

08/01/2019

Surveyor: Kelvin

REF:

NC/INC19003231/Klv3n2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP) / PS / ITP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop m/s: _____
 Insured: GBH 6126R
 Policy No: 50804911475-03
 Claims No: MT/1033052-001
 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
 Turn Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 3749D Yr Regn: 13 Dec, 2012
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Santa cc 199
 Colour: Blue A/C: Insu 6 / Std / Nil / NA
 Sp. Reading: 435508 T/Radio: Insu 0 / Std / Nil / NA
 Eng/No: _____
 C/N: KM HETXIMCA 831661
 Gen. Cond: G / Fair / Poor / Burnt
 Steering: G / Jammed / Leaked / Burnt or
 Brake: G / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD G Rim or
 Tyre Size: 215/60R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front: _____ Rear: _____
 R/Bal: 7 mm R/Bal: 7 mm
 L/Bal: 7 mm L/Bal: 7 mm
 D.O.A: 15/2/19 D.O.I: 18/2/19
 Survey held at C.DGE (Loyang)
 Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooflop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
22/2/19	Whtd p/p \$350/ 2 pgs. (Red 500, 599) (No LS) INC 41
	SHA 3749D-X
	GBH 6126R-X

RECEIVED 22 FEB 2019

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

21/2 - typist

Report Format

TP
 p/p \$350

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Insp (\$ _____)

Survey Fee: _____
 Transportation: _____
 S+RS \$1 _____
 Photo _____
 Other _____
 160

TP Claims against NTUC Income: Follow-Through Survey

21/2/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Estimate	Tentative repair cost
1	MT/1030932-002	COMFORT TRANSPORTATION PTE LTD	SHC 1958U	SLL 8181C	4/2/2019	\$8,566.83	\$2,244.29
2	MT/1031940-002	COMFORT TRANSPORTATION PTE LTD	SHA 3694C	SIL 3650Y	5/2/2019	\$1,785.68	\$900.00
3	MT/1033052-001	COMFORT TRANSPORTATION PTE LTD	SHA 3749D	GBH 6126R	15/2/2019	\$850.00	\$350.00
4	MT/1033055-001	COMFORT TRANSPORTATION PTE LTD	SHD 3199A	SLF 3432T	14/2/2019	\$2,399.06	\$1,200.00
5	MT/1031629-002	COMFORT TRANSPORTATION PTE LTD	SH 8548S	SJJ 8434H	12/2/2019	\$6,822.16	\$2,750.00
6	MT/1031383-002	COMFORT TRANSPORTATION PTE LTD	SHD 3198C	SJU 9736Y	9/2/2019	\$1,829.12	\$550.00
7	MT/1032845-002	COMFORT TRANSPORTATION PTE LTD	SHD 4145Z	SMA 1458Y	18/2/2019	\$2,574.90	\$1,000.00
8	MT/1033061-001	COMFORT TRANSPORTATION PTE LTD	SH 9493J	SJS 8276A	15/2/2019	\$5,712.08	\$2,750.00

Claim received from LKK Auto

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.

Date of Accident

15/02/2019 14:30

Vehicle No. (For Motor)

GBH6126R

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"/>	5080491475-03		IHUB SOLUTIONS PTE LTD	200006937C	GFT	Comprehensive	GBH6126R	GBH6126R	23/10/2018	

▼ Policy Information

Policy No.	5080491475-03	Policyholder Name	IHUB SOLUTIONS PTE LTD	Policyholder NRIC	200006937C
Certificate No.	46A TANJONG PENJURU #02-02/03 GLOBAL TRADE LOGISTICS CENTRE SINGAPORE 609040				
Address	46A TANJONG PENJURU #02-02/03 GLOBAL TRADE LOGISTICS CENTRE SINGAPORE 609040	Plan		Group Policy Flag	N
Product Name	FLEET INSURANCE	Effective Date	23/10/2018 00:00	Expiry Date	22/10/2019 23:59
Policy issue Date	22/10/2018	Own damage Excess	500.00	Windscreen Excess	100.00
Third Party Excess	500.00	OS Premium	0		
Additional Excess		Outside Singapore TP Excess			
Outside Singapore OD Excess					
Agent	AMSPEX INSURANCE BROKERS	Agent Tel.	62231528	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	46A TANJONG PENJURU	Address 2	#02-02/03 GLOBAL TRADE LOG	Address 3	SINGAPORE 609040
Address 4		Address Type	Singapore address	Post Code	609040
Unit No.		Related Policy Number	5080491475-03		

