

Surveyor: Kelvin

REF:

NS/INC19003041/Klgd302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / IWS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop m/s _____

at _____

Insured: SLQ 2636X

Policy No: 5092128736-01

Claims No: MT/103773-01

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

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 8122 L Yr Regn: 3TH 2018

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

Truck / Trailer or

Make: Hyundai Zent cc 1500

Colour: Blue A/C: Insu Std / NI / NA

Sp. Reading: 101552 T/Radio: Insu Std / NI / NA

Eng/No: _____

C/No: KMHC 851CVJU10333X

Gen. Cond: Good / ☒ Poor / Burnt

Steering: In order / ☒ Jammed / Leaked / Burnt or

Brake: In order / ☒ Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD ☒ Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Went for

Front: _____ Rear: _____

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 18/2/19 D.O.I: 19/2/19

Survey held at C D G E (Loyang)

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

Rear n/s

The VIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SH 8122 L-X

SLQ 2636X-X

21/2/19 Adm P/P \$ 761 / 2 Apr. (Pod \$ 1518.58, 67%)

Inc
PIP

RECEIVED 22 FEB 2019

Date/Time, File Pass to?

☐ : Prel. Report

☐ : Final Report

Date/Time, File Return to?

21

Report Format

7r

761

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech Insp (\$ _____)

☐ : _____

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

160

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 22/02/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1032557-002	COMFORT TRANSPORTATION PTE LTD	SHD 7301U	SMA 3716P
2	MT/1032606-002	CITYCAB PTE LTD	SHC 7191A	SLX 7907U
3	MT/1031391-002	COMFORT TRANSPORTATION PTE LTD	SHA 7443J	SKV 6292M
4	MT/1032506-002	COMFORT TRANSPORTATION PTE LTD	SHD 4485S	SHC 6039P
5	MT/1031608-002	COMFORT TRANSPORTATION PTE LTD	SHA 7156M	GBF 1176P
6	MT/1033223-001	COMFORT TRANSPORTATION PTE LTD	SH 8122L	SLQ 2636X

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/02/2019 14:40"/>
Vehicle No.(For Motor)	<input type="text" value="SLQ2636X"/>	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"/>	5092128736-01		SAVERIRAJOO THANALETCHIMI	S14169833	GPC	drive PREMIUM	SLQ2636X	SLQ2636X	30/06/2018	29/06/2019

Policy Information

Policy No.

5092128736-01

Certificate No.

Address

32 THONG SOON GREEN HEETON PARK SINGAPORE 787338

Product Name

PRIVATE CAR INSURANCE

Policy issue Date

22/06/2018

Third Party Excess

0

Additional Excess

0

Outside Singapore OD Excess

0

Agent

ALPINE CREDIT PTE LTD

Co-insurance Flag

No

Open Policy Info

Certificate Info

Policyholder Name

SAVERIRAJOO THANALETCHIMI

Effective Date

30/06/2018 00:00

Own damage Excess

0

OS Premium

0

Outside Singapore TP Excess

0

Agent Tel.

65113025

Policyholder NRIC

S1416983J

Group Policy Flag

N

Expiry Date

29/06/2019 23:59

Windscreen Excess

100

GST Flag

Y

Policyholder Mailing Address

Address 1

32 THONG SOON GREEN

Address 2

HEETON PARK

Address 3

SINGAPORE 787338

Address 4

Address Type

Singapore address

Post Code

787338

Unit No.

Related Policy Number

5092128736-01

Insured Object: SLQ2636X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

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	19/02/2019 08:07
Date Of Accident	18/02/2019 14:40
Exact Location Of Accident	ANG MO KIO AVE 6 AND ANG MO KIO AVE 9
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH8122S
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	IONIQ HYBRID
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	MOHAMAD LUCIAN BIN MAIDIN
Work Permit No	S7928875F
Date Of Birth	17/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	08/08/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85888950
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	129 03-306 MARSLING RISE
Postcode	730129
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

