

Surveyor: Kelvin

REF: NS/INC 19007196/Hsd352

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **SLJ 8185C**

Policy No. **5089793765-01 (20/05/2018-19/05/2019)**

Claims No. **MT/1041312-002**

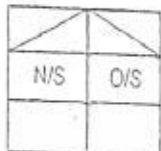
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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: _____ 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 39545** Yr Regn: **5 Mar, 2015**

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

Truck / Trailer or

Make: **Hyundai - Zeta** cc **1680**

Colour: **Blue** A/C: ☒ Insured / Std / Nil / NA

Sp. Reading: **466347** T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: **KMHLP414MF4064689**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **205/60R16**

R: _____

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

TOYO / YOKO or **Flank**

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. **18/4/19**

Survey held at **COGE (Loyang)**

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

Front AB

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

Date / Time Action / Instruction

24/4/19 **Claims P/P \$400 / 2 days.**

SHC 39545 - NA/MSG 18015010 KY

SLJ 8185C - X

D.O.A - 11/02/2018

INC

41

(\$ 1,757.36 red - 82%)

RECEIVED 26 APR 2019

Date/Time, File Pass to?

26/04/19

1) **Typist**

Date/Time, File Return to?

2) _____

Date/Time, File Return to?

3) _____

☐ : Prel. Report

☒ : Final Report

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

\$400/- P/P

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	Tentative repair cost
1	MT/1041170-002	COMFORT TRANSPORTATION PTE LTD	SHA 4203E	GBF 3756C	17/4/2019	10:00	\$ 1,866.92	\$ 1,204.67
2	MT/1040986-002	COMFORT TRANSPORTATION PTE LTD	SHB 4033Z	GBF 2247L	17/4/2019	14:10	\$ 786.00	\$ 500.00
3	MT/1041312-002	COMFORT TRANSPORTATION PTE LTD	SHC 3954S	SLJ 8185C	18/4/2019	00:15	\$ 2,157.36	\$ 400.00

eBaoTech

General Claim

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 type="radio"/>	5089793765-01		KS HUB TRADING	53359797L	GPC	drive CLASSIC	SLJ8185C	SLJ8185C	20/05/2018	19/05/2019

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

173 Selegie Road Singapore 118254

Telephone : 67 2954 9282 Fax : 67 2954 9122

Workshops

88 Lorong Drive Singapore 308953

183 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 629266

1201 Upper Road Singapore 347601

21 Selegie Road Singapore 118254

7 Sungei Kadut Way Singapore 737211

501 Yishun Ring Road Singapore 768731

Date/Time: 18.04.2019 14:24

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305288477

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(P) (O)

JUNT CARD NO.

REGN NO.:

SHC3954S

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

18.04.2019 10:40

YR OF MANU.

05.03.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU064689

COMPLETION DATE/TIME

JOB DESCRIPTION

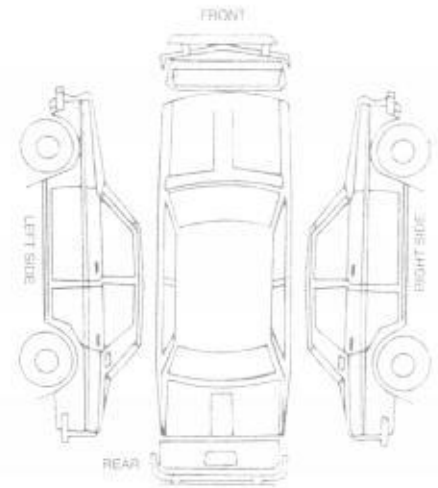
Accident Date: 18.04.2019

NATURE: 3P 18.04.19

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHC3954S

LIMITS

Vehicle No.:

SHC3954S

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

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	18/04/2019 12:11
Date Of Accident	18/04/2019 00:15
Exact Location Of Accident	FESTIVE HOTEL DRIVE WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3954S
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	LAI MENG CHIOU
NRIC No	S1534153Z
Date Of Birth	31/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1984
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98361186
Fax Number	
Contact Number	
Email Address	HENRY-1186@HOTMAIL.COM

Address	BLK 165B PUNGGOL CENTRAL #03-165
Postcode	822165
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?	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

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	SLJ8185C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LAI MENG CHIOU
Approximate Age	57
Injuries Sustain	FELT PAIN ON NECK
Injured person in which vehicle?	SHC3954S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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.

