

Surveyor: Kelvin

REF:

NS/INC 1900758/KHd352

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJP 96051

Policy No: _____

Claims No: MT/1041199-002

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 Rpt: _____ 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: SHA 56302 Yr Regn: 3 Sep 2018Type: M.Car / M.Cycle / Bus / Van / Lorry / T_o / Prime Mover /

Truck / Trailer or

Make: Hyundai Lorry cc 1580Colour: Blue A/C: Ins 6 / Std / Nil / NASp. Reading: 11.725 T/Radio: Ins 8 / Std / Nil / NA

Eng/No: _____

C/No: KM HC 851CVK41073669Gen. Cond: Good / 2 / Poor / BurntSteering: In 6 / Jammed / Leaked / Burnt orBrake: In 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD 6 / Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Daranti

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 18/4/19 D.O.I. 22/4/19Survey held at CDDE (Logan)

Des. of Damages: Frl / 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
	SHA 56302 - NS/INC 17008402 / H14th 2 D.O.A. - 27/04/2017 INC
	SJP 96051 - X P/P
	ND Policy Fund.
29/4/19	Entered P/P \$200616 / 2 Pys. (Red. 235.52, 10%)

RECEIVED 30 APR 2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp. (\$☐ : Interview (\$☐ : Tech. Insp. (\$☐ : Meet and

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1009890-002	SMRT BUSES	SG 5773H	SIX 8235S	2/9/2018
2	MT/1040324-002	COMFORT TRANSPORTATION PTE LTD	SHD 7103A	SHB 8868E	13/4/2019
3	MT/1040700-002	COMFORT TRANSPORTATION PTE LTD	SHA 1271C	FBD 4873B	14/4/2019
4	MT/1040463-002	COMFORT TRANSPORTATION PTE LTD	SHD 4354L	SIX 3780S	16/4/2019
5	MT/1041520-002	COMFORT TRANSPORTATION PTE LTD	SHD 3193R	SJP 4115Z	23/4/2019
6	MT/1040848-002	CITYCAB	SHC 968Y	SJV 7501R	17/4/2019
7	MT/1041199-002	COMFORT TRANSPORTATION PTE LTD	SHA 5630Z	SJP 9605T	18/4/2019

COMFORTDELGRO

Date/Time: 22.04.2019 10:01

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305288927

OMER

REGN NO.:

SHA5630Z

MILEAGE

IS

COMFORT TRANSPORTATION PTE LTD

OMER NO.

7010045

MAKE:

HYUNDAI

FUEL

IESS

383 SIN MING DRIVE

MODEL

IONIQ(G2)

DATE/TIME IN

20.04.2019 13:20

(R)

Singapore SINGAPORE 575717

YR OF MANU

03.09.2018

TARGET DATE

(P)

65508755

(Q)

NTUC

CHASSIS CODE

KMHC851CVKU107369

COMPLETION DATE/TIME

DUNT CARD NO.

JOB DESCRIPTION

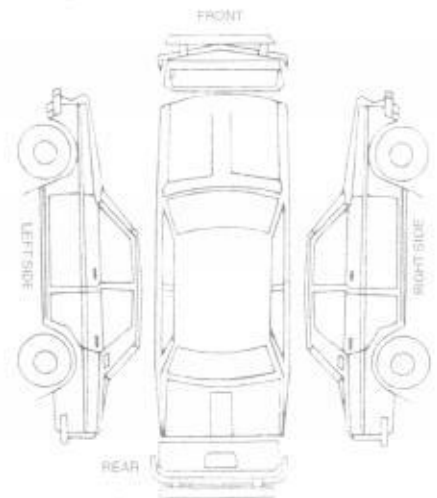
Accident Date: 18.04.2019

NATURE: 3P 18.04.2019

S/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SHA5630Z

LKE

Vehicle No.:

SHA5630Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned 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	20/04/2019 13:24
Date Of Accident	18/04/2019 18:50
Exact Location Of Accident	NICOLL HIGHWAY TWDS RAFFLES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5630Z
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	IONIQ HYBRID

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	SOH TECK KENG
NRIC No	S1250812C
Date Of Birth	25/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1978
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88217750
Fax Number	
Contact Number	
Email Address	STEVENSOH75@YAHOO.COM.SG

Address	BLK 243 TAMPINES STREET 21 #04-415
Postcode	521243
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)	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

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 Witness 1

Name	UNKNOWN(PAX)
Phone Number	-
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP9605T
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RH REAR

No. Of Passenger (Including Driver)

