

Surveyor: KGM

REF: NS/INC19007316/K19d3e2

# 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: **SJC 2359T**

Policy No. **5097657689-01 (04/02/2019 - 03/02/2020)**

Claims No. **MT/1041567-002**

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: 2 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 25064** Yr Regn: **28/2/16**

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

Truck / Trailer or

Make: **Hyundai 2.0** cc **1600**

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

Sp. Reading: **340232** T/Radio: Insured / Std / NI / NA

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

C/No: **KMHLB414444093610**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

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

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

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

TOYO / YOKO or **Camp**

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 **CPAE (Logan)**

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

**Rear d/s**

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

Date / Time	Action / Instruction
	SHA 25064 - CC4 / LPC18011384/K1ha3 DOA-21/06/2018 <b>INC</b>
	SJC 2359T - NA / INC13017384/r3 DOA-18/09/2013 <b>4x</b>
29/4/19	Contract 1 PIP \$550 / 2 Pys. (Fed \$742.40, 57%)

RECEIVED 30 APR 2019

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

1) 20/4/2019 ☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

Survey Fee:

Transportation:

\$ + PS \$

Phone:

Other:

**160**

**160**

LB.1 = 550

**Income: Follow-Through Survey**

Date : 29/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1041561-002	COMFORT TRANSPORTATION PTE LTD	SHD 3952S	SKR 6508M	23/04/2019
2	MT/1041777-002	COMFORT TRANSPORTATION PTE LTD	SHC 2142A	FBG 376E	24/04/2019
3	MT/1038898-002	CITYCAB PTE LTD	SHC 956G	GBE 6770X	04/04/2019
4	MT/1041562-002	COMFORT TRANSPORTATION PTE LTD	SHA 2506U	SJC 2359T	23/04/2019
5	MT/1041551-002	CITYCAB PTE LTD	SHC 7042Y	SBR 7674R	24/04/2019
6	MT/1042257-001	SMRT BUSES LTD	SG 5772K	PC 8211A	28/03/2019

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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Policy Query

Policy No.

Vehicle No. (or Motor)

Date of Accident

23/04/2019 14:55

Certificate Number

Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0007/05/00094-01		EE POH CHING	S7635780C	GPC	drive CLASSIC	SJC2359T	SJC2359T	04/02/2019	03/02/2020

## 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 14:55
Date Of Accident	23/04/2019 05:10
Exact Location Of Accident	JURONG EAST AVE 1 T JUNCTION OF STREET 32
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2506U
<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	JUAY TECK CHYE
NRIC No	S1619794G
Date Of Birth	25/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1984
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96320020
Fax Number	
Contact Number	
EMail Address	CHRISJUAY@GMAIL.COM

Address	BLK 3 GHIM MOH ROAD #02-290
Postcode	270003
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?	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	SJC2359T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EE POH CHING
NRIC/Passport Number	S7635780C
Contact Number	81828878
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	JUAT TECK CHYE
Approximate Age	56
Injuries Sustain	LOWER BACK AND NECK PAIN
Injured person in which vehicle?	SHA2506U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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 TRANSPORTS (BUSINESS) PTE. LTD.  
CO. REG. NO. 19200521K

Policyholder's Signature  
Date & Time:

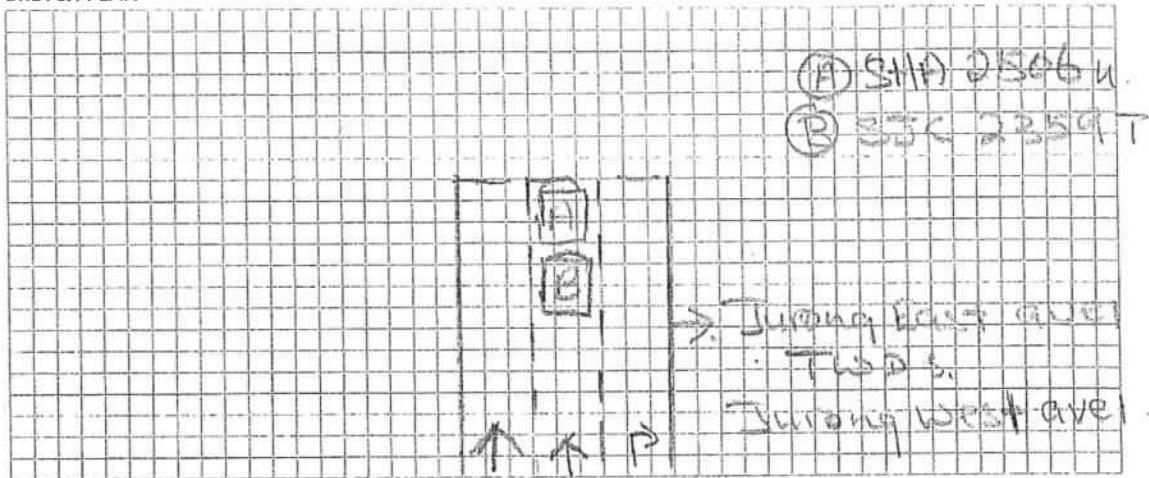
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

23/4/19  
Jackson Heng  
CSO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Form 10 (Accident Report Form) - 2018



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/4/2019 at about 0510 hrs, I vehicle A was at the traffic light junction waiting for traffic light to turn green. When the traffic light turn green I started to move. Vehicle B came from my back and hit against vehicle A rear portion. My taxi sustain rear damage.

DECLARATION

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

COMFORT TRANSPORTATION SERVICE  
CO. REG NO. 199203521R

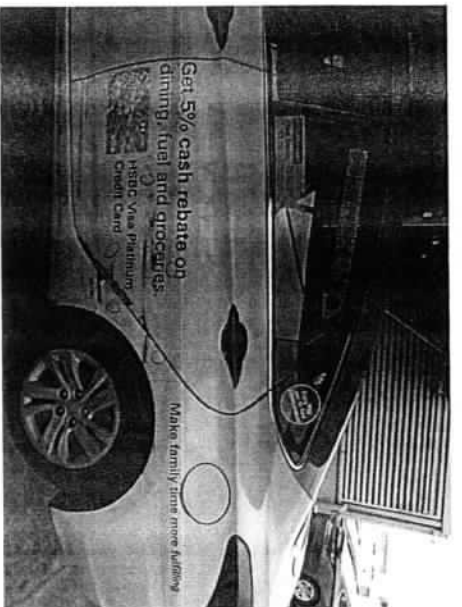
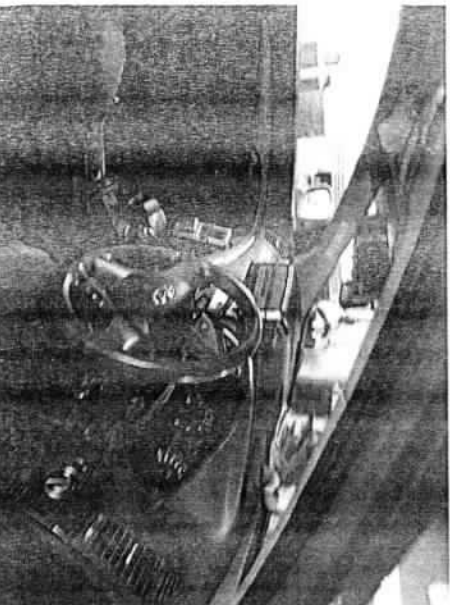
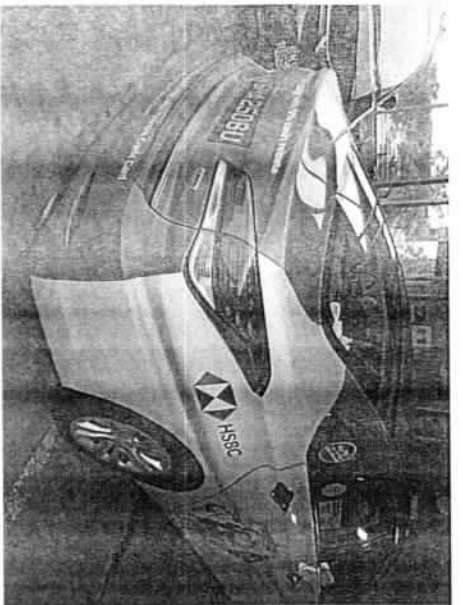
Policyholder's Signature  
Date & Time:

