

Surrogate: Kelvin

REF: NS/INC19007642/Klad302

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspected Vehicle No: _____
 at Workshop m/s _____
 Insured: **SBP30066**
 Policy No: **0088023973-14** (1/6/18-31/5/19)
 Claims No: **MT/1042493-02**
 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: **3** 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: **SHD 3252D** Yr Regn: **28/12/16**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai 240** c.c. **1685**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **358056** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **KMHLD841044092272**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **205/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Westlake**
 Front: _____ Rear: _____
 R/Bal. **3** mm R/Bal. **3** mm
 L/Bal. **7** mm L/Bal. **7** mm
 D.O.A. **29/4/19** D.O.I. **30/4/19**
 Survey held at **CDDE (Logan)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
n/s Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 3252D - NA/INC19007642/3 D.O.A. 1/3/2017 IM
	SBP 30066 - X 42
6/5/19	Colours L/S \$3950/50%. (Red 87518.72, 39%)
	RECEIVED 08 MAY 2019

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

1) 06/5/19 ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Re-insp (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$ _____

Photos

Others

TOTAL

160

160

TP

3900

TP Claims against NTUC Income: Follow-Through Survey

Date : 06/05/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1041958-002	COMFORT TRANSPORTATION PTE LTD	SHC 8955G	SLH 2238J
2	MT/1042268-002	COMFORT TRANSPORTATION PTE LTD	SHC 2230D	XD 7779K
3	MT/1042493-002	COMFORT TRANSPORTATION PTE LTD	SHD 3252D	SBP 3006G
4	MT/1042595-002	COMFORT TRANSPORTATION PTE LTD	SHC 2767Y	GW 6100B
5	MT/1020313-003	SMRT TAXIS PTE LTD	SHC 4756R	SHC 6809J

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/04/2019 17:27"/>
Vehicle No.(For Motor)	<input type="text" value="SBP3006G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	0088023973-14		ANG CHOE SENG	S1161465E	GPC	Third Party	SBP3006G	SBP3006G	01/06/2018	31/05/2019

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	30/04/2019 13:57
Date Of Accident	29/04/2019 20:25
Exact Location Of Accident	SENGKANG CENTRAL X BUANGKOK DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3252D
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAN CHENG TUAN
NRIC No	S1429901G
Date Of Birth	03/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1982
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93896193
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 790 WOODLANDS AVENUE 6 #09-655
Postcode	730790
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	DRIZZLING
Road Surface	WET

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 / Type Of Accident : 3P REVERSE

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	SBP3006G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HEIDI
NRIC/Passport Number	S9036173B
Contact Number	97993006
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR RIGHT
No. Of Passenger (Including Driver)	

SKETCH PLAN

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.
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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.

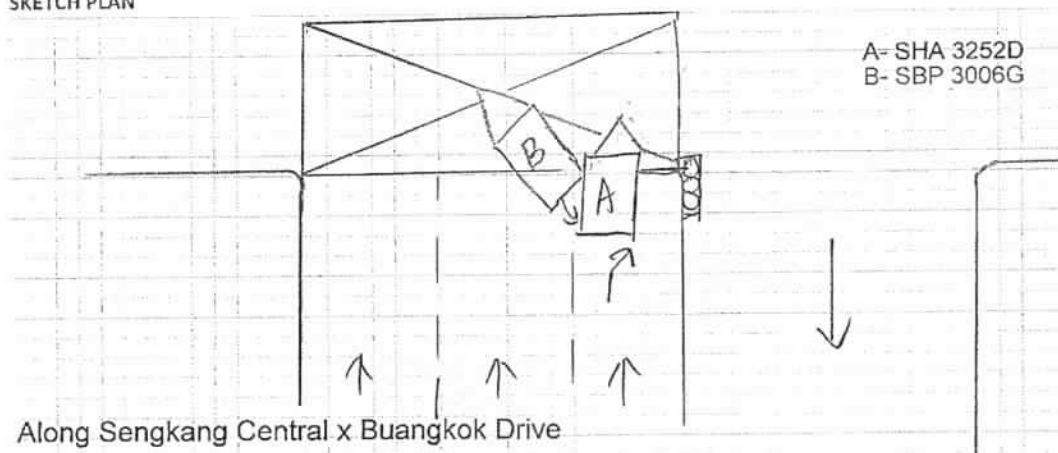
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30.04.2019 @ 2035HRS

