

Surveyor: Kelvin

REF: NS/INC19006217/KLSd302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. 5102153930 (09/07/2018-26/09/2019)

Claims No. MT/1039477-002

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

Lum Surv: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 7734 C Yr Regn: 2 Jun, 2016

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

Truck / Trailer or

Make: Hyundai Z4 cc 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 24996 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414M4090099

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / ~~GD~~ A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Han Kik.

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 5/4/19

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 8/4/19

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	SH 7734 C - C3 / A1G18009865 / K119392 DOA - 12/5/2018 INC
	S317 5733X - NA / 1111006119/1 DOA - 02/04/2011 4s
11/4/19	Cardboard PIP \$550 / 2 Pys. (\$1,436.98 Red - 72%)
	RECEIVED 11 APR 2019

Date/Time, File Pass to?

11/04/19

☐ : Prel. Report

☒ : Final Report

1) Typist

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

Survey Fee:

Transportation:

S + RS \$

Photo

Other

TOTAL

160

\$550/- P/P

eBaoTech

GeneralClaim

Hello, NAC_PAYA_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="05/04/2019 10:32"/>							
Vehicle No.(For Motor)	<input type="text" value="SJD5733X"/>	Certificate Number	<input type="text"/>							
<input type="button" value="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"/>	5102153930		PARAMASIVAM A/L APPASAMY	S2656996F	GCV	Third Party	SJD5733X	SJD5733X	09/07/2018	26/09/2019
<input type="button" value="Continue"/>										

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/04/2019

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/1009730-002	SMRT BUSES LTD	TIB 1167D	SMD 965R	30/08/2018	14:40	\$ 2,175.15	\$ 1,300.00
2	MT/1039076-002	COMFORT TRANSPORTATION PTE LTD	SH 2952Y	SMA 8063G	05/04/2019	6:05	\$ 2,509.95	\$ 1,903.43
3	MT/1020164-002	SMRT TAXIS PTE LTD	SHB 5296A	FBL 4379U	17/11/2018	8:20	\$ 7,771.00	\$ 2,743.60
4	MT/1039477-002	COMFORT TRANSPORTATION PTE LTD	SH 7734C	SID 5733X	05/04/2019	14:25	\$ 1,986.98	\$ 550.00
5								

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	06/04/2019 08:46
Date Of Accident	05/04/2019 14:25
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7734C
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	CHONG NGOOK SEONG
NRIC No	S2172549H
Date Of Birth	10/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1982
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90097281
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 808 TAMPINES AVENUE 4 #04-141
Postcode	520808
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

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	SJD5733X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HARISH KUMAR
NRIC/Passport Number	S9370886E
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

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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. 199203821R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 05 APR 2019

A = CH 7734G

B = SJD 5733X
(Toyota Wish)

ACJANED
FLUVER ←

2021

PIE

Statement as per attached.

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

July

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

all

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

Describe Circumstances of the Accident.

On the 05/04/2019 @ 14:25hrs, I was driving along PIE towards Changi before Paya Lebar exit.

The front vehicle stopped so I slowed down and stopped as well. Suddenly there's an impact from behind my taxi and found a vehicle SJD5733X had collided onto my rear portion of my taxi.

No passenger on board my taxi. No injury at the point of accident.