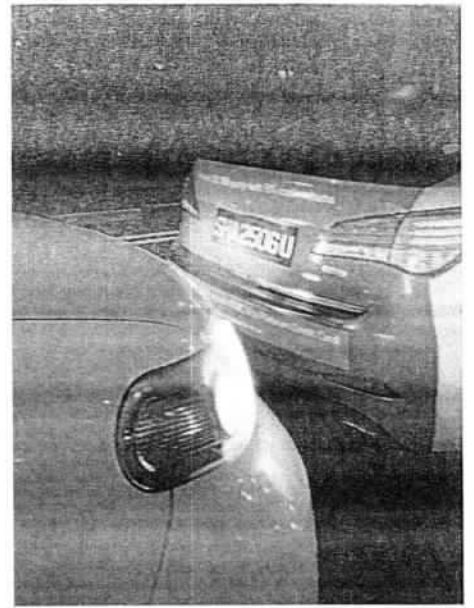
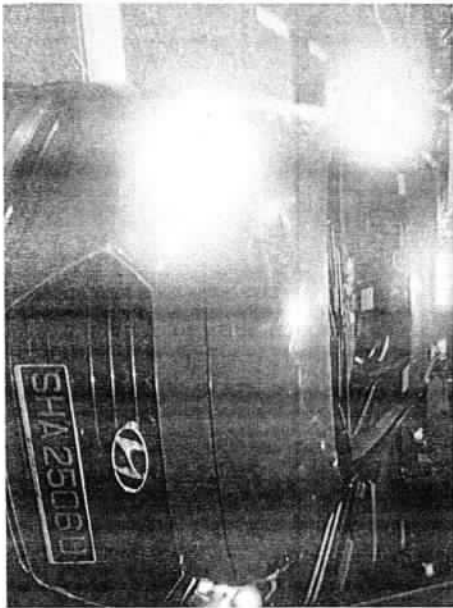
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

23/4/19  
Jackson Heng  
CSO JACSON

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







Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3916975

JC NO.: 305289792

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

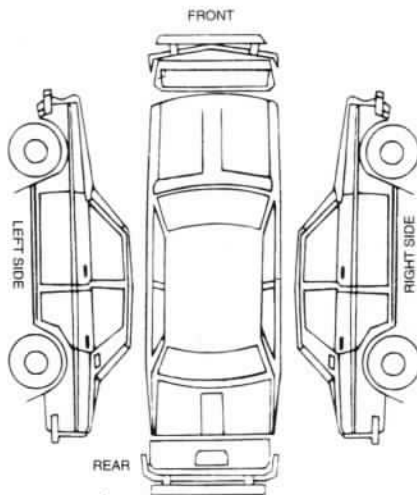
OUNT CARD NO.

REGN NO.: SHA2506U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 23.04.2019 13:50
YR OF MANU. 29.09.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093610	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 23.04.2019  
NATURE: 3P 23.04.19/B

