

Form No. 37

Surveyor: Kalvin

REF:

NS/INC19000003/Klsbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJM 2931M

Policy No: 5105716215 231118 - 281219

Claims No: MT/1025801 - 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: _____ 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
	SHC 3035 U - (CA/III/7014072/SZC3G2 DA: 170917 INC
	SJM 2931M - NA/INC 15011679/d1 DA: 200315
21/1/19	Chad 45 \$3200 / 2 hrs
21/01/19	Confirmed L/S \$ 3,200/- @ 2 days with Kalvin (\$ 1,612.40 Red - 34%)
RECEIVED 21 JAN 2019	

Date/Time, File Pass to?

21/01/19

1) Typist

Date/Time, File Return to?

2) _____

Report Format:

Lump Sum / L/S: 3,200/- 4/5

☐ : Prel. Report

☒ : Final Report

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: SHC 30354 Yr Regt: 18 Oct, 2013

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

Truck / Trailer or

Make: Mercedes Benz E20 cc 2143

Colour: White A/C: ☒ Insured / Std / NI / NA

Sp. Reading: 786558 T/Radio: ☒ Insured / Std / NI / NA

Eng/No: _____

C/No: LDP2120022A759281

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD AL or

Tyre Size: F: 225/55 R16

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

TOYO/YOKO or W/L

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 29/2/18 D.O.I. 31/2/18

Survey held at C D G E (Loyang)

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

The U/C / 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 checked="" type="radio"/>	5105716215		AMID B SELAMAT	S1027929A	GPC	drive CLASSIC	SJM2931M	SJM2931M	23/11/2018	28/12/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 21/01/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1012324-002	SMRT TAXIS PTE LTD	SHB 5557Y	GBD 7230L	05/09/2018	12:05	\$ 3,447.50	\$ 978.73
2	MT/1025801-002	COMFORT TRANSPORTATION PTE LTD	SHC 3035U	SJM 2931M	29/12/2018	18:45	\$ 4,812.40	\$ 3,200.00

Claim received from LKK Auto

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	30/12/2018 11:52
Date Of Accident	29/12/2018 18:45
Exact Location Of Accident	BEDOK NORTH AVE 3 TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3035U
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	MERCEDES-BENZ
Model	E220
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	FOO LIHAO
NRIC No	S8134744A
Date Of Birth	25/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96663965
Fax Number	
Contact Number	
Email Address	IVAN_FOO@HOTMAIL.COM

Address	BLK 275 PASIR RIS STREET 21 #02-494
Postcode	510275
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	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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS N.P.C
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	SJM2931M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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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 199303821R

Policyholder's Signature
Date & Time:

