

Date/Time:

Surveyor: Kelvin

REF:

NS/INC18023295/K19d302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

At Workshop m/s _____

of _____

Insured: SMC 3831DPolicy No: 5101737138 (29/6/18-28/6/19)Claims No: MT/1025318-002

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: 2 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SH 8356D

Yr Regn:

24, 215

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai I40

c.c.

1685

Colour:

Blue

A/C:

Insured / Std / HI / NA

Sp. Reading

532185

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMH1B41UM407508

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / S-STEER/Rim or

Tyre Size:

F:

205/60 R16

R:

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

TOYO / YOKO or

Wen / Ha

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

26/12/18

D.O.I.

28/12/18

Survey held at

CDGE (Loyang)

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

O/S Body

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

Date / Time Action / Instruction

SH 8356D - CS3/FCI 17005936/Sh 3m2 DUA: 22/3/17 IncSMC 3831D -4s4/1/18 Lhd 45% 900/207. (Red 8968.80, 52%)

RECEIVED 10 JAN 2019

Date/Time, File Pass to?

☐

: Prell. Report

1) 10/1/18 turn in

☐

: Final Report

Date/Time, File Return to?

2)

Report Format:

TP

Lump Sum / 1.81: 3

900

Days Of Repair:

2

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

160

Transportation:

S + RS: \$

Photos

Others

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
1	MT/1018818-003	SMRT TAXIS PTE LTD	SHB 996X	GQ 8343K	05/11/2018	\$ 13,972.60
2	MT/1024768-002	CITYCAB PTE LTD	SHA 9592Z	SKA 5169D	19/12/2018	\$ 2,273.54
3	MT/1024650-002	COMFORT TRANSPORTATION PTE LTD	SHD 3102D	SIQ 7181G	19/12/2018	\$ 4,301.92
4	MT/1025318-002	COMFORT TRANSPORTATION PTE LTD	SH 8356D	SMC 3831D	26/12/2018	\$ 1,868.80
5	MT/1025432-002	COMFORT TRANSPORTATION PTE LTD	SHA 3267C	SGU 5180L	26/12/2018	\$ 6,430.12
6	MT/1027231-001	COMFORT TRANSPORTATION PTE LTD	SHC 8082A	SIN 5816M	21/12/2018	\$ 4,226.00
7	MT/1011204-002	SMRT TAXIS PTE LTD	SHB 360E	PC 5013A	11/09/2018	\$ 9,044.20

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="26/12/2018 18:00"/>
Vehicle No.(For Motor)	<input type="text" value="SMC3831D"/>	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 type="radio"/>	5101737138		ONG SENG CHUAN	S17802901	GPC	drivo PREMIUM	SMC3831D	SMC3831D	29/06/2018	28/06/2019

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	27/12/2018 13:42
Date Of Accident	26/12/2018 20:00
Exact Location Of Accident	BRADDELL RD X UPP SERANGOON RD/CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8356D
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	HO KERK WERN
NRIC No	S1288330G
Date Of Birth	12/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	26/04/1983
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97640811
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 214 PETIR ROAD #09-441
Postcode*	670214
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	4
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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 / Type Of Accident : HEAD TO SIDE

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	SMC3831D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG SENG CHUAN
NRIC/Passport Number	S1780290I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD

FRT LEFT

IMPORTANT NOTICE

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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 1997018214

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.:

Loh Wei Yeng

27/12/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/12/18 at about 20:00 hrs, I was driving at above said location.

When I was about to stopped at the junction, veh B dashed out from right it front left portion collided onto the right rear portion of my taxi.

03 passengers on board my taxi - No injury reported in this accident.

