

Surveyor: Kd/min

REF:

NS/INC19003742/Kled302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

At Workshop m/s _____

at _____

Insured: SMC1442G

Policy No. 5097851230

Claims No. MT/1033392 - 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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

26/2/19 62nd UP \$1250/2A2

SHD6803U-CC3/AIG18006078/K/pa32 DOA: 2/4/2018

SMC1442G-X

(\$1,762.00 Red-58%)

RECEIVED 01 MAR 2019

Date/Time, File Pass to?

01/03/19

1) Tyal

Date/Time, File Return to?

2) _____

3) _____

4) _____

5) _____

6) _____

☐ : Prel. Report

☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp \$

☐ Interview \$

☐ Test \$

☐ Rep \$

Survey Fee:

Transportation:

\$ + RS \$

Project

Other

160

160

Veh No: SHD 68034 Yr Regn: 8 Apr, 2016

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

Truck / Trailer or

Make: Mercedes Benz E220 cc 2143

Colour: White A/C: Insu Q / Std / HI / NA

Sp. Reading: 457883 T/Radio: Insu Q / Std / HI / NA

Eng/No: _____

C/No: W PD 21200 12B3/3087

Gen. Cond: Good / P / Poor / Burnt

Steering: Inor Q / Jammed / Leaked / Burnt or

Brake: Inor Q / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55R16

R: _____

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

TOYDI YOKO or hiti

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 23/2/19 D.O.I. 26/2/19

Survey field at C D G E (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or

n/s Body

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

1,250 /- L/S

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

23/02/2019 11:20

Vehicle No.(For Motor)

SMC1442G

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097851230		WU DAR CHAU	S0122047J	GPC	drivo CLASSIC	SMC1442G	SMC1442G	18/03/2018	17/03/2019

Continue

Policy Information

Policy No.	5097851230	Policyholder Name	WU DAR CHAU	Policyholder NRIC	S0122047J
Certificate No.					
Address	385 BUKIT TIMAH ROAD SINGAPORE 259728				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/02/2018	Effective Date	18/03/2018 00:00	Expiry Date	17/03/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	KINETIC INSURANCE AGENCY	Agent Tel.	66946128	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	385 BUKIT TIMAH ROAD	Address 2	SINGAPORE 259728	Address 3	
Address 4		Address Type	Singapore address	Post Code	259728
Unit No.		Related Policy Number	5097851230-01		

► Insured Object: SMC1442G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/06/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 26 Jun 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: N/A CHASSIS NUMBER: KNAFZ411MF5538432 ENGINE NUMBER: G4FGFH601024 VEHICLE REGISTRATION NUMBER: SMC1442G ORIGINAL REGISTRATION DATE: 18 Mar 2016
2	26/06/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	update memo B

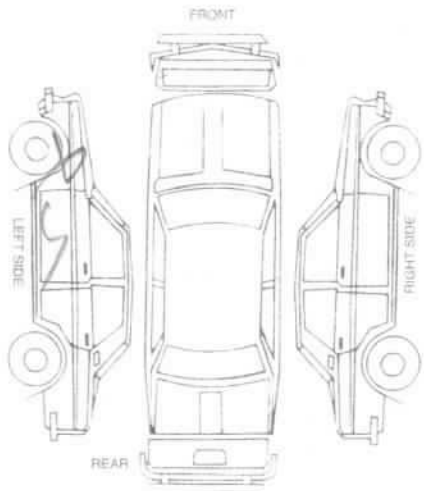
[Continue](#)
[Cancel](#)

Handwritten signature

Team: ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: JC NO.: 305272198

OMER	REGN NO.: SHD6803U	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE : MERCEDES BENZ	FUEL
7010045		E.....1/2.....F
OMER NO. 383 SIN MING DRIVE	MODEL E220CDI (E6)	DATE/TIME IN 26.02.2019 10:15
ESS Singapore SINGAPORE 575717	YR OF MANU 08.04.2016	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE WDD2120012B313087	COMPLETION DATE/TIME:
(P)		
UNIT CARD NO.		