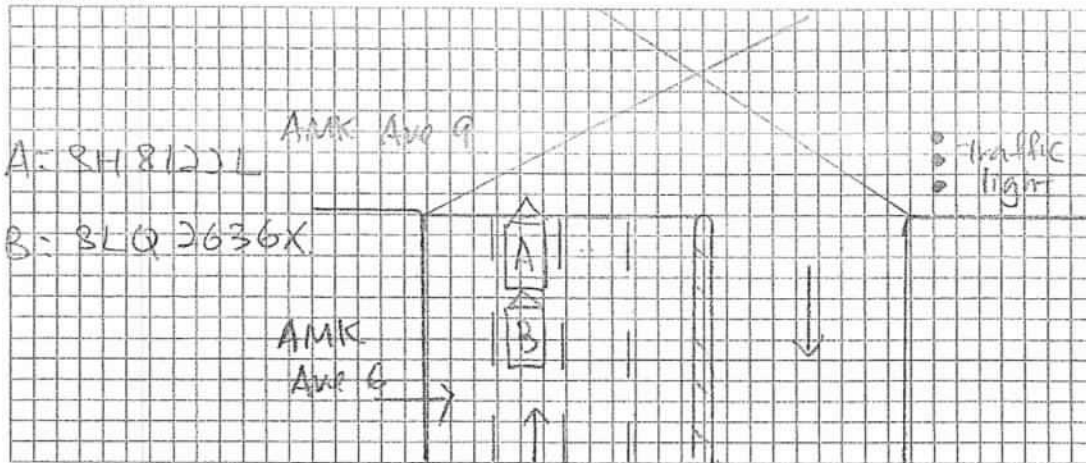
Attachment(s)

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	SLQ2636X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/2/19 at about 14:40 hrs, I was driving straight along Ang Mo Kio Ave 6. While I approaching above said junction, I applied brake to stopped my taxi upon noticed traffic light turned to red. A split second later, I felt a collision from my taxi behind. I went down to check and found Veh B it front portion collided onto the rear portion of my taxi.

No passenger in my taxi. No injury reported at the point of accident.

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:

Loke Wei Yeng

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

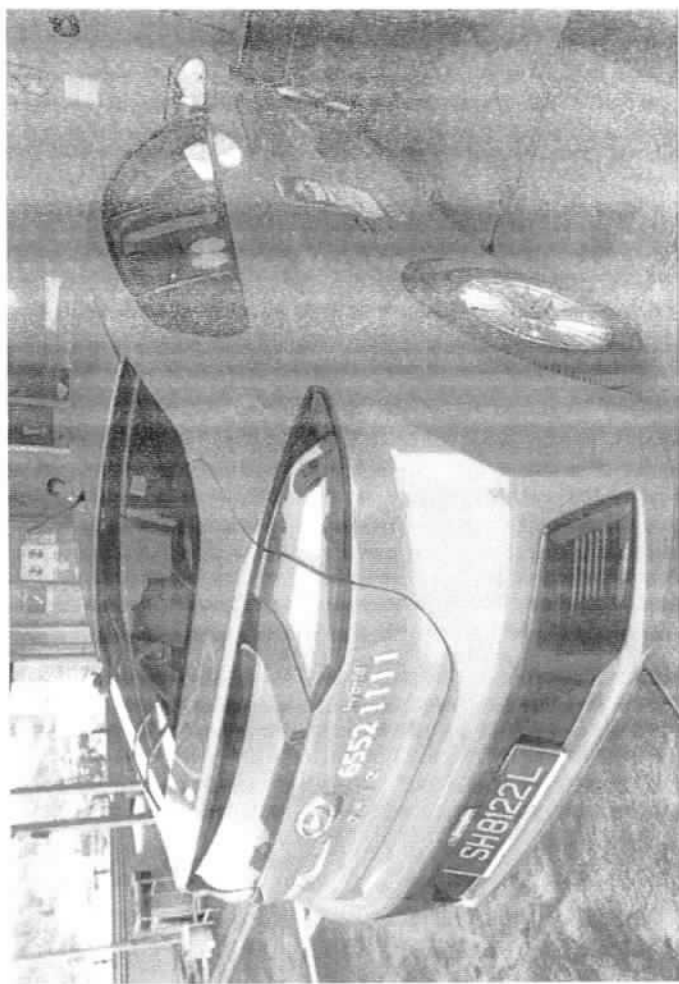
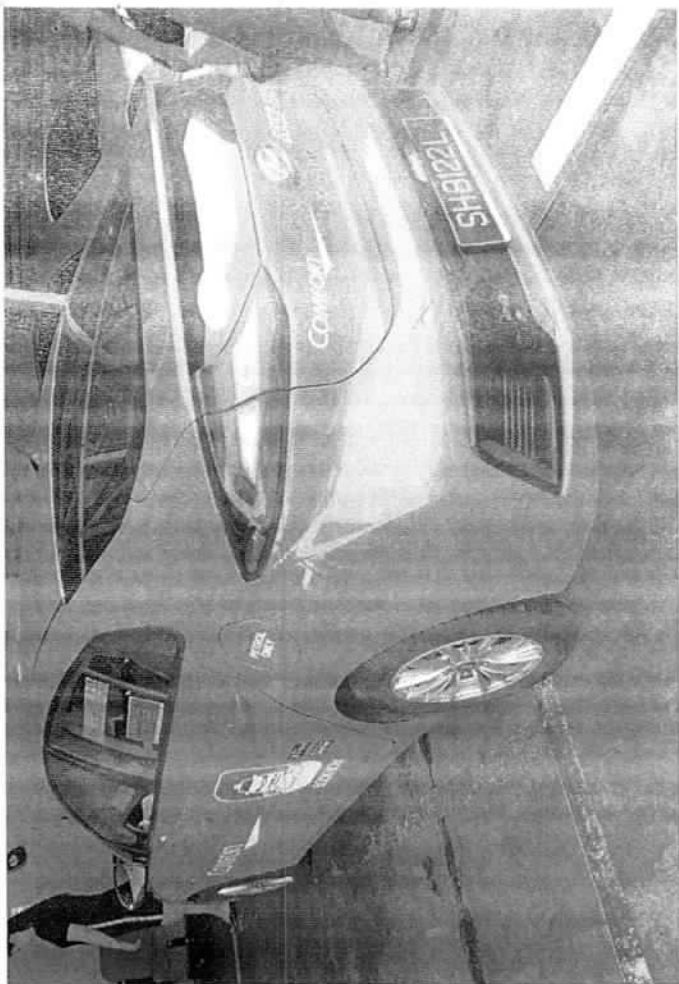
Policyholder's Signature
Date & Time:

