

Surveyor: Kalvin

REF: NS/2N/19006388/K19d3n2

# ASSIGNMENT

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

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

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

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

at Workshop n/o \_\_\_\_\_

of \_\_\_\_\_

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

Policy No. 5103488594 (01/01/2013-15/12/2017)

Claims No. MT/1039805-002

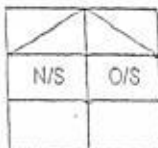
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Vth: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN/OUT

Veh No: SHC 1256L Yr Regn: 29 Dec 2016

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

Truck / Trailer or

Make: Hyundai 240 cc 1685

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

Sp. Reading: 227242 T/Radio: Ins Std / NI / NA

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

C/No: KAHUB41NAH4097731

Gen. Cond: Good / Good / Poor / Burnt

Steering: In order / Good / Jammed / Leaked / Burnt or

Brake: In order / Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

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

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

TOYO/YOKO or Verde

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 9/4/19 D.O.I. 9/4/19

Survey held at CDHE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SHC 1256L - CS/MSG 1200555 L / K19d3n2 D.O.A - 23/3/18 Im
	STU 5835X - X 4s
12/4/19	Contract PIP \$550 / 20% (Red to 450, 45%)

RECEIVED 15 APR 2019

Date/Time, File Pass to? ☐ : Prell. Report

1) 15/4 19/19 ☐ : Final Report

Date/Time, File Return to?

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

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

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

Photo

1 Fee

TOTAL

160

1-B.1 78 550

My Desktop

Notice of Loss

## Policy Query

Policy No.

Date of Accident

09/04/2019 14:49

Vehicle No. (For Motor)

SJU5835X

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103488594		SUNDARAM SETHU RAMAN	S7569187D	GPC	drivo CLASSIC	SJU5835X	SJU5835X	01/09/2018	15/12/2019

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date : 12/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1039113-002	COMFORT TRANSPORTATION PTE LTD	SH 7377A	SKQ 5359M	06/04/2019	10:30	\$ 8,189.50
2	MT/1039805-002	COMFORT TRANSPORTATION PTE LTD	SHC 1256L	SJU 5835X	09/04/2019	8:55	\$ 1,000.00

## 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	09/04/2019 13:12
Date Of Accident	09/04/2019 08:55
Exact Location Of Accident	SENGKANG EAST DRIVE TWDS KPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1256L
<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	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	CHEW SOON KUI@SHYUKRI CHEW
NRIC No	S1219738A
Date Of Birth	17/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1978
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84356307
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	864 04-208 WOODLANDS STREET 83
Postcode	760864
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: : 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

SEE ATTACH.

#### 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

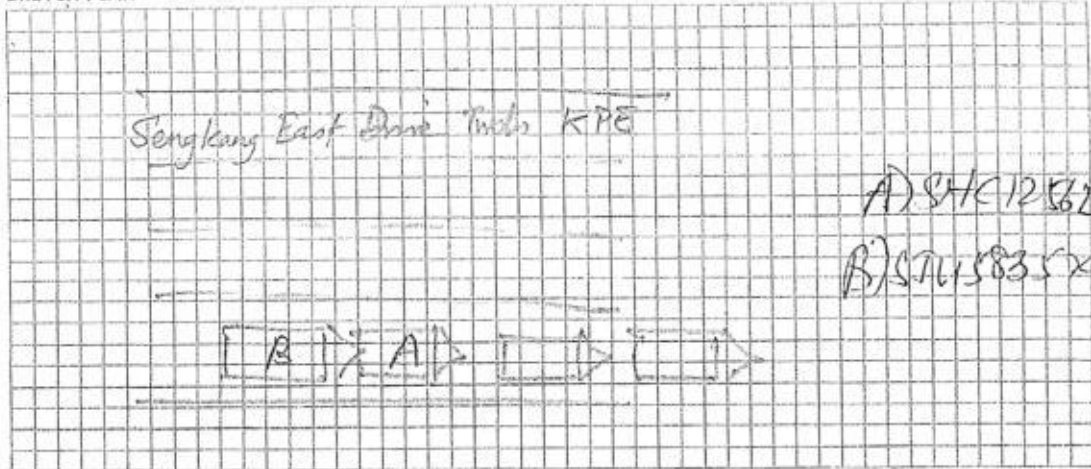
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU5835X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUNDARAM SETHURAMAN
NRIC/Passport Number	S7569187D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/4/19 at about 0855hr while I Veh A was just about to move after waiting behind others vehicle that had stopped infront, Veh B collided into the rear of my vehicle.

