/ 2 days
29/12/18	Confirmed L/S \$900/- @ 2 days with Kelvin (\$1,117.86 Red. 55%)

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 / L/S: \$ 900/- L/S

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS: \$

Photos

Others

160

Veh No: SH 7573A Yr Regt: 5 May 2016

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

Truck / Trailer or

Make: Hyundai 240 cc 1600

Colour: Blue A/C: Insured / Std / Nil / NA

Sp. Reading: 305473 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHCB414M64087918

Gen. Cond: Good / 6 / Poor / Burnt

Sleering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / S/D A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Camper

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 held at CDGE (Loyang)

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

Rear

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

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"/>	5097971791-01		BEST DEAL HOME	53268266A	GPC	drivo CLASSIC	SKF8716D	SKF8716D	14/06/2018	19/06/2019

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

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 15:53
Date Of Accident	25/12/2018 02:15
Exact Location Of Accident	TEMASEK AVE TWDS RAFFLE BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7573A
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	LEE YING HON
NRIC No	S1613086I
Date Of Birth	14/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	07/11/1983
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97989659
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 160 WOODLANDS STREET 13 #09-659
Postcode	730160
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)	5
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE

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	SKF8716D
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	RINGO ONG SIONG KOK
NRIC/Passport Number	S7300505A
Contact Number	93760250
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

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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. 199303821R

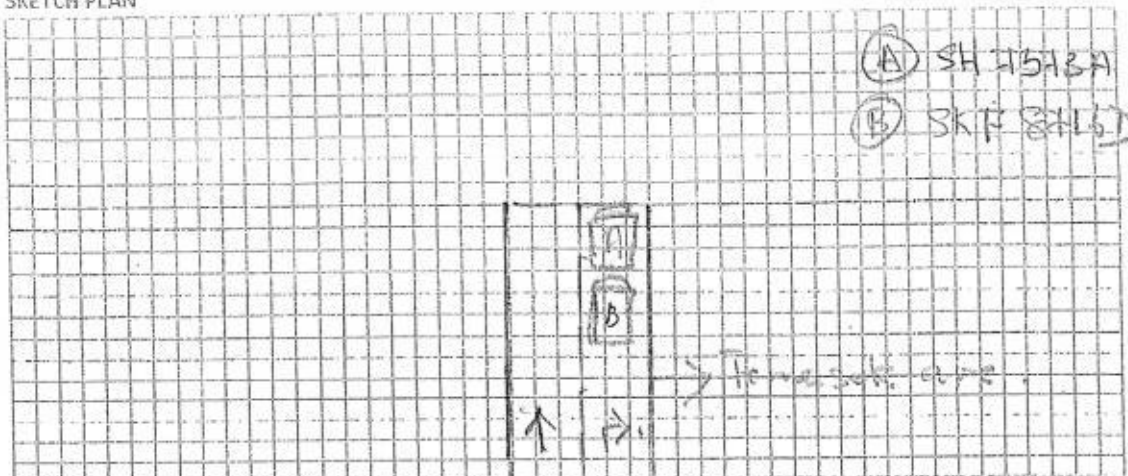
26/12/18
Jackson Heng
CSO

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/12/2018 at about 0215 hrs, I vehicle A was waiting at the traffic light at Temasek Ave - when the traffic light turn green I started to move forward. Vehicle B came from my back and hit onto vehicle A rear portion.