Declaration

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

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

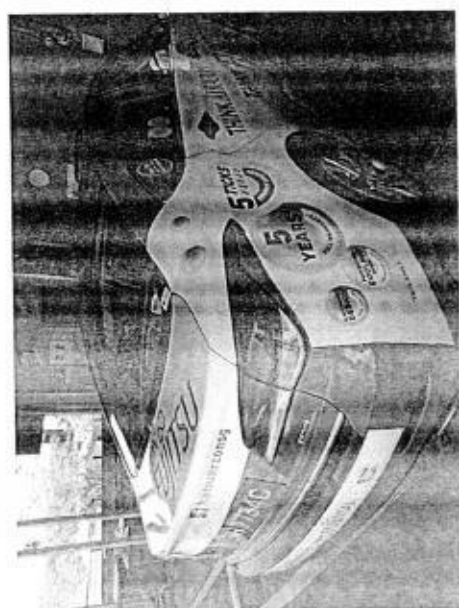
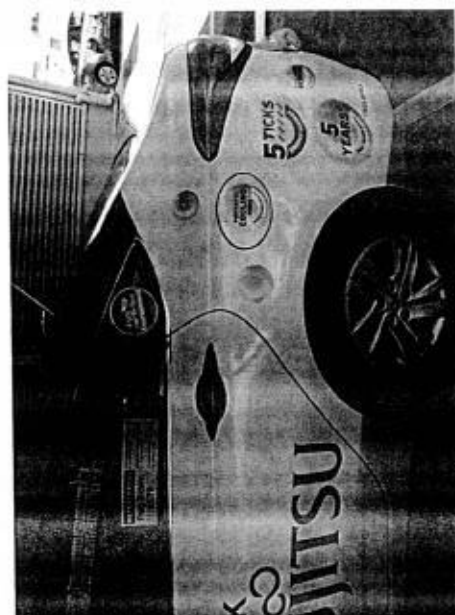
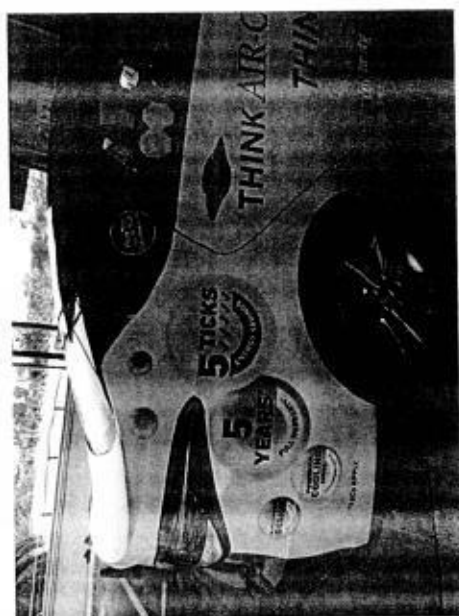
Policyholder's Signature/Date &
Time