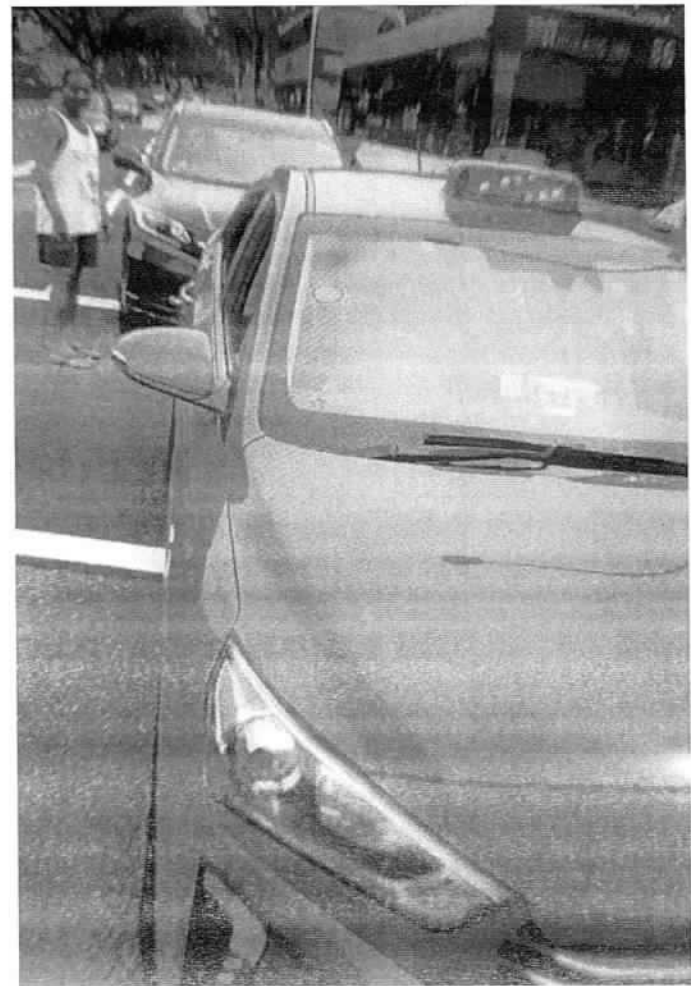
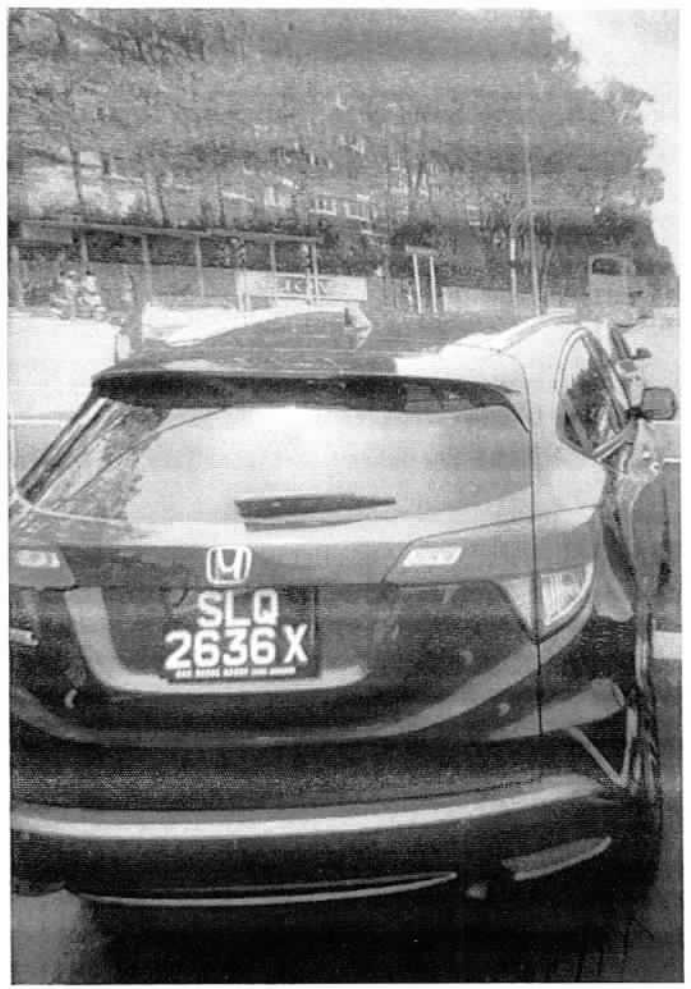
