

Surveyor: Kolmn

REF:

NS/INC19003746/Kled3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

Insured Vehicle No: _____

at Workshop m/s: _____

at: _____

Insured: SMA 8500LPolicy No: SI02550500Claims No: MT/1033809 - 002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vth: _____

(Policy Condition)

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

NIS	O/S

Bal. or Market Value: _____

DIAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repair: _____ days Res: Yes or No

Lum Sum: _____ % Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 6835 C Yr Reg: 23 Zn, 216

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

Truck / Trailer or

Make: Hyundai Zx0 cc 1685Colour: Blue A/C: Insu / Std / Nil / NASp. Reading: 455 719 T/Radio: Insu / Std / Nil / NA

Eng No: _____

C No: KMH LB41444 091570

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop / Jammed / Leaked / Burnt or

Brake: Inop / Jammed / Leaked / Burnt or

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

Tyre Size: 205/60R16

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

TOYO / YOKO or Mark

Front: _____ Rear: _____

R/Bal: 6 mm R/Bal: 6 mmL/Bal: 6 mm L/Bal: 6 mmD.O.A. 25/2/19 D.O.I. 27/2/19Survey held at C D Gr E (Loyang)

Des. of Damages: Frl / Rear / O/S / NIS / VIC / Rooftop or

o/s Rn

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

Date / Time Action / Instruction

SHD 6835 C-X

SMA 8500L - NA/INC19003552/r3 DOA: 25/2/2019.

28/2/19 Chk 455800/3 R.(\$ 4,391.68 Red - 85%)

RECEIVED 01 MAR 2019

Date/Time, File Pass to?

01/03/19

1) Typ

Date/Time, File Return to?

2)

Date/Time, File Return to?

☐ : Prel. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

Site Insp

MOT

Test

Survey Fee:

Transportation:

SACS

Taxes

Total:

160

\$800/- HS

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/02/2019 10:45"/>
Vehicle No.(For Motor)	<input type="text" value="SMA8500L"/>	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"/>	5102550500		LAW HONG SENG	S7703619I	GPC	Third Party	SMA8500L	SMA8500L	21/07/2018	25/08/2019

Policy Information

Policy No.	5102550500	Policyholder Name	LAW HONG SENG	Policyholder NRIC	S77036191
Certificate No.					
Address	BLK 272 #02-02 TAMPINES STREET 22 SINGAPORE 520272				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/07/2018	Effective Date	21/07/2018 00:00	Expiry Date	25/08/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	HUANG YUMING, RENNY	Agent Tel.	86067874	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 272 #02-02	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520272
Address 4		Address Type	Singapore address	Post Code	520272
Unit No.		Related Policy Number	5102550500		

Insured Object: SMA8500L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	21/07/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 21 Jul 2018, this policy is extended to include Free NCD protection and is subject to Endorsement M4 enclosed.

Continue Cancel

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 LKK 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	26/02/2019 15:51
Date Of Accident	25/02/2019 10:45
Exact Location Of Accident	CROSS STREET (STATE COURTS TAXI STAND)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6835C
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	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	LEE KIM MING
NRIC No	S1488438F
Date Of Birth	22/02/1952
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1977
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82289703
Fax Number	
Contact Number	
EMail Address	BB13TH.KEN@GMAIL.COM

Address	BLK 313 SEMBAWANG DRIVE #16-472
Postcode	750313
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

PLS REFER TO 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	SMA8500L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	83333983
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)

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. 199203821R

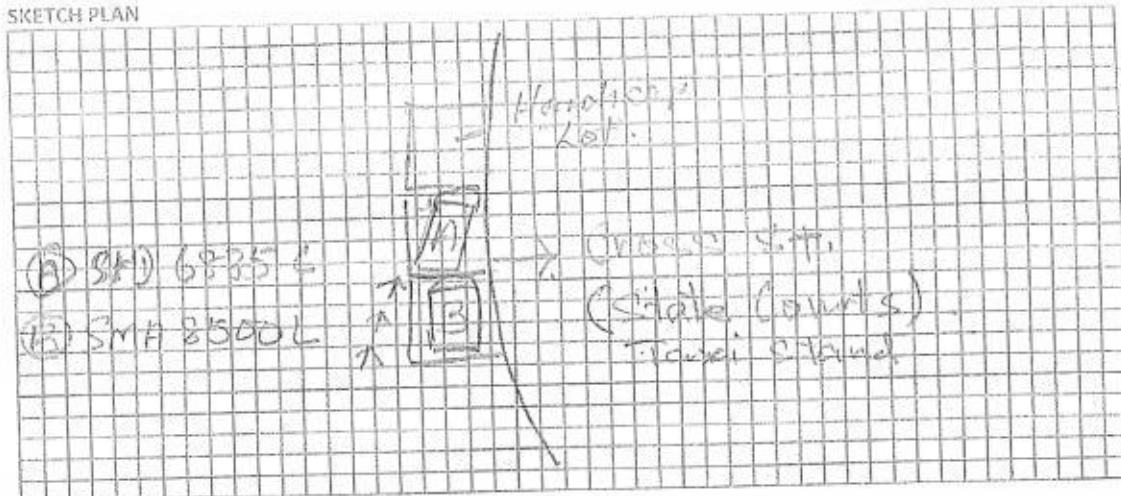
Policyholder's Signature
Date & Time:


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

26/2/19
Jackson Hang
CSO

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/2/2019 at about 1045 hrs, I Vehicle A
 Was turning into Cross Street Taxi Stand at
 (State Courts). When I overtake the parking
 car at the lot, then I turn right into the lot.
 Suddenly vehicle B at the lot move his vehicle
 Collided onto Vehicle A right rear portion.
 No one was injured at that time

DECLARATION

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

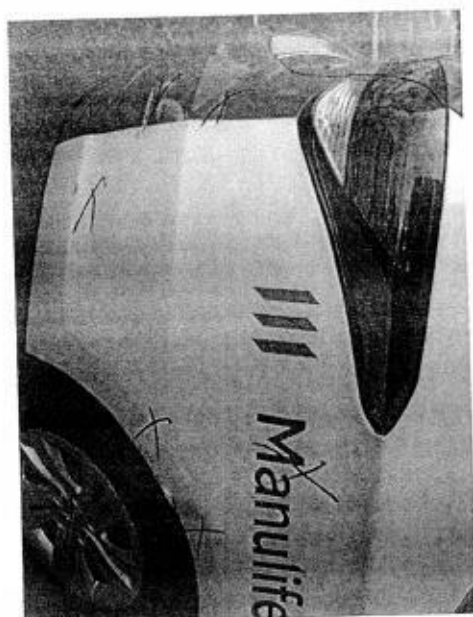
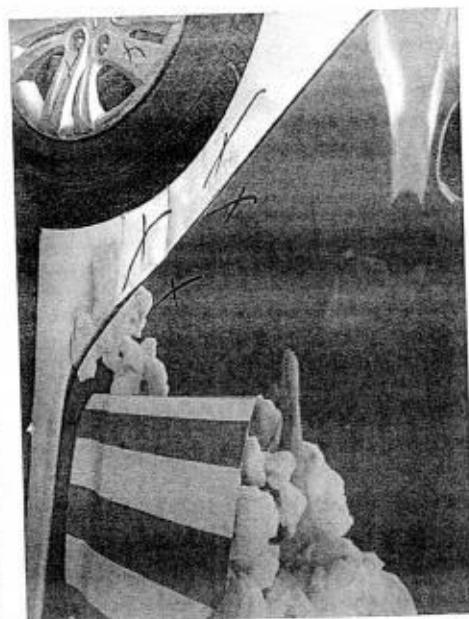
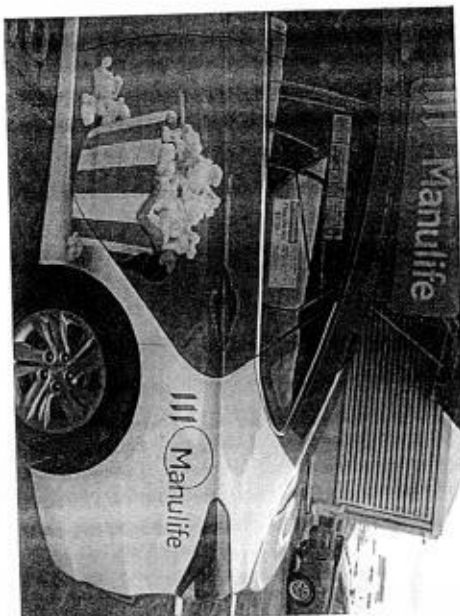
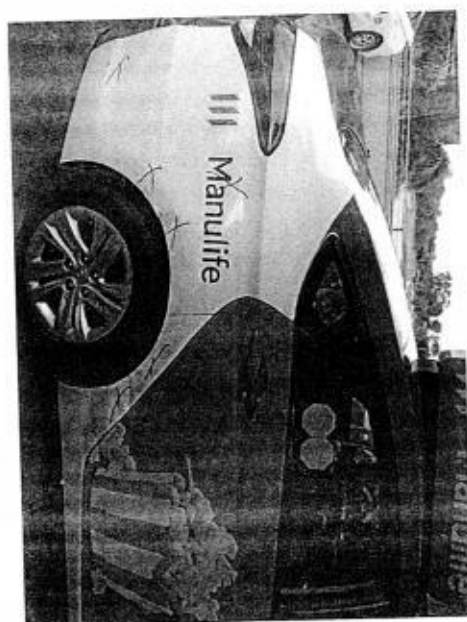
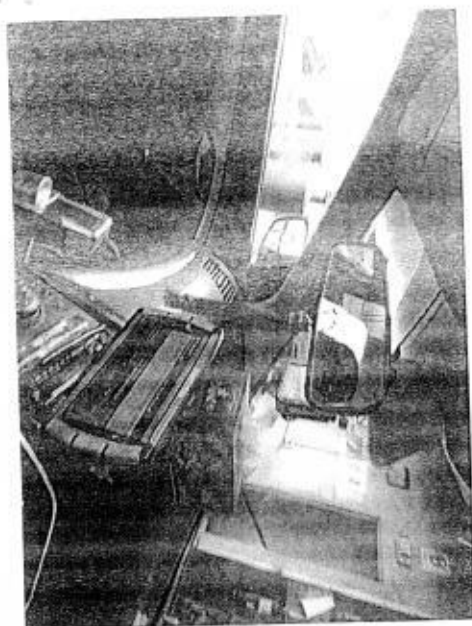
COMFORT TRANSPORTATION PTE. LTD.
 CC REG NO 192033218