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

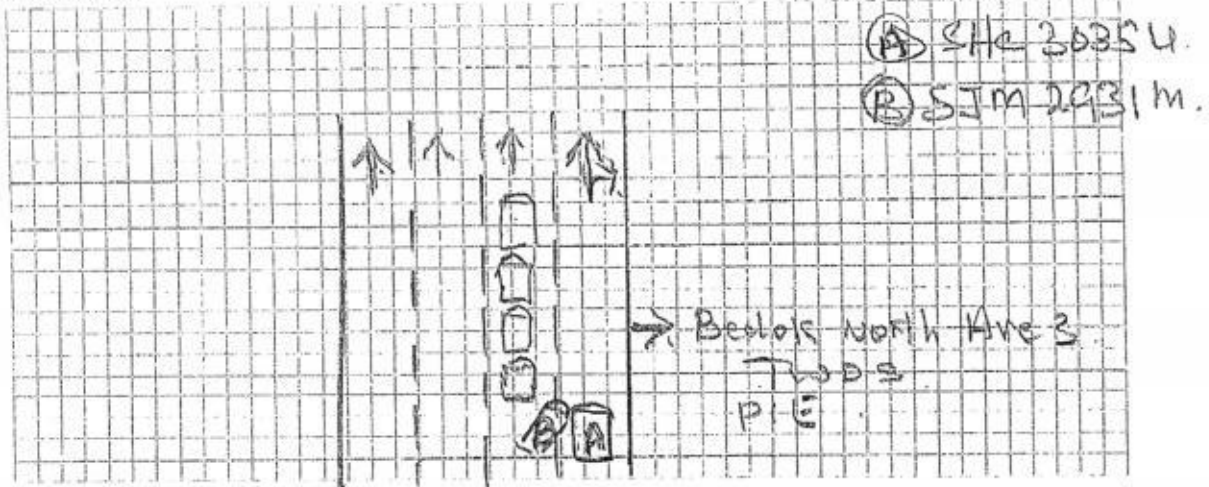
30/12/18
Jackson Hean
CSO

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

GIA/IMC SketchPlanForm_V3

1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/12/2018 at about 1845 hrs, I vehicle A was driving my taxi along bedok north ave 3 toward PIE. while I was on the extreme right lane going straight, vehicle B came from my left that I couldn't brake in time and brush against vehicle B right front portion.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO 19203321R

Policyholder's Signature
Date & Time:

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

Jackson Heijng
CSO

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

CONFIDENTIAL

CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that Foo LiHao NRIC / FIN S8134744A has reported to the Police a non injury traffic accident which occurred along Bedok North Avenue 3 towards Pan Island Expressway(PIE), on at 1845hrs involving the following vehicles;

A) SHC3035U – White Mercedes (Taxi)

B) SJM2931M – Silver Proton (Car)

On 29 December 2018 at about 1845hrs, I was travelling in my vehicle SHC3035U along Bedok north ave 3 towards PIE on the extreme right lane when vehicle SJM2931M collided into my vehicle from the left lane.

2 If this accident was reported to the Police within 24 hours of its occurrence then he/she has complied with Sec 84 (2) of the Road Traffic Act, Cap 276

