

Surveyor: Kd/vin

REF: NS/INC 19007262/K19d3m2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: **SMG 3579L**

Policy No: **5105166822 (05/11/2018 - 04/11/2019)**

Claims No: **MT/1041317-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

Remark: The vch 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: **SHC 3227H** Yr Regn: **22 Jan, 2014**

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

Truck / Trailer or

Make: **Hyundai Zx0** cc: **1685**

Colour: **Blue** A/C: **Ins** Std / NI / NA

Sp. Reading: **593.37** T/Radio: **Ins** Std / NI / NA

Eng/No: _____

C/No: **KM HLB414M04043544**

Gen. Cond: Good / ☒ Poor / Burnt

Steering: Inord / ☒ Jammed / Leaked / Burnt or

Brake: Inord / ☒ Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD ☒ Rim or

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

R: _____

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

TOYO / YOKO or **Went 16/4**

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. **22/4/19**

Survey held at **CDAE (Logan)**

Des. of Damages: Frl / Rear / OIS / NIS / UIC / Rooftop or

n/s Front

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

Date / Time	Action / Instruction
	SHC 3227H - VBA/INC 1900586314 DOA - 17/03/2019 INC 45
	SMG 3579L - X
25/4/19	Lum Sum 45 \$1000 / 2 Dgs. (22/4/19, 53/10)

RECEIVED 25 APR 2019

Decline, File Pass to? ☐ : Prel. Report

1) **75/4** ☐ : Final Report

Date/Time, File Return to?

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Test (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

SPR

160

Lump Sum **78** **1000**

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

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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 checked="" type="radio"/>	5105166822		LEE CHIN CHENG (LI ZHENJIN)	S1782020F	GPC	drive PREMIUM	SMG3579L	SMG3579L	05/11/2018	04/11/2019

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 12:04
Date Of Accident	21/04/2019 21:45
Exact Location Of Accident	CLEMENCEAU AVE TWDS PENANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3227H
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	DEVARAJAN S/O ARUMUGAM
NRIC No	S0066181C
Date Of Birth	09/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	22/12/1971
Driving Experience	47 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93629545
Fax Number	
Contact Number	
Email Address	DEVDEVANRAJ@HOTMAIL.COM

Address	BLK 134 GEYLANG EAST AVENUE 1 #03-227
Postcode	380134
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

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 / Type Of Accident: HEAD T O 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	SMG3579L
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

RIGHT REAR

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.
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7. By the lodging 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. 199203821R

Policyholder's Signature
Date & Time:

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

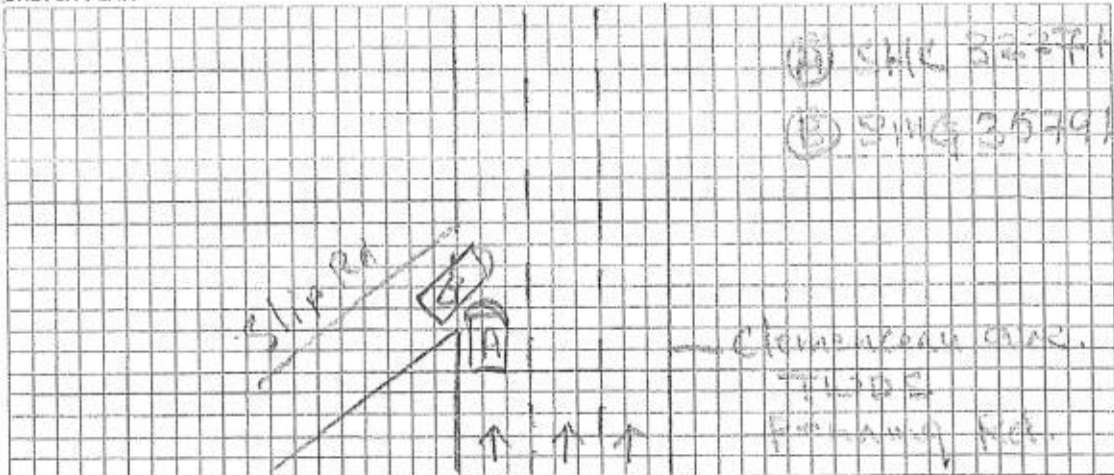
22/4/19
Jackson Hain
CSO

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

GIA/RMC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/4/2019 at about 2145 hrs, I vehicle A was driving my taxi along Clemenceau ave toward Peking road when I was on the extreme left lane and my speed is approximately 60 km/h. Vehicle B dash out from a slip road, But I couldn't brake in time and collided onto vehicle B right rear 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. 199203921R