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 30/4/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30.04.2019 @ 2355 HRS I was travelling Along Sengkang Central x Buangkok Drive 29 2025 HRS
with no passenger onboard.
As I want to make a right turn suddenly veh(B)SBP 3006G reversed and hit onto my vehicle rear left portion.
As it took place too fast I could not take evasive action to prevent the accident.
I have company photo and videos at scene to support my claims .
No injury in this accident .
Veh(B) SBP 3006G Miss Heidi S 9036173B HP: 9799 3006

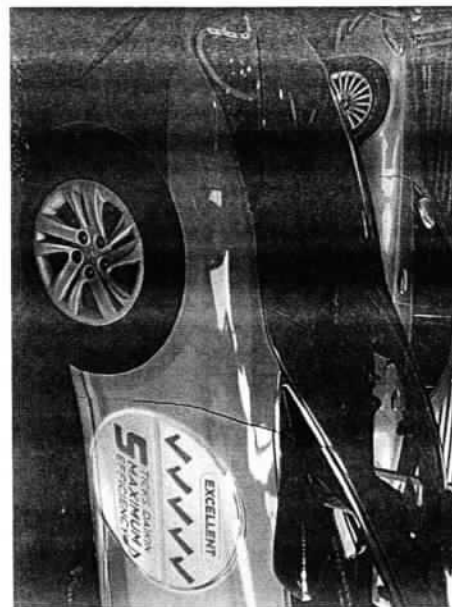
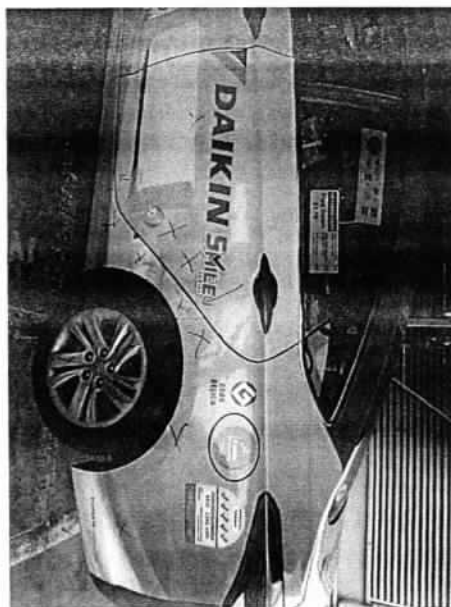
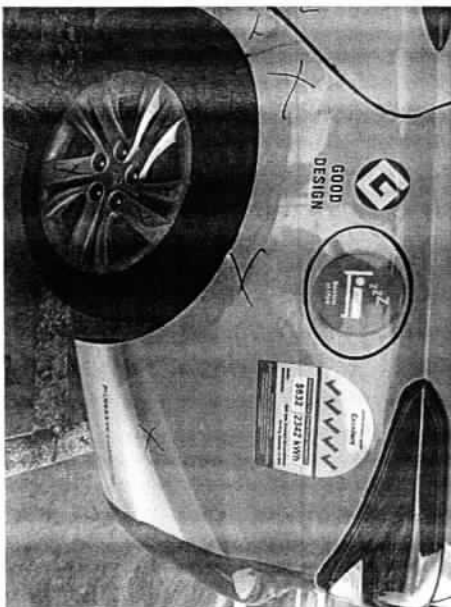
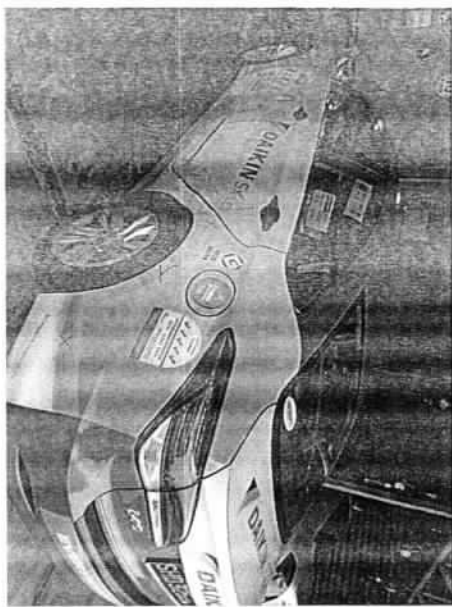
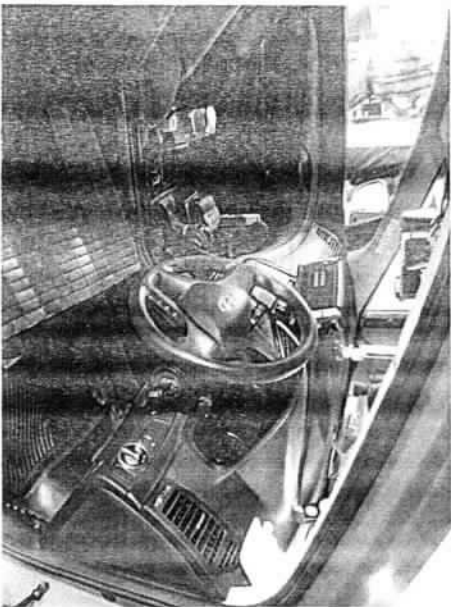
DECLARATION