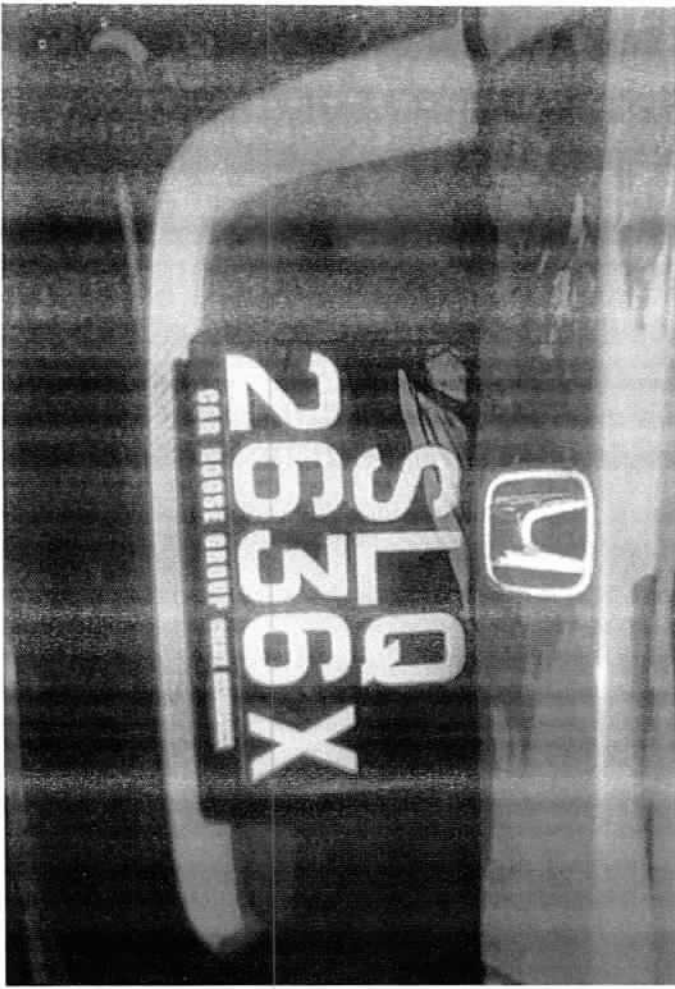
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Loke Wei Yiong

