

Surveyor: Kelvin

REF: NS/INC 19007309 / KIVD3N2

# ASSIGNMENT

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

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

OD TP NS/TP RES/OD RES/EVA/INV/MV

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

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: **PA 786X**

Policy No. **5107199794 (17/04/2019-16/04/2020)**

Claims No. **MT/1041502-002**

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 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 3387D** Yr Regn: **3 Jan, 2014**

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

Truck / Trailer or

Make: **Hyundai 240** c.c. **1685**

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

Sp. Reading: **90 2485** T/Radio: Insured / Std / NI / NA

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

C/No: **KMHCB414MP4043509**

Gen. Cond: Good / **OK** / Poor / Burnt

Steering: In **OK** / Jammed / Leaked / Burnt or

Brake: In **OK** / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD **OK** / Rim or

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

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

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

TOYO / YOKO or **Haruk**

Front

Rear

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

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

D.O.A. **23/4/19** D.O.I. **24/4/19**

Survey held at **CDAE (Logan)**

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

**n/s Run**

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

Date / Time	Action / Instruction
	SHC 3387D - NS/INC 18010996 / KIVD3N2 D.O.A - 17/06/2018 <b>INC</b>
	PA 786X - NS/INC 14015777 / H196X3 D.O.A - 16/06/2014 <b>45.</b>
26/4/19	Contract 4/5 \$1300 / 2 Pys. (Red 2726.56, 6790)

RECEIVED 25 APR 2019

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

1) ☐ : Final Report

Date/Time, File Return to?

2) **26/4 - typist**

Days Of Repair: **2**

Resurvey No. of Trip: **-**

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

☐ : Interview (\$ \_\_\_\_\_)

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

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

\$ + PS \$ \_\_\_\_\_

Fuel: \_\_\_\_\_

Food: \_\_\_\_\_

Other: \_\_\_\_\_

TP  
L/S \$1300p

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

Policy Query

Policy No.

Vehicle No (or motor)

PA786X

Date of Accident

23/04/2019 14:55

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	6127158784		KHAN LIMO SERVICE	53328933E	GBS	Third Party, Fire & Theft	PA786X	PA786X	17/02/2019	16/02/2020

Continue

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

## 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	23/04/2019 15:02
Date Of Accident	23/04/2019 13:05
Exact Location Of Accident	ALONG KPE TO TPE PUNGGOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3387D
<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	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	ONG THIAN HUAT
NRIC No	S0141044Z
Date Of Birth	13/05/1952
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97853030
Fax Number	
Contact Number	
Email Address	ONGVINCENT@LIVE.COM

Address	BLK 532 BUKIT BATOK STREET 51 #04-142
Postcode	650532
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

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	PA786X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NURULAMIN S/O KADER MOHIADEEN
NRIC/Passport Number	S0412754D
Contact Number	
Address	

Postcode:

Insurance Company Name

Nature Of Damage

RH FRONT

No. Of Passenger (Including Driver)

# **IMPORTANT NOTICE**

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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:

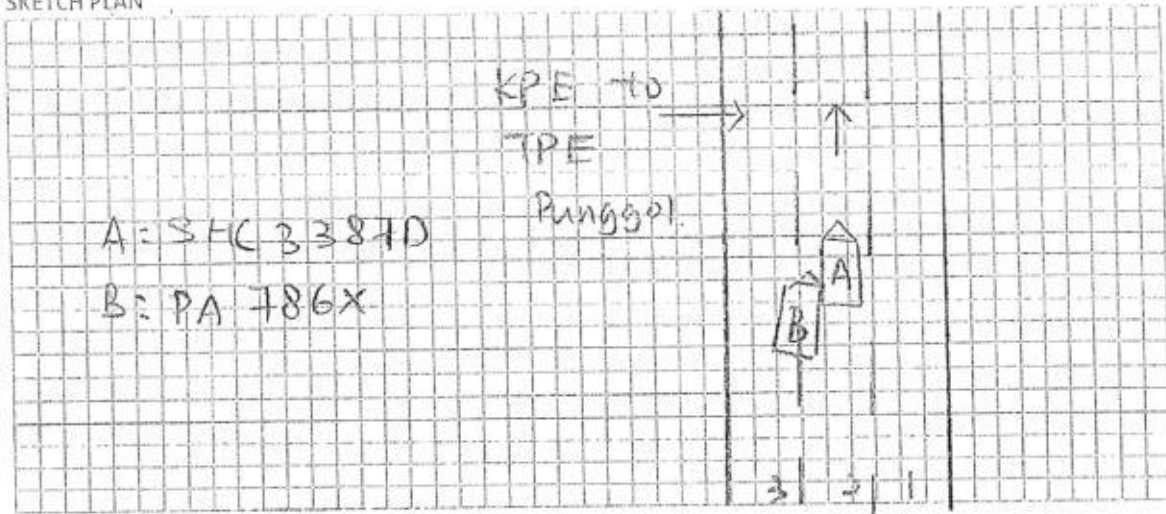
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Loke Wei Jeng

23/4/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/4/19 at about 13:05 hrs, I was driving straight at above said location with 2 male pax on board. Suddenly I felt an impact from my taxi left hand side, I saw veh B it right front portion side swipe my taxi left rear portion. Subsequently we stopped our vehicle at road shoulder to take photo and exchange particulars. No injury reported in this accident.

