

Surveyor: Kevin

REF: NS/INC18023296/Kld3n2

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OO/TP/HS/TPRES/OO RES/EVA/INV/MV
To Inspected Vehicle No: _____
at Workshop m/s _____
Insured: **SGU5180L**
Policy No: **5073296371-03 (18/8/18-17/8/19)**
Claims No: **MT/1075432-002**
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

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

NIS	O/S

Est. Repairs: **3** 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: **SHA 3267C** Yr Regn: **31 May 2012**
Type: M.Car / M.Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /
Truck / Trailer or
Make: **Hyundai Santa** cc **1991**
Colour: **Blue** A/C: Ins **0** / Std / NI / NA
Sp. Reading: **874383** T/Radio: Ins **0** / Std / NI / NA
Eng/No: _____
C/No: **KMHET41VMA 84333**
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STQ A/Rim or
Tyre Size: F: **215/60R16** R: _____
BS/DUN/EXNOVA/IGY/FS/LIZA/MIC/OHTSU/PIR/SUMIT
TOYO/YOKO or **Hankook**
Front R/Bal. **7** mm L/Bal. **7** mm
D.O.A. **26/12/18** D.O.I. **28/2/18**
Survey held at **C DGE (Loyang)**
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front o/s
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

	SHA 3267C - NBA/NIG17018186/Y	20A: 19/9/17	INC
	SGU5180L - X		4/1
4/1/19	Chad 4533100/ 3 Rm (Red 53330.12, 52/1)		

RECEIVED 10 JAN 2019

DeletTime, File Pass to? ☐ : Prel. Report

1) 10/1 turn ☐ : Final Report

DeletTime, File Return to?

3)

Report Format: **TP**

Lump Sum / 121: **3100**

Days Of Repair: **3**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

160

My Desktop

Notice of Loss

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="SGU5180L"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073296371-03		TAN SUN CHING	S2504921G	GPC	drive CLASSIC	SGU5180L	SGU5180L	18/08/2018	17/08/2019

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

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 11:12
Date Of Accident	26/12/2018 22:00
Exact Location Of Accident	HOUGANG AVE 3 X OLD TAMPINES RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3267C
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	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	YEO TECK SOON
NRIC No	S1265245C
Date Of Birth	27/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1978
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97650067
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	39 11-121 CAMBRIDGE ROAD
Postcode	210039
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 - CROSS JUNCTION
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)	2
Passenger 1	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

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

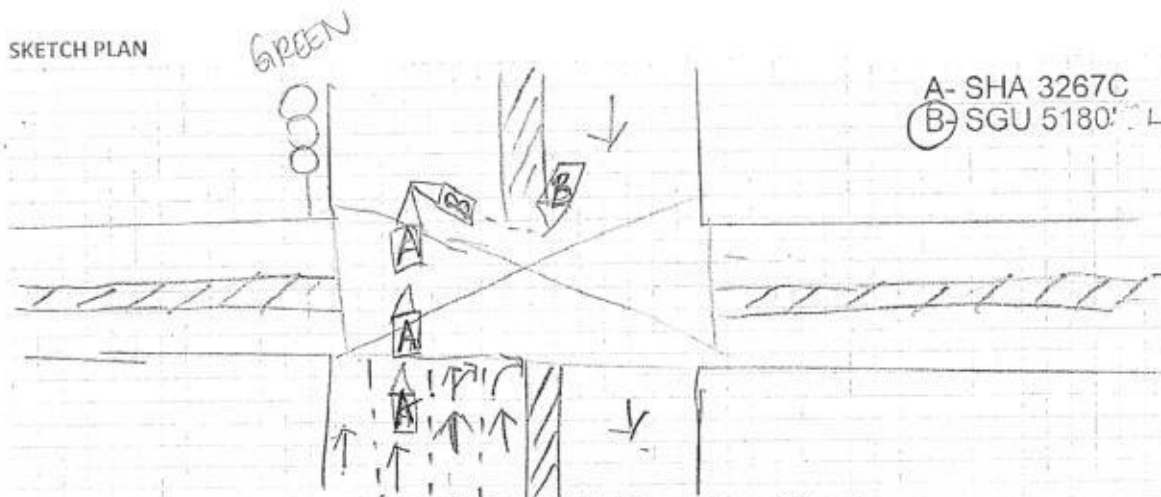
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU5180L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JENG YIH
NRIC/Passport Number	S9445186H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT

