

Surveyor: Kalyan

REF: NS/INC19003754/Kled3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/RS/TP RES/OD RES/EVA/INV/MVA

To Inspected Vehicle No: _____

at Workshop m/s _____

Insured: 8GB8664M

Policy No: 5099832831

Claims No: MT/1033577-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Est. or Market Value: _____

IOAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res: Yes or No

Loss Sum: _____ % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

	SHC 3325H - X	INC
	8GB8664M - NA/INC19003754/RS DOA: 25/2/2019	42
1/3/19	Amount L/\$500 / 2 Pys.	
	(\$1,259.36 red - 72%)	
RECEIVED 04 MAR 2019		

Veh No: SHC 3325H Tr Regn: 3 Jan, 2018

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

Truck / Trailer or

Make: Hyundai IR cc 1600

Colour: Blk A/C: Ins Std / H / NA

Sp. Reading: 632081 T/Radio: Ins Std / H / NA

Eng/No: _____

C/No: Km HLD444P4043419

Gen. Cond: Good / P / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: 205/60R16

R: _____

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

TOYO / YOKO or Hon/Cu.1

Front: 6 mm

R/Bal: 6 mm

L/Bal: 6 mm

D.O.A: 25/2/19

D.O.I: 28/2/19

Survey field at C D G E (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooltop or

Rear N/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

04/03/19

1) Type

Date/Time, File Return to?

2) _____

3) _____

☐ : Prel. Report

☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp

☐ : Inter Insp

☐ : Tech Insp

Survey Fee:

Transportation:

\$ - \$S - \$I

Other:

160

\$500/- 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

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"/>	5099832831		MUHAMAD RAHIM BIN SOED	S6901332E	GPC	Third Party, Fire & Theft	SGB8664M	SGB8664M	12/04/2018	29/06/2019

Policy Information

Policy No.	5099832831	Policyholder Name	MUHAMAD RAHIM BIN SOED	Policyholder NRIC	S6901332E
Certificate No.					
Address	BLK 139 #04-64 TAMPINES STREET 11 SINGAPORE 521139				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/04/2018	Effective Date	12/04/2018 00:00	Expiry Date	29/06/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	NURKHALIESAH BINTE ABU HAS	Agent Tel.	96620004	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 139 #04-64	Address 2	TAMPINES STREET 11	Address 3	SINGAPORE 521139
Address 4		Address Type	Singapore address	Post Code	521139
Unit No.		Related Policy Number	5099832831		

Insured Object: SGB8664M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

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

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305272635

MER:
COMFORT TRANSPORTATION PTE LTD
7010045
MER NO:
SS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
R) 65508755 (O)
P)

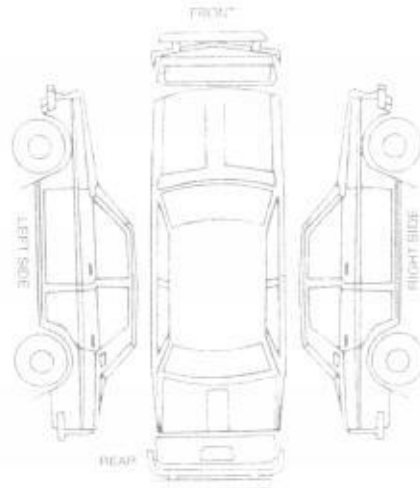
REGN NO:	SHC3325H	MILEAGE
MAKE:	HYUNDAI	FUEL E 1/2 F
MODEL:	I-40	DATE/TIME IN 26.02.2019 13:35
YR OF MANU:	03.01.2014	TARGET DATE
CHASSIS CODE	KMHLB41UMDU043489	COMPLETION DATE/TIME

JNT CARD NO.

JOB DESCRIPTION

Accident Date: 25.02.2019
NATURE: 3P 25.02.19

S/NO LABOR CODE DESCRIPTION



LED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

SHC3325H LIMITS

Vehicle No.: SHC3325H

Service Advisor

Signature/Date

Name of Service Advisor

Date

Lead to Service Reception upon collection

To be kept by Security Guard

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 willful 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 15:58
Date Of Accident	25/02/2019 14:10
Exact Location Of Accident	BIDEFORD RD TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3325H
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	TAN KIAN GUAN
NRIC No	S1821536E
Date Of Birth	09/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1987
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98989855
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 275 04-528 PASIR RIS STREET 21
Postcode 510275
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 -
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? YES
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) 3
Passenger 1 NAME: : -
GENDER: : FEMALE
Passenger 2 NAME: : -
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
POLICE STATION NAME [OTHER] BISHAN NPC
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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 SGB8664M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LIM
NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN KIAN GUAN

Approximate Age

52

Injuries Sustain

NECK

Injured person in which vehicle?

SHC3325H

Were seat belts worn?

