

Surveyor: Kayin

REF:

NS/INC19003221/Klqd322

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/HS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJT 387K

Policy No. S107200612

Claims No. MT/1032036-002

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. Repair: 2 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: SHD 4642E Yr Regn: 6 Jun, 2013

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

Truck / Trailer or

Make: Hyundai Santa cc 1991

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

Sp. Reading: 441729 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KM HET 414A DA834647

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Went / a/c

Front _____ Rear _____

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

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

D.O.A. 12/2/19 D.O.I. 14/2/19

Survey held at C D & E (Loyang)

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

Pen o/s

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

Date / Time	Action / Instruction
18/2/19	<u>Shw c/s of 650/217. (Ref # 543.12, 46-6)</u>
	<u>SHD 4642E - CC3/AIG18000129/Klka322 DOA: 29/12/2017</u>
	<u>SJT 387K - X</u>
	RECEIVED 21 FEB 2019

Date/Time, File Pass to?

☐ : Prell. Report

15/2/19 trasm

☐ : Final Report

Date/Time, File Return to?

2)

Report Format

TP

by 650

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech Insp (\$ _____)

☐ : Other (\$ _____)

Survey Fee:

Transportation:

S+RS \$ _____

Photos

Others

160

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 21/02/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1030682-002	COMFORT TRANSPORTATION PTE LTD	SH 8212K	SMC 2979T
2	MT/1031839-002	COMFORT TRANSPORTATION PTE LTD	SHB 6696Y	YN 9370C
3	MT/1032164-002	COMFORT TRANSPORTATION PTE LTD	SH 9132B	SLJ 6381R
4	MT/1032479-002	COMFORT TRANSPORTATION PTE LTD	SHA 6621T	SJR 1796S
5	MT/1030839-002	CITYCAB PTE LTD	SHD 8576L	SJP 1342D
6	MT/1031880-003	COMFORT TRANSPORTATION PTE LTD	SHC 1136A	SKG 3866G
7	MT/1032396-002	COMFORT TRANSPORTATION PTE LTD	SHC 1706E	SJA 1102J
8	MT/1032036-002	COMFORT TRANSPORTATION PTE LTD	SHD 4642E	SJT 387K

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="12/02/2019 09:15"/>
Vehicle No.(For Motor)	<input type="text" value="SJT387K"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107200612		MOHAMMAD AZMI BIN ABDUL RAHMAN	S8135017E	GPC	drivo CLASSIC	SJT387K	SJT387K	01/02/2019	31/01/2020

Continue

▼ Policy Information

Policy No.	5107200612	Policyholder Name	MOHAMMAD AZMI BIN ABDUL R	Policyholder NRIC	S8135017E
Certificate No.					
Address	BLK 213 #12-511 PETIR ROAD SINGAPORE 670213				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/02/2019	Effective Date	01/02/2019 00:00	Expiry Date	31/01/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	2938.29		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 213 #12-511	Address 2	PETIR ROAD	Address 3	SINGAPORE 670213
Address 4		Address Type	Singapore address	Post Code	670213
Unit No.		Related Policy Number	5107200612		

► Insured Object: SJT387K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>ContinueCancel</div>				

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	13/02/2019 07:25
Date Of Accident	12/02/2019 09:15
Exact Location Of Accident	PIE(AIRPORT) PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD4642E
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	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	MD SHAH BIN EBUDAEN
NRIC No	S0943935H
Date Of Birth	18/05/1951
Occupation	OUTDOOR
Date Of Driving Pass	06/05/1978
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96387645
Fax Number	
Contact Number	
EMail Address	SHAH_SENYOM@HOTMAIL.COM

Address	798 07-3338 YISHUN RING ROAD
Postcode	760798
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	SJT387K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AZMI
NRIC/Passport Number	
Contact Number	81820651
Address	