DECLARATION

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

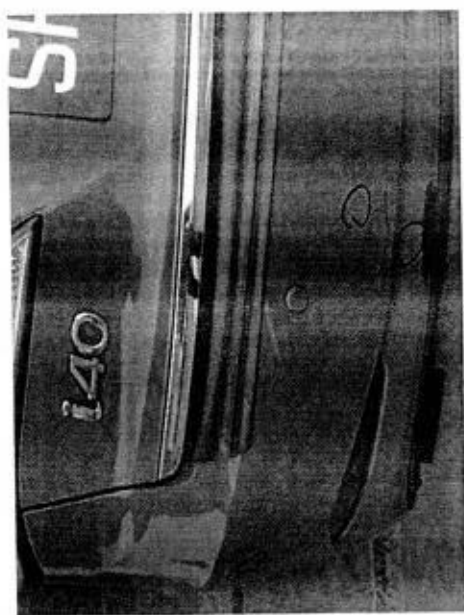
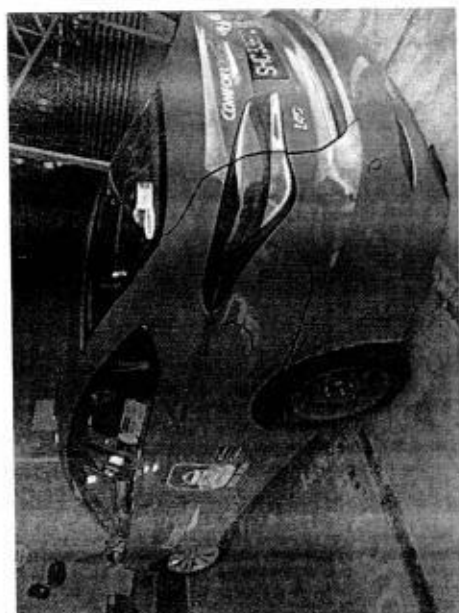
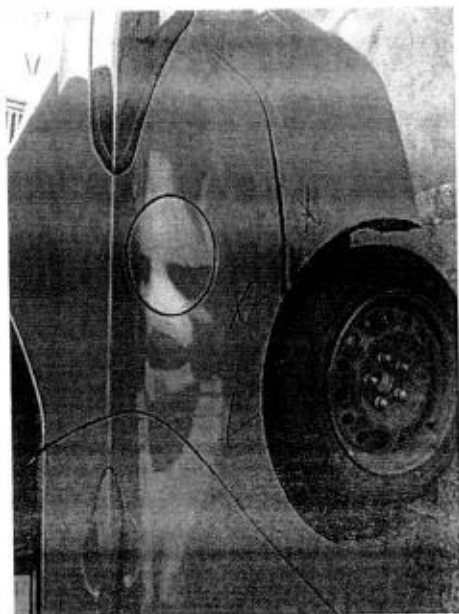
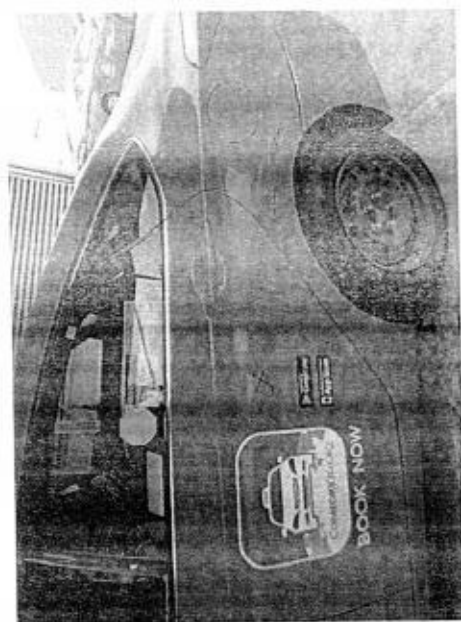
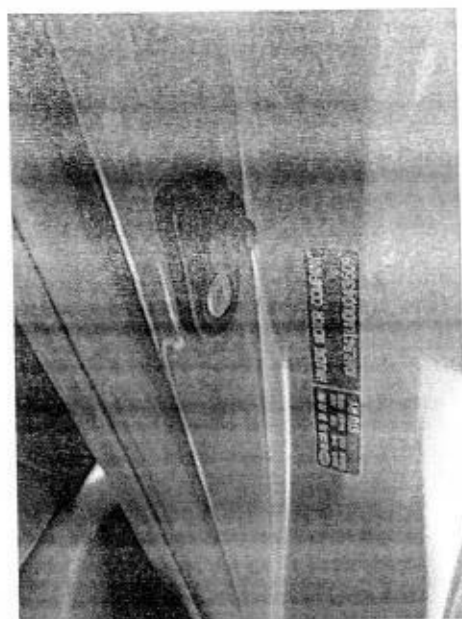
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Loke Wei Yiong  
NRIC/FIN No.: 23/4/19