YES

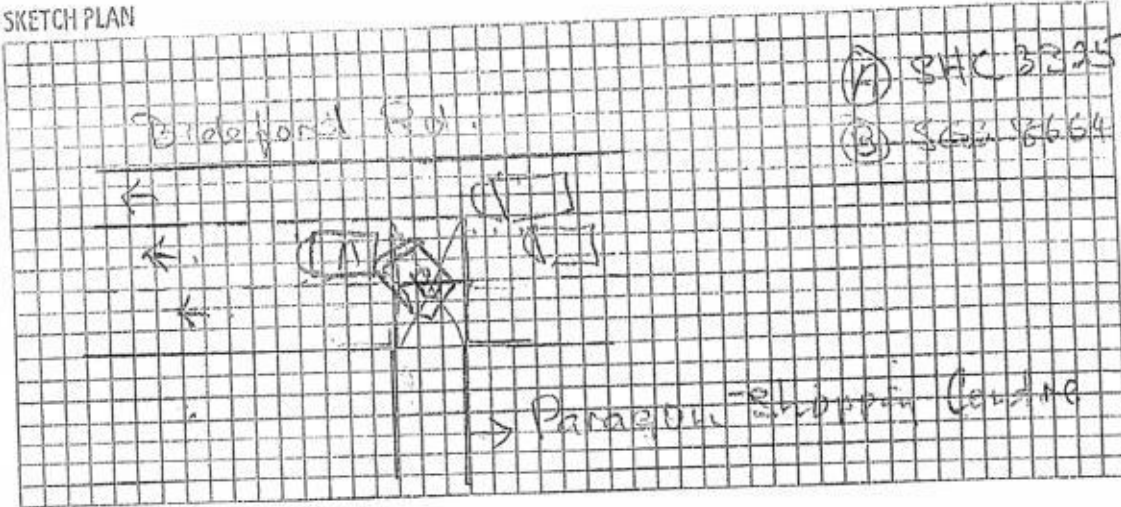
Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report attached

1/20190226/2040

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

CO-REG NO 189503821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

26/2/19
Jackson Heng
CSO

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190226/2040

1 of 2

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190226/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2019 11:22		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: TAN KIAN GUAN			Address: APT BLK 275 PASIR RIS STREET 21 #04-528 SINGAPORE 510275		
ID Type / ID No.: NRIC NO / S1821536E			Contact No.: Home/Office:		Mobile: 98989855
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 09/07/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/02/2019 14:10	Type of Location: Straight Road
Location: Along Road 1 BIDEFORD ROAD				
Nearby Paragon Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB8664M	Car	NISSAN	LATIO 1.5L A	Silver		0
SHC3325H	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20190226/2040

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190226/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KIAN GUAN	ID No.	S1821536E
Related Vehicle	SHC3325H (Car)	Contact No.	98989855
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	26/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 25 Feb 2019 at 2.10pm, I was driving my Comfort Taxi (SHC3325H) along Bideford Road, just outside Paragon. The traffic was congested as there was an accident nearby the exit as well.

My taxi was stationary on the second lane due to the heavy traffic. Suddenly, a car (SGB8664M) exited out from Paragon slip road and went straight into the second lane. The car then collided into the rear left side of my taxi.

I have 2 passengers however, at the point of time, no one was injured. My taxi sustained scratches on the rear bumper. I did not take the driver's particulars. He only provided me his contact number (Hp: 97209491).

On 26 Feb 2019 at 11am, I went to seek medical attention at Sin Min Clinic as I felt pain on my neck. I was given 4 days of medical leave.

I wish to state that I have an in-car camera installed in my taxi belonging to Comfort. I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20190226/2040

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Report No. T/20190226/2040

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report E / Sgt 3 NUR MARISSA SYAQILA BINTE SAMSAIDI	
	SN 061
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	

Authentication Stamp
NP168

Signature Of Informant:
Date/Time: 26/02/2019 11:22
Classification Of Case:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

NTUC-45

TS

VEHICLE NO : SHC3325H

DATE 27/2/2019

MAKE :

LKK - Kalvin

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X 1/2</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>X 2</i>			\$ 22.00	
	Rear Bumper Bracket <i>(RH / LH) X 2</i>		\$ 35.60	\$ 71.20	
	Rear Bumper Under Cover <i>X 2</i>			\$ 228.00	
	SUB TOTAL			\$ 874.20	
	LESS 20%			\$ 174.84	
	DISCOUNTED TOTAL			\$ 699.36	
	Rear Bumper Advertisement Logo <i>—</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>—</i>		\$ 100.00	\$ 200.00	Nett
				\$ 250.00	
	Labour Charge				
	Panel Beating			\$ 400.00 <i>200</i>	
	Spray Painting Charge			\$ 300.00 <i>200</i>	
	Wiring Charge			\$ 30.00 <i>X 1</i>	
	Remove/Refix Reverse Sensor			\$ 80.00 <i>X 2</i>	
	TOTAL LABOUR			\$ 810.00	
	ESTIMATE TOTAL			\$ 1,759.36	

Kalvin LKK

27/2/19 1155H

2 by

4/5

After Repair plz

I hereby acknowledge and agree to the following:

- To pay the bill within 14 days of printing.
- To indemnify the repairer against any liability.
- To accept the repairer's estimate on a "no fault" basis.
- To accept the repairer's estimate on a "no fault" basis.
- To accept the repairer's estimate on a "no fault" basis.
- To accept the repairer's estimate on a "no fault" basis.

Acknowledged by Repairer
Signature: _____
Date: _____

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305272635

Date : 01/03/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC3325H

Date of Accident : 25-Feb-19

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

1. The repair job shall bill to: NTUC --- SBG8664M

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: 20%

Final Lumpsum Repair cost

\$500.00

\$500.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 1/3/19

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/INC19003754/K1sd3n2	
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.	SGB 8664M	Veh. Inspected	SHC 3325H
Policy No.	5099832831	Coverage (\$)	0.00
Claim No.	MT/1033577-002	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.	2014
Chassis No.	KMHLB41UMDU043489	Colour	BLUE
Odometer	632081	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 REAR N/S 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:		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. SHC 3325H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
2	REAR BUMPER BRACKET (RH/LH) @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
	LESS 20% DISCOUNT		-174.84	-
			699.36	-
SPECIAL NETT ITEMS				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	250.00
LABOUR				
	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	80.00	-
			810.00	400.00
GRAND TOTAL			1,759.36	650.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				500.00

Report Ref No. NS/INC19003754/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

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