Policyholder's Signature
 Date & Time:

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

26/2/19
 Jackson Heng
 CEO

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



COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHD 6835C

DATE 27/2/2019 10:39

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X <i>old Price</i>	<i>Cut</i>		\$ 553.00
	Rear Bumper Under Cover X <i>sun</i>			\$ 228.00
	Rear Fender (RH) X <i>rep</i>			\$ 2,171.40
	Rear Fender Inner Lining (RH) X <i>sun</i>			\$ 169.30
	Rear Windscreen Moulding X <i>17</i>			\$ 28.30
	Rear Wheel Hub Cap, RH X <i>hand</i>			\$ 107.10
	<i>Plan for (RM) X rep</i>			
	SUB TOTAL			\$ 3,257.10
	LESS 20%			\$ 651.42
	DISCOUNTED TOTAL			\$ 2,605.68
	Rear Bumper Advertisement Logo X <i>17</i>	<i>RM</i>		\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) X <i>LHx</i>	<i>RM</i>	\$ 100.00	\$ 200.00 Nett
	Rear Windscreen Sealant X <i>17</i>			\$ 46.00 Nett
	Rear Door Comfortdelgro & Apps Sticker RH) X <i>me</i>			\$ 80.00 Nett
				\$ 376.00
	Labour Charge			
	Panel Beating			\$ 800.00 <i>400</i>
	Spray Painting Charge			\$ 900.00 <i>400</i>
	Wiring Charge			\$ 30.00 <i>X 17</i>
	Tuff Kote			\$ 50.00 <i>X 27</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>50</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>X 27</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>X 27</i>
	Rear Wheel Alignment			\$ 80.00 <i>X 13</i>
	TOTAL LABOUR			\$ 2,210.00
	ESTIMATE TOTAL			\$ 5,191.68
	<i>Kalvin (Ues)</i>			
	<i>27/2/19 1245L</i>			
	<i>3 Rs</i>			
	<i>45 After Repair</i>			

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.

RTUC-JH
L8um

COMFORTDELGRO ENGINEERING

Our Job Ref No 305272633
Date : 28/02/2019

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHD6835C

Fax :

Date of Accident : 25.02.19

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

1. The repair job shall bill to: NTUC --- SMA8500L
###
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) N _____
 - Total for Lumpsum repair cost after Less: 20% \$800.00
 - Final Lumpsum Repair cost** _____

3. Estimated normal period for repairs: 3 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 : [Signature]
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : [Signature]
Name : Kalvin
Date : 26/2/19

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/INC19003746/K1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 05-03-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMA 8500L	Veh. Inspected	SHD 6835C
Policy No.	5102550500	Coverage (\$)	0.00
Claim No.	MT/1033809-002	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.	KMHLB41UMGU091570	Colour	BLUE
Odometer	455719	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	HANKOOK	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm

4. Description of Damages

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

5. General Information

Accident Date	25/02/2019	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 6835C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER (CUT)	OLD DAMAGED	553.00	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
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
1	REAR DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-651.42	-21.42
			2,605.68	85.68
SPECIAL NETT ITEMS				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	O/S NECESSARY / N/S NOT NECESSARY	200.00	100.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
1	REAR DOOR COMFORTDELGRO & APPS STICKER RH (SN)	NECESSARY	80.00	80.00
			376.00	180.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER (RH) AND REAR DOOR (RH).		800.00	400.00
	SPRAY PAINTING CHARGE.		900.00	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	-
			2,210.00	850.00

Report Ref No. NS/INC19003746/K1sd3n2

GRAND TOTAL		5,191.68	1,115.68
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			800.00

Report Ref No. NS/INC19003746/K1sd3n2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
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.