

Surveyor: Kelvin

REF: NS/INC 19007193/119d382

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/INS/TP/RES/OD/RES/EVA/INV/INV

To Inspected Vehicle No: _____

at Workshop n/s: _____

of: _____

Insured: SHD 2356U

Policy No. 5068045737-04 (09/10/2018)

Claims No. MT/1041682-001

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: 7 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 3516T Yr Regt: 25 Aug 2016
Type: M.Gar / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 cc 1685

Colour: Blue A/C: Ins: 6d / Std / NI / NA

Sp. Reading: 30 7739 T/Radio: Ins: 6d / Std / NI / NA

Eng/No: _____

C/No: KMHLB41W44093391

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Ino: 6 / Jammed / Leaked / Burnt or

Brake: Ino: 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / 6 / S/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Har Kae

Front _____ Rear _____

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

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

D.O.A. 18/4/19 D.O.I. 22/4/19

Survey held at CDAE (Logan)

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

Rear n/s

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

Date / Time	Action / Instruction
24/4/19	Continue 45 \$1100/ 2 days. (Red 699537, 48%) Inc
	SHD 3516T - CC3/AG 17007897/H119392 DOA - 19/04/2017 4.
	SHD 2356U - NA / TM1 16023188/r3 DOA - 05/12/2016

RECEIVED 25 APR 2019

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

1) 25/4 Final ☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$

☐ Intermediary (\$

Survey Fee:

Transportation:

\$ + RS \$

Fuel:

Other:

Notes:

lump sum \$1100

TP Claims against NTUC Income: Follow-Through Survey

Date : 25/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1041317-002	COMFORT TRANSPORTATION PTE LTD	SHC 3227H	SMG 3579L	21/04/2019	21:45	\$ 2,134.32
2	MT/1041682-001	COMFORT TRANSPORTATION PTE LTD	SHD 3516T	SHD 2356U	18/04/2019	11:30	\$ 2,095.97

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

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 checked="" type="radio"/>	5068045737-04		PRIME CAR RENTAL & TAXI SERVICES PTE. LTD.	1996062932	GFT	Third Party, Fire & Theft	SHD2356U	SHD2356U	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	22/04/2019 11:00
Date Of Accident	18/04/2019 11:30
Exact Location Of Accident	SUNGEI RD AFTER PERAK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3516T
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	UTHIYA KUMAR S/O RAMAYAH
NRIC No	S1512206D
Date Of Birth	25/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84281458
Fax Number	
Contact Number	
Email Address	UK25061961@GMAIL.COM

Address	BLK 182 RIVERVALE CRESCENT #09-291
Postcode	540182
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?	YES
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

REFER 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	SHD2356U
Vehicle Make/Model/Colour	PRIME TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR TAN
NRIC/Passport Number	S1416575D
Contact Number	82050316
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	UTHIYA KUMAR S/O RAMAYAH
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHD3516T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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. 199303821R

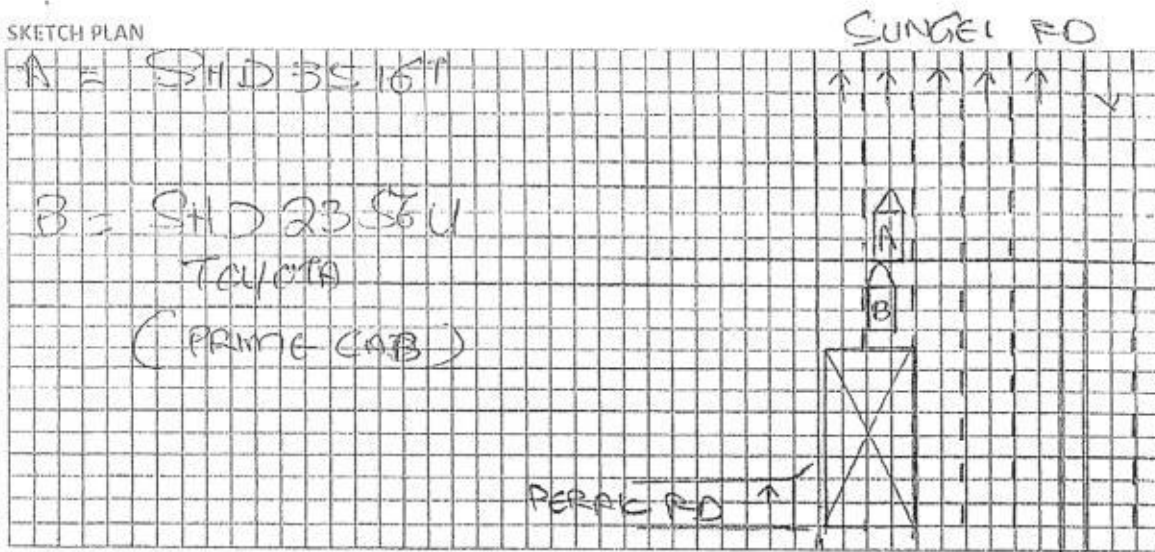
Policyholder's Signature
Date & Time:

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

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

22 APR 2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

From Perak Rd, ^{to} make right into Sungel Rd suddenly road clear to my view, and suddenly Prime Taxi, SHD 2356U knock my left side behind boot, so stop vehicle and take necessary action

