

Surveyor: KGMN

REF:

NS/INC19003745/Klvd3n2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/HS/TP RES/OD RES/EVA/RV/MVA
 To Inspected Vehicle No: _____
 at Workshop m/s: _____
 Insured: **GBF 5149S**
 Policy No: **5097023718**
 Claims No: **MT 1033786-002**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

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

Sum Sum: _____ % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHD 7119E** Yr Regn: **10 Nov, 2016**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai** cc **1685**
 Colour: **Blue** A/C: Ins ☒ Std / Nil / NA
 Sp. Reading: **362495** T/Radio: Ins ☒ Std / Nil / NA
 Eng/No: _____
 C/No: **KM HLB414AH4096242**
 Gen. Cond: Good / ☒ Poor / Burnt
 Steering: Inor ☒ Jammed / Leaked / Burnt or
 Brake: Inor ☒ Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / Rim or
 Tyre Size: **205/60R16**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Carson**
 Front: **6** mm Rear: **6** mm
 R/Bal: **6** mm L/Bal: **6** mm
 D.O.A: **26/2/19** D.O.I: **27/2/19**
 Survey held at **C D G E (Layang)**
 Des. of Damages: Frl / Rear / O/S / NIS / UIC / Rooltop or
0/5 rear
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 7119E - X
	GBF 5149S - X
1/3/19	Chad 45 \$ 750 / 3 days (Ref 3696.88, 831)

RECEIVED 04 MAR 2019

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

1) ☐ : Final Report

Date/Time, File Return to?

4/3 - typist

TP LS \$750/2

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

3 + 45 = 48

24 hr

160

TP Claims against NTUC Income: Follow-Through Survey

Date 4/3/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1033740-002	COMFORT TRANSPORTATION PTE LTD	SHD 4537B	FL 8899L
2	MT/1033577-002	COMFORT TRANSPORTATION PTE LTD	SHC 3325H	SGB 8664M
3	MT/1033786-002	COMFORT TRANSPORTATION PTE LTD	SHD 7119E	GBF 5149S
4	MT/1033788-002	COMFORT TRANSPORTATION PTE LTD	SH 8701R	SJR 5821B

eBaoTech

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.

Date of Accident

26/02/2019 12:00

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 type="radio"/>	5097023718-01		MECFLOU PTE. LTD.	200408636N	GFT	Comprehensive	GBF5149S	GBF5149S	01/01/2019	

▼ Policy Information

Policy No.	5097023718-01	Policyholder Name	MECFLOU PTE. LTD.	Policyholder NRIC	200408636N
Certificate No.					
Address	33 TUAS VIEW CRESCENT SINGAPORE 637654				
Product Name	FLEET INSURANCE	Plan			
Policy issue Date	02/01/2019	Effective Date	01/01/2019 00:00	Expiry Date	31/12/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	1646.74		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	AWG INSURANCE BROKERS PTE	Agent Tel.	62946688	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	33 TUAS VIEW CRESCENT	Address 2	SINGAPORE 637654	Address 3	
Address 4		Address Type	Singapore address	Post Code	637654
Unit No.		Related Policy Number	5097023718-01		

▶ Insured Object: GBF5149S

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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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 26/02/2019 16:18
Date Of Accident 26/02/2019 12:00
Exact Location Of Accident BT BATOK WEST AVE 5 INSIDE SVC RD BLK 383
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD7119E
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 I40
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 WONG SANG CHOW
NRIC No S0124530I
Date Of Birth 03/04/1954
Occupation OUTDOOR
Date Of Driving Pass 09/02/1980
Driving Experience 39 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91171525
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 286B TOH GUAN ROAD
#05-30
Postcode 602286
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) 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

REFER ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

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 GBF5149S
Vehicle Make/Model/Colour LORRY
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver OON KIM SOO
NRIC/Passport Number S2018389F
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage LH FRONT
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

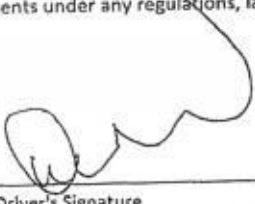
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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)**

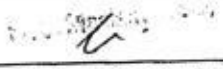
I understand, acknowledge, agree and consent that:

- (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.