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

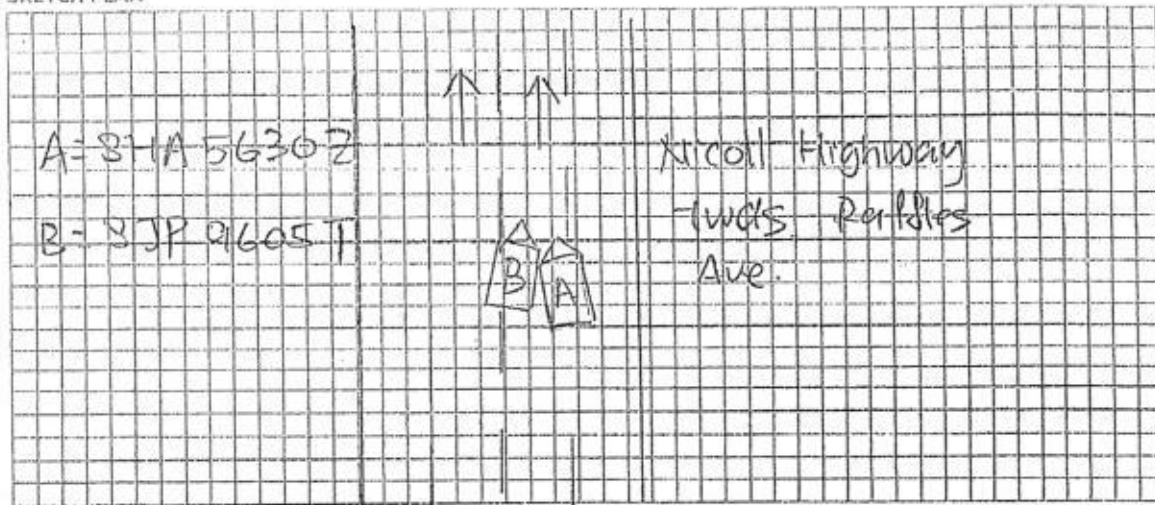
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 20/4/19
NRIC/FIN No.:

Loke Wei Yeng

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/4/19 at about 18:50 hrs, I switched on signal light and filtered left after I checked traffic is clear. In the process, Veh B encroached into my path from other lane. Due to this course, Veh B rt. right rear portion hit and grazed onto my taxi front left portion. Both of us then alighted to take photo. 01 female passenger on board my taxi, she willing be my witness H/P: 83041427. No injury reported

DECLARATION

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

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

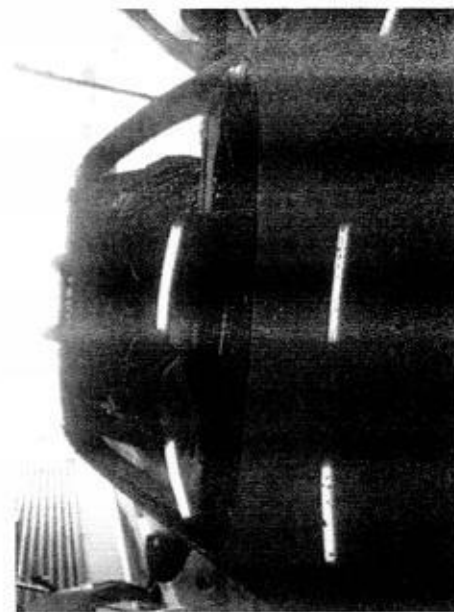
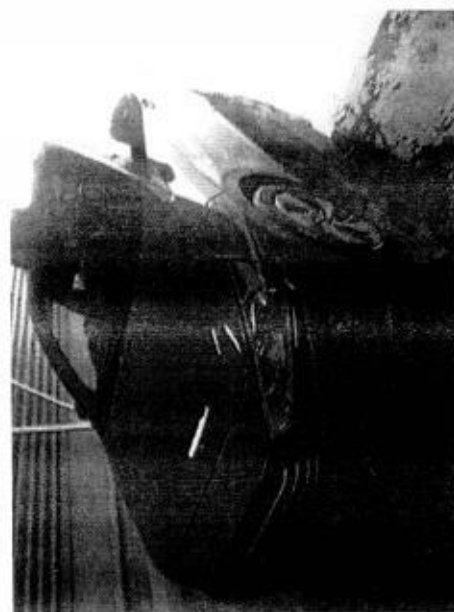
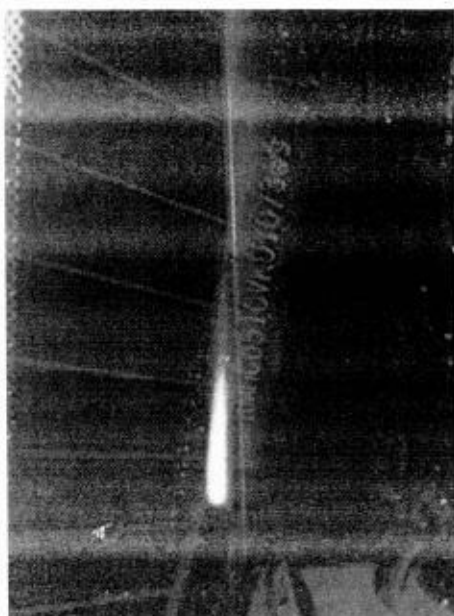
Policyholder's Signature
Date & Time:

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

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

Loke Wei Yeng

20/4/19



COMFORTDELGRO ENGINEERING

Our Job Ref No 305288927
Date : 25.04.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA5630Z CTPL

Fax :

18.04.19

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

- The repair job shall bill to: NTUC SJP9605T
- The finalized amount shall be:


(a) Spare Parts after List discount	\$1,386.16
(b) Labour Charges	\$620.00
Total for Part-By-Part Repair Cost	\$2,006.16
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	
Final Lumpsum Repair cost	


- 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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kalvin
Date : 29/4/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 25.04.2019

Time: 09:27:53

Page: 1

REPAIR ESTIMATE

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

JOB NO : 305288927
REGN NO : SHA5630Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 03.09.2018
DATE/TIME IN : 20.04.2019 13:20
ACCIDENT DATE : 18.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G	IONIQV2 COVER-FR BUMPER#	1 L	418.30	20.00	334.64
0002 04-01-0104-2361-G	IONIQ MOULDING-FRONT BUMP	1 L	93.60	20.00	74.88
0003 04-01-0104-2815-G	IONIQVC LAMP ASSY-HEAD LH	1 L	1,198.80	20.00	959.04
0004 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
SUB-TOTAL :					1,386.16

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 17-01	CHECK ALL LIGHTING	20.00
SUB-TOTAL :		620.00

TOTAL : 2,006.16

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 5630Z

DATE 22/4/2019 13:47

MAKE :

MODEL : HYUNDAI IONIQ

Lee/Kalvin PbyP
 Lee NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — cut			\$ 418.30
	Front Bumper Sponge — cut			\$ 86.90
	Front Bumper Moulding (LH) — cut			\$ 93.60
	Front Bumper Bracket Top (LH) — cut			\$ 35.00
	Front Bumper Retainer Mounting — cut			\$ 35.00
	Front Bumper Clips 10 pcs — cut			\$ 22.00
	Headlamp (LH) — cut			\$ 1,198.80
	Front LH Fender x repair			
	SUB TOTAL			\$ 1,889.60
	LESS 20%			\$ 377.92
	DISCOUNTED TOTAL			\$ 1,511.68
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 500
	Wiring Charge			\$ 30.00
	TOTAL LABOUR			\$ 730.00
	ESTIMATE TOTAL			\$ 2,241.68
				2441.68
	Kahin 16/11/19			
	22/4/19 1405L			
	2 by,			
	PIP			
	Before Paint photo			
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.				



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/INC19007258/K1td3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 09-05-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJP 9605T	Veh. Inspected	SHA 5630Z
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1041199-002	Excess (\$)	0.00
Assign From		Assign Date	22/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU107369	Colour	BLUE
Odometer	110725	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	DAVANTI	7 mm
L/H Front Tyre	195/65R15	DAVANTI	7 mm
R/H Rear Tyre	195/65R15	DAVANTI	7 mm
L/H Rear Tyre	195/65R15	DAVANTI	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT 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
-------------------------------------	----------------

**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. SHA 5630Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	CRACKED	418.30	418.30
1	FRONT BUMPER SPONGE	SERVICEABLE	86.90	-
1	FRONT BUMPER MOULDING (LH)	CUT	93.60	93.60
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	35.00	-
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	35.00	-
10	FRONT BUMPER CLIPS	NECESSARY	22.00	22.00
1	HEADLAMP (LH)	GRAZED	1,198.80	1,198.80
1	FRONT LH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-377.92	-346.54
			1,511.68	1,386.16
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT LH FENDER.		400.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		30.00	20.00
			930.00	620.00
	GRAND TOTAL		2,441.68	2,006.16
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			2,006.16

Report Ref No. NS/INC19007258/K1td3s2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.