

Surveyor: Kelvin

REF: NS/INC 19007181/KHd39

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP INS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured: _____
 Policy No: **5102462363 (21/07/2018 - 20/07 2019)**
 Claims No: **MT/1041433-002**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____

(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 Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHD 4981B** Yr Regn: **10 Sep 2014**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T/C / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai** cc **1685**
 Colour: **Blue** A/C: Ins **6** / Std / NI / NA
 Sp. Reading: **82663** T/Radio: Ins **6** / Std / NI / NA
 Eng No: _____
 C/No: **KMH1B41WAE4059566**
 Gen. Cond: Good / **6** / Poor / Burnt
 Steering: Ins **6** / Jammed / Leaked / Burnt or
 Brake: Ins **6** / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD **6** / Rim or
 Tyre Size: F: **205/60 R16**
 R: _____
 BS / DUN / EX/NOVA / GY / FS / LIZA / MIC / HTSU / PIR / SUM /
 TOYO / YOKO or **Wet Lk**
 Front: _____ Rear: _____
 R/Bal: **7** mm R/Bal: **7** mm
 L/Bal: **7** mm L/Bal: **7** mm
 D.O.A. **22/4/19** D.O.I. **23/4/19**
 Survey held at **CDDE (Loyang)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
n/s Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 4981B - C6 / M / 19001413 / K26352 D.O.A - 05/01/2019 Inc
	SJU 9496 P - x 4s
26/4/19	Check 4s & 1000 / 2000 (Red 1416.56, 6%)

RECEIVED 29 APR 2019 **29/4/2019**

Date/Time, File Pass to: ☐ : Prell, Report
29/4 typet ☒ : Final Report
 Date/Time, File Return to: _____

Days Of Repair: **2**
 Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	

Add Fee: ☐ : Site Insp **5**
☐ : _____ **5**

4s
1000

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/04/2019 11:48"/>							
Vehicle No. (For Motor)	<input type="text" value="SJU9496P"/>	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"/>	5102462363		YAP CHUAN LYE	S0900473D	GPC	Third Party	SJU9496P	SJU9496P	21/07/2018	30/07/2019
<input type="button" value="Continue"/>										

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1027118-003	SMRT TAXIS	SHB 1991C	GBG 9343R
2	MT/1036966-002	SMRT TAXIS	SHC 4154C	FBL 3526T
3	MT/1034441-002	SMRT BUS	SG5757E	SJA 4511S
4	MT/1041502-002	COMFORT TRANSPORTATION PTE LTD	SHC 3387D	PA 786X
5	MT/1040396-002	COMFORT TRANSPORTATION PTE LTD	SH7087L	SGR 5464J
6	MT/1041321-002	COMFORT TRANSPORTATION PTE LTD	SHC 3540C	SLC 6469J
7	MT/1041433-002	COMFORT TRANSPORTATION PTE LTD	SHD 4981B	SJU 9496P
8	MT/1041156-002	COMFORT TRANSPORTATION PTE LTD	SHB 4050Z	SLU 2212P
9	MT/1041766-002	COMFORT TRANSPORTATION PTE LTD	SH 9151X	XE 499J
10	MT/1041821-002	COMFORT TRANSPORTATION PTE LTD	SHC 3607U	SLT 2910M

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order: 3916148	JC NO.: 305289280
STOMER	REGN NO.: SHD4981B	MILEAGE	
/MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F	
STOMER NO. 7010045	MODEL I-40	DATE/TIME IN 22.04.2019 13:10	
DRESS 383 SIN MING DRIVE	YR OF MANU. 10.09.2014	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMEU059566	COMPLETION DATE/TIME:	
65508755 (R) (P)			
ICOUNT CARD NO.			

Accident Date: 22.04.2019
NATURE: 3P 22.04.19/B-

JOB DESCRIPTION
Left Front

LABOR CODE DESCRIPTION

Diagram showing vehicle damage locations: FRONT, LEFT SIDE, RIGHT SIDE, REAR.

CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHD4981B

Signature/Date

Name of Service Advisor Date

To be kept by Security Guard

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	22/04/2019 14:17
Date Of Accident	22/04/2019 11:10
Exact Location Of Accident	BUANGKOK CRESCENT TWDS BUANGKOK LINK.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4981B
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	WAN TONG CHEE
NRIC No	S0597394E
Date Of Birth	22/12/1946
Occupation	OUTDOOR
Date Of Driving Pass	07/05/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96249407
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 547 SERANGOON NORTH AVENUE 3 #07-156
Postcode	550547
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	SJU9496P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR YAP
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

RH REAR

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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.

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

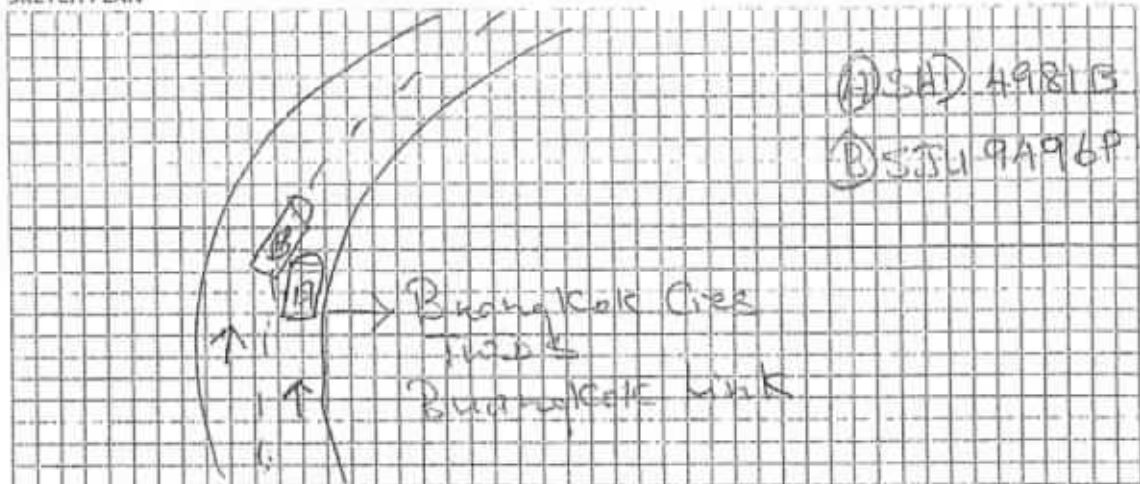
22/4/19
Jackson Heng
CSO

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/4/2019 at about 1110 hrs, I Vehicle A was driving my taxi along buangkok crescent toward buangkok link. While I was on extreme right lane and my speed is approximately 50km/h. Suddenly vehicle B came from my left and cut into my lane. But I couldn't brake in time and collided onto vehicle B right rear body of the car. No one was injured at that time.

DECLARATION

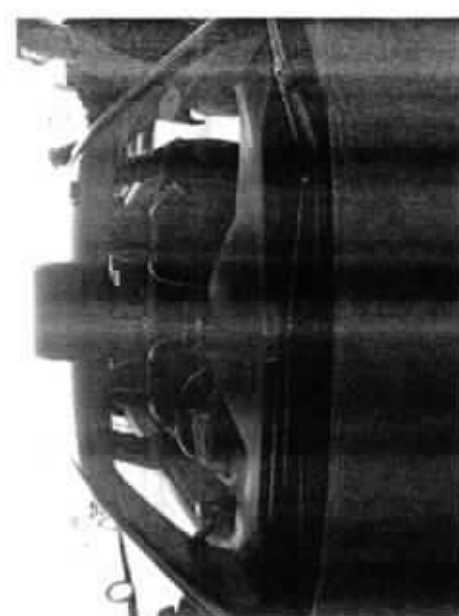
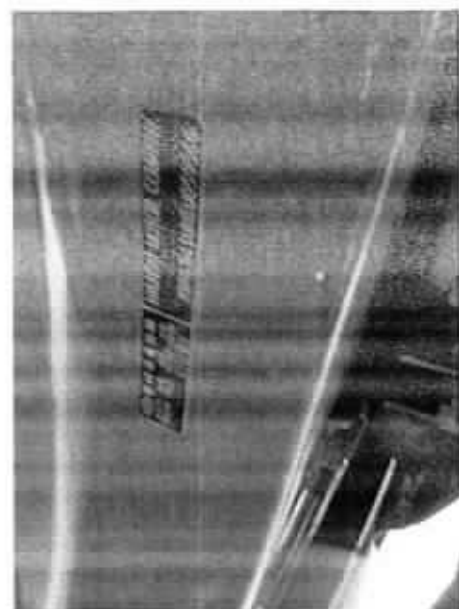
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