## DECLARATION

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

IMPORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303321R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

*[Signature]*  
S. A. Moenhy  
CSO

Reporting Centre Personnel's Signature  
Name: a. l. l. a

# **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 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 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.

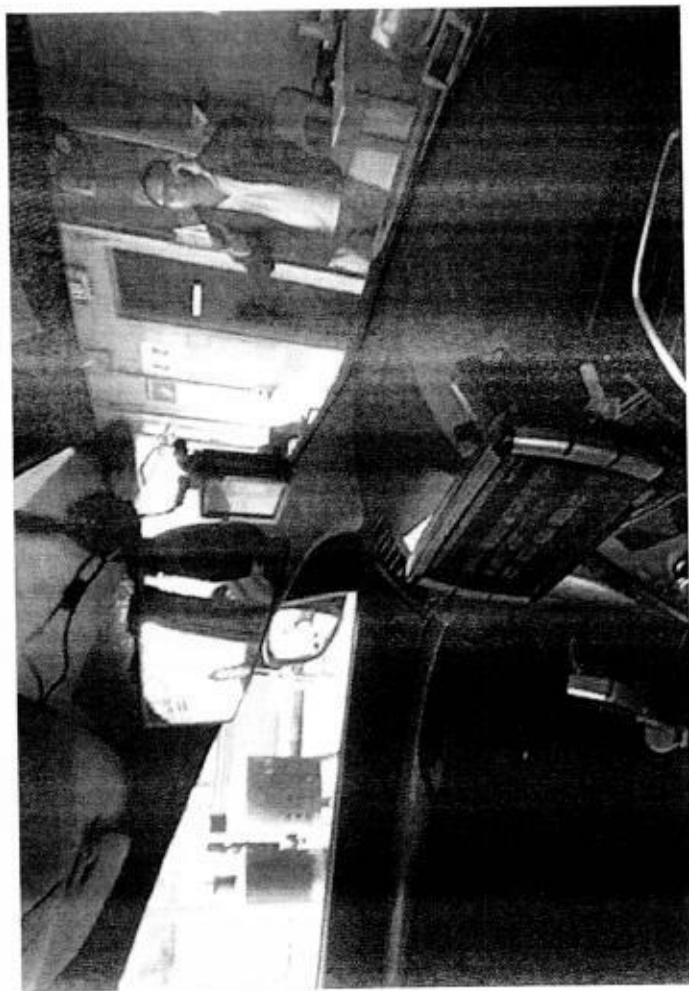
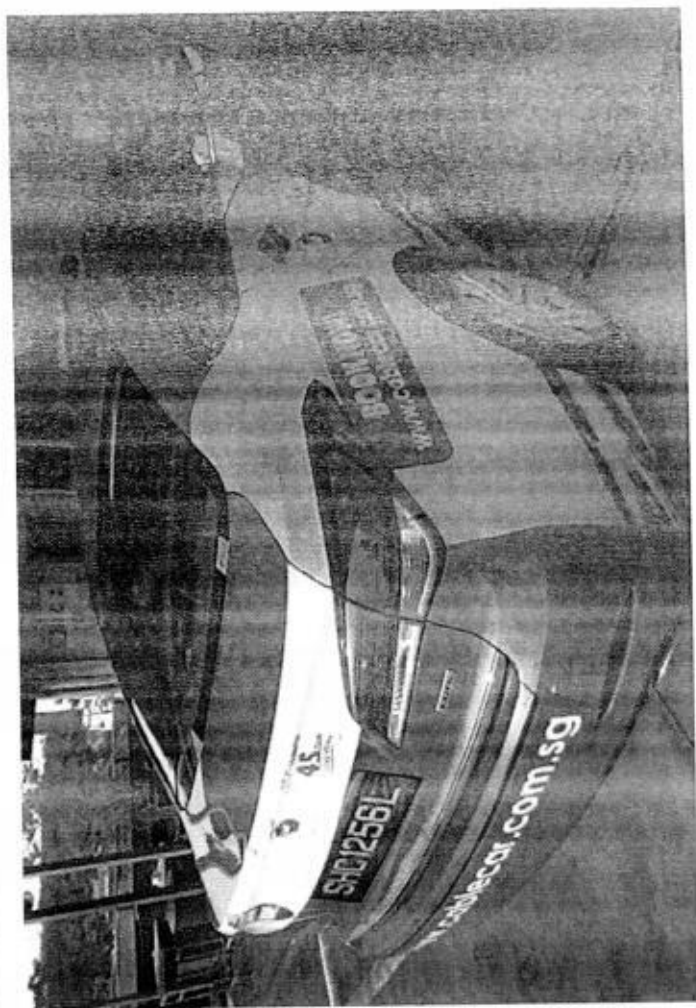
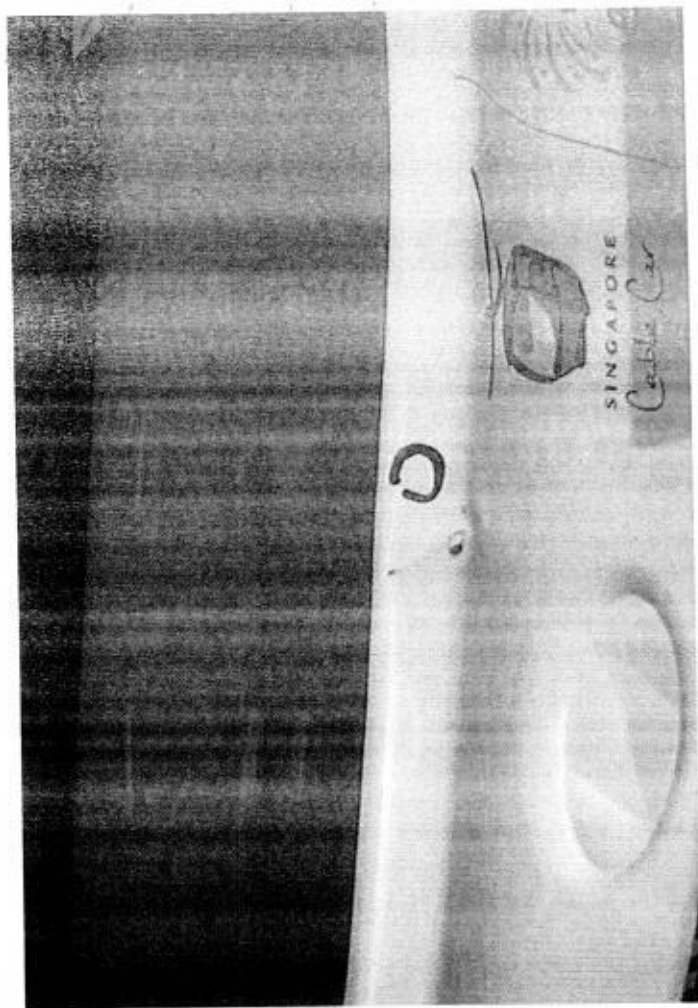
UMFPORT TRANSPORTATION PTE LTD  
CO REG NO 19930321R  
Policyholder's Signature  
Date & Time:

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

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

S R Moorthy  
1. CSQ







## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 1256L

DATE 9/4/2019 11:15

MAKE :

MODEL : HYUNDAI i40

NTuc

Fz

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Rubber Mat X 14			\$ 50.00	Nett
	Rear Bumper Advertisement Logo / 100			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) / 200		\$ 100.00	\$ 200.00	Nett
	Rear Bumper x repair			\$ 300.00	
	Labour Charge			100	
	Panel Beating			\$ 400.00	
	Spray Painting Charge			\$ 300.00	
				200	
	TOTAL LABOUR			\$ 700.00	
	ESTIMATE TOTAL			\$ 1,000.00	
<p>Kahi 1004</p> <p>9/4/19 1605hr.</p> <p>20y1</p> <p>4/s</p> <p>After Repair photo</p>					
<p>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.</p>					

Auto Care Centre has been notified of the Repair of the following:

- Repair of the damaged part(s)
- Repair of the damaged part(s) on a "no cure, no fee" basis
- No charge for the cost of the repair
- No charge for the cost of the paint
- No charge for the cost of the labour
- No charge for the cost of the materials
- No charge for the cost of the disposal
- No charge for the cost of the transport
- No charge for the cost of the storage
- No charge for the cost of the insurance
- No charge for the cost of the tax
- No charge for the cost of the license
- No charge for the cost of the registration
- No charge for the cost of the transfer
- No charge for the cost of the title
- No charge for the cost of the deed
- No charge for the cost of the mortgage
- No charge for the cost of the lease
- No charge for the cost of the sale
- No charge for the cost of the purchase
- No charge for the cost of the rental
- No charge for the cost of the investment
- No charge for the cost of the business
- No charge for the cost of the personal
- No charge for the cost of the commercial
- No charge for the cost of the industrial
- No charge for the cost of the agricultural
- No charge for the cost of the maritime
- No charge for the cost of the aviation
- No charge for the cost of the space
- No charge for the cost of the nuclear
- No charge for the cost of the biological
- No charge for the cost of the chemical
- No charge for the cost of the physical
- No charge for the cost of the medical
- No charge for the cost of the dental
- No charge for the cost of the veterinary
- No charge for the cost of the agricultural
- No charge for the cost of the maritime
- No charge for the cost of the aviation
- No charge for the cost of the space
- No charge for the cost of the nuclear
- No charge for the cost of the biological
- No charge for the cost of the chemical
- No charge for the cost of the physical
- No charge for the cost of the medical
- No charge for the cost of the dental
- No charge for the cost of the veterinary

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO

Date/Time: 09.04.2019 14:59

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

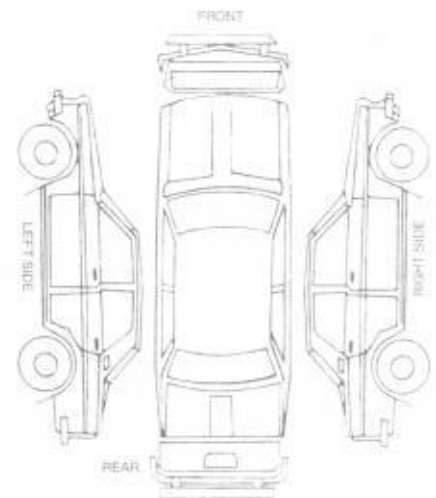
JC NO.: 305285879

CUSTOMER		REGN NO.: SHC1256L	MILEAGE
R/MS COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI	FUEL
CUSTOMER NO. 7010045		MODEL I-40	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE		YR OF MANU. 29.12.2016	DATE/TIME IN 09.04.2019 10:15
Singapore SINGAPORE 575717		CHASSIS CODE KMHLB41UMHU097731	TARGET DATE
L (R) 65508755 (O)		COMPLETION DATE/TIME	
(P)			
SCOUNT CARD NO.			

## JOB DESCRIPTION

Accident Date: 09.04.2019  
NATURE: 3P 09.04.19

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC1256L FZ NTUC

Vehicle No.: SHC1256L

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 11.04.2019

Time: 18:36:26

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 : 305285879  
REGN NO : SHC1256L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 29.12.2016  
DATE/TIME IN : 09.04.2019 10:15  
ACCIDENT DATE : 09.04.2019

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

0000 20-05	RENEW ADVERTISMENT REAR BUMPER	50.00
0001 20-05	RENEW ADVERTISMENT REAR FENDER LH	100.00
0002 20-05	RENEW ADVERTISMENT REAR FENDER RH	100.00
0003 L	PANEL BEATING	100.00
0004 L	SPRAY PAINTING CHARGE	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 : 305285879

Date : 11.04.2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC1256L

Date of Accident : 09.04.2019

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

1. The repair job shall bill to: NTUC --- SJU5835X
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$0.00
  - (b) Labour Charges \$550.00
  - Total for Part-By-Part Repair Cost \$550.00
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$0.00  
Final Lumpsum Repair cost \$0.00

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalvin

Date : 12/4/19

### 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/INC19006388/K1qd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 17-04-2019	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJU 5835X	Veh. Inspected	SHC 1256L	
Policy No.	5103488594	Coverage (\$)	0.00	
Claim No.	MT/1039805-002	Excess (\$)	0.00	
Assign From		Assign Date	09/04/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMHU097731	Colour	BLUE	
Odometer	227242	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	WEST LAKE	6 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	09/04/2019	Inspection Date	09/04/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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 1256L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	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
1	REAR BUMPER (NPA)(SN)	TO REPAIR SEE LABOUR	-	-
			300.00	250.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	100.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	300.00
GRAND TOTAL			1,000.00	550.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				550.00

Report Ref No. NS/INC19006388/K1qd3n2

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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