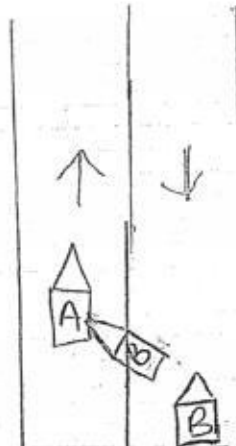
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 26.02.2019@1530hrs


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

SKETCH PLAN



A- SHD 7119E
B- GBF 5149S

Along Bukit Batok West Ave 5 Infront of Blk 383

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26.02.2019 @ 1200HRS I was travelling along Bukit Batok West Ave 5 infront of Blk 383.

As I was travelling straight and suddenly veh(B) GBF 5149S cut into my lane and hit onto my vehicle rear right portion.

As the accident took place too fast I could not take evasive action prevent the accident.

I have company video and photos at scene to support my claims.

No injury in this accident.

Veh(B) GBF 5149S MR Oon Kim Soo S 2018389F

DECLARATION

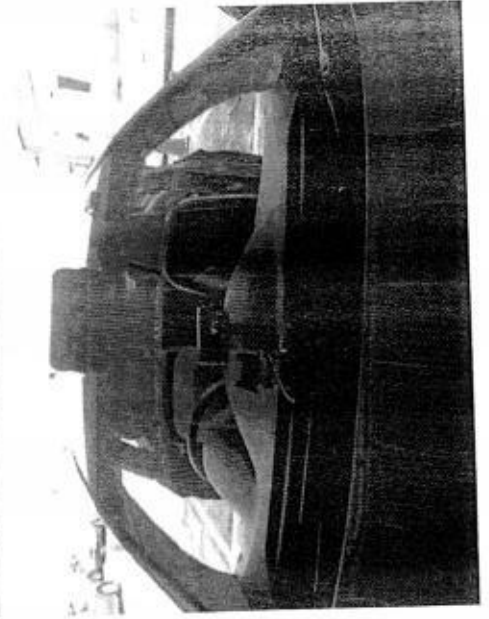
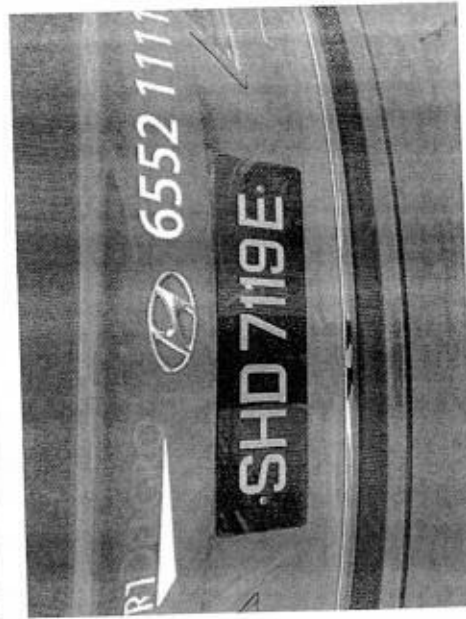
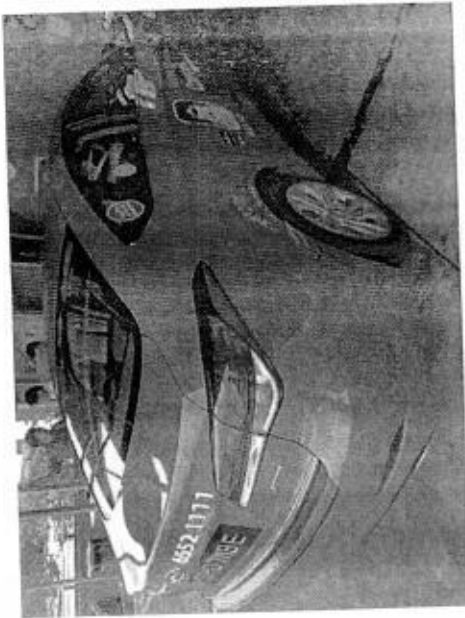
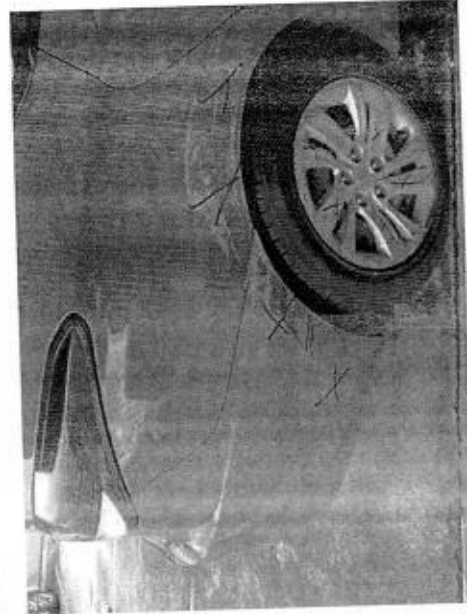
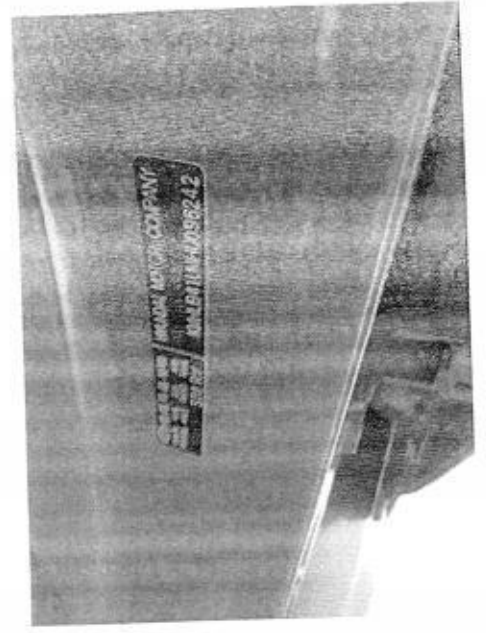
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD.
CO. REG. NO. 199303821R

