

Surveyor: Kelvin

REF: NS/INC19007559/KLVd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no/s: _____

at _____

Insured: SKS3400DPolicy No: 5081067151-02 (6/6/2018 -Claims No: MT/1041969-002

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: _____

IDAG Accident Rpt: _____ 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: SHA 1749 S Yr Regn: 8 Dec 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~r~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 cc 1685Colour: Blue AJO: Insured / Std / NI / NASp. Reading: 45 6524 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41WM44096681Gen. Cond: Good / 6 / Poor / BurntSteering: In order / 6 / Jammed / Leaked / Burnt orBrake: In order / 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD 6 / Rim orTyre Size: F: 205/60R16R: 7

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

TOYO / YOKO or Davanti

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 26/4/19 D.O.I. 29/4/19Survey held at CPAE (Logan)

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

O/S Fnd

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

Date / Time	Action / Instruction
	SHA 1749 S - CC4/EQI/6012557/M/wb3q2 DOW 4/7/16 INC
	SKS 3400D - 42
2/5/19	Contract 4/5 \$2600 / 3 Dgs. (Red 4047.12, 619)
	RECEIVED 03 MAY 2019

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

Date/Time, File Return to?

3/5- typist

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:	
Transportation:	
	160

Add Fee: ☐ S/S Insd \$

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

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 type="radio"/>	5081067151-02		SG1 CAR PTE. LTD.	201614744E	GFT	drive CLASSIC	SKS3400D	SKS3400D	06/06/2018	

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	26/04/2019 16:32
Date Of Accident	26/04/2019 12:35
Exact Location Of Accident	MIDDLE RD TWDS BENCOOLEN ST X QUEEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1749S
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	CHIA KIM LONG
NRIC No	S1665109E
Date Of Birth	07/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	25/03/1987
Driving Experience	32 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96900726
Fax Number	
Contact Number	
Email Address	KEN_C64@YAHOO.COM.SG

Address	271D 12-68 JURONG WEST STREET 24
Postcode	644271
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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: : FEMALE
Passenger 2	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

SEE ATTACH.

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	SKS3400D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN AIK HUI
NRIC/Passport Number	S7045539J
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGH185A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR LEFT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/4/19 at about 12:35 hrs, I was driving straight at above said location with 2 female pax onboard. Suddenly veh B dashed out from extreme right lane it left front portion collided onto the right front of my taxi. At the same time, Veh B it front right portion collided onto the rear left portion of Veh C. No injury reported in this accident.

DECLARATION

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

COMFORT TRANSFER LTD
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

Loke Wei Yiong

26/4/19

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 regulate 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.
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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

