

Surveyor: Kelvin

REF: NS/INC19007537/Klv d352

### ASSIGNMENT

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

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

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

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

at Workshop rate: \_\_\_\_\_

at \_\_\_\_\_

Insured: **SHB 8608P**

Policy No: \_\_\_\_\_

Claims No: **MT/1042102-002**

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: **SH 8788R** Yr Regn: **24 Mar, 2016**

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

Truck / Trailer or

Make: **Hym Int 240** cc **1685**

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

Sp. Reading: **421238** T/Radio: Insured / Std / Nil / NA

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

C/No: **KMHCB41UMK4085852**

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 **Hm 16k**

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

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

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

D.O.A. **27/4/19** D.O.I. **29/4/19**

Survey held at **CDAE (Logan)**

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

**o/s B.L.**

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

Date / Time	Action / Instruction
	<b>Private Taxi (N74C)</b>
	<b>SH 8788R - C/FI / 7008-58 / Sgh 3m2</b>
	<b>SHB 8608P - X</b>
	<b>No policy found.</b>
<b>30/4/19</b>	<b>Chat 45\$900 / 2 hrs. (Red 29172, 777)</b>
<b>RECEIVED 03 MAY 2019</b>	

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

☐ : Final Report

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

**3/5 - typist**

Days Of Repair: **2**

Resurvey No. of Trip: **1**

\_\_\_\_\_

add Pass ☐ to be inst \_\_\_\_\_

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

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

\_\_\_\_\_

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1042643-001	COMFORT TRANSPORTATION PTE LTD	SHD 6530G	GBD 5668X	27/4/2019
2	MT/1042160-002	COMFORT TRANSPORTATION PTE LTD	SHD 3134L	SLS 2664D	26/4/2019
3	MT/1035653-002	SMRT TAXIS	SHB 5819S	FE 5980R	9/3/2019
4	MT/1042102-002	COMFORT TRANSPORTATION PTE LTD	SH 8788R	SHB 8608P	27/4/2019
5	MT/1041880-002	COMFORT TRANSPORTATION PTE LTD	SH 7218B	YP 251L	25/4/2019
6	MT/1041969-002	COMFORT TRANSPORTATION PTE LTD	SHA 1749S	SKS 3400D	26/4/2019
7	MT/1042207-002	COMFORT TRANSPORTATION PTE LTD	SH 7982C	SFF 9629A	26/4/2019

## 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	29/04/2019 08:34
Date Of Accident	27/04/2019 19:50
Exact Location Of Accident	GREAT WORLD CITY LOBBY DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8788R
<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	THAM SOY YIN
NRIC No	S1166331A
Date Of Birth	14/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96425218
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 257 SERANGOON CENTRAL DRIVE #11-22
Postcode	550257
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 - OPENING DOOR OF VEHICLE
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)	4

Passenger 1	NAME: : -
	GENDER: : FEMALE
Passenger 2	NAME: : -
	GENDER: : FEMALE
Passenger 3	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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8608P
Vehicle Make/Model/Colour	PREMIER TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR SER

NRIC/Passport Number

Contact Number

97953337

Address

Postcode

Insurance Company Name

Nature Of Damage

LH REAR DOOR

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.

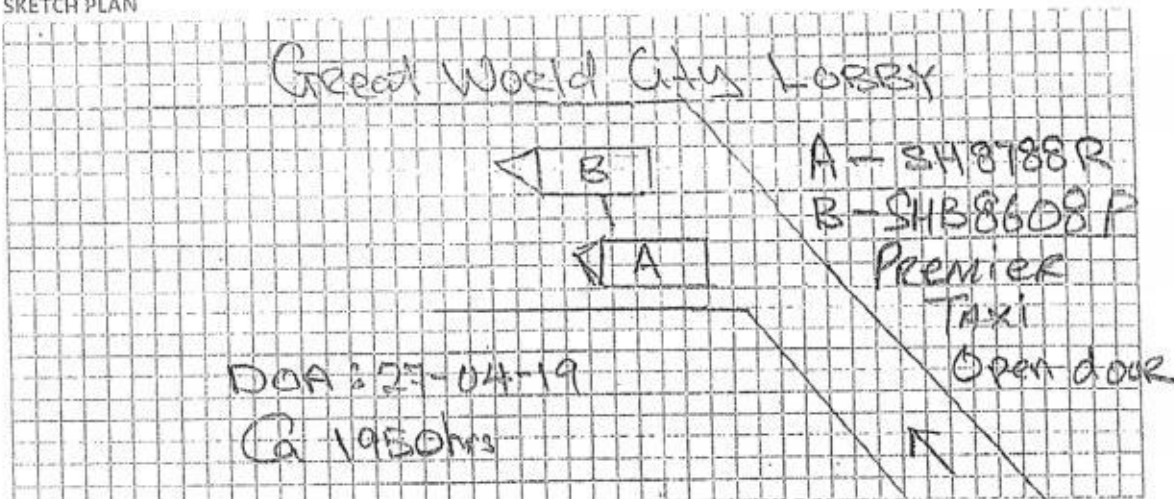
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27-4-19 CA 1950hrs, I was Travelling with (3) Pax On board at my taxi Going to Great World City. along the Lobby driveway my taxi was slowly moving to taxi stand drop passenger. Suddenly the Vehicle (B) SHB 8608P passenger Open the LH rear door and Cause hit my taxi on the Front RH portion and Side Cause damaged.