Rank / Name of Issuing Officer: Sgt T160276 Joyson Ng

Date: 29/12/2018 Time: 2050Hrs

S/D Ref No: 115

Police Post / Unit: Pasir Ris NPC



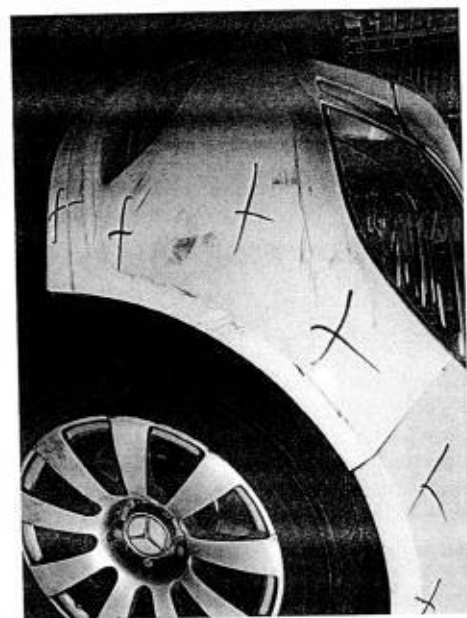
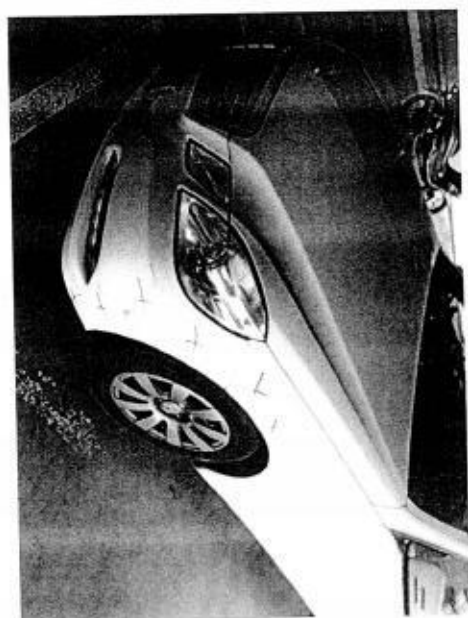
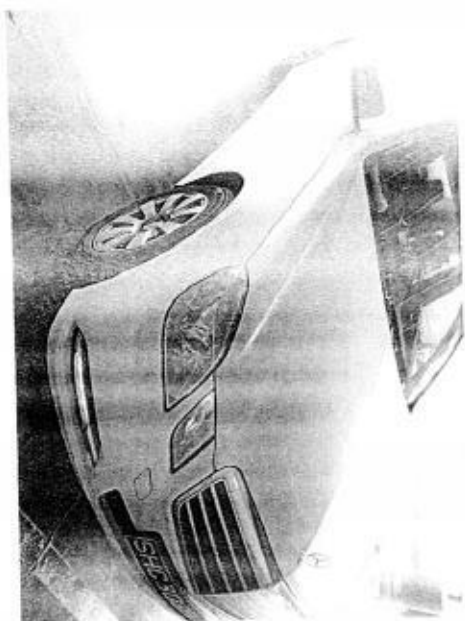
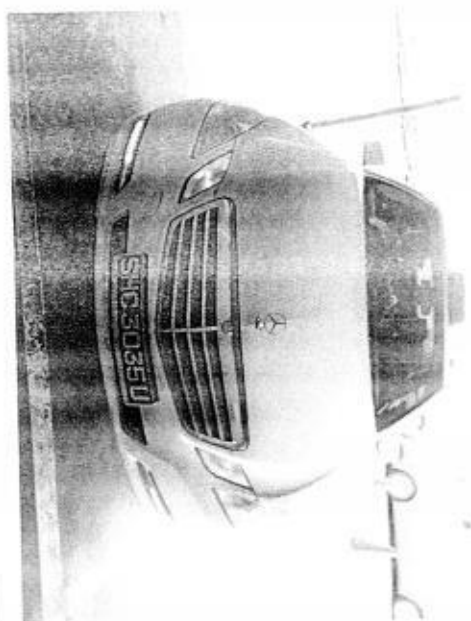
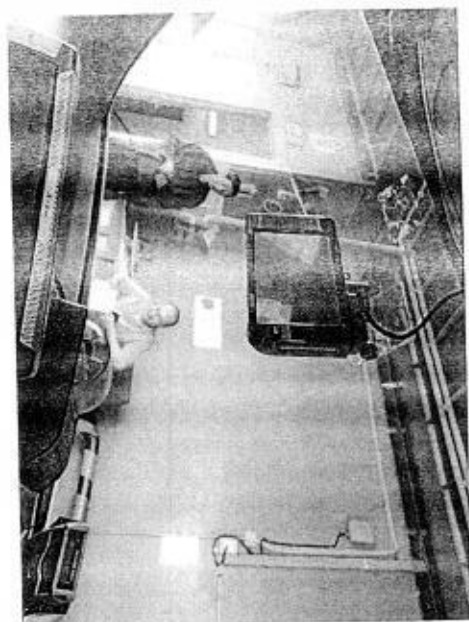
Pasir Ris NPC