Postcode

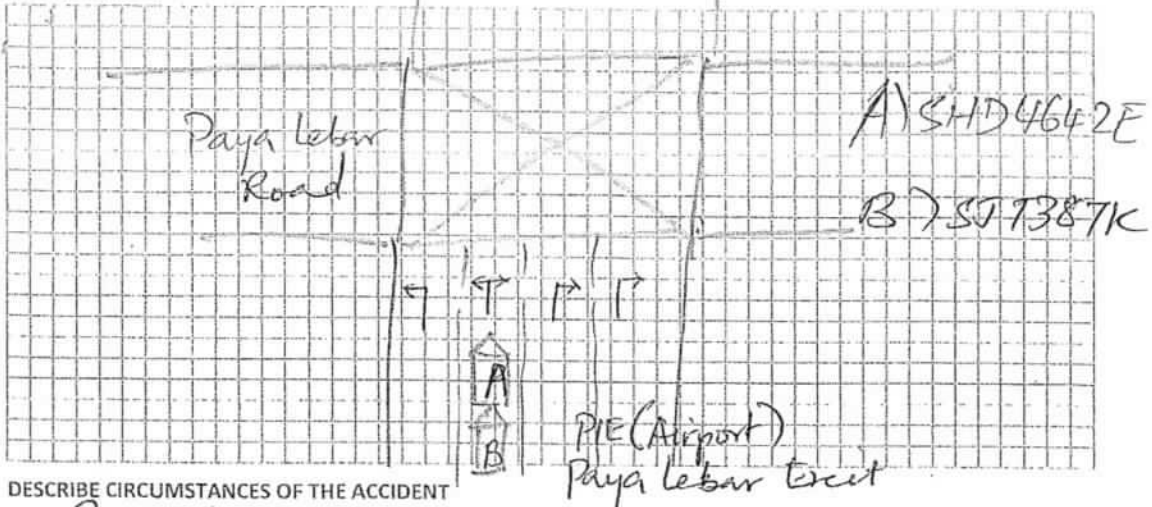
Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/2/18 at about 0915h while I veh A
 just moved following other vehicles that were
 stopped ahead. Veh B collided onto
 the rear of my vehicle.

DECLARATION

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

COMFORT 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:

S R Moorthy
 CSO
 12/2/19

Sketch Plan Pg. 2

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:

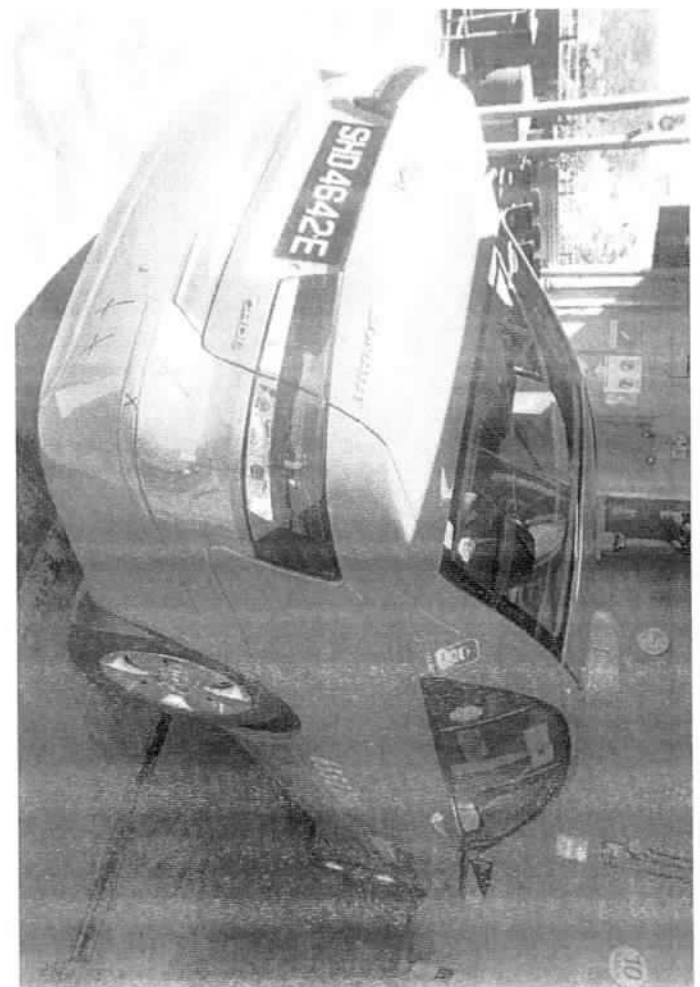
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