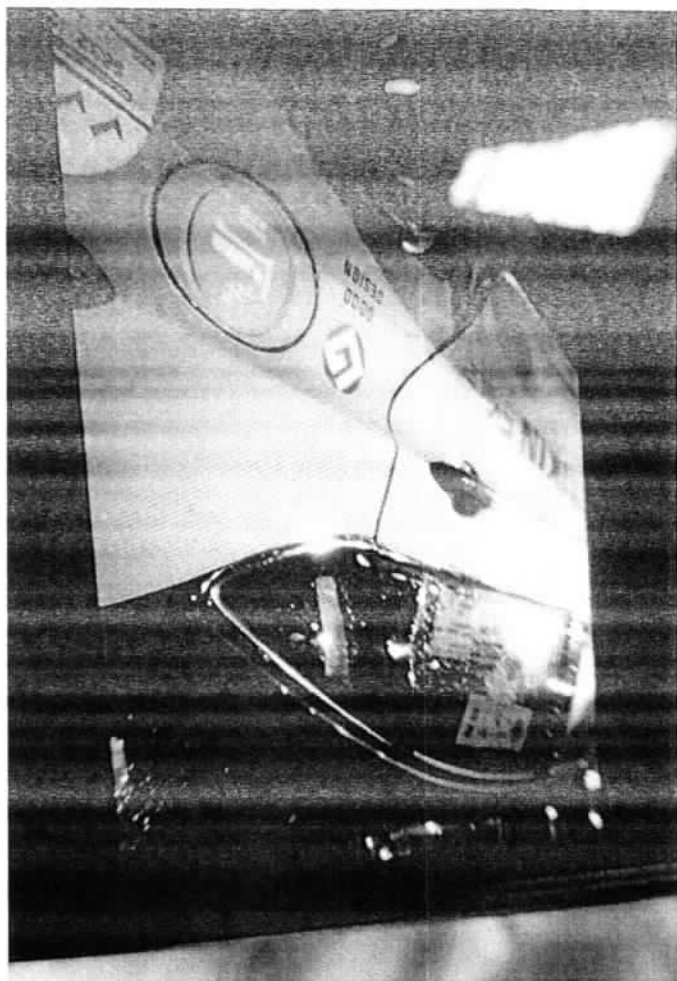
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30.04.2019 @ 2035HRS

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 30/41



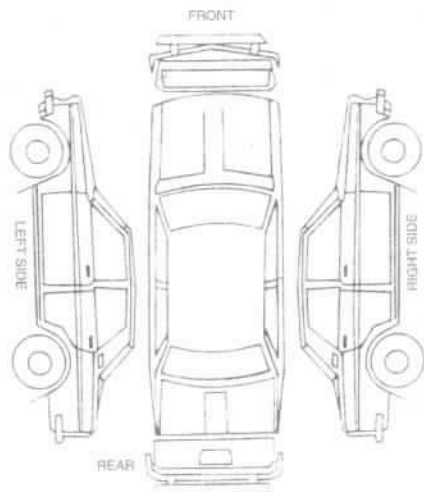


Team: ARC Repair TP(CLS0)1		JOB CARD		Sales Order:		JC NO: 305291881	
STOMER COMFORT TRANSPORTATION PTE LTD VPS VMS 7010045 STOMER NO. 383 SIN MING DRIVE DRESS Singapore SINGAPORE 575717 65508755 (R) (P) (O)				REGN NO.: SHD3252D		MILEAGE	
				MAKE: HYUNDAI		FUEL E.....1/2.....F	
				MODEL I-40		DATE/TIME IN 30.04.2019 11:10	
				YR OF MANU. 28.07.2016		TARGET DATE	
				CHASSIS CODE KMHLB41UMGU092272		COMPLETION DATE/TIME:	
				SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 29.04.2019
NATURE: 3P 29.04.2019