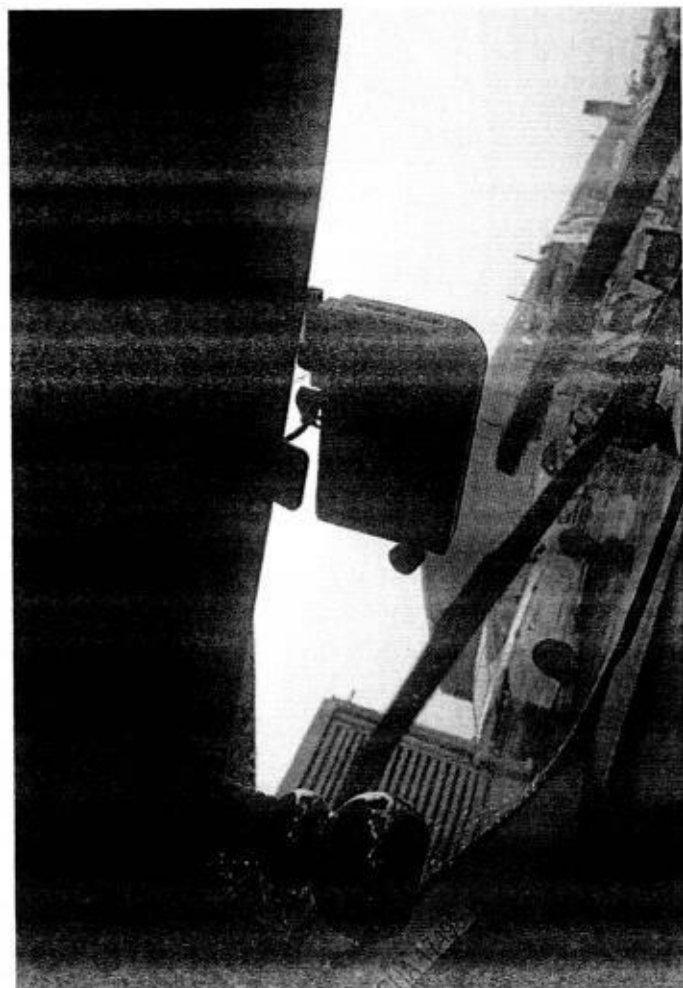
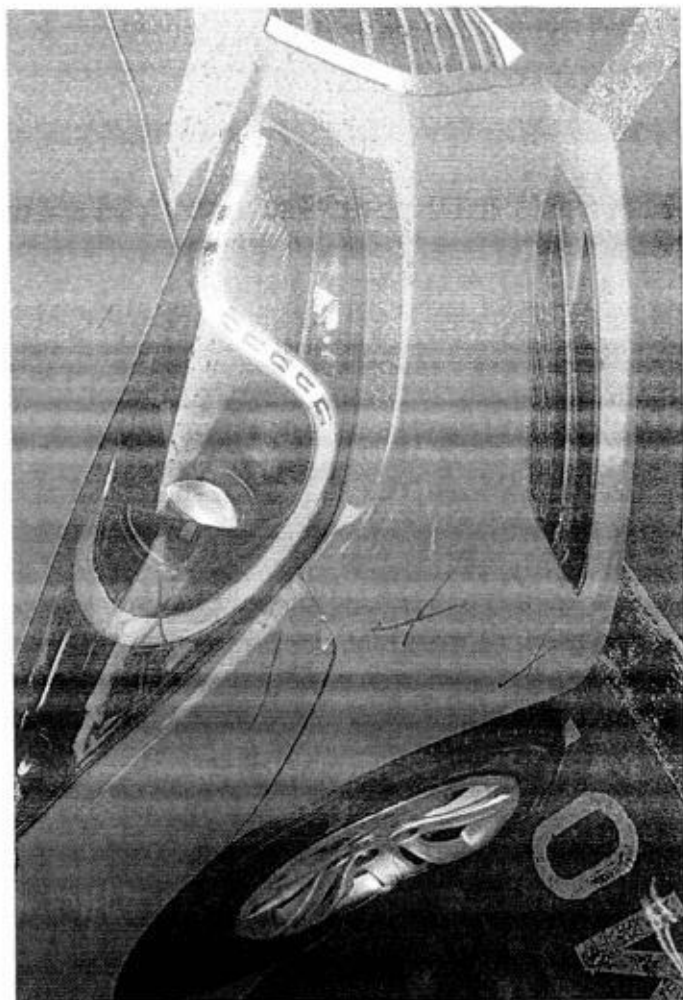
Policyholder's Signature
Date & Time:

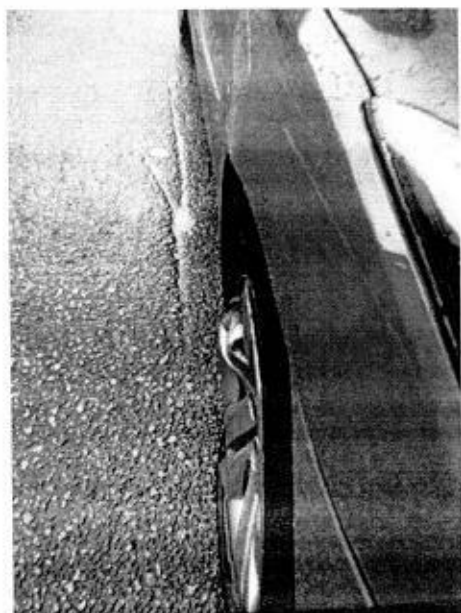
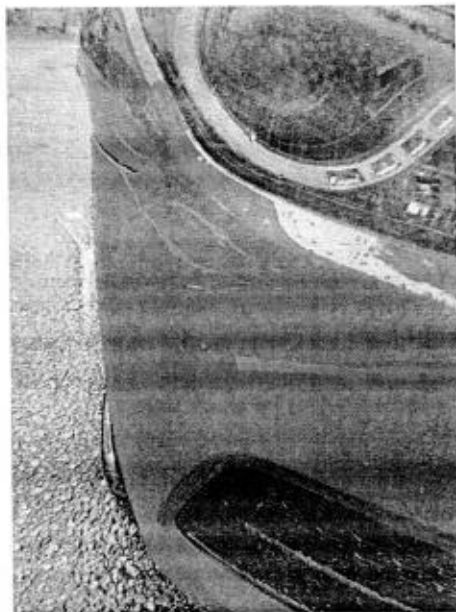
Driver's Signature
(If driver is not the policyholder)
Date & Time:

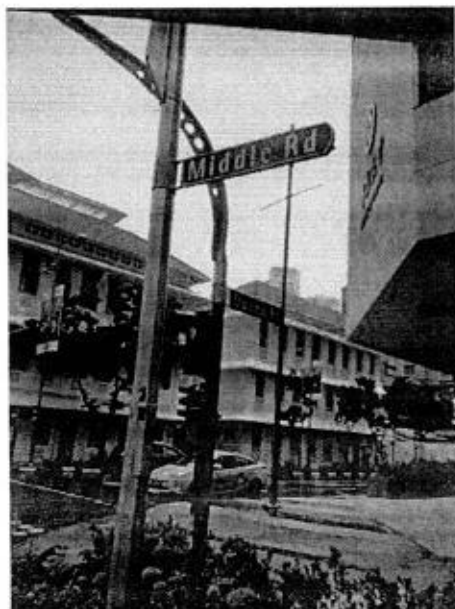
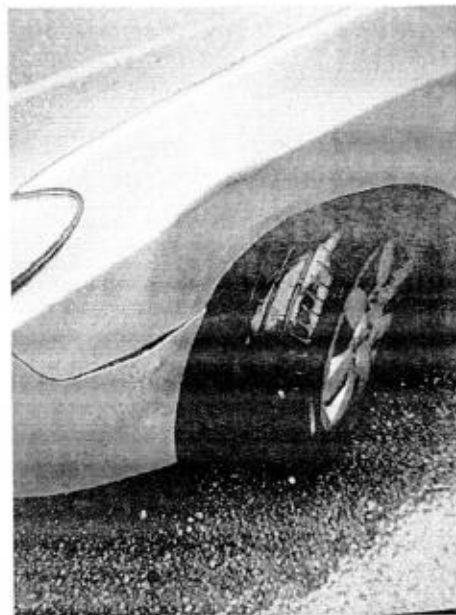
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Loke Wei Yeng

26/4/14







COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 1749S

DATE 27/4/2019 11:43

Nme

MAKE :

MODEL : HYUNDAI i40

Chiang

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>19</i>			\$ 1,052.20
	Front Bumper Bracket (RH) <i>Xsu</i>			\$ 24.60
	Headlamp Support Panel Assy <i>Xsu</i>			\$ 907.40
	Headlamp (RH) — <i>hatched</i>			\$ 1,388.00
	Front Wheel Rim (RH) — <i>Bent</i>			\$ 325.30
	Front Wheel Hub Cap (RH) — <i>in</i>			\$ 107.10
	Front Wheel Bearing <i>Xsu</i>			\$ 540.50
	Front Suspension Lower Arm (RH) <i>Xsu</i>			\$ 529.30
	Knuckle Arm (RH) <i>Xsu</i>			\$ 552.00
	SUB TOTAL			\$ 5,426.40
	LESS 20%			\$ 1,085.28
	DISCOUNTED TOTAL			\$ 4,341.12
	Front Tyre (RH) — <i>1 per wheel 50%</i>			\$ 216.00
				\$ 216.00
	Labour Charge			
	Panel Beating			\$ 1,000.00 <i>400</i>
	Spray Painting Charge			\$ 500.00 <i>400</i>
	Wiring			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Towing Fee			\$ 60.00 <i>X 21</i>
	Remove/Refix Undercarriage (FRT)			\$ 200.00 <i>60 X 21</i>
	Frt Wheel Alignment			\$ 80.00 <i>60</i>
	Remove/Refix Aircon & Refill Gas			\$ 150.00 <i>X 21</i>
	TOTAL LABOUR			\$ 2,090.00
	ESTIMATE TOTAL			\$ 6,647.12
<p><i>Kalvin 16/11/19</i></p> <p><i>29/4/19 1015h</i></p> <p><i>3 Days</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</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

