

Surveyor: Kelvin

REF: NS/INC19006213/K14d3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. _____

Claims No. MT/1040404-001

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vht: _____

(Policy Condition)

Remark: The vch 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

Ver No: SHC 3830R Yr Regt: 31 Dec, 2014

Type: M.Gar / M.Cycle / Bus / Van / Lorry / T₂ / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Z40 c.c. 1685

Colour: Blue A/C: Ins Std / Nil / NA

Sp. Reading: 6 05 330 T/Radio: Ins Std / Nil / NA

Eng/No: _____

C/No: KMHLB41UMF4062658

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: _____

BS / DUN / EX/NOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Next like.

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 7/4/19 D.O.I. 8/4/19

Survey held at CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / W/S / UIC / Rooftop or O/S Front

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

Date / Time	Action / Instruction
	NO Policy found. INC.
	42
	SHC 3830R - NBA / LIP13018461/54 D.O.A - 02/10/2013
	GBC 2549C - CCG / AIG12021522 / ACG 34 D.O.A - 03/11/2012
15/4/19	km 45 \$3350 / 30% clcd: 1463.12; 30%.

RECEIVED 17 APR 2019

Dealer Time, File Pass to? : Prel. Report

1) 16/4 Typist : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS \$	160
Photos	
Other	
TOTAL	

TP
33501-

TP Claims against NTUC Income: Follow-Through Survey

Date : 16/04/2019

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/1040409-001	COMFORT TRANSPORTATION PTE LTD	SHC 3830R	GBC 2549G	7/4/2019	22:15	\$ 4,813.12	\$ 3,350.00
2	MT/1040410-001	COMFORT TRANSPORTATION PTE LTD	SHC 8855L	SG7 118A	6/4/2019	13:10	\$ 1,688.88	\$ 650.00
3	MT/1039964-002	COMFORT TRANSPORTATION PTE LTD	SHC 8075X	SGS 8898R	11/4/2019	17:50	\$ 3,676.00	\$ 2,550.00

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	08/04/2019 10:04
Date Of Accident	07/04/2019 22:15
Exact Location Of Accident	ALONG TANJONG PAGAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3830R
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	LIM KIAN TIONG (LIN JIANZHONG)
NRIC No	S8002717F
Date Of Birth	24/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90726276
Fax Number	
Contact Number	
Email Address	DAVIDLIM_5194@YAHOO.COM.SG

Address	BLK 159 JALAN TECK WHYE #10-141
Postcode	680159
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190407/2120

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	GBC2549G
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

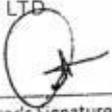
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 Centra 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. 199303821R

Policyholder's Signature
Date & Time:



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

Olivia Wendy
Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No. 08 APR 2019



**SINGAPORE
POLICE FORCE**



T/20190407/2120

1 of 3

Report No. T/20190407/2120

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2019 23:15	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars			
Name of Informant: LIM KIAN TIONG		Address: APT BLK 159 JALAN TECK WHYE #10-141 SINGAPORE 680159	
ID Type / ID No.: NRIC NO / S8002717F		Contact No.:	Mobile: 90726276
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 24/01/1980	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/04/2019 22:15	Type of Location: Straight Road
Location: Along Road 1 TANJONG PAGAR ROAD Along Tanjong Pagar Road (Infront of Tanjong Pagar Plaza)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SHC3830R	Car				Slightly Damaged	1



SINGAPORE
POLICE FORCE



T/20190407/2120

2 of 3

Report No. T/20190407/2120

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Brief Details.

Today 07/04/2019 at about 2215hrs, I was driving my Taxi (SHC3830R) along Tanjong Pagar Road. When I had turned right and wanted to enter Tanjong Pagar Plaza Drop off Point, an unknown vehicle then reversed and collided onto my taxi. Upon collision, that unknown vehicle then drove off. I wish to state that my vehicle sustained a dent on the front right side. I wish to state that no one was injured.