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

[Signature]
M. S. Maniam (150)



NTac

DATE 27/2/2019 9:22

MAKE :

MODEL : HYUNDAI i40

MODEL	: HYUNDAI i40				
Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X rep</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>X "</i>			\$ 22.00	
	Rear Fender (RH) <i>X rep</i>			\$ 2,171.40	
	Rear Fender Inner Lining (RH) <i>X sm</i>			\$ 169.30	
	Rear Windscreen Moulding <i>X clip</i>			\$ 28.30	
	Rear Wheel Hub Cap,RH <i>clips</i>			\$ 107.10	

Date/Time: 26.02.2019 16:42

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305272631

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

R/MS

CUSTOMER NO.

ADDRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(Q)

(R)

(P)

Handwritten signature

REGN NO.:

SHD7119E

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

26.02.2019 14:40

YR OF MANU.

10.11.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMHU096242

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

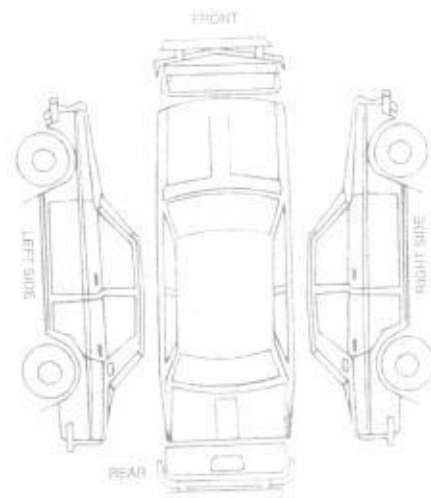
Accident Date: 26.02.2019

NATURE: 3P 26.02.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Signature

Id.

Plate No.:

SHD7119E

CHIANG

Signature of Service Advisor

Signature/Date

to be returned to Service Reception upon collection

Exit Pass

Vehicle No.:

SHD7119E

Name of Service Advisor

Date

To be kept by Security Guard

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

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/INC19003745/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 06-03-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBF 5149S	Veh. Inspected	SHD 7119E
Policy No.	5097023718-01	Coverage (\$)	0.00
Claim No.	MT/1033786-002	Excess (\$)	0.00
Assign From		Assign Date	27/02/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU096242	Colour	BLUE
Odometer	362495	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	CAMPEON	6 mm
L/H Front Tyre	205/60 R16	CAMPEON	6 mm
R/H Rear Tyre	205/60 R16	CAMPEON	6 mm
L/H Rear Tyre	205/60 R16	CAMPEON	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	26/02/2019	Inspection Date	27/02/2019
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: 3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 7119E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR FENDER (RH)	TO REPAIR SEE LABOUR	2,171.40	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	169.30	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.30	-
1	REAR WHEEL HUB CAP,RH	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-610.22	-21.42
			2,440.88	85.68
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			96.00	-
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR FENDER (RH).		800.00	400.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	-		-	-
	-		-	-
	-		-	-
			1,910.00	850.00
GRAND TOTAL			4,446.88	935.68

Report Ref No. NS/INC19003745/K1vd3n2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			750.00
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Report Ref No. NS/INC19003745/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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