Date/Time: 27.04.2019 09:28

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3917955

JC NO.: 305290852

CUSTOMER: COMFORT TRANSPORTATION PTE LTD
 IF/MS: 7010045
 CUSTOMER NO.: 383 SIN MING DRIVE
 ADDRESS: Singapore SINGAPORE 575717
 TEL (R): 65508755 (O)
 (P)
 DISCOUNT CARD NO.:

REGN NO.: SHA1749S	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 26.04.2019 12:35
YR OF MANU: 08.12.2016	TARGET DATE
CHASSIS CODE: KMHLB41UMHU096681	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 26.04.2019

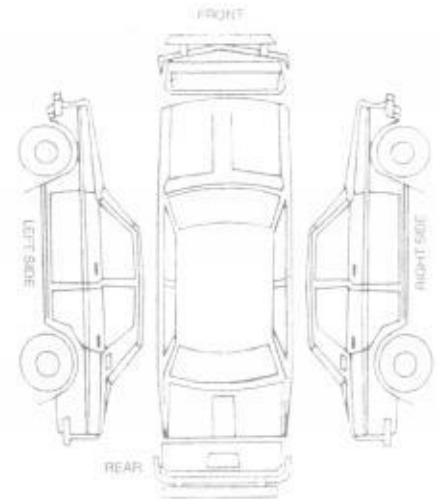
NATURE: 3P 26.04.2019

S/NO

LABOR CODE

DESCRIPTION

Repair - Guard



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA1749S
 CHIANG

Vehicle No.: SHA1749S

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

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/INC19007559/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 10-05-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKS 3400D	Veh. Inspected	SHA 1749S
Policy No.	5081067151-02	Coverage (\$)	0.00
Claim No.	MT/1041969-002	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.	KMHLB41UMHU096681	Colour	BLUE
Odometer	456524	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	DAVANTI	7 mm
L/H Front Tyre	205/60 R16	DAVANTI	7 mm
R/H Rear Tyre	205/60 R16	DAVANTI	7 mm
L/H Rear Tyre	205/60 R16	DAVANTI	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	26/04/2019	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:	3 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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1749S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	907.40	-
1	HEADLAMP (RH)	GRAZED	1,388.00	1,388.00
1	FRONT WHEEL RIM (RH)	BENT	325.30	325.30
1	FRONT WHEEL HUB CAP (RH)	CRACKED	107.10	107.10
1	FRONT WHEEL BEARING	SERVICEABLE	540.50	-
1	FRONT SUSPENSION LOWER ARM (RH)	SERVICEABLE	529.30	-
1	KNUCKLE ARM (RH)	SERVICEABLE	552.00	-
	LESS 20% DISCOUNT		-1,085.28	-574.52
			4,341.12	2,298.08
SPECIAL NETT ITEMS				
1	FRONT TYRE (RH)(50%)(SN)	PUNCTURE	216.00	108.00
			216.00	108.00
LABOUR				
	PANEL BEATING.		1,000.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	TOWING FEE.		60.00	-
	REMOVE/REFIX UNDERCARRIAGE (FRT).		200.00	60.00
	FRT WHEEL ALIGNMENT.		80.00	60.00
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
	-		-	-
	-		-	-
	-		-	-
			2,090.00	960.00
GRAND TOTAL			6,647.12	3,366.08

Report Ref No. NS/INC19007559/K1vd3n2



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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,600.00
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Report Ref No. NS/INC19007559/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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