

Surveyor: Kavin

REF: NS/INC 19006406/K19d302

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspected Vehicle No: \_\_\_\_\_  
at Workshop n/s \_\_\_\_\_  
of \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No. 5068045737-04 (09/10/2018-)  
Claims No. MT/1040234-001  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Veh No: SHD 667x Yr Regn: 9 Apr 2015  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Hyundai Z40 c.c. 1685  
Colour: Blue A/C: Insured / Std / NI / NA  
Sp. Reading: 573662 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: KMHCB41114F40 67948  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In Car / Jammed / Leaked / Burnt or \_\_\_\_\_  
Brake: In Car / Jammed / Leaked / Burnt or \_\_\_\_\_  
Modi: Nil / S/Rim / STD A/E or \_\_\_\_\_

Tyre Size: F: 205/60R16  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Went/late  
Front 6 Rear 6  
R/Bal. \_\_\_\_\_ mm R/Bal. \_\_\_\_\_ mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. 8/4/19 D.O.I. 9/4/19  
Survey held at CDHE (Loyang)  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/Top or  
n/s Frnt.

(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: 7 days Res.: Yes or No  
Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
CA / REV / REP. / 24 HRS  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time	Action / Instruction
	SHD 667x - CSI FC118013062 / ASD302 D.O.A - 14/11/2018 <u>INC</u>
	SHD 21838 - CSI FC118016215 / T1SD302 D.O.A - 30/08/2018 <u>4s</u>
15/4/19	<u>Contract 4/5 \$1300 / 2 Rys. (Red 181030.64, 44%)</u>

RECEIVED 16 APR 2019

Date/Time, File Pass to? ☐ : Prel. Report  
11/6/4 ☐ : Final Report  
Date/Time, File Return to? \_\_\_\_\_

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) ☐ : S + RS \$ \_\_\_\_\_

Survey Fee:	<u>160</u>
Transportation:	

7r  
ump sum: \$1300

TOTAL 160

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 15/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1039503-002	COMFORT TRANSPORTATION PTE LTD	SHA 2607L	SFH 6018Y	8/4/2019
2	MT/1037163-002	COMFORT TRANSPORTATION PTE LTD	SHC 8114S	SKS 7095A	23/3/2019
3	MT/1039404-002	COMFORT TRANSPORTATION PTE LTD	SHB 4150T	FBC 1381D	6/4/2019
4	MT/1039734-002	CITYCAB PTE LTD	SHC 7954R	SKL 4032M	11/4/2019
5	MT/1040229-001	COMFORT TRANSPORTATION PTE LTD	SHC 1972C	FBD 5744J	8/4/2019
6	MT/1040234-001	COMFORT TRANSPORTATION PTE LTD	SHD 6667X	SHD 2183B	8/4/2019
7	MT/1039489-002	COMFORT TRANSPORTATION PTE LTD	SHA 6342Z	SJR 7841E	8/4/2019

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## 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
<input type="radio"/>	5068045737-04		PRIME CAR RENTAL & TAXI SERVICES PTE. LTD.	199606293Z	GFT	Third Party, Fire & Theft	SHD2183B	SHD2183B	09/10/2018	

## 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 10:53
Date Of Accident	08/04/2019 19:55
Exact Location Of Accident	KIM SENG RD TWDS HAVELOCK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6667X
<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	SIM YOW POH
NRIC No	S0269487E
Date Of Birth	14/04/1947
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1973
Driving Experience	45 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86065945
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 433 HOUGANG AVENUE 8 #06-922
Postcode	530433
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	SIDE SWIPE
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	SHD2183B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE RICHARD
NRIC/Passport Number	S1816023D
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	WHOLE RIGHT SIDE
No. Of Passenger (Including Driver)	

# **IMPORTANT NOTICE**

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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.

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 199303821R

Policyholder's Signature  
Date & Time:

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

9/4/19  
Jackson Heng  
CSO

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/4/2019 at about 1955 hrs, I vehicle A was driving my taxi along Kim Seng road toward havelock road. While I was lane 3 switch to lane 4 and vehicle B from lane 5 also switch his lane to lane 4. Then I was ahead of him and vehicle B came very fast brush against vehicle A left foot portion. No one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199203321R