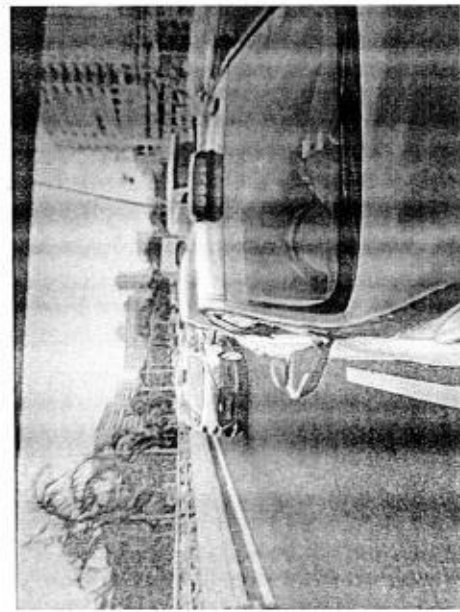
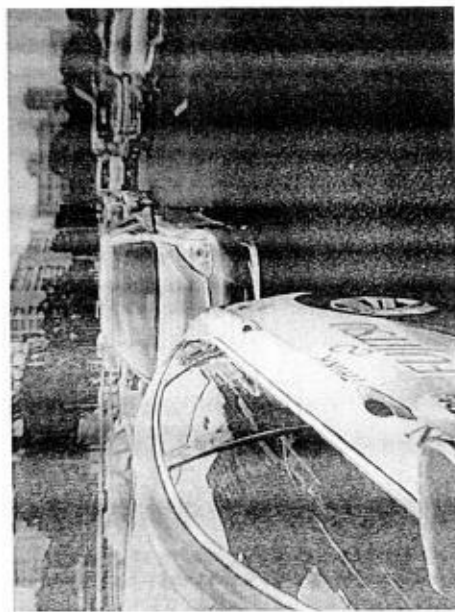
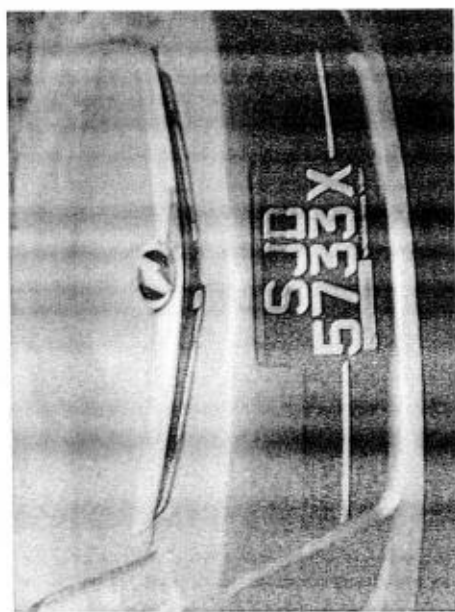
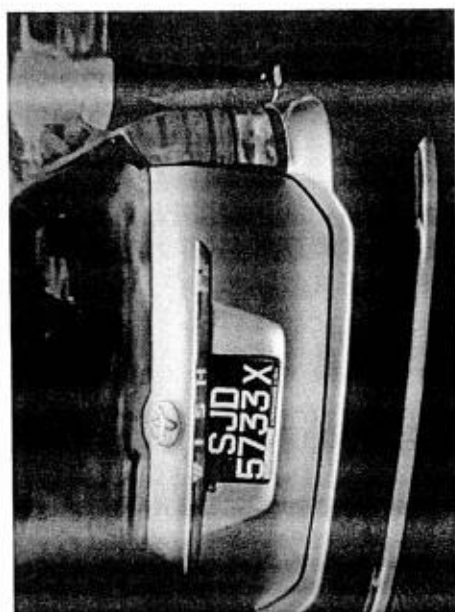
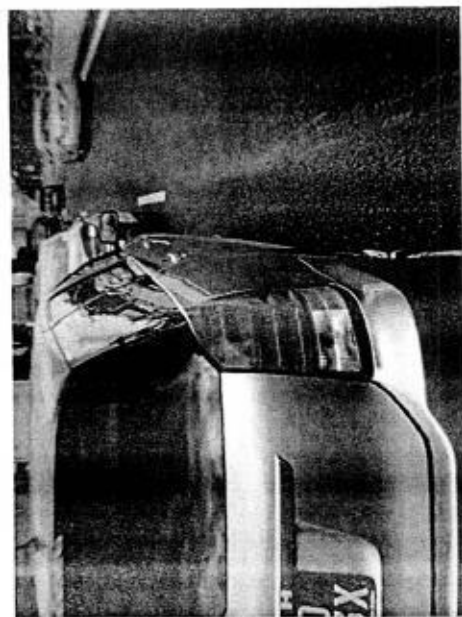
Driver's Signature(if driver is not the policyholder)/Date
& Time

Olivia Wendy

Witnessed by Reporting
Centre Personnel

05 APR 2019





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7734C

DATE: 8. Apr. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 5. Apr. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>X repoz</i>			\$553.00
10	Rear Bumper Clips <i>X n</i>		\$2.20	\$22.00
1	Rear Bumper Sponge <i>X n</i>			\$103.50
2	Rear Bumper Reinforcement Brackets – LH/RH <i>X su</i>		\$80.30	\$160.60
1	Rear Bumper Undercover <i>X su</i>			\$225.00
SUB TOTAL				\$1,064.10
LESS 20%				\$212.82
DISCOUNTED TOTAL				\$851.28
1	Rear Bumper Rubber Mat <i>X n</i>			\$50.00
1	Advertisement – Rear Bumper <i>— n</i>			\$50.00
2	Advertisement – Rear Fenders – RH/LH <i>— n</i>		\$100.00	\$200.00
1	Reverse Sensor <i>X su</i>			\$135.70
				\$435.70
Labour Charge				
1	Panel Beating			\$300.00
1	Spray Painting Charge			\$300.00
1	Remove/refix Reverse Sensor			\$100.00
TOTAL LABOUR				\$700.00
ESTIMATE TOTAL				\$1,986.98