18/2/19





Handwritten signature

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305270126
CUSTOMER MS CUSTOMER NO. ADDRESS (R) (P)		REGN NO.: SH 8122L MAKE: HYUNDAI MODEL: IONIQ(G2) YR OF MANU: 03.07.2018 CHASSIS CODE: KMHC851CVJU103334	
COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)		MILEAGE FUEL E.....1/2.....F DATE/TIME IN: 18.02.2019 16:05 TARGET DATE COMPLETION DATE/TIME:	
COUNT CARD NO.			

Accident Date: 18.02.2019 NATURE: 3P 18.02.2019		JOB DESCRIPTION
S/NO	LABOR CODE	DESCRIPTION
		FRONT LEFT SIDE RIGHT SIDE REAR

CHECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgment Slip	Exit Pass
Vehicle No.: SH 8122L CHIANG	Vehicle No.: SH 8122L
Signature/Date	Name of Service Advisor Date
returned to Service Reception upon collection	To be kept by Security Guard

REPAIR ESTIMATE*

DATE 19/2/2019 9:41

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X ^{cap}			\$ 459.40
	Rear Bumper Reinforcement X ^{suc}			\$ 294.80
	Rear Bumper Reinforcement Bracket (LH/RH) X ^{suc}		\$ 138.10	\$ 276.20
	Rear Bumper Centre Moulding Assy - ca			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy X ^{suc}			\$ 47.50
	Rear Bumper Side Bracket (LH/RH) X ^{suc}		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips X			\$ 22.00
	SUB TOTAL			\$ 1,617.35
	LESS 20%			\$ 323.47
	DISCOUNTED TOTAL			\$ 1,293.88
	Rear Bumper Reverse Sensor X suc			\$ 135.70
				\$ 135.70
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 850.00
	ESTIMATE TOTAL			\$ 2,279.58

Kali 11/11/11
 19/2/11 10 x 5 L.
 2 Rys
 P/P
 After Repair Ltd

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 : 305270126
Date : 21/02/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH8122L
Fax :
18/02/2019

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

1. The repair job shall bill to: NTUC SLQ2636X
2. The finalized amount shall be:
- | | |
|---|-----------------|
| (a) Spare Parts after List discount | \$361.00 |
| (b) Labour Charges | \$400.00 |
| Total for Part-By-Part Repair Cost | \$761.00 |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: | |
| 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name : K. Kalin
Date : 21/2/19

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:

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

JOB NO : 305270126
REGN NO : SH 8122L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 03.07.2018
DATE/TIME IN : 18.02.2019 16:05
ACCIDENT DATE : 18.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G IONIQV2 MOULDING ASSY-RR 1 451.25 20.00 361.00

SUB-TOTAL : 361.00

JOB NATURE

0000 PB PANEL BEATING 200.00

0001 SP SPRAYPAINT CHARGE 200.00

SUB-TOTAL : 400.00

TOTAL : 761.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :




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/INC19003241/K1qd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 26-02-2019	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLQ 2636X	Veh. Inspected	SH 8122L
Policy No.	5092128736-01	Coverage (\$)	0.00
Claim No.	MT/1033223-001	Excess (\$)	0.00
Assign From		Assign Date	19/02/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVJU103334	Colour	BLUE
Odometer	101552	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	18/02/2019	Inspection Date	19/02/2019
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. SH 8122L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	294.80	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$138.10	SERVICEABLE	276.20	-
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	SERVICEABLE	47.50	-
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	SERVICEABLE	66.20	-
1	REAR BUMPER COVER CLIPS	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-323.47	-90.25
			1,293.88	361.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			850.00	400.00
GRAND TOTAL			2,279.58	761.00

RECOMMENDED COST OF REPAIRS (CONFIRMED)			761.00
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Report Ref No. NS/INC19003241/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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