Policyholder's Signature
Date & Time:

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

22/4/19
Jackson Heng Jackson
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



REPAIR ESTIMATE

NTUC-48

LKK - kalvin

TS

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

JOB NO : 305289093
 REGN NO : SHC3227H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 22.01.2014
 DATE/TIME IN : 22.04.2019 10:40
 ACCIDENT DATE : 21.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-0578-G	FRT BUMPER	1	544.50 20.00 435.60
0002	04-01-0103-0574-G	FRT FENDER LH	1	566.30 20.00 453.04
0003	04-01-0103-0658-G	FRT WHEEL CAP LH	1	107.10 20.00 85.68

SUB-TOTAL : 974.32

JOB NATURE

0000	PB	PANEL BEATING	500.00	300
0001	SP	SPRAYPAINT CHARGE	500.00	400
0002	20-00	TUFF COAT ON AFFECTED PARTS.	40.00	20
0003	L	WHEEL ALIGNMENT	120.00	X m

SUB-TOTAL : 1,160.00

TOTAL : 2,134.32

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

Kalin 16/4/19

22/4/19 1515h

2 by,

4s

Aph Repair photo

- To resurvey damaged parts during repair
- To display damaged parts for confirmation
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Authorised by Repairer

Date:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305289093

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

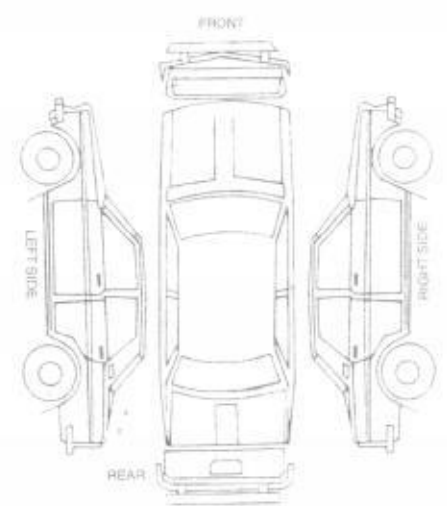
REGN NO:	SHC3227H	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 22.04.2019 10:40
YR OF MANU	22.01.2014	TARGET DATE
CHASSIS CODE	KMHLB41UMDU043544	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 21.04.2019
NATURE: 3P 21.04.19

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHC3227H LIMITS

Vehicle No.: SHC3227H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305289093

Date : 24/04/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC3227H

Date of Accident : 21-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 --- SMG3579L

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% \$1,000.00

Final Lumpsum Repair cost \$1,000.00

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 : 25/4/19

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/INC19007262/K1qd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 02-05-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SMG 3579L	Veh. Inspected	SHC 3227H	
Policy No.	5105166822	Coverage (\$)	0.00	
Claim No.	MT/1041317-002	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.	2014	
Chassis No.	KMHLB41UMDU043544	Colour	BLUE	
Odometer	593037	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	21/04/2019	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. SHC 3227H

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	FRT FENDER LH	BUCKLED	566.30	566.30
1	FRT WHEEL CAP LH	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-243.58	-134.68
			974.32	538.72
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRT BUMPER.		500.00	300.00
	SPRAYPAINT CHARGE.		500.00	400.00
	TUFF COAT ON AFFECTED PARTS.		40.00	20.00
	WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,160.00	720.00
GRAND TOTAL			2,134.32	1,258.72
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,000.00

Report Ref No. NS/INC19007262/K1qd3n2

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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