Nett

Nett

Nett

Nett

200

X n

TOTAL LABOUR

ESTIMATE TOTAL

Acknowledged by Repairer

Signature:

Date:

Larry Ng

Kalin (K/K)

N

8/4/19 1325hr

2 days

4/5

Atk Repair photo

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

Date/Time: 08.04.2019 12:20

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305285258

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

VAR2

7/MS 7010045

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

65508755

L (R) (O)

(P)

SCOUNT CARD NO.

REGN NO.: SH 7734C

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 08.04.2019 09:00

YR OF MANU. 02.06.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU090099

COMPLETION DATE/TIME:

JOB DESCRIPTION

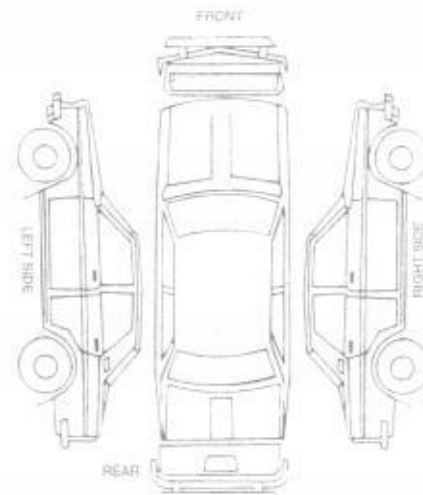
Accident Date: 05.04.2019

NATURE: 3P 05.04.2019

S/NO LABOR CODE

DESCRIPTION

NTUC - Rear
LKK/Kahni -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 7734C LARRY

Vehicle No.: SH 7734C

Larry Ng

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 10.04.2019

Time: 11:06:37

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305285258
REGN NO : SH 7734C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 02.06.2016
DATE/TIME IN : 08.04.2019 09:00
ACCIDENT DATE : 05.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	ADVERTISEMENT - Rear Bumper	50.00
0001 L	ADVERTISEMENT - Rear Fenders RH/LH	200.00
0002 PB	PANEL BEATING	100.00
0003 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
SUB-TOTAL :		550.00
TOTAL :		550.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305285258

Date : 10. Apr. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 7734C

Date of Accident: 5. Apr. 2019

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

1. The repair job shall bill to: NTUC SJD5733X
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$250.00
(b) Labour Charges	\$300.00
Total for Part-By-Part Repair Cost	\$550.00
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: _____	
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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 11/4/19

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				
3. Survey Fees				
4. LTA Search Fee				
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/INC19006217/K1sd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 16-04-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJD 5733X	Veh. Inspected	SH 7734C	
Policy No.	5102153930	Coverage (\$)	0.00	
Claim No.	MT/1039477-002	Excess (\$)	0.00	
Assign From		Assign Date	08/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU090099	Colour	BLUE	
Odometer	249962	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	05/04/2019	Inspection Date	08/04/2019	
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7734C

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 CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	NOT NECESSARY	103.50	-
2	REAR BUMPER REINFORCEMENT BRACKETS-LH/RH @\$80.30	SERVICEABLE	160.60	-
1	REAR BUMPER UNDERCOVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-212.82	-
			851.28	-
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	ADVERTISEMENT-REAR BUMPER (SN)	NECESSARY	50.00	50.00
2	ADVERTISEMENT-REAR FENDERS-LH/RH @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			435.70	250.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		300.00	100.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	100.00	-
			700.00	300.00
GRAND TOTAL			1,986.98	550.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				550.00

Report Ref No. NS/INC19006217/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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