

Surveyor: Kelvin

REF: NS/INC 19007306/K1+d3n2

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop n/s \_\_\_\_\_

at \_\_\_\_\_

Insured: SLC 64693

Policy No: 5102609044 (26/07/2018 - 22/11/2019)

Claims No: MT/041321-002

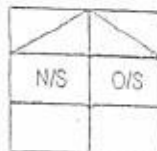
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sunk: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHC 3540C Yr Regn: 26 Feb, 2013

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

Truck / Trailer or

Make: Hyundai Santa c.c. 1994

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

Sp. Reading: 817000 T/Radio: Ins ed / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ICM HET41VMDA833522

Gen. Cond: Good / F / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / AK / Rim or

Tyre Size: F: 215/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Wells

Front \_\_\_\_\_ Rear \_\_\_\_\_

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

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

D.O.A. 21/4/19 D.O.I. 24/4/19

Survey held at CPAE (Logan)

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

Rear n/s

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

Date / Time	Action / Instruction
	SHC 3540C - CS3 / R2 17017576 / M1 b52 D.O.A. - 07/09/2017 <u>INC</u>
	SLC 64693 - X <u>4</u>
26/4/19	Interview 45 \$1800 / 2 hrs. (Red: 112264, 38%)

RECEIVED 29 APR 2019

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

2014 typist ☒ : Final Report

Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\$ + RS. \$1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : \_\_\_\_\_ (\$ \_\_\_\_\_)

☐ : \_\_\_\_\_ (\$ \_\_\_\_\_)

☐ : \_\_\_\_\_ (\$ \_\_\_\_\_)

☐ : \_\_\_\_\_ (\$ \_\_\_\_\_)

45: 6 TP  
1800

160

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800692

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

Policy Query:

Policy No.

Vehicle No. (for Motor)

SLC6469J

Date of Accident

21/04/2019 14:55

Certificate Number

Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
S110200049		ANG YAN HONG	S1405136H	GPC	drive CLASSIC	SLC6469J	SLC6469J	26/07/2018	22/11/2019

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

COMFORTDELGRO

Date/Time: 24.04.2019 11:33

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305289907

TOMER

VS COMFORT TRANSPORTATION PTE LTD  
TOMER NO. 7010045  
RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

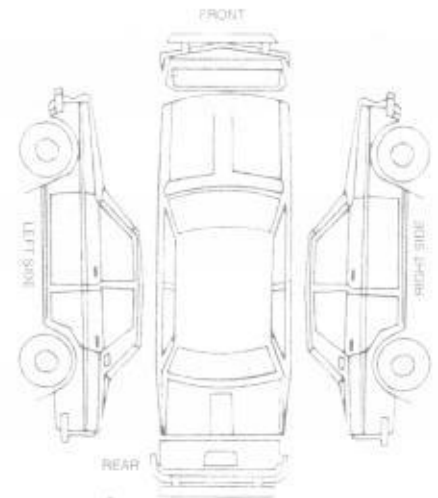
OUNT CARD NO.

REGN NO.: SHC3540C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 24.04.2019 10:00
YR OF MANU. 26.02.2013	TARGET DATE
CHASSIS CODE KMHET41VMDA833522	COMPLETION DATE/TIME

## JOB DESCRIPTION

Accident Date: 21.04.2019  
NATURE: 3P 21.04.19

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHC3540C FZ NTUC

Vehicle No.: SHC3540C

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned 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	22/04/2019 14:03
Date Of Accident	21/04/2019 10:30
Exact Location Of Accident	TAVISTOCK AVE X AMK AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3540C
<b>Insured/Policyholder</b>	
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	SONATA

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	HO SWEE LEONG (HE RUILIANG)
NRIC No	S7977226G
Date Of Birth	17/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	27/08/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81687551
Fax Number	
Contact Number	
Email Address	BOBHO1709@YAHOO.COM.SG

Address	BLK 335A ANCHORVALE CRESCENT #12-108
Postcode	541335
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)	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	SLC6469J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96841969
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### 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 TRANSPORTS LTD PTE LTD  
CO. REG. NO. 199203521R

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.:

GIA/IRIC SketchPlanForm\_V3

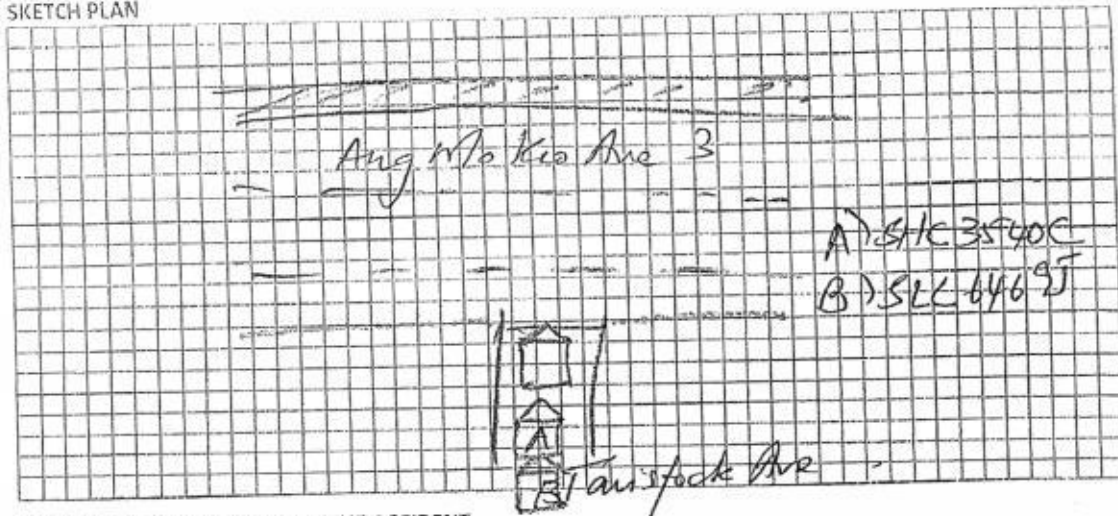
4-1  
b1-2

4-1  
b1-2

1

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/4/19 at about 1030hrs while I veh A gradually slowed down and stopped behind another vehicle in front. Veh B collided into the rear of my vehicle -

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199203621F

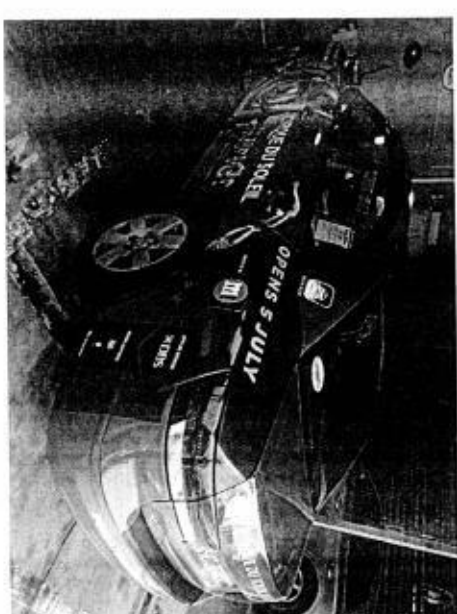
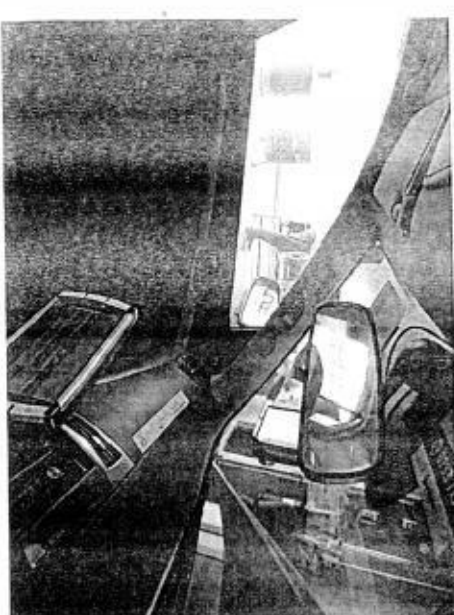
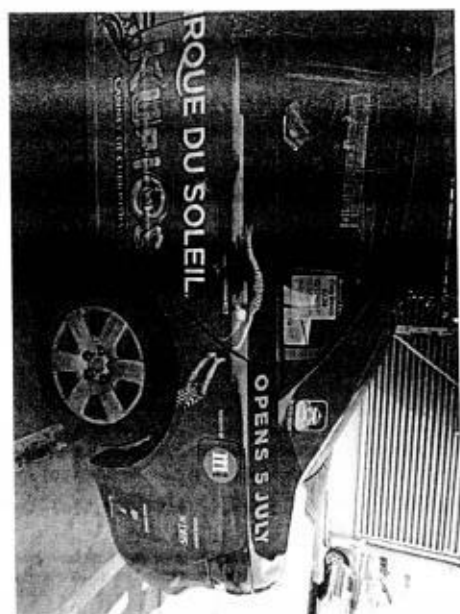
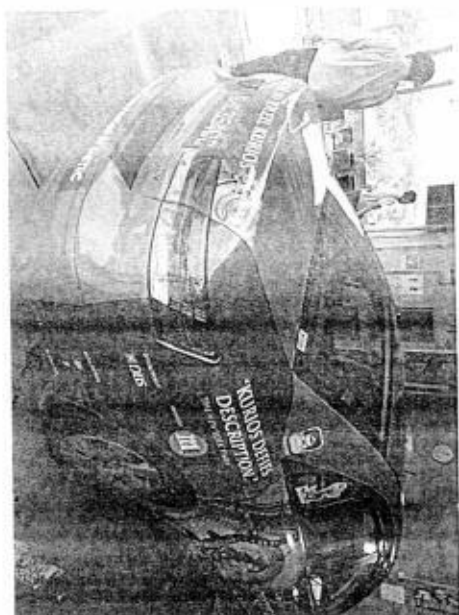
Policyholder's Signature  
Date & Time:

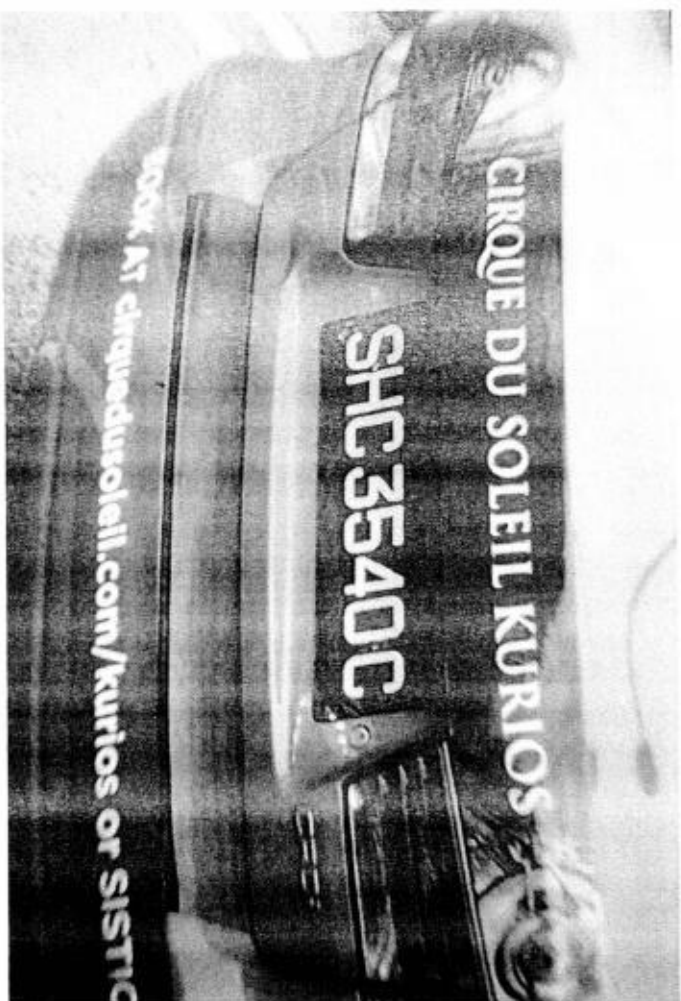
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GIABMC SketchPlanForm\_V3









# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305289907  
Date : 25.04.2019

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN

Fax :

Vehicle Reg No. : SHC3540C Date of Accident : 21.04.2019

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

1. The repair job shall bill to: NTUC --- SLC6469J
2. The finalized amount shall be:
 

(a) Spare Parts after List discount		\$0.00
(b) Labour Charges		\$0.00
<b>Total for Part-By-Part Repair Cost</b>		<b>\$0.00</b>
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:	20%	\$1,800.00
<b>Final Lumpsum Repair cost</b>		<b>\$1,800.00</b>

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : K. H. H.

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	7.49			
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/INC19007306/K1td3n2

73 BRAS BASAH ROAD  
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 08-05-2019  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLC 6469J	Veh. Inspected	SHC 3540C
Policy No.	5102609044	Coverage (\$)	0.00
Claim No.	MT/1041321-002	Excess (\$)	0.00
Assign From		Assign Date	24/04/2019

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHET41VMDA833522	Colour	BLUE
Odometer	817000	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	21/04/2019	Inspection Date	24/04/2019
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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# 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 3540C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BOOT LID	DENTED	2,174.90	2,174.90
1	BOOT LID LOCK UPPER	SERVICEABLE	102.60	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	28.70	-
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
	LESS 20% DISCOUNT		-473.16	-440.56
			1,892.64	1,762.24
<b><u>SPECIAL NETT ITEMS</u></b>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	BOOT LID ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NOT NECESSARY	200.00	-
			330.00	100.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	400.00
<b>GRAND TOTAL</b>			<b>2,922.64</b>	<b>2,262.24</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,800.00</b>

Report Ref No. NS/INC19007306/K1td3n2

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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