DECLARATION

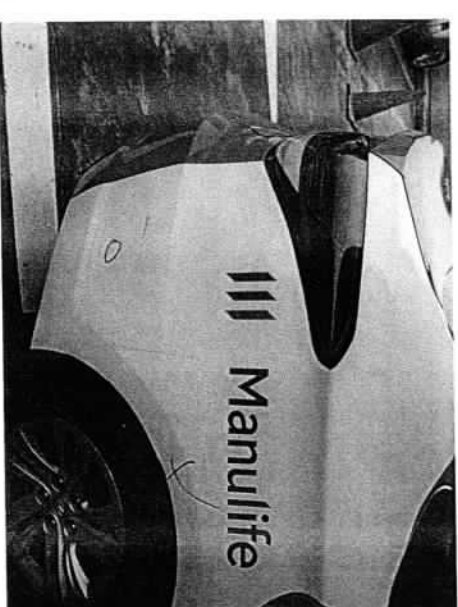
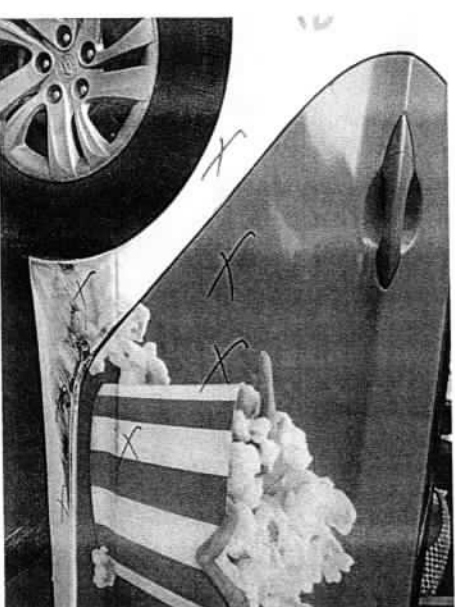
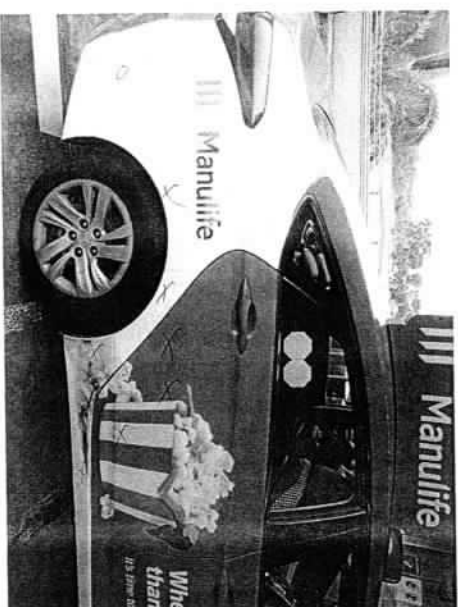
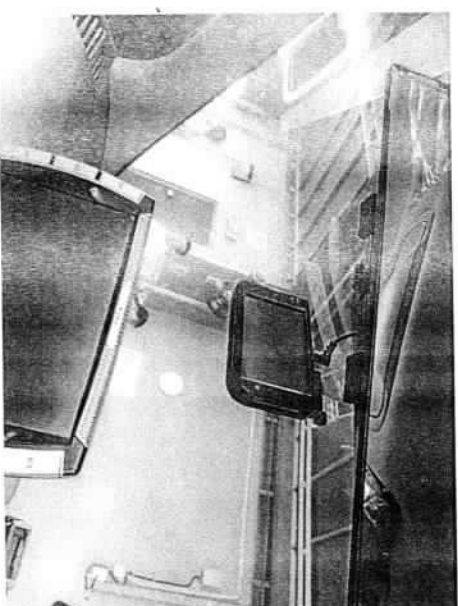
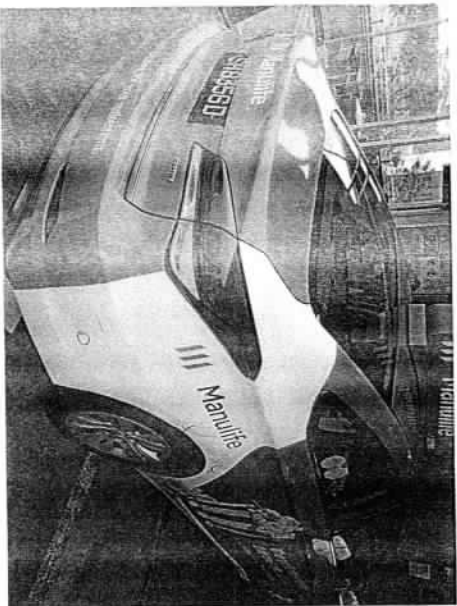
I/We declare the foregoing particulars are true in every respect.