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 Wengly

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

22 APR 2019

NTUC-45

(4)

COMFORTDELGRO
ENGINEERING

ComfortDelGro Engineering Pte Ltd

200 Selegie Road, Singapore 117611

Mobile: +65 6393 8880 Fax: +65 6393 4732

Workshops:

20 Selegie Road, Singapore 117611

383 Sin Ming Drive, Singapore 575717

45 Pandan Road, Singapore 600186

470 Upper Boat Road, Singapore 400634

24 Serangoon Road, Singapore 556116

1 Sungei Road, Singapore 728781

501 Yishun Industrial Park A, Singapore 768732

member of COMFORTDELGRO

Date/Time: 22.04.2019 11:47

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305289025

OMER

IS: COMFORT TRANSPORTATION PTE LTD
 OMER NO: 7010045
 IESS: 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755 (R) (P) (Q)

JUNT CARD NO:

REGN NO:

SHD3516T

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

22.04.2019 09:20

YR OF MANU.

25.08.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU093391

COMPLETION DATE/TIME:

JOB DESCRIPTION

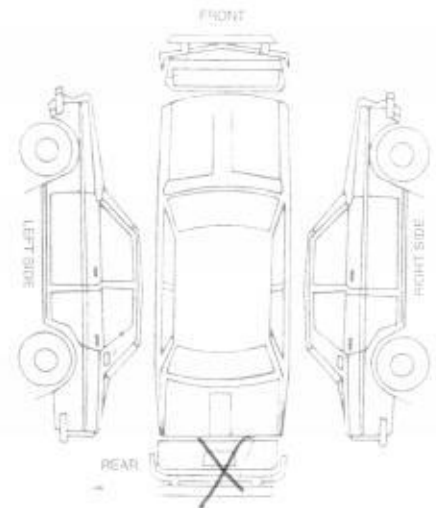
Accident Date: 18.04.2019

NATURE: 3P 18.04.19

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.: SHD3516T

LIMITS

Vehicle No.:

SHD3516T

Service Advisor

Signature/Date

Name of Service Advisor

Date

NTUC-LIS

LKK - kalvin

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

JOB NO : 305289025
 REGN NO : SHD3516T
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 25.08.2016
 DATE/TIME IN : 22.04.2019 09:20
 ACCIDENT DATE : 18.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	- Refund
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	- it
0003 04-01-0103-0739-G	REAR BUMPER SPONGE	1	103.50	20.00	82.80	X sue
0004 04-01-0103-0740-G	REAR BUMPER REINFORCEMENT	1	428.40	20.00	342.72	X sue
0005 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	- me
0006 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00	2.00	50.00	- me
0007 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	- shorted
0008 04-01-0103-0852-G	REAR BUMPER REFLECTOR RH	1	30.60	20.00	24.48	X sue
0009 04-01-0103-0851-G	REAR BUMPER REFLECTOR LH	1	30.60	20.00	24.48	X sue

SUB-TOTAL : 1,289.01

JOB NATURE

0000 PB	PANEL BEATING	280.00 200
0001 SP	SPRAYPAINT CHARGE	250.00 200

COMFORTDELGRO ENGINEERING PTE LTD

Date: 22.04.2019

REPAIR ESTIMATE

NTUC-LFS

Time: 12:19:56

Page: 2

IS

LKK - Kalvin

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

JOB NO : 305289025
REGN NO : SHD3516T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 25.08.2016
DATE/TIME IN : 22.04.2019 09:20
ACCIDENT DATE : 18.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 L R/I REVERSE SENSOR

120.00

SUB-TOTAL : 650.00

TOTAL : 1,939.01

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Kahar 1 UCM

22/4/19 1225h

2h,

U/s

After Repair photo

2095.97



[illegible]

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305289025

Date : 23/04/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD3516T

Date of Accident : 18-Apr-19

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

1. The repair job shall bill to: NTUC --- **PRIMECAB SHD2356U**
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% **\$1,100.00**
 - Final Lumpsum Repair cost** **\$1,100.00**

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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 24/4/19

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/INC19007193/K1qd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 02-05-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 2356U	Veh. Inspected	SHD 3516T
Policy No.	5068045737-04	Coverage (\$)	0.00
Claim No.	MT/1041682-001	Excess (\$)	0.00
Assign From		Assign Date	22/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093391	Colour	BLUE
Odometer	307739	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	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	18/04/2019	Inspection Date	22/04/2019
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
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**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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3516T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER REFLECTOR RH	SERVICEABLE	30.60	-
1	REAR BUMPER REFLECTOR LH	SERVICEABLE	30.60	-
2	REAR BUMPER STAY RH/LH @\$80.30	BENT	160.60	160.60
1	REAR BUMPER SIDE BRKT LH	CRACKED	35.60	35.60
	LESS 20% DISCOUNT		-318.46	-199.84
			1,273.84	799.36
<u>NETT ITEMS</u>				
1	REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-13.57	-13.57
			122.13	122.13
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	PANEL BEATING.		280.00	200.00
	SPRAYPAINT CHARGE.		250.00	200.00
	R/I REVERSE SENSOR.		120.00	30.00
			-	-
			-	-
			-	-
			650.00	430.00
GRAND TOTAL			2,095.97	1,401.49

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,100.00
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Report Ref No. NS/INC19007193/K1qd3s2

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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