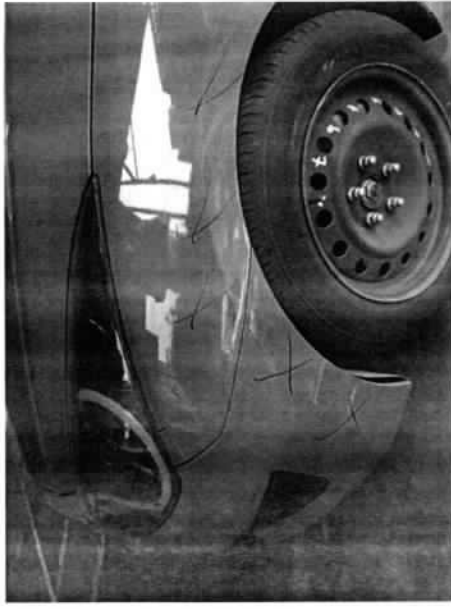
Policyholder's Signature  
Date & Time:

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

9/4/19 Jackson Heng CSO

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









COMFORTDELGRO

Date/Time: 09.04.2019 13:28 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305285872

MER  
COMFORT TRANSPORTATION PTE LTD  
7010045  
MER NO.  
SS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
R) 65508755 (O)  
P)

REGN NO.: SHD6667X	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 08.04.2019 21:00
YR OF MANU 09.04.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU067948	COMPLETION DATE/TIME

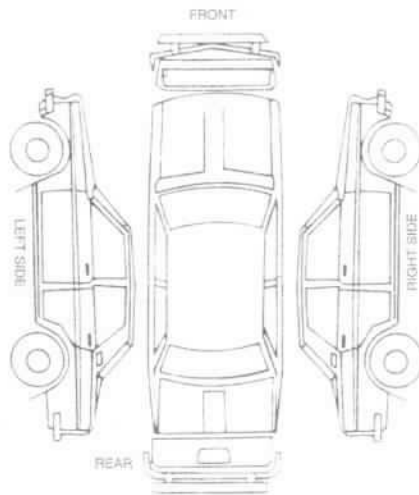
NTUC

JNT CARD NO.

JOB DESCRIPTION

Accident Date: 08.04.2019  
NATURE: 3P 08.04.2019/C

3/NO LABOR CODE DESCRIPTION



LED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Edgement Slip

Exit Pass

Vehicle No.: SHD6667X

LKE

Vehicle No.:

SHD6667X

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHD 6667X

DATE 9/4/2019 14:29

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Headlamp (LH) <i>hinged</i>			\$ 1,388.00
	Front Wheel Rim (LH) <i>X su</i>			\$ 325.30
	<i>Front Bumper X repair</i>			
	<i>Front LH Fender X repair</i>			
	SUB TOTAL			\$ 1,713.30
	LESS 20%			\$ 342.66
	DISCOUNTED TOTAL			\$ 1,370.64
	Labour Charge			
	Panel Beating			\$ <del>200.00</del> <sup>100</sup>
	Spray Painting Charge-Bumper/Fender			\$ <del>600.00</del> <sup>400</sup>
	Wiring Charge			\$ <del>30.00</del> <sup>20</sup>
	Tuff Kote			\$ <del>50.00</del> <sup>X m</sup>
	FRT Wheel Alignment			\$ <del>80.00</del> <sup>X m</sup>
	TOTAL LABOUR			\$ 960.00
	ESTIMATE TOTAL			\$ 2,330.64

Kalan (U064)

9/4/19 1505h

20y.

L/S

After Repair p Lab.

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.

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305285872  
Date : 11.04.19

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

## FINALIZATION FORM

To : LKK Fax :  
Attn : Mr KALVIN ANG  
Vehicle Reg No. SHD6667X CTPL 08.04.19

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


1. The repair job shall bill to: NTUC --- SHD2183B
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% \$1,300.00  
**Final Lumpsum Repair cost** \$1,300.00


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 : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156

Signature :   
Name : KAHN  
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/INC19006406/K1qd3e2				
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.	SHD 2183B	Veh. Inspected	SHD 6667X	
Policy No.	5068045737-04	Coverage (\$)	0.00	
Claim No.	MT/1040234-001	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.	2015	
Chassis No.	KMHLB41UMFU067948	Colour	BLUE	
Odometer	573662	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	08/04/2019	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. SHD 6667X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	HEADLAMP (LH)	GRAZED	1,388.00	1,388.00
1	FRONT WHEEL RIM (LH)	SERVICEABLE	325.30	-
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT LH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-342.66	-277.60
			1,370.64	1,110.40
	<b><u>LABOUR</u></b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER AND FRONT LH FENDER.		200.00	100.00
	SPRAY PAINTING CHARGE - BUMPER / FENDER.		600.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			960.00	520.00
	<b>GRAND TOTAL</b>		<b>2,330.64</b>	<b>1,630.40</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,300.00</b>

Report Ref No. NS/INC19006406/K1qd3e2

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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