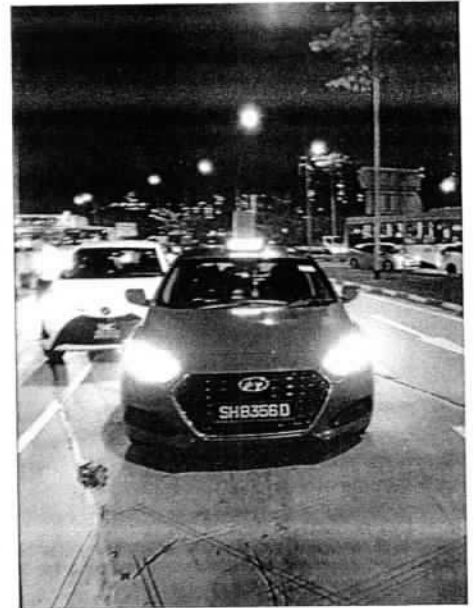
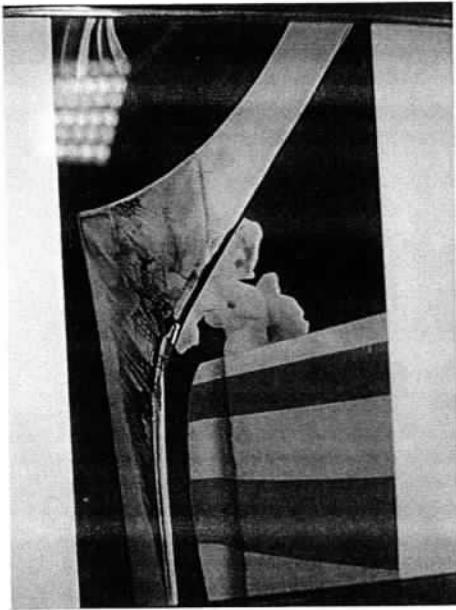
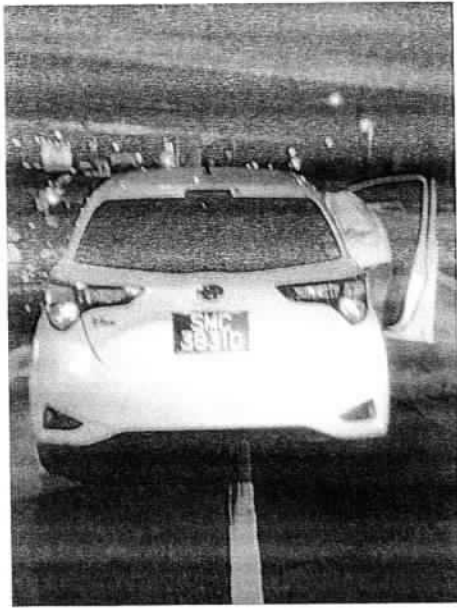
COMFORT TRANSPORTATION PTE LTD
CO REF NO 199705821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Loke Wai Meng
NRIC/FIN No.: 27/12/18