► Insured Object: GBH6126R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	23/10/2018 00:00	Basic Information Endorsement	000001286928686	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 23 Oct 2018, the following vehicles are subject to Endorsement M42(A) - EQUIPMENT AND THIRD-PARTY WORKING RISKS : VEHICLE NUMBER 1. YP5791L 2. YP8326C 3. YP9585P 4. YP9361T

Continue

Cancel

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	16/02/2019 09:50
Date Of Accident	15/02/2019 14:30
Exact Location Of Accident	RIVER VALLEY ROAD - VALLEY POINT SHOPPING CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3749D
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-2.0 (A)

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	BOK AH SAH
NRIC No	S0539651D
Date Of Birth	29/03/1946
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1970
Driving Experience	48 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91502515
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	673 HOUGANG AVE 8 #09-655
Postcode	S530673
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS SEE 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	GBH6126R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.
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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

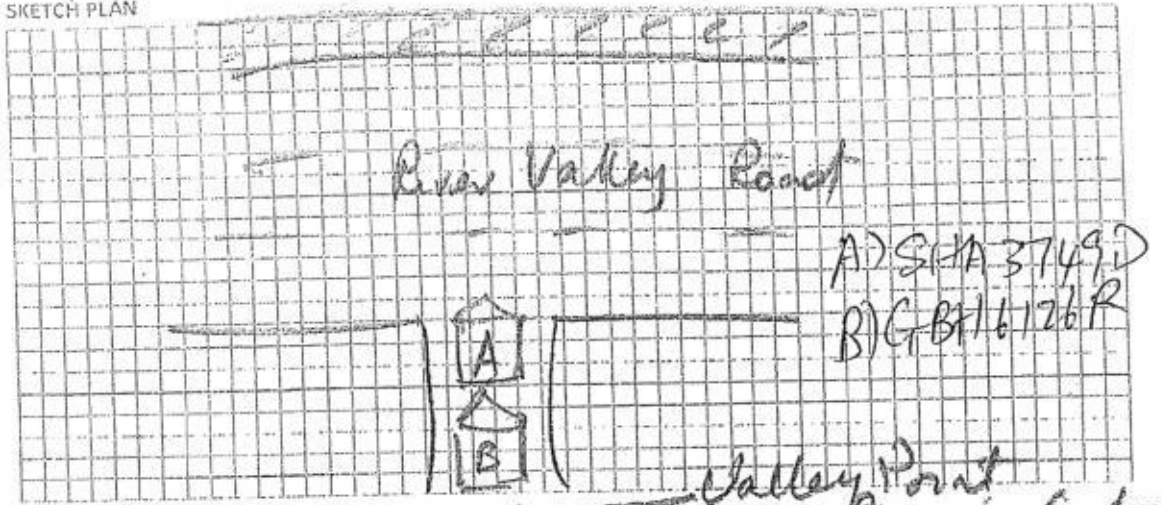
Policyholder's Signature
Date & Time:

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

S. A. Moorthy
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

15/2/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/2/19 at about 1430hrs While I
 Veh A was about to exit from the
 Shopping Centre driveway, Veh B
 collided on the rear of my stationary
 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:

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

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

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 3749D


MAKE :

MODEL : HYUNDAI SONATA

DATE 18/2/2019

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Rubber Mat X 1			\$ 50.00	Nett
	Rear Bumper x repair			\$ 50.00	
	Labour Charge			\$ 195	
	Panel Beating			\$ 200.00	
	Spray Painting Charge			\$ 600.00	200
	Tuff Kote			\$ 50.00	X
	TOTAL LABOUR			\$ 850.00	
	ESTIMATE TOTAL			\$ 850.00	
				900	


 21/2/19
 Kalvin
 18/2/19 1125h
 2 Reps.
 PIR
 After Repair photo

• 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.