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

Policyholder's Signature
Date & Time:

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

Date & Time: 18.04.2019@1130hrs

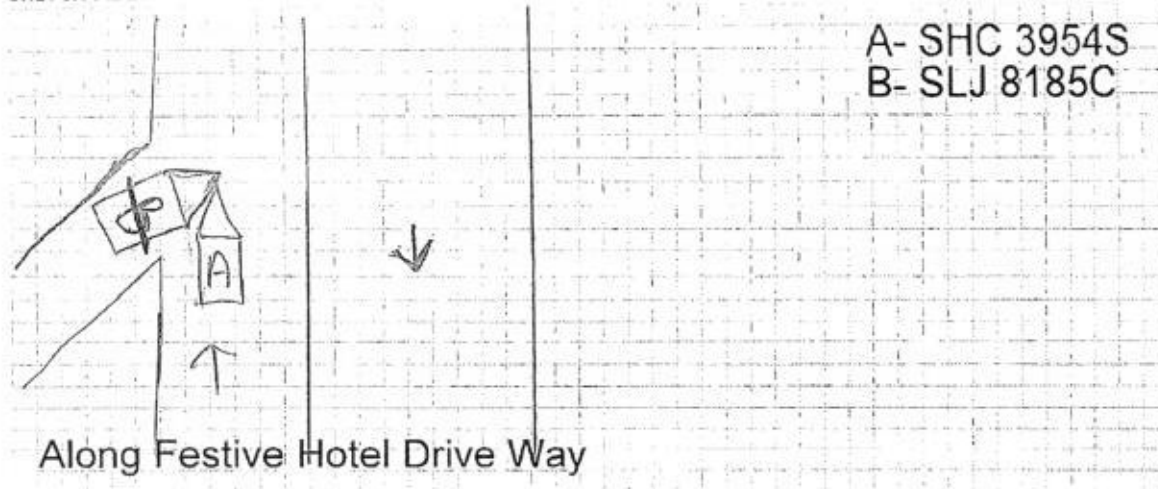
Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Loke Wei Yiong

18/4/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.04.2019 @ 0015hrs I was travelling along Festive Hotel Drive Way with no passenger onboard.
As I was travelling straight suddenly veh(B) SLJ 8185C dashed out from my front left and hit onto my vehicle front left portion.
As it took place too fast I could not take evasive action to prevent the accident.
I have company video and photos at scene to support my claims.
After the accident I felt pain on my neck and will consult a doctor later.
Veh(B) SLJ 8185C Male Driver

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: 18.04.2019@1130hrs

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Lok Wei Yeng

18/4/19

REPAIR ESTIMATE

Date: 18.04.2019

Time: 14:33:03

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	:	305288477
REGN NO	:	SHC3954S
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	05.03.2015
DATE/TIME IN	:	18.04.2019 10:40
ACCIDENT DATE	:	18.04.2019

JOB / PARTS DESCRIPTION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
-----	-----	------------	-------	--------

PART REQUISITION

0001	04-01-0103-0578-G	FRT BUMPER	1	544.50	20.00	435.60
0002	04-01-0103-0781-A	HEADLAMP LH	1	1,388.00	20.00	1,110.40
0003	04-01-0103-0737-G	FRT BUMPER GRILLE LH	1	51.70	20.00	41.36

SUB-TOTAL : 1,587.36

JOB NATURE

0000 PB	PANEL BEATING
0001 SP	SPRAYPAINT CHARGE
0002 17-01	CHECK ALL LIGHTING

SUB-TOTAL : 570.00

TOTAL : 2,157.36

MVA NAME & SIGNATURE

DATE : _____

SURVEYOR NAME & SIGNATURE

DATE: _____

Ka hwa (UK)

18/4/19 1505h

2 lbs.

4/5

4/5
After Rg-2 p 46

AUTHORISED: YES / NO

[illegible]

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305288477

Date : 22/04/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC3954S

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 --- SLJ8185C

2. The finalized amount shall be:

(a) Spare Parts after List discount NIL

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$400.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

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:

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

JOB NO : 305288477
REGN NO : SHC3954S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 05.03.2015
DATE/TIME IN : 18.04.2019 10:40
ACCIDENT DATE : 18.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

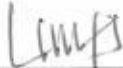
SUB-TOTAL : 0.00

JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	200.00

SUB-TOTAL : 400.00

TOTAL : 400.00


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO



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/INC19007196/K1sd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 06-05-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLJ 8185C	Veh. Inspected	SHC 3954S
Policy No.	5089793765-01	Coverage (\$)	0.00
Claim No.	MT/1041312-002	Excess (\$)	0.00
Assign From		Assign Date	18/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU064689	Colour	BLUE
Odometer	466347	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	HANKOOK	7 mm
L/H Front Tyre	205/60R16	HANKOOK	7 mm
R/H Rear Tyre	205/60R16	HANKOOK	7 mm
L/H Rear Tyre	205/60R16	HANKOOK	7 mm

4. Description of Damages

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

5. General Information

Accident Date	18/04/2019	Inspection Date	18/04/2019
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
-------------------------------------	----------------



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 3954S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRT BUMPER	TO REPAIR SEE LABOUR	544.50	-
1	HEADLAMP LH	SERVICEABLE	1,388.00	-
1	FRT BUMPER GRILLE LH	SERVICEABLE	51.70	-
	LESS 20% DISCOUNT		-396.84	-
			1,587.36	-
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRT BUMPER.		280.00	200.00
	SPRAYPAINT CHARGE.		250.00	200.00
	CHECK ALL LIGHTING.	NOT NECESSARY	40.00	-
			570.00	400.00
	GRAND TOTAL		2,157.36	400.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				400.00

Report Ref No. NS/INC19007196/K1sd3s2

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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