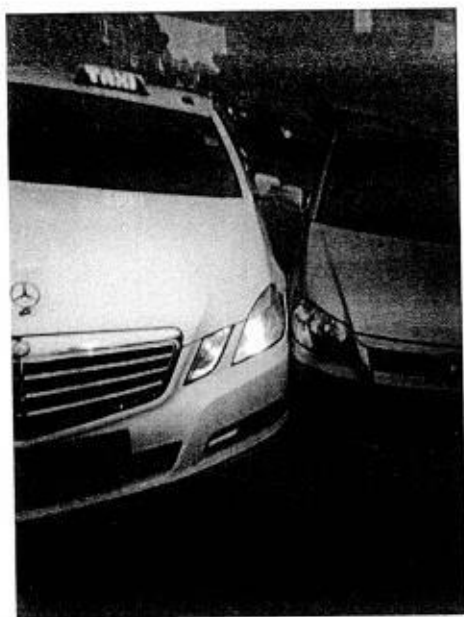
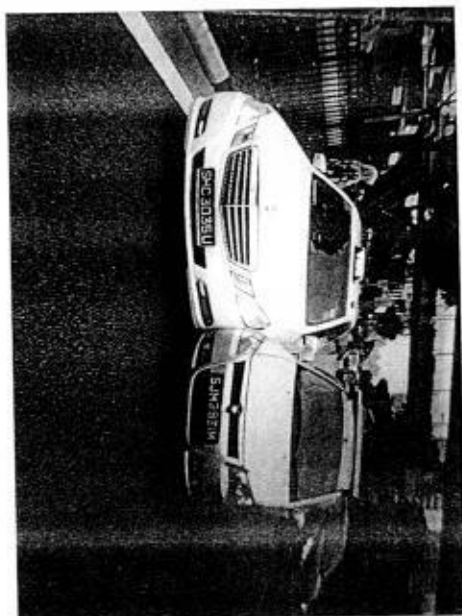
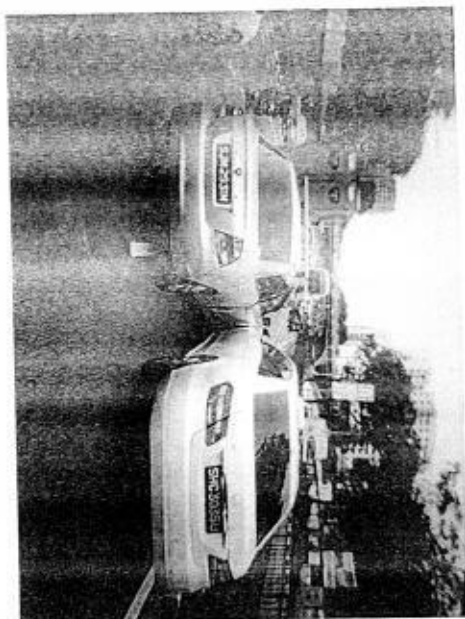
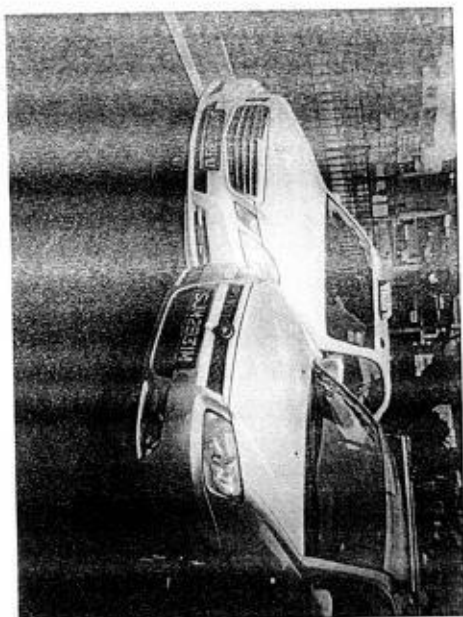
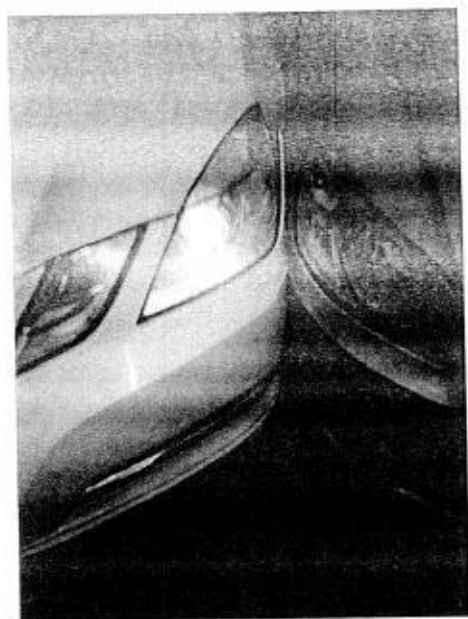
No. 1 Pasir Ris Drive 4
#01-01 Singapore 519457
Tel: 1800-5852999

Original to be issued to complainant
Duplicate to be submitted to Traffic Police

CONFIDENTIAL

CONFIDENTIAL





COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHC 3035U

DATE 31/12/2018 9:37

MAKE :