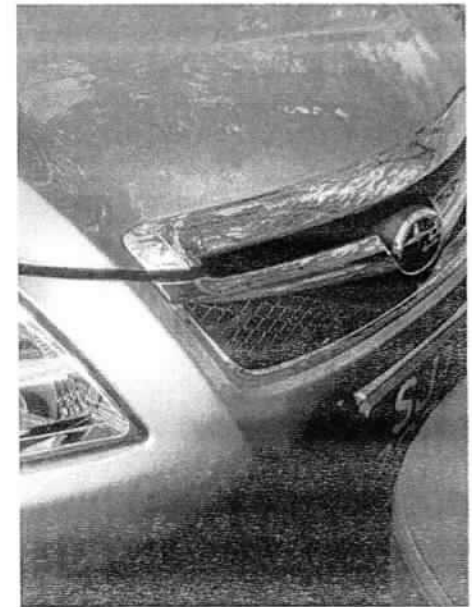
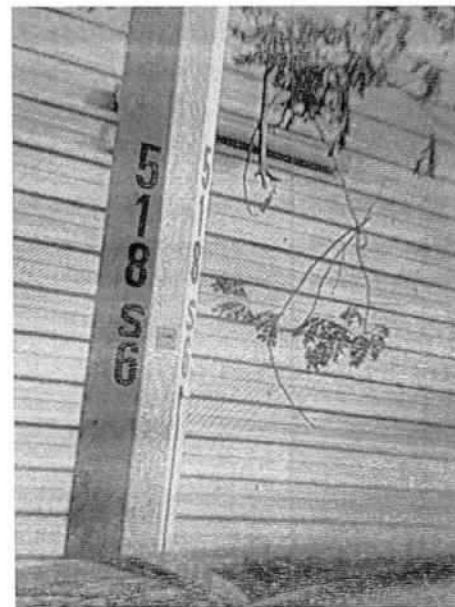
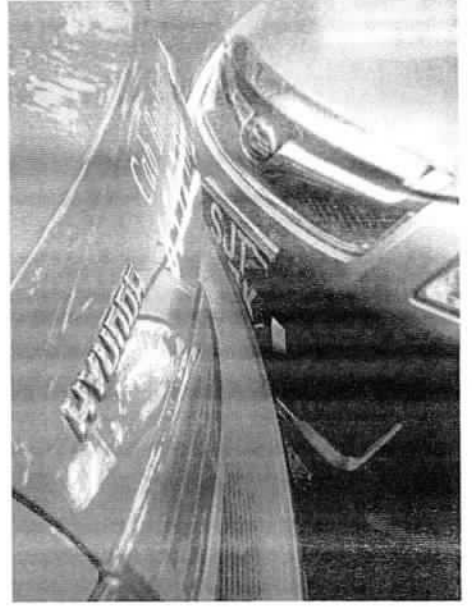
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:





Date/Time: 14.02.2019 11:21

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3898035

JC NO.: 305268624

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
LESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

OUNT CARD NO.

REGN NO.: SHD4642E	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 14.02.2019 10:25
YR OF MANU. 06.06.2013	TARGET DATE
CHASSIS CODE KMHE41VMDA834647	COMPLETION DATE/TIME:

JOB DESCRIPTION

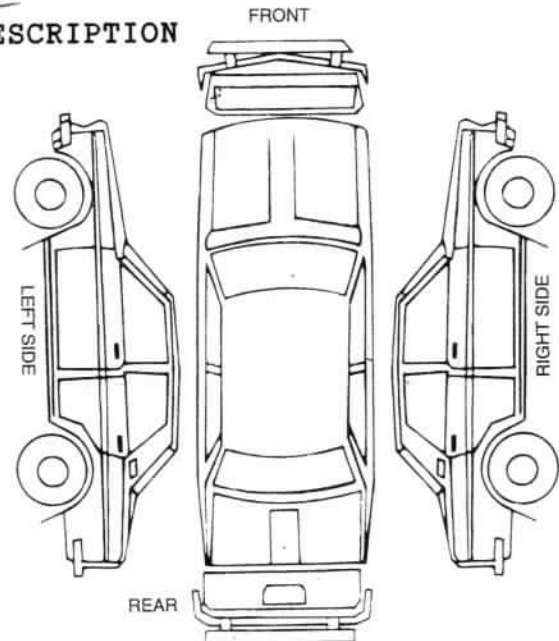
Accident Date: 12.02.2019

NATURE: 3P 12.02.19/B

S/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

e No.: SHD4642E

FZ NTUC

Exit Pass

Vehicle No.:

SHD4642E

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

VEHICLE NO : SHD 4642E

DATE 12/2/2019 10:13

MAKE :

MODEL : HYUNDAI SONATA

F2

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Protector (RH) <i>x repair</i> <i>rear bumper, - photo</i>		<i>\$ 578.40</i>	\$ 38.00	
	SUB TOTAL			\$ 38.00	
	LESS 20%			\$ 7.60	
	DISCOUNTED TOTAL			\$ 30.40	
	Rear Bumper Rubber Mat <i>/ me</i>			\$ 50.00	Nett
	Labour Charge			<i>100</i>	
	Panel Beating			\$ 200.00	
	Spray Painting Charge			\$ 300.00	<i>200</i>
	Wiring Charge			\$ 30.00	<i>X 44</i>
	Remove/Refix Reverse Sensor			\$ 120.00	<i>X 4</i>
	TOTAL LABOUR			\$ 650.00	
	ESTIMATE TOTAL			\$ 730.40	
	<i>Ka hini 11/11/19</i> <i>14/2/19 1315 L</i> <i>2 P/s</i> <i>4/s</i> <i>After Repair & Ltr</i>			<i>1193.12</i>	
<div> <p>LKM Auto Consultants hence notify the Employer of the following:</p> <ul style="list-style-type: none"> • To be fully restored after spray painting • To replace damaged parts during resurvey • To be a reasonable, correct, determination • To be a fair and equitable "Without Prejudice" basis • To be a fair and equitable determination • To be a fair and equitable determination and is subject to the decision of the insurance company <p>Acknowledged by: _____</p> <p>Signature: _____</p> <p>Date: _____</p> </div>					
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.					

Our Job Ref No : 305268624
Date : 16.02.2019

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN

Fax :

Vehicle Reg No. : SHD4642E Date of Accident : 12.02.2019

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

1. The repair job shall bill to: NTUC --- SJT 387K
2. The finalized amount shall be:
- | | |
|---|-----------------|
| (a) Spare Parts after List discount | \$0.00 |
| (b) Labour Charges | \$0.00 |
| Total for Part-By-Part Repair Cost | \$0.00 |
| (c) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: 20% | \$650.00 |
| Final Lumpsum Repair cost | \$650.00 |

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalvin

Date : 18/2/19

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/INC19003221/K1qd3e2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 22-02-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJT 387K	Veh. Inspected	SHD 4642E
Policy No.	5107200612	Coverage (\$)	0.00
Claim No.	MT/1032036-002	Excess (\$)	0.00
Assign From		Assign Date	14/02/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHET41VMDA834647	Colour	BLUE
Odometer	441729	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	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/02/2019	Inspection Date	14/02/2019
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. SHD 4642E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER PROTECTOR (RH)	TO REPAIR SEE LABOUR	38.00	-
1	REAR BUMPER	DEFORMED	578.40	578.40
	LESS 20% DISCOUNT		-123.28	-115.68
			493.12	462.72
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER PROTECTOR (RH).		200.00	100.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			650.00	300.00
GRAND TOTAL			1,193.12	812.72
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				650.00

Report Ref No. NS/INC19003221/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.