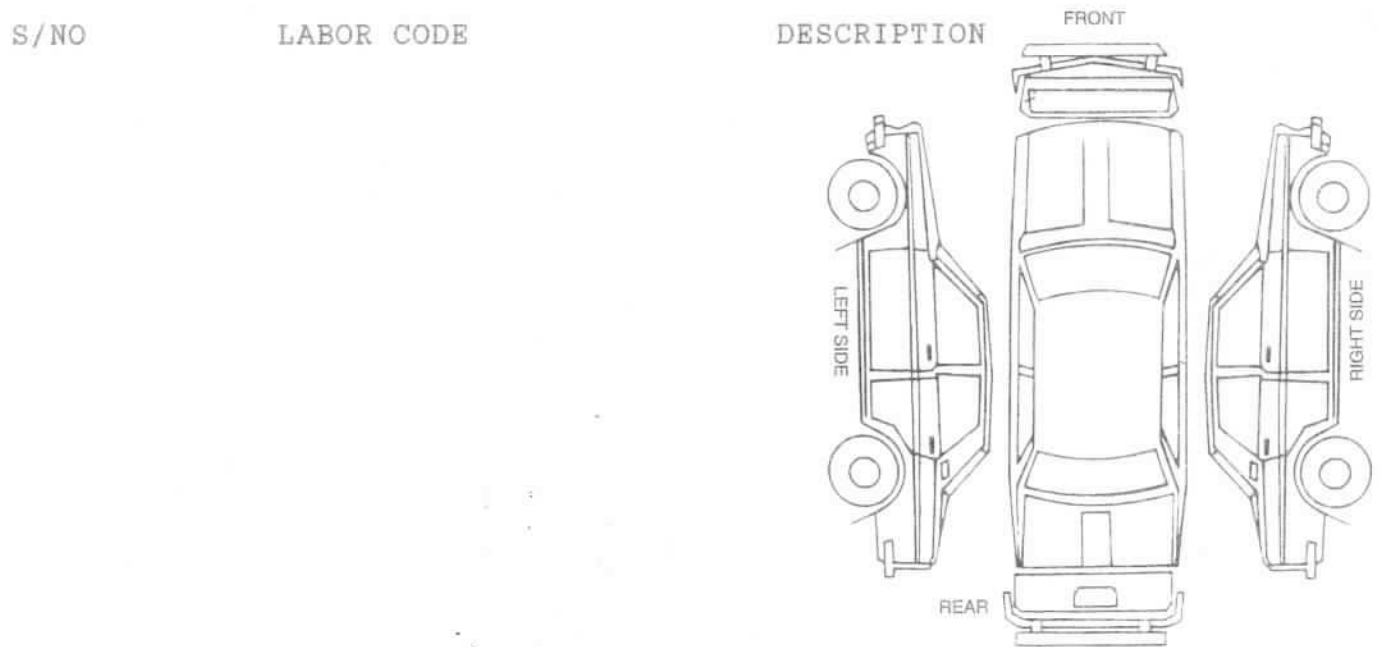


Member of COMFORTDELGRO

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305254656
TOMER		REGN NO.: SH 8356D	MILEAGE
MS COMFORT TRANSPORTATION PTE LTD		MAKE : HYUNDAI	FUEL
TOMER NO. 7010045			E.....1/2.....F
RESS 383 SIN MING DRIVE		MODEL I-40	DATE/TIME IN 27.12.2018 11:35
Singapore SINGAPORE 575717		YR OF MANU 09.07.2015	TARGET DATE
65508755 (R) (O)		CHASSIS CODE KMHLB41UMGU075128	COMPLETION DATE/TIME:
OUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 26.12.2018
NATURE: 3P 26.12.2018



CHECKED & PASSED OUT BY:

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
-----------------	----------------------

Wedge ment Slip

Exit Pass

Vehicle No.: SH 8356D CHIANG

Vehicle No.: SH 8356D

Signature/Date

Name of Service Advisor Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 8356D

DATE 12/27/2018 16:08

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rocker Panel Outer Garnish (RH) <i>x rgr</i>			\$ 341.40	
	Rear Wheel Hup-Cap (RH) <i>— Grazed</i>			\$ 107.10	
	<i>Rear Fender (RH) x rgr</i>				
	<i>Rear Door (RH) x rgr</i>				
	SUB TOTAL			\$ 448.50	
	LESS 20%			\$ 89.70	
	DISCOUNTED TOTAL			\$ 358.80	
	Rear Fender Advertisement Logo (RH) <i>—</i>			\$ 100.00	Nett
	Rear Door Advertisement Logo (RH) <i>—</i>			\$ 100.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>—</i>			\$ 80.00	Nett
				\$ 280.00	
	Labour Charge				
	Panel Beating (Repair Rear RH Fender & Rear RH Door)			\$ 400.00 <i>200</i>	
	Spray Painting Charge			\$ 750.00 <i>600</i>	
	Rear Wheel Alignment			\$ 80.00 <i>x</i>	
	TOTAL LABOUR			\$ 1,230.00	
	ESTIMATE TOTAL			\$ 1,868.80	
<i>Kalir 1/1/16</i> <i>28/12/18 1125L</i> <i>2 Pys</i> <i>4/5</i> <i>At the Repair phs</i>					
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.					

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305254656
Date : 02/01/19

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

FINALIZATION FORM

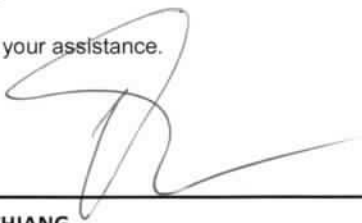

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 8356D
Fax :
27/12/2018

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

- The repair job shall bill to: NTUC SMC3831D
 - The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges

Total for Part-By-Part Repair Cost

 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost

\$ 900.00
 - Estimated normal period for repairs: 2 working days.
 - We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
 - Thank you for your assistance.
Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156
- We confirm the estimates and finalized amount
Signature : 
Name : Kahr
Date : 4/1/19

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/INC18023295/K1qd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 10-01-2019	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SMC 3831D	Veh. Inspected	SH 8356D
Policy No.	5101737138	Coverage (\$)	0.00
Claim No.	MT/1025318-002	Excess (\$)	0.00
Assign From		Assign Date	28/12/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075128	Colour	BLUE
Odometer	532185	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 O/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	26/12/2018	Inspection Date	28/12/2018
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 8356D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	ROCKER PANEL OUTER GARNISH (RH)	TO REPAIR SEE LABOUR	341.40	-
1	REAR WHEEL HUP-CAP (RH)	GRAZED	107.10	107.10
1	REAR FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-89.70	-21.42
			358.80	85.68
	<u>SPECIAL NETT ITEMS</u>			
1	REAR FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
			280.00	280.00
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF ROCKER PANEL OUTER GARNISH (RH),REAR FENDER (RH) AND REAR DOOR (RH).		400.00	200.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,230.00	800.00
	GRAND TOTAL		1,868.80	1,165.68
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			900.00

Report Ref No. NS/INC18023295/K1qd3e2

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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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.