There is (3) Pax 1 female and 2 children no injury. There is Video Footage On the Scene.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
REG NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

NMC

COMFORT DELCRO

Date/Time: 29.04.2019 09:04 Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305291062

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

CUSTOMER NO.

ADDRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

L (R)

65508755

(O)

(P)

COUNT CARD NO.

REGN NO.:

SH 8788R

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

28.04.2019 08:30

YR OF MANU.

24.03.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU085852

COMPLETION DATE/TIME:

## JOB DESCRIPTION

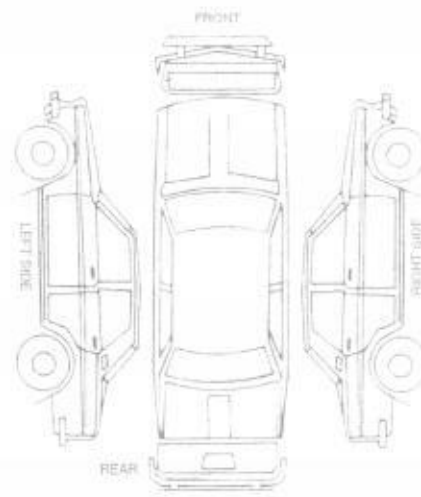
Accident Date: 27.04.2019

NATURE: 3P 27.04.19

S/NO

LABOR CODE

DESCRIPTION



CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

SH:

SH:

File No.:

SH 8788R

LIMITS

Vehicle No.:

SH 8788R

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 PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SH 8788R

DATE 29/4/2019

MAKE :

MODEL : HYUNDAI i40

LKK - Calvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Outer Moulding (RH) — <i>Done</i>			\$ 47.10
	Front Door Mirror Assy (RH) — <i>Broken</i>			\$ 670.00
	Front Windscreen Moulding X <i>mt</i>			\$ 113.30
	Front Windscreen Pillar Outer (RH) X <i>repair</i>			\$ 1,745.50
	<b>SUB TOTAL</b>			<b>\$ 2,575.90</b>
	<b>LESS 20%</b>			<b>\$ 515.18</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,060.72</b>
	Front Door Comfort Logo (RH) X <i>mt</i>			\$ 75.00 <b>Nett</b>
	Front Windscreen Sealant X <i>mt</i>			\$ 46.00 <b>Nett</b>
				<b>\$ 121.00</b>
	<b>Labour Charge</b>			<b>300</b>
	Panel Beating			\$ <del>800.00</del>
	Spray Painting Charge			\$ <del>600.00</del> <b>250</b>
	Wiring Charge			\$ <del>50.00</del> <b>20</b>
	Tuff Kote			\$ <del>50.00</del> <b>X 20</b>
	Remove/Refix Front Windscreen Glass			\$ <del>120.00</del> <b>X 20</b>
	Remove/Refix Cushion & Upholstery Front			\$ <del>90.00</del> <b>X 20</b>
	<b>TOTAL LABOUR</b>			<b>\$ 1,710.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,891.72</b>
<p><i>Kalvin LKK</i></p> <p><i>29/4/19 1050hr</i></p> <p><i>2 by</i></p> <p><i>45</i></p> <p><i>After Repair p/h</i></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.				

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305291062

Date : 30/04/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 8788R

Date of Accident : 27-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 --- SILVERCAB SHB8608P

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%

**Final Lumpsum Repair cost**

\$900.00

**\$900.00**

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 : 30/4/19

## 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/INC19007557/K1vd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-05-2019  
189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 8608P	Veh. Inspected	SH 8788R
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1042102-002	Excess (\$)	0.00
Assign From		Assign Date	29/04/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU085852	Colour	BLUE
Odometer	421238	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	HANKOOK	7 mm
L/H Front Tyre	205/60R16	HANKOOK	7 mm
R/H Rear Tyre	205/60R16	HANKOOK	7 mm
L/H Rear Tyre	205/60R16	HANKOOK	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	27/04/2019	Inspection Date	29/04/2019
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. SH 8788R**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT DOOR OUTER MOULDING (RH)	DENTED	47.10	47.10
1	FRONT DOOR MIRROR ASSY (RH)	BROKEN	670.00	670.00
1	FRONT WINDSCREEN MOULDING	NOT NECESSARY	113.30	-
1	FRONT WINDSCREEN PILLAR OUTER (RH)	TO REPAIR SEE LABOUR	1,745.50	-
	LESS 20% DISCOUNT		-515.18	-143.42
			2,060.72	573.68
<b>SPECIAL NETT ITEMS</b>				
1	FRONT DOOR COMFORT LOGO (RH) (SN)	NOT NECESSARY	75.00	-
1	FRONT WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			121.00	-
<b>LABOUR</b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT WINDSCREEN PILLAR OUTER (RH).		800.00	300.00
	SPRAY PAINTING CHARGE.		600.00	250.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX FRONT WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
1	REMOVE / REFIX CUSHION & UPHOLSTERY FRONT.	NOT NECESSARY	90.00	-
			1,710.00	570.00
<b>GRAND TOTAL</b>			<b>3,891.72</b>	<b>1,143.68</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>900.00</b>

Report Ref No. NS/INC19007557/K1vd3s2

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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