S/NO LABOR CODE DESCRIPTION



IKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHA2506U FZ NTUC LKK

Vehicle No.: SHA2506U

f Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

**COMFORTDELGRO ENGINEERING PTE LTD**  
**REPAIR ESTIMATE\***

VEHICLE NO : SHA 2506U

DATE 23/4/2019 16:12

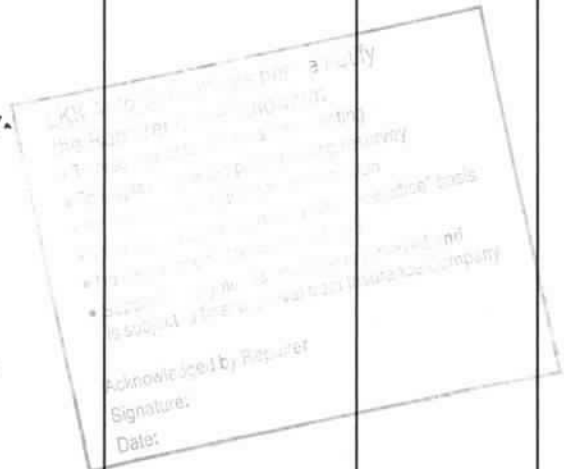
MAKE :

*Ntuc / Reak*

*(FZ)*

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Under Cover <i>X su</i>			\$ 228.00	
	<i>Rear Bumper X repair</i>				
	<b>SUB TOTAL</b>			<b>\$ 228.00</b>	
	<b>LESS 20%</b>			<b>\$ 45.60</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 182.40</b>	
	Rear Bumper Rubber Mat <i>X su</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>su</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>su</i>		\$ 100.00	\$ 200.00	Nett
				<b>\$ 300.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			<del>\$ 400.00</del>	
	Spray Painting Charge			<del>\$ 300.00</del>	200
	Wiring Charge			<del>\$ 30.00</del>	X su
	Remove/Refix Reverse Sensor			<del>\$ 80.00</del>	X su
	<b>TOTAL LABOUR</b>			<b>\$ 810.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,292.40</b>	
<p><i>Ka/ai 16/16/1</i></p> <p><i>24/4/19 1430hrs</i></p> <p><i>2 Pys</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p>					
<p>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.</p>					



# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305289792  
Date : 28.04.2019

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHA2506U

Fax :

Date of Accident : 23.04.2019

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


1. The repair job shall bill to: NTUC --- SJC2359T
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$0.00
  - (b) Labour Charges \$550.00
  - Total for Part-By-Part Repair Cost \$550.00
  - (c) Lumpsum Repair (if applicable) 20% \$0.00
  - Total for Lumpsum repair cost after Less: \$0.00
  - 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 : FAUZY BIN MOKHTAR  
Tel : 62148319  
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		N		
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  
REPAIR ESTIMATE

Date: 28.04.2019  
Time: 14:02:31  
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 : 305289792  
REGN NO : SHA2506U  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 29.09.2016  
DATE/TIME IN : 23.04.2019 13:50  
ACCIDENT DATE : 23.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 20-05	REAR BUMPER ADVERTISEMENT LOGO	50.00
0001 20-05	REAR FENDER ADVERTISEMENT LOGO RH	100.00
0002 20-05	REAR FENDER ADVERTISEMENT LOGO LH	100.00
0003 L	PANEL BEATING	100.00
0004 L	SPRAY PAINTING CHARGE	200.00
SUB-TOTAL :		550.00
TOTAL :		550.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :




**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/INC19007316/K1qd3e2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 07-05-2019	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJC 2359T	Veh. Inspected	SHA 2506U
Policy No.	5097657689-01	Coverage (\$)	0.00
Claim No.	MT/1041562-002	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.	2016
Chassis No.	KMHLB41UMGU093610	Colour	BLUE
Odometer	340232	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S 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. SHA 2506U**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER UNDER COVER	SERVICEABLE TO REPAIR SEE LABOUR	228.00	-
1	REAR BUMPER (NPA)		-	-
LESS 20% DISCOUNT			-45.60	-
			182.40	-
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	250.00
<b><u>LABOUR</u></b>				
PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.			400.00	100.00
SPRAY PAINTING CHARGE.			300.00	200.00
WIRING CHARGE.		NOT NECESSARY	30.00	-
REMOVE/REFIX REVERSE SENSOR.		NOT NECESSARY	80.00	-
			810.00	300.00
GRAND TOTAL			1,292.40	550.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				550.00

Report Ref No. NS/INC19007316/K1qd3e2

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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