

Surveyor: KalvinREF: NS/INC19005961/K1 sd3n2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/HS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop n/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. 5085454141-02 (27/10/2018-26/10/2019)Claims No. MT/1038084-002

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

GIA / 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: SHC 83 63PYr Regn: 10 Sep 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /

Truck / Trailer or

Make: Hu-Li ZKC.C. 1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 474876

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMH LB414MH4078272Gen. Cond: Good / F / Poor / BurntSteering: In Order / Jammed / Leaked / Burnt orBrake: In Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD 62 Rim orTyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Calson

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 29/3/19D.O.I. 3/4/19Survey held at CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooflop or

n/s Front

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

Date / Time Action / Instruction

SHC 8363P - xSDC 4701Z - x4/4/19 Check C/S \$2950/ 20%.( \$ 778.48 Red - 21% )

RECEIVED 08 APR 2019

Date/Time, File Pass to?

☐ : Prel. Report1) Typ. 34☒ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Insp (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_

Photos

Others

TOTAL

160

Report Format:

Lump Sum / L.B. is 2950/- HS

Inc  
41  
5/4/2019

eBaoTech

General Claim

Hello, NAC\_PAVA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/03/2019 11:22"/>
Vehicle No. (For Motor)	<input type="text" value="SDL4701Z"/>	Certificate Number	<input type="text"/>

[Search](#)

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5085454141-02		KAM MUN KIT	S1668230F	GPC	drive PREMIUM	SDL4701Z	SDL4701Z	27/10/2018	26/10/2019

[Continue](#)

TP Claims against NTUC Income: Follow-Through Survey

Date: 05/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1036477-002	SMRT TAXIS PTE LTD	SHB 5028H	GZ 9747A	16/3/2019	10:45	\$ 11,035.50	\$ 2,850.00
2	MT/1038084-002	COMFORT TRANSPORTATION PTE LTD	SHC 8363P	SDL 4701Z	29/3/2019	20:30	\$ 3,728.48	\$ 2,950.00
2	MT/1039042-001	CITYCAB PTE LTD	SHB 4993C	FBD 550J	2/4/2019	20:35	\$ 1,231.48	\$ 1,000.00

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	30/03/2019 11:43
Date Of Accident	29/03/2019 20:30
Exact Location Of Accident	VICTORIA ST TWDS KALLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8363P
<b>Insured/Policyholder</b>	
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	YUEN KONG FAI
NRIC No	S0147940G
Date Of Birth	24/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	26/10/1972
Driving Experience	46 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97385859
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 48 LORONG 5 TOA PAYOH #10-99
Postcode	310048
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### 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	SDL4701Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT DOOR
No. Of Passenger (Including Driver)	

**IMPORTANT NOTICE**

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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.
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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:

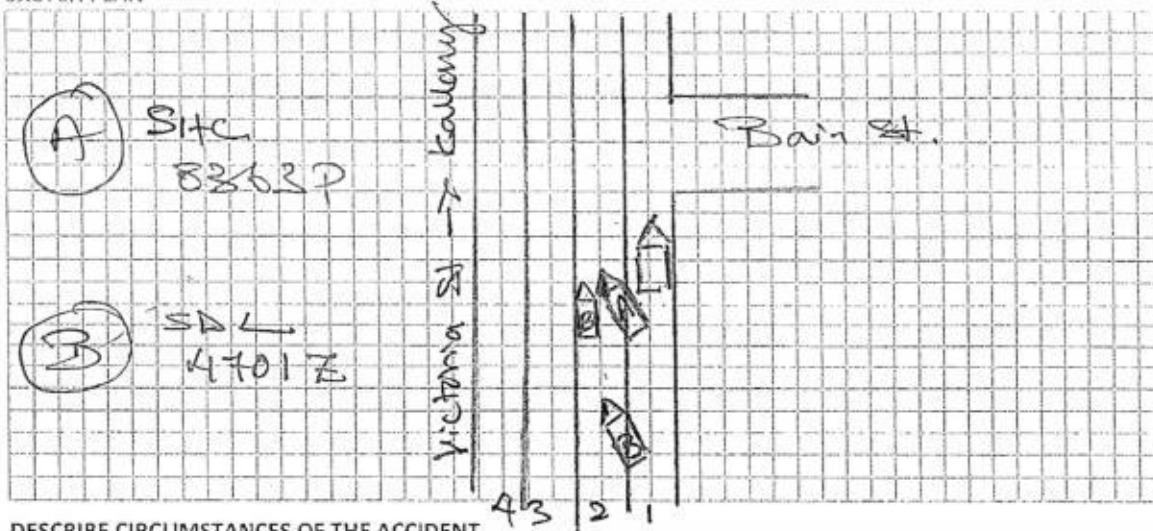
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GIA/SMC SketchPlanForm\_V2



### SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DN. 29 March 2019 @ 2030h T vet A

Slowsly further to my left to 2nd lane 7

VEH A. CHK 20 vehicle on the lane

the moment I get a new vet is

at the back of vert A also overtake

vel 1 and vel 2 left front.

at the point of accident UCH A.

family 2 par. not injured.

## DECLARATION

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

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

Policyholder's Signature

Date &amp; Time:

Copyright © 2004 John Wiley & Sons, Ltd.

Driver's Signature

(if driver is not the policyholder)

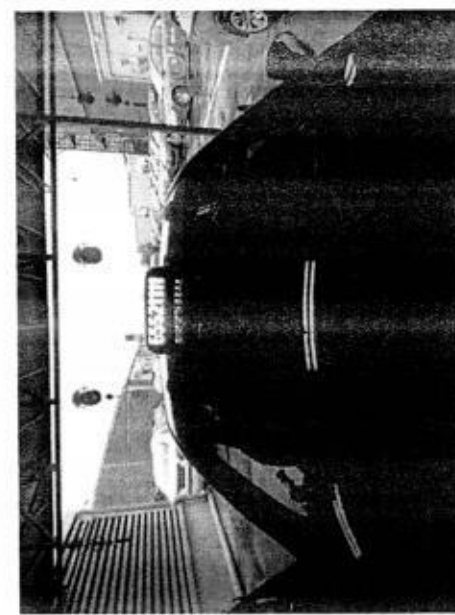
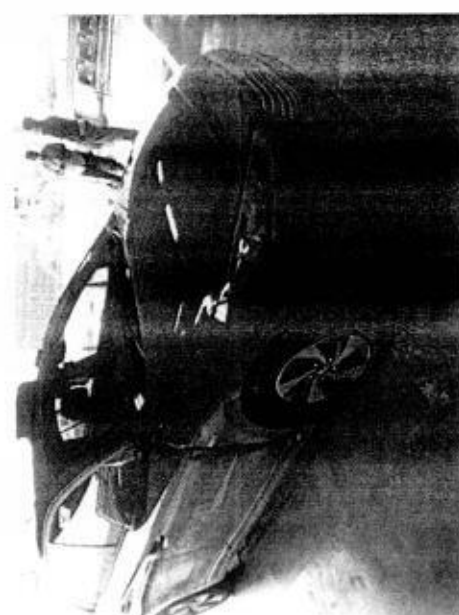
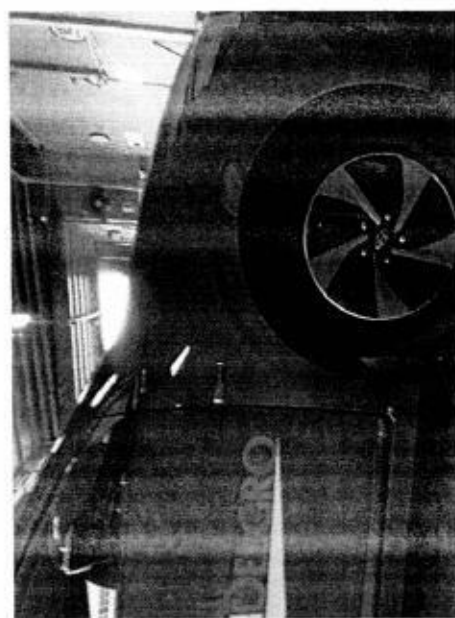
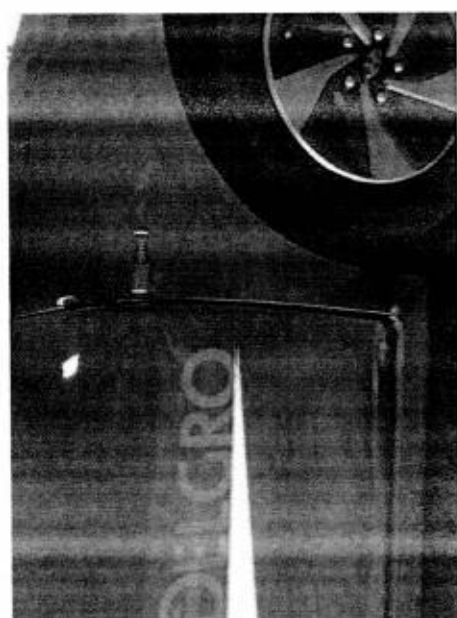
Date &amp; Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:





## REPAIR ESTIMATE\*

DATE 3/4/2019 10:43

**MODEL : HYUNDAI i40**

[illegible]

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.