Accident Date: 23.02.2019 JOB DESCRIPTION
NATURE: 3P. 23.02.2019

S/NO	LABOR CODE	DESCRIPTION
		

KED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip	Exit Pass
lo.: SHD6803U CHIANG	Vehicle No.: SHD6803U
Service Advisor	Signature/Date
Signature/Date	Name of Service Advisor
Date	Date
turned to Service Reception upon collection	To be kept by Security Guard

Income: Follow-Through Survey

Date : 01/03/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1033392-002	COMFORT TRANSPORTATION PTE LTD	SHD 6803U	SMC 1442G	23/2/2019	\$ 3,012.00	\$ 1,250.00
2	MT/1033751-002	COMFORT TRANSPORTATION PTE LTD	SHC 1383C	GBH 8108E	25/2/2019	\$ 1,652.05	\$ 649.50
3	MT/1033809-002	COMFORT TRANSPORTATION PTE LTD	SHD 6835C	SMA 8500L	25/2/2019	\$ 5,191.68	\$ 800.00
4	MT/1028107-002	SMRT TAXIS PTE LTD	SHB 234L	GBE 7509D	14/1/2019	\$ 3,801.50	\$ 750.00

Claim received from LKY 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	25/02/2019 07:47
Date Of Accident	23/02/2019 11:20
Exact Location Of Accident	BENCOOLEN ST X MIDDLE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD6803U
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	MERC
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	LAI TOW GIM
NRIC No	S1539833G
Date Of Birth	11/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	26/03/1983
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97649136
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	891A 13-76 TAMPINES AVENUE 8
Postcode	521891
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)	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)

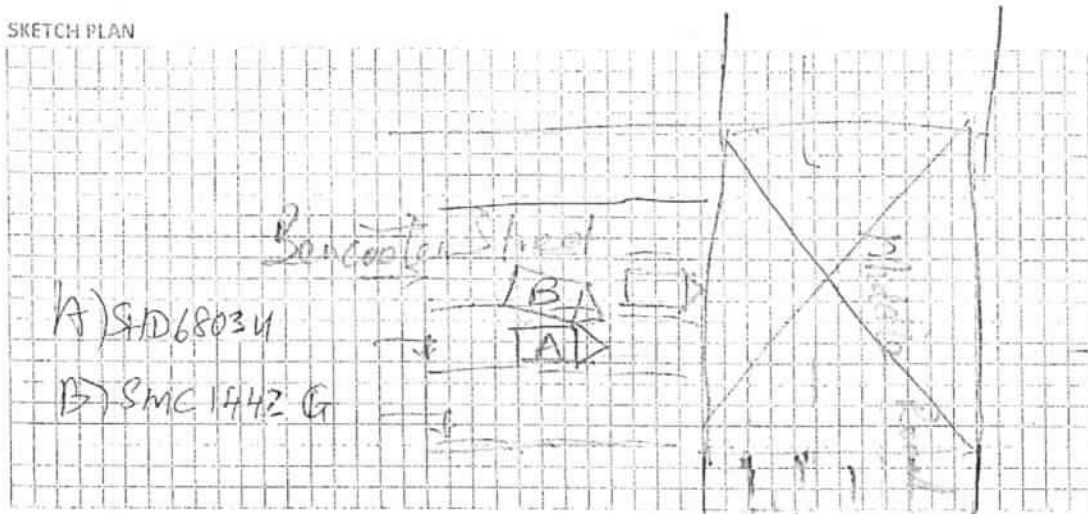
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC1442G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S0220029E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/2/19 at about 1200hrs while I Vch A was travelling along my lane (right-turn only), Vch B from the left lane (straight only) and intercepted on my lane and damaged the left wing mirror portion of my moving vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO. 199303821R

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature 23/2/19

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.