Q/NO	LABOR CODE	DESCRIPTION
	NTUC - Left Rear LRR/Kalmi -	



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
-----------------	----------------------

Acknowledgement Slip		Exit Pass	
Name: _____		Vehicle No.: SHD3252D	
No.: _____			
Vehicle No.: SHD3252D		LARRY	
Signature/Date		Date	
Name of Service Advisor		To be kept by Security Guard	
be returned to Service Reception upon collection			

REPAIR ESTIMATE*

VEHICLE NO : SHD3252D

DATE: 30. Apr. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 29. Apr. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Door – LH — <i>Paint</i>			\$2,201.10
1	Rocker Cover Garnish – LH <i>x rep</i>			\$341.10
1	Rear Fender – LH — <i>Paint</i>			\$2,020.10
1	Rear Bumper <i>x rep</i>			\$544.50
10	Rear Bumper Clips <i>x</i>		\$2.20	\$22.00
1	Rear Wheel Cover – LH — <i>Paint</i>			\$107.10
SUB TOTAL				\$5,235.90
LESS 20%				\$1,047.18
DISCOUNTED TOTAL				\$4,188.72
1	Rear Door APP sticker — <i>new</i>		<i>-1%</i>	\$80.00
1	Rear Bumper Rubber Mat <i>x</i>			\$50.00
1	Advertisement – LHR Door — <i>new</i>			\$100.00
2	Advertisement – Rear Fender – LH/RH — <i>new</i>		\$100.00	\$200.00
1	Advertisement – Rear Bumper — <i>new</i>			\$50.00
				\$480.00
Labour Charge				<i>400</i>
1	Panel Beating			\$600.00
1	Spray Painting Charge			\$800.00
1	Tuff Kote			\$80.00
1	Remove/refix reverse sensor			\$120.00
1	Transfer of Door			\$120.00
1	Wiring Charge			\$80.00
TOTAL LABOUR				\$1,800.00
ESTIMATE TOTAL				\$6,468.72

Nett 72
Nett

600
30
50
X 11

Larry Ng

Kahin UCC14

30/4/19 1525h

3 Days

L/S

After Repair photo

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 : 305291881

Date : 4. May. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3252D

Date of Accident: 29. 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 SBP3006G

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

\$3,950.00

3. Estimated normal period for repairs: 3 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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : KALVIN

Date : 6/5/19

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/INC19007642/K1qd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 08-05-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SBP 3006G	Veh. Inspected	SHD 3252D
Policy No.	0088023973-14	Coverage (\$)	0.00
Claim No.	MT/1042493-002	Excess (\$)	0.00
Assign From		Assign Date	30/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU092272	Colour	BLUE
Odometer	358056	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	29/04/2019	Inspection Date	30/04/2019
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



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3252D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR DOOR - LH	DENTED	2,201.10	2,201.10
1	ROCKER COVER GARNISH - LH	TO REPAIR SEE LABOUR	341.10	-
1	REAR FENDER - LH	BUCKLED	2,020.10	2,020.10
1	REAR BUMPER	TO REPAIR SEE LABOUR	544.50	-
10	REAR BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	REAR WHEEL COVER - LH	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-1,047.18	-865.66
			4,188.72	3,462.64
<u>SPECIAL NETT ITEMS</u>				
1	REAR DOOR APP STICKER (SN)	NECESSARY	80.00	72.00
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	ADVERTISEMENT - LHR DOOR (SN)	NECESSARY	100.00	100.00
2	ADVERTISEMENT - REAR FENDER - LH/RH @\$100.00 (SN)	NECESSARY	200.00	200.00
1	ADVERTISEMENT - REAR BUMPER (SN)	NECESSARY	50.00	50.00
			480.00	422.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF ROCKER COVER GARNISH - LH AND REAR BUMPER.		600.00	400.00
	SPRAY PAINTING CHARGE.		800.00	600.00
	TUFF KOTE.		80.00	30.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	TRANSFER OF DOOR.		120.00	50.00
	WIRING CHARGE.	NOT NECESSARY	80.00	-
			1,800.00	1,080.00
GRAND TOTAL			6,468.72	4,964.64
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,950.00

Report Ref No. NS/INC19007642/K1qd3e2

Report Ref No. NS/INC19007642/K1qd3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be 'K.K. LAU'.

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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