Acknowledged by Repairer
 Signature: _____
 Date: _____

Date/Time: 16.02.2019 10:25

Page : 1

JOB CARD

Sales Order:

JC NO.: 305269328

Team: ARC Repair TP(CLS0)1

OMER
S
OMER NO.
ESS
(R)
(P)

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REGN NO.: SHA3749D	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 16.02.2019 09:10
YR OF MANU. 13.12.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA831661	COMPLETION DATE/TIME:

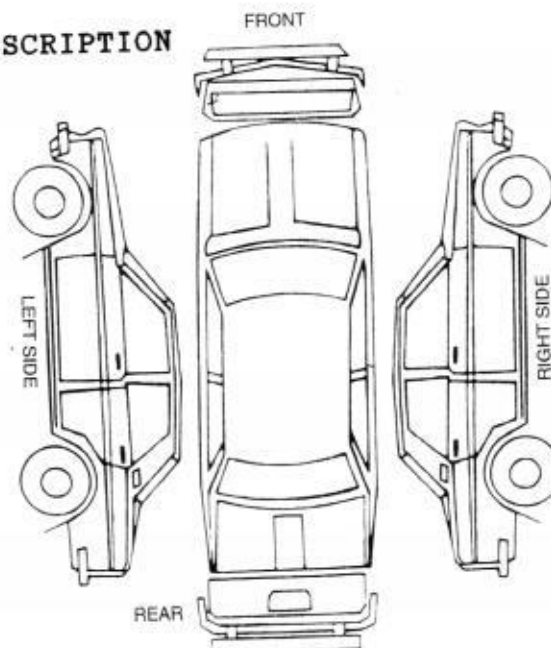
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.02.2019
NATURE: 3P 15.02.2019

S/NO LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.:

SHA3749D

LIMITS

Vehicle No.:

SHA3749D

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 19.02.2019

Time: 14:45:06

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305269328
REGN NO : SHA3749D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 13.12.2012
DATE/TIME IN : 16.02.2019 09:10
ACCIDENT DATE : 15.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

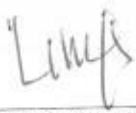
0000 PB PANEL BEATING
0001 SP SPRAYPAINT CHARGE

150.00

200.00

SUB-TOTAL : 350.00

TOTAL : 350.00


MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305269328
Date : 19/02/19

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG
Vehicle Reg No. : SHA3749D
Date of Accident : 15-Feb-19

Fax :


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


1. The repair job shall bill to: NTUC --- GBH6126R
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$350.00
(b) Labour Charges	\$350.00
Total for Part-By-Part Repair Cost	
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	

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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 2/2/19

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		NO		
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/INC19003231/K1vd3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 25-02-2019	
		Code: INC4	
Policy Particulars :- THIRD PARTY CLAIM			
1.			
	Insured Veh.	GBH 6126R	Veh. Inspected
	Policy No.	5080491475-03	Coverage (\$)
	Claim No.	MT/1033052-001	Excess (\$)
	Assign From		Assign Date
			SHA 3749D
			0.00
			0.00
			18/02/2019
Vehicle Particulars & Condition			
2.			
	Make & Model	HYUNDAI SONATA	c.c
	Engine No.	HIDDEN	Year of Reg.
	Chassis No.	KMHET41VMCA831661	Colour
	Odometer	435508	Steering
	Brakes	IN ORDER	Modification
	General	GOOD	
			1991
			2012
			BLUE
			IN ORDER
			STANDARD ALLOY RIM
Conditions of Tyres			
3.			
		Size	Make
	R/H Front Tyre	215/60 R16	WEST LAKE
	L/H Front Tyre	215/60 R16	WEST LAKE
	R/H Rear Tyre	215/60 R16	WEST LAKE
	L/H Rear Tyre	215/60 R16	WEST LAKE
			Balance
			7 mm
			7 mm
			7 mm
			7 mm
Description of Damages			
4.			
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.		
	DAMAGES SEE DETAILS.		
General Information			
5.			
	Accident Date	15/02/2019	Inspection Date
	Survey held at	COMFORTDELGRO ENGINEERING PTE LTD	
		59 LOYANG DRIVE	
		SINGAPORE 508969	
		18/02/2019	
Remarks			
5a.			
	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.		
	B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.		
Estimate Days of Repair			
5b.			
	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. SHA 3749D

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH707000				
Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY TO REPAIR SEE LABOUR	50.00	-
1	REAR BUMPER (NPA)(SN)		-	-
			50.00	-
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.	NOT NECESSARY	200.00	150.00
	SPRAY PAINTING CHARGE.		600.00	200.00
	TUFF KOTE.		50.00	-
			850.00	350.00
GRAND TOTAL			900.00	350.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				350.00

Report Ref No. NS/INC19003231/K1vd3n2

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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