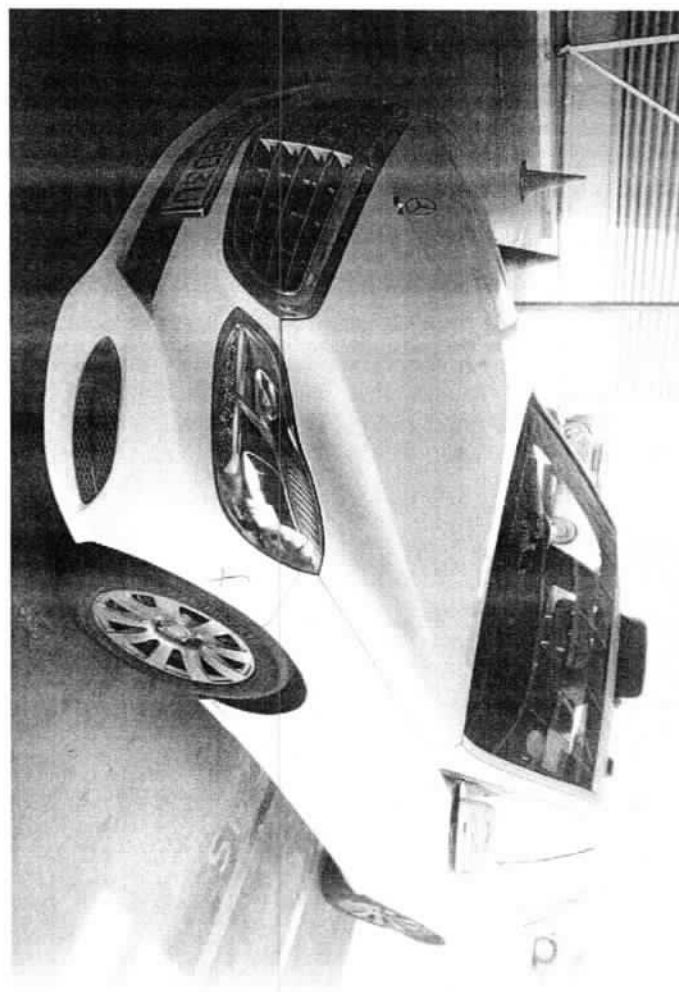
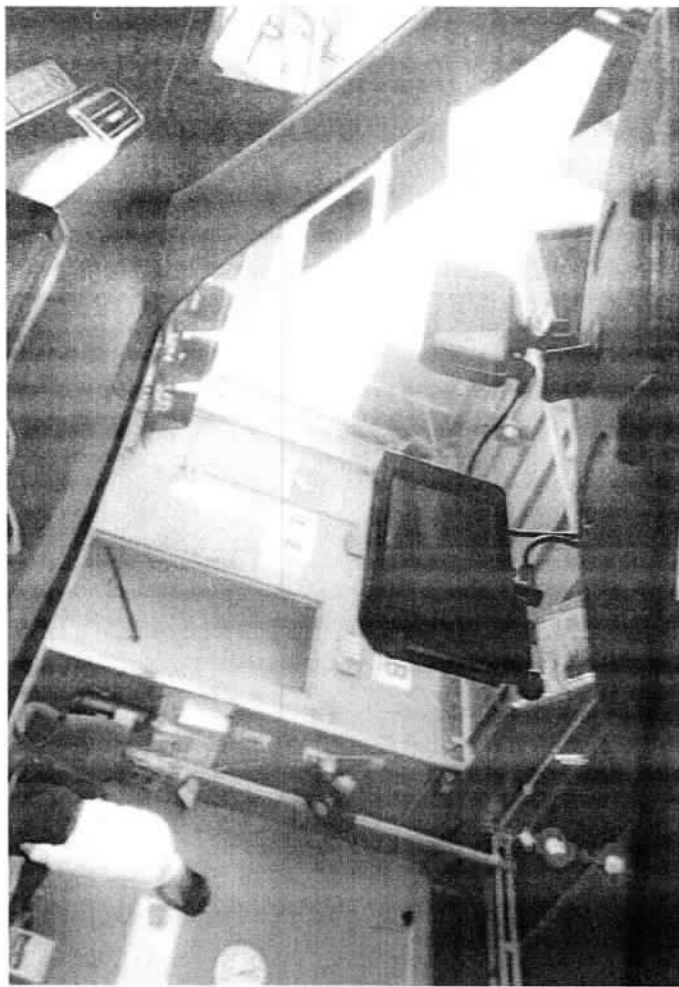
COMFORT TRANSPORTATION PTE. L.
CO. REG. NO. 199303821R