DECLARATION

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

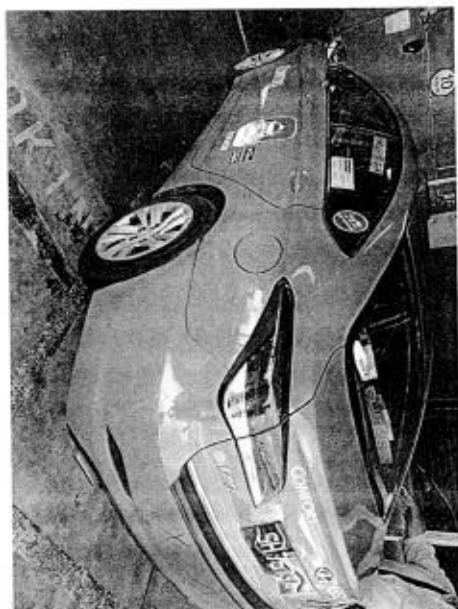
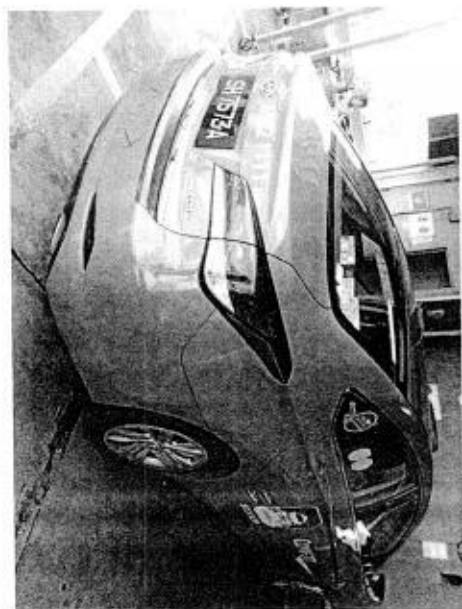
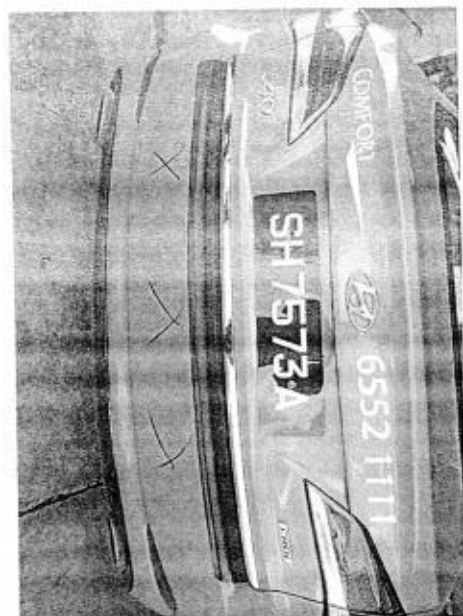
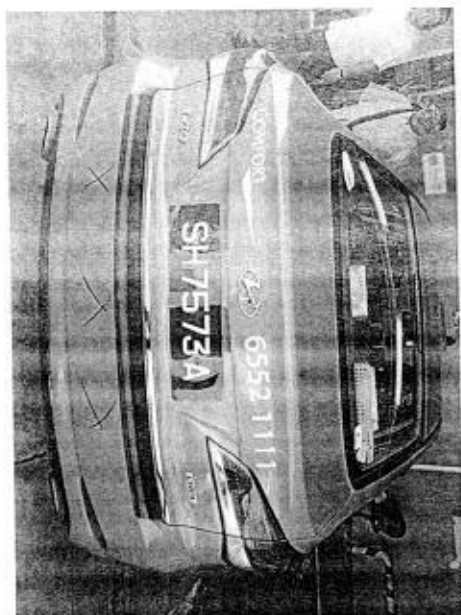
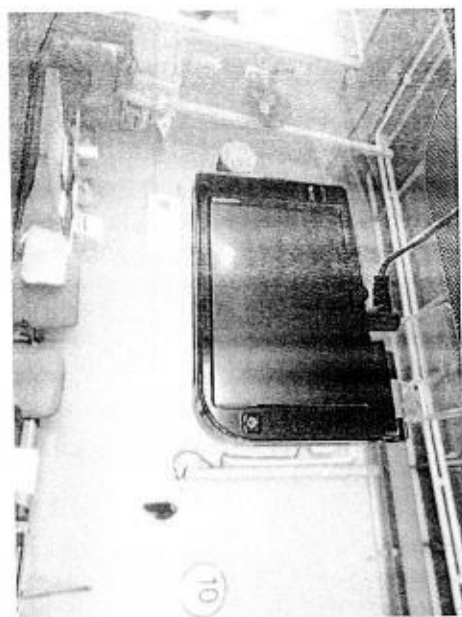
COMFORT TRANSPORTATION PTE LTD
CP REG NO. 1990223012