**SINGAPORE
POLICE FORCE**



T/20190407/2120

3 of 3

Report No. T/20190407/2120

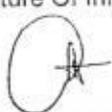
Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

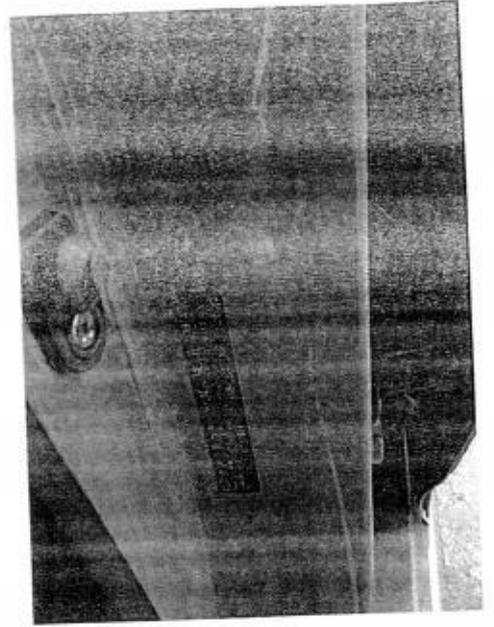
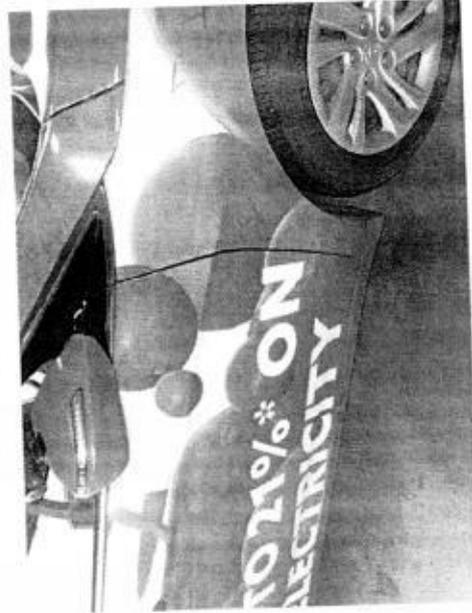
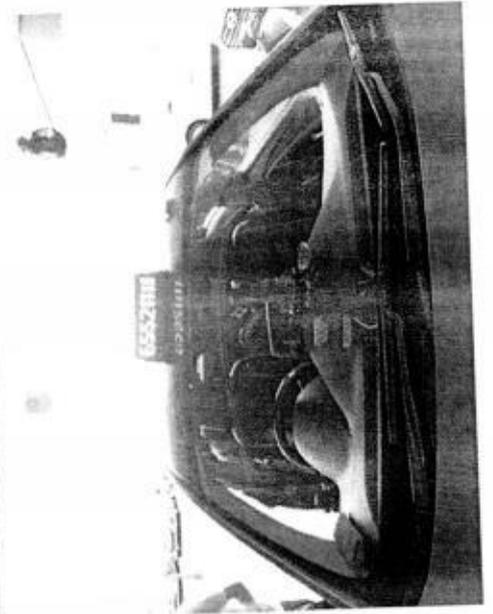
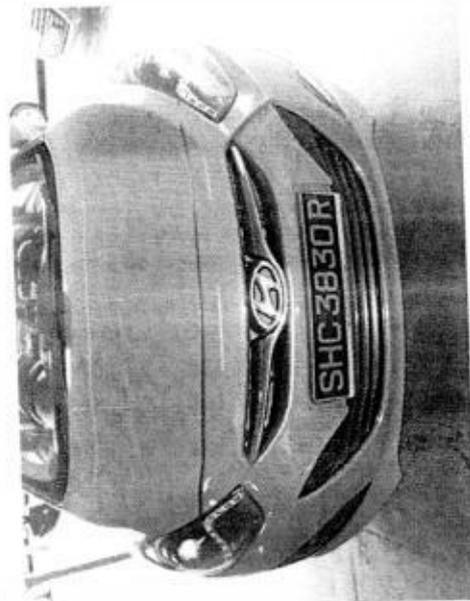
Sketch Plan