: No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



Along Hougang Ave 3 x Junction Old Tampines Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26.12.2018 @ 2000HRS I was travelling Hougang Ave 3 x Junction Old Tampines Road with one male passenger onboard.
As the traffic light was green I proceeded straight and suddenly veh(B)SGU 5180L made a u-turn and collided onto my taxi front portion.
As it took place too fast I could not take evasive action to prevent the accident.
I have company and video to support my claims.
No injury in this accident.
Veh (B) SGU 5180L MR Tan Jeng Yih S9445186H

DECLARATION

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

COMFORT MOTORPORTATION PTE LTD
CO. REG. NO. 3821R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 27.12.2018@1030HRS

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

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. 100003821R

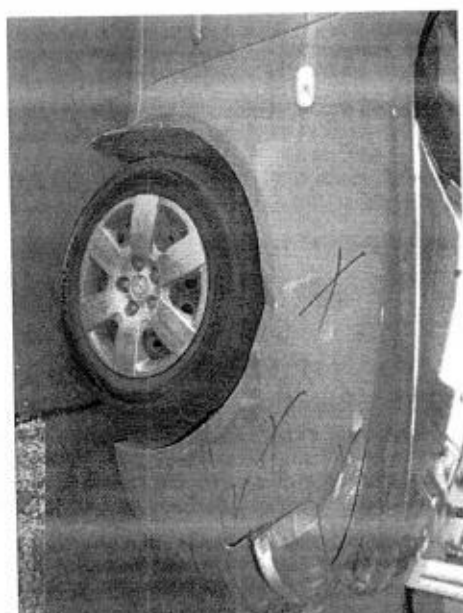
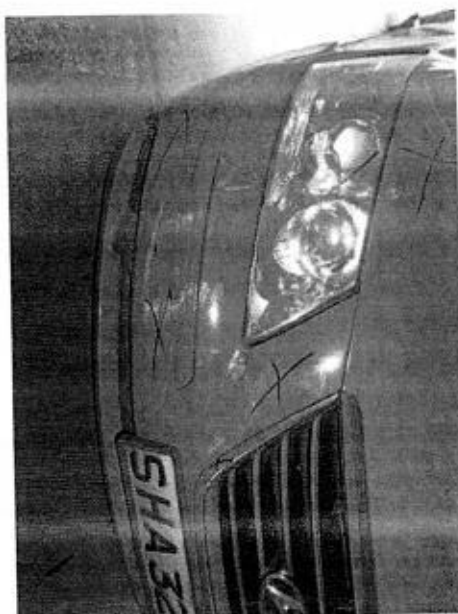
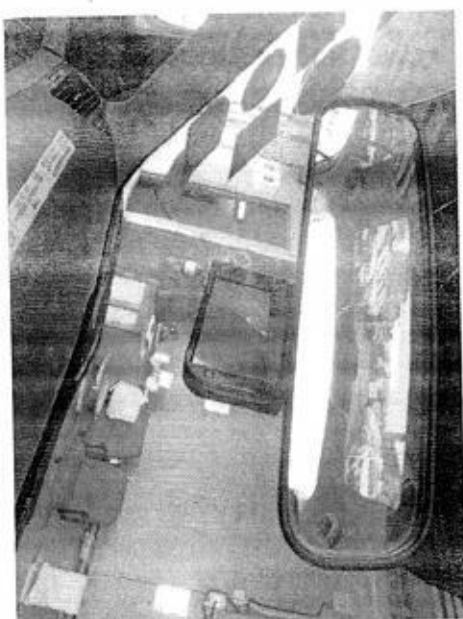
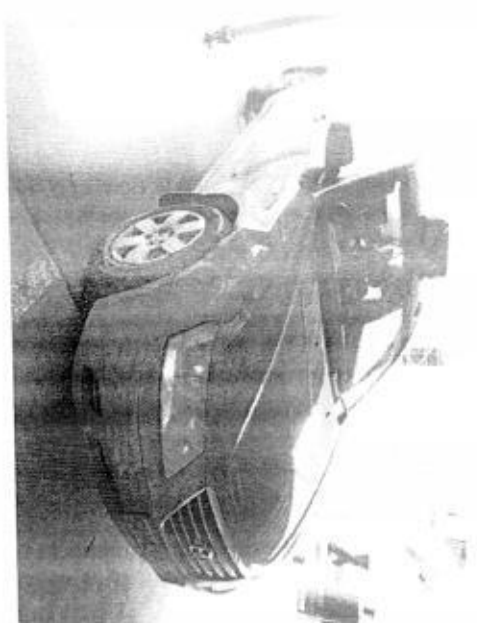
Policyholder's Signature
Date & Time:

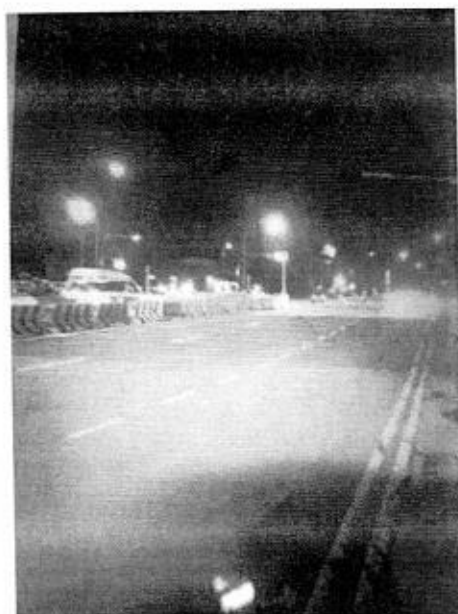
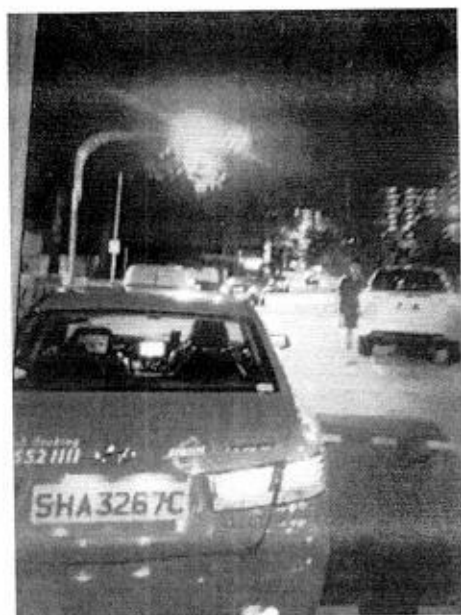
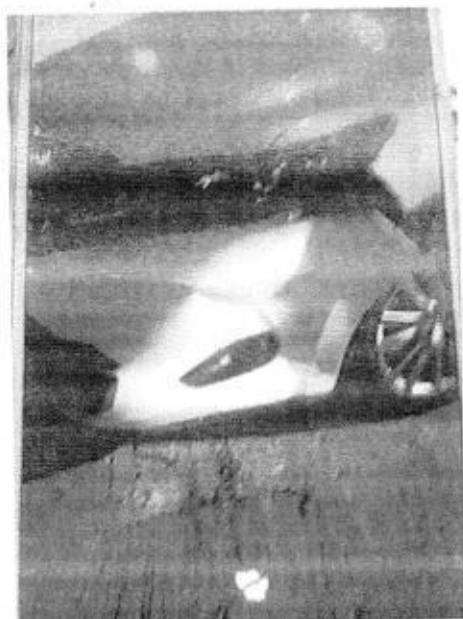
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/ACC SketchPlanForm_V9







REPAIR ESTIMATE*

VEHICLE NO : SHA 3267C

DATE 12/27/2018 16:03

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet <i>Rest</i>			\$ 1,151.80
	Bonnet Insulator <i>X sm</i>			\$ 232.80
	Bonnet Insulator Clips <i>X aa</i>			\$ 10.00
	Radiator Grille U Moulding <i>Rest</i>			\$ 108.90
	Front Bumper Cover <i>Rest</i>			\$ 538.80
	Front Bumper Sponge <i>X sm</i>			\$ 136.30
	Front Bumper Reinforcement <i>X sm</i>			\$ 504.10
	Front Bumper Grille (RH) <i>X sm</i>			\$ 17.60
	Front Bumper Bracket Top (RH) <i>X sm</i>			\$ 22.40
	Front Bumper Protector (RH) <i>Rest</i>			\$ 29.20
	Front Bumper Bracket (RH) <i>X sm</i>			\$ 20.10
	Headlamp Support Panel Assy <i>X sm</i>			\$ 1,023.00
	Headlamp (RH) <i>Rest</i>			\$ 797.90
	Front Fender (RH) <i>Rest</i>			\$ 593.00
	Front Fender Shield (RH) <i>X sm</i>			\$ 86.00
	Wiper Container <i>X sm</i>			\$ 59.00
	Wiper Container Motor <i>X sm</i>			\$ 63.00
	SUB TOTAL			\$ 5,393.90
	LESS 20%			\$ 1,078.78
	DISCOUNTED TOTAL			\$ 4,315.12
	Front Number Plate <i>Rest</i>			\$ 25.00
	Front No Plate Trim Cover <i>Rest</i>			\$ 30.00
				\$ 55.00
	Labour Charge			
	Panel Beating (Repair)			\$ 1,000.00
	Spray Painting Charge			\$ 750.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 60.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	TOTAL LABOUR			\$ 2,060.00
	ESTIMATE TOTAL			\$ 6,430.12
<p><i>Kalin 1 Ulls</i> <i>28/12/18 1150h</i> <i>3 Pys</i> <i>4/3</i> <i>After Repair plus</i></p>				
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: AE ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305254654

CUSTOMER
R/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL (R) 65508755 (O)
(P)
SCOUT CARD NO.