COMFORTDELGRO

Date/Time: 24.04.2019 10:03 Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JG NO.: 305289901

CUSTOMER

NAME: COMFORT TRANSPORTATION PTE LTD VARS  
 REG NO: 7010045  
 ADDRESS: 383 SIN MING DRIVE  
 Singapore SINGAPORE 575717  
 L (R) 65508755 (Q)  
 (P)

REGN NO: SHC3387D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 23.04.2019 13:55
YR OF MANU 03.01.2014	TARGET DATE
CHASSIS CODE KMHLB41UMDU043509	COMPLETION DATE/TIME

SCOUT CARD NO:

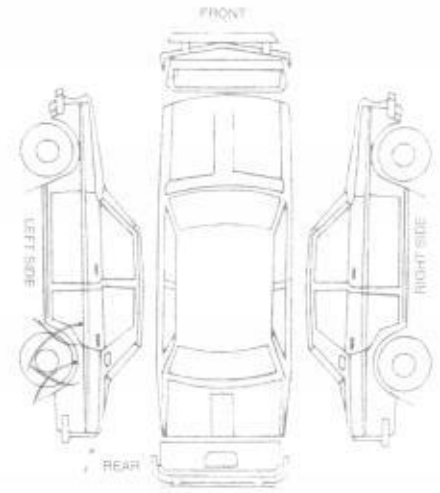
## JOB DESCRIPTION

Accident Date: 23.04.2019  
 NATURE: 3P 23.04.2019

NO LABOR CODE

DESCRIPTION

NTUC - Left Rear  
 LCC/Kahni -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC3387D  
 Name of Service Advisor: LARRY

Vehicle No.: SHC3387D

Larry Ng

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

NTUC

VEHICLE NO : SHC 3387D

DATE 24/4/2019 10:22

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Replaced</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>new</i>			\$ 22.00	
	Rear Door (LH) <i>X Repair</i>			\$ 2,201.10	
	Rear Wheel Hub Cap, LH <i>missing</i>			\$ 107.10	
	<i>Ren LH Fender x repair</i>				
	<b>SUB TOTAL</b>			<b>\$ 2,883.20</b>	
	<b>LESS 20%</b>			<b>\$ 576.64</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,306.56</b>	
	Rear Bumper Rubber Mat <i>new</i>			\$ 50.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>new</i>			\$ 80.00	Nett
				<b>\$ 130.00</b>	
	<b>Labour Charge</b>			<i>300</i>	
	Panel Beating			<del>\$ 400.00</del>	
	Spray Painting Charge-Fender/Bumper/Door			<del>\$ 900.00</del>	<i>600</i>
	Tuff Kote			<del>\$ 50.00</del>	<i>x 2</i>
	Remove/Refix Reverse Sensor			<del>\$ 80.00</del>	<i>30</i>
	Transfer of Door			<del>\$ 80.00</del>	<i>x 2</i>
	Rear Wheel Alignment			<del>\$ 80.00</del>	<i>x 2</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,590.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 4,026.56</b>	
	<i>Kalvin KKK</i>				
	<i>N 24/4/19 1300 hrs</i>				
	<i>2 days</i>				
	<i>Ys</i>				
	<i>After Repair photo</i>				
	<i>Larry Ng</i>				
	<i>Signature: _____</i>				
	<i>Date: _____</i>				
	<i>Acknowledged by Responder</i>				
	<i>Signature: _____</i>				
	<i>Date: _____</i>				
	<i>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.</i>				

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305289901

Date : 25. Apr. 2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC3387D

Date of Accident: 23. Apr. 2019

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

1. The repair job shall bill to: NTUC PA786X

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:

**Final Lumpsum Repair cost** \$1,300.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : K/L

Name : K/L

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				
3. Survey Fees				
4. LTA Search Fee				
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/INC19007309/K1vd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 08-05-2019	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	PA 786X	Veh. Inspected	SHC 3387D	
Policy No.	5107199794	Coverage (\$)	0.00	
Claim No.	MT/1041502-002	Excess (\$)	0.00	
Assign From		Assign Date	24/04/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMDU043509	Colour	BLUE	
Odometer	902485	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	23/04/2019	Inspection Date	24/04/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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 3387D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR DOOR (LH)	TO REPAIR SEE LABOUR	2,201.10	-
1	REAR WHEEL HUB CAP, LH	MISSING	107.10	107.10
1	REAR LH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-576.64	-136.42
			2,306.56	545.68
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
			130.00	130.00
<b>LABOUR</b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR DOOR (LH) AND REAR LH FENDER.		400.00	300.00
	SPRAY PAINTING CHARGE-FENDER/BUMPER/DOOR.		900.00	600.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
	TRANSFER OF DOOR.	NOT NECESSARY	80.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,590.00	930.00
<b>GRAND TOTAL</b>			<b>4,026.56</b>	<b>1,605.68</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,300.00</b>

Report Ref No. NS/INC19007309/K1vd3n2



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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