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: D / Sgt 2 CHUA DE WEI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/04/2019 23:15
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:

Authentication Stamp
NP168



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3830R

DATE 8/4/2019 13:05

MAKE :

MODEL : HYUNDAI i40

LKR/Kalin 4/Sum
LKe NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet <i>Part</i>			\$ 2,265.90
	Headlamp (RH) <i>on</i>			\$ 1,388.00
	Front Fender (RH) <i>Part</i>			\$ 663.00
	Front Fender Shield (RH) <i>x</i>			\$ 174.90
	Front Fender Retainer <i>x</i>			\$ 24.60
	1 SUB TOTAL			\$ 4,516.40
	LESS 20%			\$ 903.28
	DISCOUNTED TOTAL			\$ 3,613.12
	Front Fender Advertisement Logo (RH) <i>me</i>			\$ 100.00 Nett
	Labour Charge			
	Panel Beating			\$ 400.00 ²⁰⁰
	Spray Painting Charge			\$ 600.00 ⁴⁰⁰
	Wiring Charge			\$ 50.00 ²⁰
	Tuff Kote			\$ 50.00 ²⁰
	TOTAL LABOUR			\$ 1,100.00
	ESTIMATE TOTAL			\$ 4,813.12

Kalin LKR
M 8/4/19 1410hr
3 Prop
4s
After Repair photo

LKR
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.

- To resurvey the vehicle after painting
- To display damaged parts for survey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No legal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Name: _____
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

Date/Time: 08.04.2019 13:28

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305285471

STOMER	REGN NO.: SHC3830R	MILEAGE
/MS	MAKE: HYUNDAI	FUEL
STOMER NO.	MODEL I-40	E.....1/2.....F
DRESS	YR OF MANU. 31.12.2014	DATE/TIME IN 08.04.2019 07:40
(R)	CHASSIS CODE KMHLB41UMFU062658	TARGET DATE
(P)		COMPLETION DATE/TIME

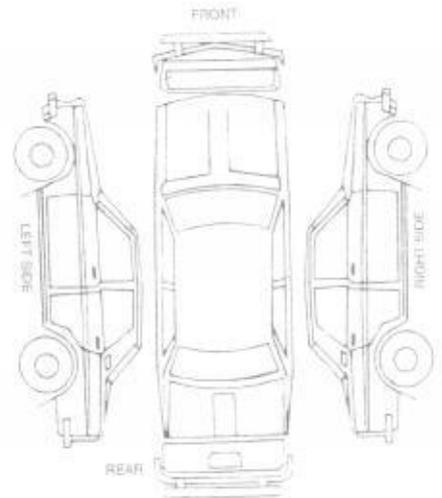
COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

NTUC

JOB DESCRIPTION

Accident Date: 07.04.2019
NATURE: 3P 07.04.2019

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHC3830R

LKE

Kalvin

Exit Pass

Vehicle No.: SHC3830R

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305285471
Date : 13.04.19

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC3830R CTPL

Fax :
07.04.19

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

1. The repair job shall bill to: NTUC --- GBC2549G
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% \$3,350.00
Final Lumpsum Repair cost \$3,350.00

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 : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Calvin
Date : 15/4/19

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		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/INC19006218/K1td3n2
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 26-04-2019
		Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBC 2549G	Veh. Inspected	SHC 3830R
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1040409-001	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.	2014
Chassis No.	KMHLB41UMFU062658	Colour	BLUE
Odometer	605330	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages
 THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.
 DAMAGES SEE DETAILS.

5. General Information			
Accident Date	07/04/2019	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:	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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3830R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BONNET	BENT	2,265.90	2,265.90
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH)	BUCKLED	663.00	663.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	174.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
	LESS 20% DISCOUNT		-903.28	-863.38
			3,613.12	3,453.52
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
			1,100.00	640.00
GRAND TOTAL			4,813.12	4,193.52
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,350.00

Report Ref No. NS/INC19006218/K1td3n2

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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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.