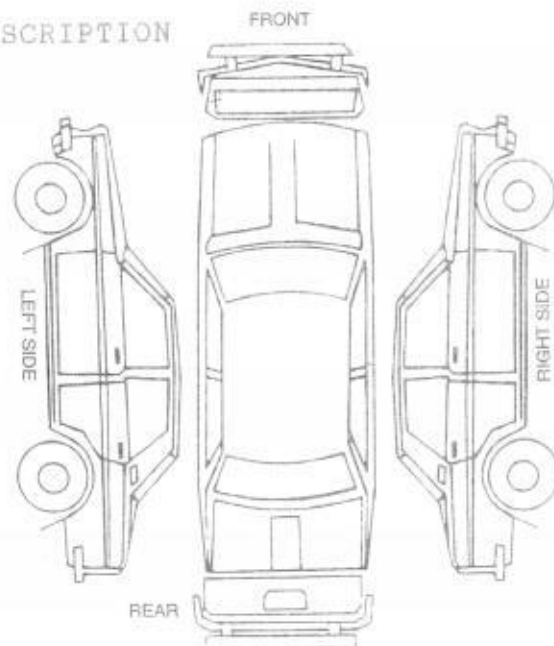
REGN NO.: SHA3267C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 27.12.2018 09:50
YR OF MANU. 31.05.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA825373	COMPLETION DATE/TIME:

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

Ref:
No.:
File No.: SHA3267C CHIANG

Exit Pass

Vehicle No.: SHA3267C

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305254654
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. : SHA3267C

Fax :

26/12/2018

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

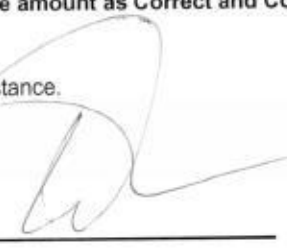
1. The repair job shall bill to: NTUC SGU5180L
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: **Final Lumpsum Repair cost**


3. Estimated normal period for repairs: 3 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 : Kala
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/INC18023296/K1qd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 Date: 11-01-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGU 5180L	Veh. Inspected	SHA 3267C
Policy No.	5073296371-03	Coverage (\$)	0.00
Claim No.	MT/1025432-002	Excess (\$)	0.00
Assign From		Assign Date	28/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA825373	Colour	BLUE
Odometer	874383	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	HANKOOK	7 mm
L/H Front Tyre	215/60 R16	HANKOOK	7 mm
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. 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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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 3267C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BONNET	DENTED	1,151.80	1,151.80
1	BONNET INSULATOR	SERVICEABLE	232.80	-
1	BONNET INSULATOR CLIPS	NOT NECESSARY	10.00	-
1	RADIATOR GRILLE U MOULDING	CUT	108.90	108.90
1	FRONT BUMPER COVER	CRACKED	538.80	538.80
1	FRONT BUMPER SPONGE	SERVICEABLE	136.30	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	504.10	-
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	17.60	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER PROTECTOR (RH)	CRACKED	29.20	29.20
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	20.10	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,023.00	-
1	HEADLAMP (RH)	GRAZED	797.90	797.90
1	FRONT FENDER (RH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	86.00	-
1	WIPER CONTAINER	SERVICEABLE	59.00	-
1	WIPER CONTAINER MOTOR	SERVICEABLE	63.00	-
	LESS 20% DISCOUNT		-1,078.78	-643.92
			4,315.12	2,575.68
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN)	DENTED	25.00	25.00
1	FRONT NO PLATE TRIM COVER (SN)	CUT	30.00	30.00
			55.00	55.00
<u>LABOUR</u>				
	PANEL BEATING.		1,000.00	600.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	TOWING CHARGE.		60.00	-

Report Ref No. NS/INC18023296/K1qd3n2



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.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
			2,060.00	1,240.00
GRAND TOTAL			6,430.12	3,870.68
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,100.00

Report Ref No. NS/INC18023296/K1qd3n2

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.