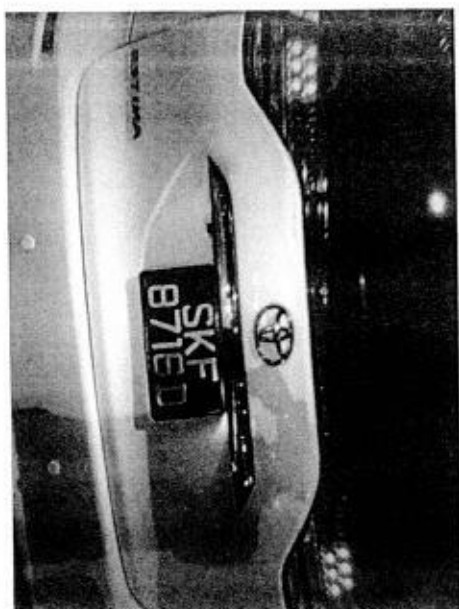
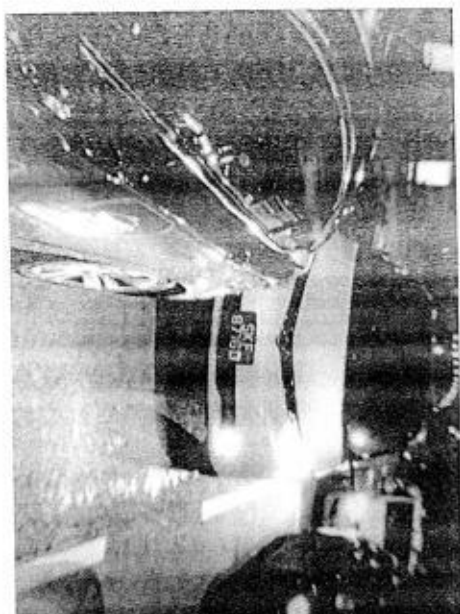
Policyholder's Signature
Date & Time:

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

26/12/18
Jackson Heng
CSO

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





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7573A

DATE: 27. Dec. 2018

MAKE : HYUNDAI

MODEL : i40

DOA: 25. Dec. 2018

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>Redone</i>			\$553.00
10	Rear Bumper Clips <i>ne</i>		\$2.20	\$22.00
1	Rear Bumper Sponge <i>Xsu</i>			\$103.50
1	Rear Bumper Bracket - RH <i>Xsu</i>			\$80.30
1	Rear Bumper Reinforcement <i>Xsu</i>			\$428.40
1	Rear Bumper Undercover <i>- cut</i>			\$228.00
SUB TOTAL				\$1,415.20
LESS 20%				\$283.04
DISCOUNTED TOTAL				\$1,132.16
1	Rear Bumper Rubber Mat <i>ne</i>			\$50.00
1	Reverse Sensor <i>X su</i>			\$135.70
				Nett
				Nett
				\$185.70
Labour Charge				200
Panel Beating				\$300.00
Spray Painting Charge				\$250.00
Wiring Charge				\$50.00
Remove/refix Reverse Sensor				\$100.00
TOTAL LABOUR				\$700.00
ESTIMATE TOTAL				\$2,017.86
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.				

Larry Ng

Ko Lin 12/12/18

27/12/18 13/10/18

200

4/5

After Repair p/Ch

200

X

30

A member of COMFORTDELGRO

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305254410
STOMER	COMFORT TRANSPORTATION PTE LTD VARS	REGN NO.: SH 7573A	MILEAGE
I/MS 7010045		MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 383 SIN MING DRIVE		MODEL I-40	DATE/TIME IN 26.12.2018 12:30
DRESS Singapore SINGAPORE 575717		YR OF MANUF 05.05.2016	TARGET DATE
65508755 (P) (O)		CHASSIS CODE RMHLB41UMGU087918	COMPLETION DATE/TIME:
COUNT CARD NO.			

Accident Date: 25.12.2018		JOB DESCRIPTION	
NATURE: 3P 25.12.2018			
S/NO	LABOR CODE	DESCRIPTION	FRONT
			LEFT SIDE
			RIGHT SIDE
			REAR

NTUC - Rear damage
Lorry/Kalni -

CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SH 7573A LARRY		Vehicle No.: SH 7573A	
Signature/Date		Name of Service Advisor	
Signature/Date		Date	
To be kept by Security Guard			

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305254410
Date : 28. Dec. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 7573A

Date of Accident: 25. Dec. 2018

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

1. The repair job shall bill to: NTUC SKF8716D
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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalvin

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				
3. Survey Fees				
4. LTA Search Fee				
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/INC18023214/K1sbn2

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.	SKF 8716D	Veh. Inspected	SH 7573A
Policy No.	5097971791-01	Coverage (\$)	0.00
Claim No.	MT/1025317-002	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.	KMHLB41UMGU087918	Colour	BLUE
Odometer	305473	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	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



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. SH 7573A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER BRACKET-RH	SERVICEABLE	80.30	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
1	REAR BUMPER UNDERCOVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-283.04	-160.60
			1,132.16	642.40
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			185.70	50.00
LABOUR				
	PANEL BEATING.		300.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		100.00	30.00
			700.00	430.00
GRAND TOTAL			2,017.86	1,122.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC18023214/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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