22/4/19
Jackson Heng Jackson
CSO



COMFORTDELGRO ENGINEERING

Our Job Ref No : 305289290
Date : 25.04.2019

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508999
Fax: 6548 8156

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD4981B Date of Accident : 22.04.2019


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


- The repair job shall bill to: NTUC --- SJU9496P
- The finalized amount shall be:

(a) Spare Parts after List discount		\$0.00
(b) Labour Charges		\$0.00
Total for Part-By-Part Repair Cost		\$0.00
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:	20%	\$1,000.00
Final Lumpsum Repair cost		\$1,000.00

- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- 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 : 26/4/19

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	7.45			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4981B

DATE 22/4/2019 16:16

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>x rpa</i>			\$ 544.50
	Front Bumper Bracket Top (LH) <i>x rpa</i>			\$ 22.40
	Front Bumper Retainer Mounting (LH) <i>x rpa</i>			\$ 9.20
	Front Fender (LH) <i>- Buckle</i>			\$ 663.00
	Front Fender Shield (LH) <i>x rpa</i>			\$ 174.90
	Front Fender Retainer (LH) <i>x rpa</i>			\$ 24.60
	Front Wheel Hub Cap (LH) <i>- hinged</i>			\$ 107.10
SUB TOTAL				\$ 1,545.70
LESS 20%				\$ 309.14
DISCOUNTED TOTAL				\$ 1,236.56
Labour Charge				<i>200</i>
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 650.00 <i>Km</i>
	Tuff Kote			\$ 50.00 <i>30</i>
	FRT Wheel Alignment			\$ 80.00 <i>x 2</i>
TOTAL LABOUR				\$ 1,180.00
ESTIMATE TOTAL				\$ 2,416.56
<p><i>1 call 1 call 24/4/19</i></p> <p><i>23/4/19 1015h</i></p> <p><i>2hp</i></p> <p><i>4s</i></p> <p><i>After Repair photo</i></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>				



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/INC19007188/K1td3q2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 15-05-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJU 9496P	Veh. Inspected	SHD 4981B
Policy No.	5102462363	Coverage (\$)	0.00
Claim No.	MT/1041433-022	Excess (\$)	0.00
Assign From		Assign Date	23/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU059566	Colour	BLUE
Odometer	826683	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	22/04/2019	Inspection Date	23/04/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4981B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER RETAINER MOUNTING (LH)	SERVICEABLE	9.20	-
1	FRONT FENDER (LH)	BUCKLED	663.00	663.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	174.90	-
1	FRONT FENDER RETAINER (LH)	SERVICEABLE	24.60	-
1	FRONT WHEEL HUB CAP (LH)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-309.14	-154.02
			1,236.56	616.08
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER .		400.00	200.00
	SPRAY PAINTING CHARGE.		650.00	400.00
	TUFF KOTE.		50.00	30.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,180.00	630.00
	GRAND TOTAL		2,416.56	1,246.08
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,000.00

Report Ref No. NS/INC19007188/K1td3q2



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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