MODEL : MERCEDES

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt <i>- part</i>			\$ 1,890.50
	Bumper Bracket, Frt/LH <i>x sm</i>			\$ 95.00
	Head Lamp Assy (LH) <i>- part</i>			\$ 2,380.00
	Head Lamp Bracket (LH) <i>x sm</i>			\$ 300.00
	<i>Fender (LH) x repair</i>			
	SUB TOTAL			\$ 4,665.50
	LESS 20%			\$ 933.10
	DISCOUNTED TOTAL			\$ 3,732.40
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00 <i>400</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>x 1</i>
	TOTAL LABOUR			\$ 1,080.00
	ESTIMATE TOTAL			\$ 4,812.40
<p><i>Kalvin Elley</i> <i>31/12/18 10:06</i> <i>2 Pys</i> <i>L/S</i> <i>After Repair & Lk</i></p> <p><i>Larry Ng</i></p> <div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg);"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before after spray painting • To display damage (part(s)) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from insurance Company <p>Acknowledged by Repairer Signature: Date:</p> </div>				
<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.</p>				

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305255485

STOMER
/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)
COUNT CARD NO.

REGN NO.: SHC3035U	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL E220CDI (E5)	DATE/TIME IN 29.12.2018 18:45
YR OF MANU. 18.10.2013	TARGET DATE
CHASSIS CODE WDD2120022A759281	COMPLETION DATE/TIME:

JOB DESCRIPTION

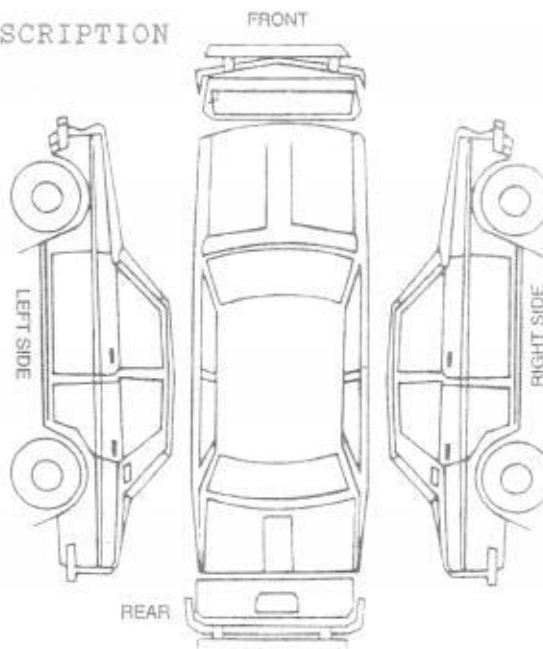
Accident Date: 29.12.2018

NATURE: 3P 29.12.2018

S/NO LABOR CODE

NTUC - Left Front
LRC/Kahin -

DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

3:

0.:

le No.:

SHC3035U

LARRY

Vehicle No.:

SHC3035U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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

Date : 8. Jan. 2019

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. SHC3035U

Date of Accident: 29. 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** **SJM2931M**

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

\$3,200.00

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: 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kola

Date : 20/1/19

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/INC19000003/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 22-01-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJM 2931M	Veh. Inspected	SHC 3035U
Policy No.	5105716215	Coverage (\$)	0.00
Claim No.	MT/1025801-002	Excess (\$)	0.00
Assign From		Assign Date	31/12/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A759281	Colour	WHITE
Odometer	786558	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/55 R16	WEST LAKE	7 mm
L/H Front Tyre	225/55 R16	WEST LAKE	7 mm
R/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
L/H Rear Tyre	225/55 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	29/12/2018	Inspection Date	31/12/2018
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



Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3035U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER ASSY,FRT	DEFORMED	1,890.50	1,890.50
1	BUMPER BRACKET,FRT/LH	SERVICEABLE	95.00	-
1	HEAD LAMP ASSY (LH)	GRAZED	2,380.00	2,380.00
1	HEAD LAMP BRACKET (LH)	SERVICEABLE	300.00	-
1	FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-933.10	-854.10
			3,732.40	3,416.40
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FENDER (LH).		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,080.00	620.00
	GRAND TOTAL		4,812.40	4,036.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,200.00

Report Ref No. NS/INC19000003/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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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.