

Surveior: Kolvin

REF:

NS/INC 19004046/Klvd302

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 To Insured Vehicle No: _____
 at Workshop m/s: _____
 Insured: SGV 2985X
 Policy No: 5094122036-01 11/12/18
 Claims No: MT/1034/13-002
 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 Report: _____ Consistent? : Yes or No
 DIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Cum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB40784 Tr Regn: 16 TY, 215
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. / Prime Mover /
 Truck / Trailer or
 Make: Huailai-Zao cc 1685
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 482124 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KMHLB4144444444444444
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inoper / Jammed / Leaked / Burnt or
 Brake: Inoper / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Rim or
 Tyre Size: 205/60R16
 BS / DUN / EXNOVA / GY / FS / LIZA / VIC / QHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front: 6 mm Rear: 6 mm
 R/Bal: 6 mm L/Bal: 6 mm
 D.O.A: 28/2/19 D.O.I: 1/3/19
 Survey field at CDGE (Layang)
 Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooflop or
Pen
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
7/3/19	Check 1/3 \$1050/247. (Red 3050.98, 749M) INC
	45

RECEIVED 7 MAR 2019

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 2

5)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

7/3- typst

160

TP
LS \$1050/2

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate
1	MT/1034113-002	COMFORT TRANSPORTATION PTE LTD	SHB 4078U	SGV 2985X	28/2/2019	6:50	\$4,100.98
2	MT/1034094-002	COMFORT TRANSPORTATION PTE LTD	SHC 8174T	YN 5332P	27/2/2019	15:20	\$11,757.82

Claim received from LKK Auto

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
	5094122036-01		SG TRANSPORT AND CONSTRUCTION	53369974J	GCV	Comprehensive	SGV2985X	SGV2985X	11/12/2018	10/12/2019

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	28/02/2019 15:10
Date Of Accident	28/02/2019 06:50
Exact Location Of Accident	ALONG KPE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4078U
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	YEO CHEH LING
NRIC No	S7124067C
Date Of Birth	10/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	02/10/1997
Driving Experience	21 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81577711
Fax Number	
Contact Number	
Email Address	CINDYYEO710@GMAIL.COM

Address BLK 105 SERANGOON NORTH AVE 1 #03-751
 Postcode 550105
 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? 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) 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 SGV2985X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TEO
 NRIC/Passport Number
 Contact Number 98178447
 Address
 Postcode
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Nature Of Damage FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	YEO CHEH LING
Approximate Age	48
Injuries Sustain	NECK AND HEAD PAIN
Injured person in which vehicle?	SHB4078U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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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:

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 28 FEB 2019
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Sketch Plan on grid paper showing vehicle positions and locations:

- Vehicle A: SHB 1078U
- Vehicle B: SGV 2985X (HONGA)
- Location: ADVANCE REGIONAL CENTRE
- Location: TAXI SUPPLY CHAINS
- Location: CITY
- Location: KPE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 193203321R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 28 FEB 2019
NRIC/FIN No.:

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On the 28/02/2019 @ about 06:50hrs, I was driving along KPE heading towards CITY direction.

As I was driving the front vehicle slowed and braked and I reduce my speed and stop as well.

Suddenly there's an impact from behind my taxi and found out vehicle SGV2985X had
collided onto my rear portion of my taxi.

01 male passenger on board my taxi.

I felt slight neck and head pain after the impact and will consult doctor later.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 193203521R

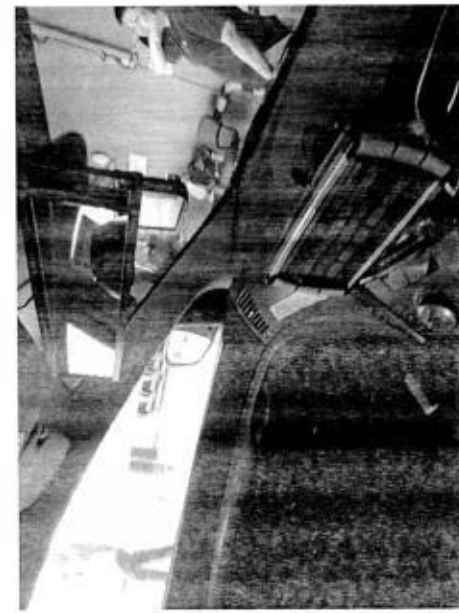
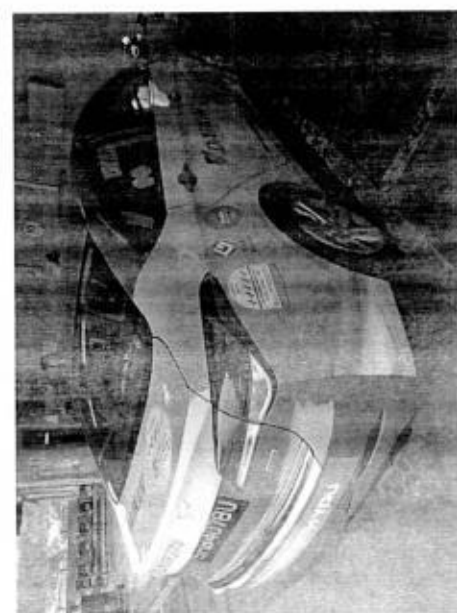
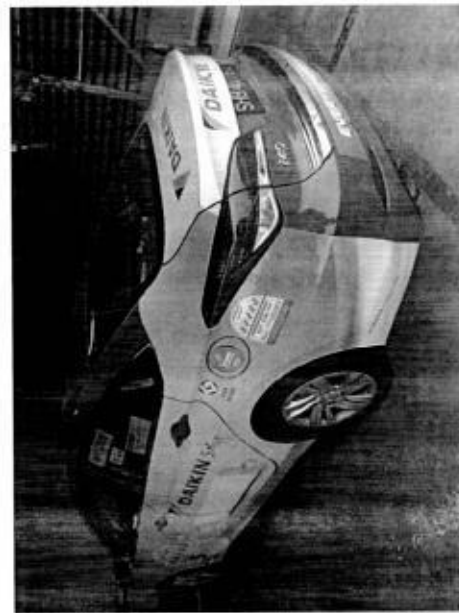
Policyholder's Signature/Date &
Time