SUPPLEMENTARY OF PARTS AND LABOUR COSTS			
DESCRIPTION	QTY	ESTIMATE	REMARKS
HEADLAMP PANEL SUPPORT	1	\$907.40	<i>cm</i>
HEADLAMP ASSY RH	1	\$1,388.00	<i>cm</i>
CHECK ITEM			
FRT BUMPER BRACKET	1	\$22.40	
FRT BUMPER ASSY	1	\$1,052.20	
LABOUR			
WIRING CHARGE		\$20.00	<i>/</i>
REMOVE/REFIX AIRCON AND REFILL GAS		\$50.00	<i>/</i>
TOTAL:		\$3,440.00	JUMANI

COMFORTDELGRO

Date/Time: 03.04.2019 10:40

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO. 305284030

OMER

S

OMER NO.

ESS

(P)

(P)

JUNT CARD NO

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

REGN NO.

SHC8363P

MILEAGE

MAKE :

HYUNDAI

FUEL

E 1/2 F

MODEL

I-40

DATE/TIME IN

03.04.2019 10:00

YR OF MANU

10.09.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU078272

COMPLETION DATE/TIME

JOB DESCRIPTION

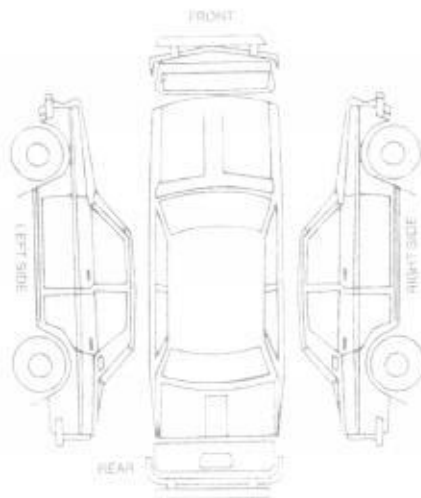
Accident Date: 29.03.2019

NATURE: 3P 29.03.19/C

S/NO

LABOR CODE

DESCRIPTION



OKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge ment Slip

Exit Pass

No.:

SHC8363P

JU NTUC LKK

Vehicle No.:

SHC8363P

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 305284030

Date : 04/04/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC8363P

Date of Accident : 29.0319

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

1. The repair job shall bill to: NTUC --- SDL4701Z  
###
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% \$2,950.00  
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 : Kahr

Date : 4/4/19

## 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/INC19005961/K1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-04-2019  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SDL 4701Z	Veh. Inspected	SHC 8363P
Policy No.	5085454141-02	Coverage (\$)	0.00
Claim No.	MT/1038084-002	Excess (\$)	0.00
Assign From		Assign Date	03/04/2019

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU078272	Colour	BLUE
Odometer	474876	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.
---

## 5. General Information

Accident Date	29/03/2019	Inspection Date	03/04/2019
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 2

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8363P**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER GRILLE (LH)	CUT	41.60	41.60
1	FRONT BUMPER BRACKET TOP (LH)	CRACKED	22.40	22.40
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	FRT WHEEL HUB CAP (LH)	GRAZED	107.10	107.10
1	FRONT LH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
1	HEADLAMP PANEL SUPPORT	CRACKED	907.40	907.40
1	HEADLAMP ASSY RH	CRACKED	1,388.00	1,388.00
	LESS 20% DISCOUNT		-708.66	-703.74
			2,834.64	2,814.96
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT LH FENDER.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	WIRING CHARGE.		20.00	20.00
	REMOVE/REFIX AIRCON AND REFILL GAS.		50.00	50.00
	-		-	-
	-		-	-
	-		-	-
			1,200.00	770.00
<b>GRAND TOTAL</b>			<b>4,134.64</b>	<b>3,684.96</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>2,950.00</b>

Report Ref No. NS/INC19005961/K1sd3n2

Report Ref No. NS/INC19005961/K1sd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be 'K.K.LAU'.

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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