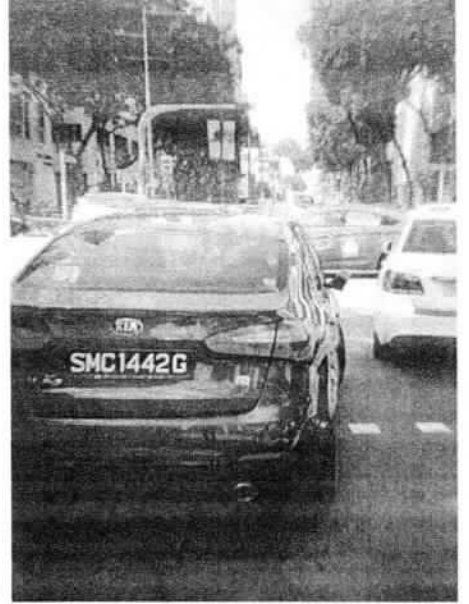
Policyholder's Signature
Date & Time:

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

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

Loks Wei Yiong





REPAIR ESTIMATE*

NTue

VEHICLE NO : SHD 6803U

DATE 26/2/2019 11:02

MAKE :

MODEL : MERCEDES

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Mirror Glass, Frt/LH <i>X see</i>			\$ 380.00
	Mirror Cover Frt/LH <i>X repair</i>			\$ 350.00
	Mirror Housing W/Signal Lamp, Frt/LH <i>ut</i>			\$ 890.00
	Mirror Motor Assy, Frt/LH <i>X see</i>			\$ 920.00
	<i>Front Bumper X repair</i>			
	<i>Front Fender (LH) X repair</i>			
	<i>Front Door (LH) X repair</i>			
	SUB TOTAL			\$ 2,540.00
	LESS 20%			\$ 508.00
	DISCOUNTED TOTAL			\$ 2,032.00
	Labour Charge			
	Panel Beating			\$ 200.00
	Spray Painting Charge			\$ 700.00 <i>650</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>X 20</i>
	TOTAL LABOUR			\$ 980.00
	ESTIMATE TOTAL			\$ 3,012.00
<p><i>Kalvi 1666y</i></p> <p><i>26/2/19 1145h.</i></p> <p><i>2 hrs</i></p> <p><i>4/5</i></p> <p><i>After Repair & L4</i></p>				
<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>				

Our Job Ref No : 305272198
Date : 27/02/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD6803U 23/02/2019

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

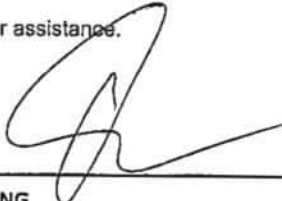
1. The repair job shall bill to: NTUC SMC1442G
2. The finalized amount shall be:
- (a) Spare Parts after List discount
- (b) Labour Charges
- Total for Part-By-Part Repair Cost
- (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost \$1,250.00


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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kahr
Date : 28/2/19

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/INC19003742/K1sd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-03-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMC 1442G	Veh. Inspected	SHD 6803U
Policy No.	5097851230	Coverage (\$)	0.00
Claim No.	MT/1033392-002	Excess (\$)	0.00
Assign From		Assign Date	26/02/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WDD2120012B313087	Colour	WHITE
Odometer	457883	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/55Z R16	GITI	6 mm
L/H Front Tyre	225/55Z R16	GITI	6 mm
R/H Rear Tyre	225/55Z R16	GITI	6 mm
L/H Rear Tyre	225/55Z R16	GITI	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	23/02/2019	Inspection Date	26/02/2019
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
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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. SHD 6803U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	MIRROR GLASS, FRT / LH	SERVICEABLE	380.00	-
1	MIRROR COVER FRT / LH	TO REPAIR SEE LABOUR	350.00	-
1	MIRROR HOUSING W/SIGNAL LAMP, FRT / LH	CUT	890.00	890.00
1	MIRROR MOTOR ASSY, FRT / LH	SERVICEABLE	920.00	-
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT FENDER (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT DOOR (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-508.00	-178.00
			2,032.00	712.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF MIRROR COVER FRT / LH, FRONT BUMPER, FRONT FENDER (LH) AND FRONT DOOR (LH).		200.00	200.00
	SPRAY PAINTING CHARGE.		700.00	650.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			980.00	870.00
GRAND TOTAL			3,012.00	1,582.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,250.00

Report Ref No. NS/INC19003742/K1sd3e2

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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