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

Olivia Wendy

Witnessed by Reporting
Centre Personnel

28 FEB 2019





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4078U

DATE 1/3/2019 11:20

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Reinforcement			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket		\$ 35.60	\$ 71.20
	Rear Bumper Sponge			\$ 103.50
	Rear Bumper Under Cover			\$ 228.00
	Exhaust Pipe Insulator, RH			\$ 58.55
	Exhaust Silencer, RH			\$ 967.70
	Exhaust Pipe Hanger, RH			\$ 58.55
	Exhaust Pipe Centre			\$ 730.10
	SUB TOTAL			\$ 3,381.60
	LESS 20%			\$ 676.32
	DISCOUNTED TOTAL			\$ 2,705.28
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Log. (LH/RH)			\$ 20.00
				\$ 235.70
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	Remove/Refix Exhaust Pipe			\$ 150.00
	TOTAL LABOUR			\$ 960.00
	ESTIMATE TOTAL			\$ 3,900.98
				4100.98

Kalevilly

N

1/3/19

1145h

2 ps.

L/S

After Repair, U

Notified

• Part prices are based on the latest market prices.

• Third party survey is required for all repairs.

• No illegal modifications.

• Supplementary items must be approved by the insurance company.

is subject to final approval from Insurance Company.

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.

Member of COMFORTDEL'GRO

Date/Time: 28.02.2019 16:13

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO: 305273411

OMER

IS

OMER NO.

LESS

(R)

(P)

COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(Q)

REGN NO:

SHB4078U

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

28.02.2019 13:15

YR OF MANU.

16.07.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU075402

COMPLETION DATE/TIME:

JOB DESCRIPTION

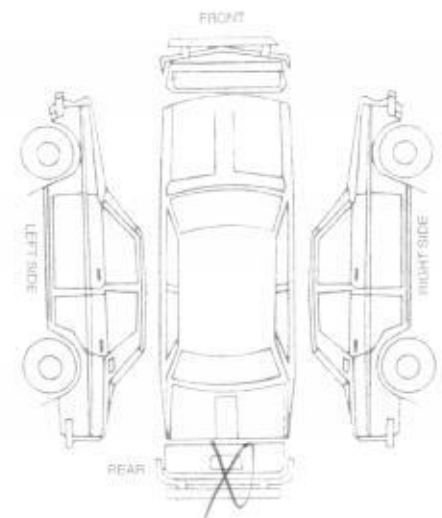
Accident Date: 28.02.2019

NATURE: 3P 28.02.19 -

S/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.:

SHB4078U

JU NTUC

Vehicle No.:

SHB4078U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305273411

Date : 04/03/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHB4078U

Date of Accident : 28.02.19

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

1. The repair job shall bill to: NTUC --- SGV2985X
###

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%

\$1,050.00

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 7/3/19

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		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/INC19004046/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 08-03-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGV 2985X	Veh. Inspected	SHB 4078U
Policy No.	5094122036-01	Coverage (\$)	0.00
Claim No.	MT/1034113-002	Excess (\$)	0.00
Assign From		Assign Date	01/03/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075402	Colour	BLUE
Odometer	482124	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 PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	28/02/2019	Inspection Date	01/03/2019
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4078U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
1	EXHAUST PIPE INSULATOR,RH	SERVICEABLE	58.55	-
1	EXHAUST SILENCER,RH	SERVICEABLE	967.70	-
1	EXHAUST PIPE HANGER,RH	SERVICEABLE	58.55	-
1	EXHAUST PIPE CENTRE	SERVICEABLE	730.10	-
	LESS 20% DISCOUNT		-676.32	-115.00
			2,705.28	460.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (METAL)(SN)	NECESSARY	50.00	50.00
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
			435.70	435.70
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
	REMOVE/REFIX EXHAUST PIPE.	NOT NECESSARY	150.00	-
			960.00	430.00
GRAND TOTAL			4,100.98	1,325.70

Report Ref No. NS/INC19004046/K1vd3n2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,050.00
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Report Ref No. NS/INC19004046/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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