

NA/INC19010082/Ktd3n2

SHA 4190H

2 Apr 2019

Estimate Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SGG 1686U

Policy No: S063566339-05

Claims No: MT/1047674-002

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

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

Truck / Trailer or

Make:

Hyundai Ionix

c.c. 1580

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

23508

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHC851CVK141528

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:

195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

3/6/19

D.O.I.

6/6/19

Survey held at

CPHE (Logan)

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

n/s Front

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

Date / Time	Action / Instruction
	SHA 4190H-X
	SGG 1686U - NA/INC19009823/h4 DOA: 3/6/2019
11/6/19	Contract PIP \$ 1379.04 / 20% (Red: 883.04, 39%)

RECEIVED 11 JUN 2019

Date/Time, File Pass to?

☐

Prel. Report

11/6 Typist

☒

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format:

TP

Lump Sum / 10% (\$ 1379.04)

160

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

03/06/2019 15:54

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5063566339-05		WONG CHRONG JONG	S1645499J	GPC	Third Party, Fire & Theft	SGG1686U	SGG1686U	03/05/2019	02/05/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1047790-002	COMFORT TRANSPORTATON PTE LTD	SH 9094C	SDW 1855A
2	MT/1047684-002	COMFORT TRANSPORTATON PTE LTD	SHA 4190H	SGG 1686U
3	MT/1048032-002	CITYCAB PTE LTD	SHC 7756X	YM 9215Z
4	MT/1047514-002	COMFORT TRANSPORTATON PTE LTD	SH 4374C	SKG 8820E
5	MT/1047926-002	COMFORT TRANSPORTATON PTE LTD	SH 6226J	GBH 8844M
6	MT/1047695-002	CITYCAB PTE LTD	SHD 8586H	SLC 4036M
7	MT/1048511-001	COMFORT TRANSPORTATON PTE LTD	SHA 7223C	GBA 9688C
8	MT/1047805-002	COMFORT TRANSPORTATON PTE LTD	SH 8585J	SKW 672J
9	MT/1047644-002	CITYCAB PTE LTD	SHC 833C	SMC 6715L

Claim received from LKK Auto

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	04/06/2019 16:20
Date Of Accident	03/06/2019 16:00
Exact Location Of Accident	VICOM INSPECTION CENTRE AT BUKIT BATOK ST 23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4190H
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	IONIQ HYBRID

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	NG CHUN HIANG
NRIC No	S0195794E
Date Of Birth	17/05/1954
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1978
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92979507
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	237 09-75 BUKIT PANJANG RING ROAD
Postcode	670237
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	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	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

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	SGG1686U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUO DONGYUAN
NRIC/Passport Number	S8984649H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT DOOR
No. Of Passenger (Including Driver)	

SKETCH PLAN

Uicom BT SATOC

A = SHA 4170H

B = SGG 1686U
(HOURA)

黃俊賢

Enter SATOC ST 23

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

I/We declare the foregoing particulars are true in every respect.
JAFORT TRANSPORTATION PTE LTD
CO REG. NO. 199003021R

Policyholder's Signature
Date & Time:

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

Olivia Wendy
Reporting Centre Personnel's Signature
Name: ... 1111 2010

Describe Circumstances of the Accident.

On the 03/06/2019 @ about 16:00hrs, I was driving towards Vicom Inspection Centre at Bukit

Batok St 23.

As I was driving suddenly the front vehicle of SGG1686U turning towards my lane and I

jammed brake to avoid the collision however the said vehicle right front door hit onto my

left front of my taxi.

No passenger on board my taxi.

No injury at the point of accident.

Declaration

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

VEHICLE REGISTRATION POLICE
CC REG NO 189303821R

Policyholder's Signature/Date &

Time

黃俊賢

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

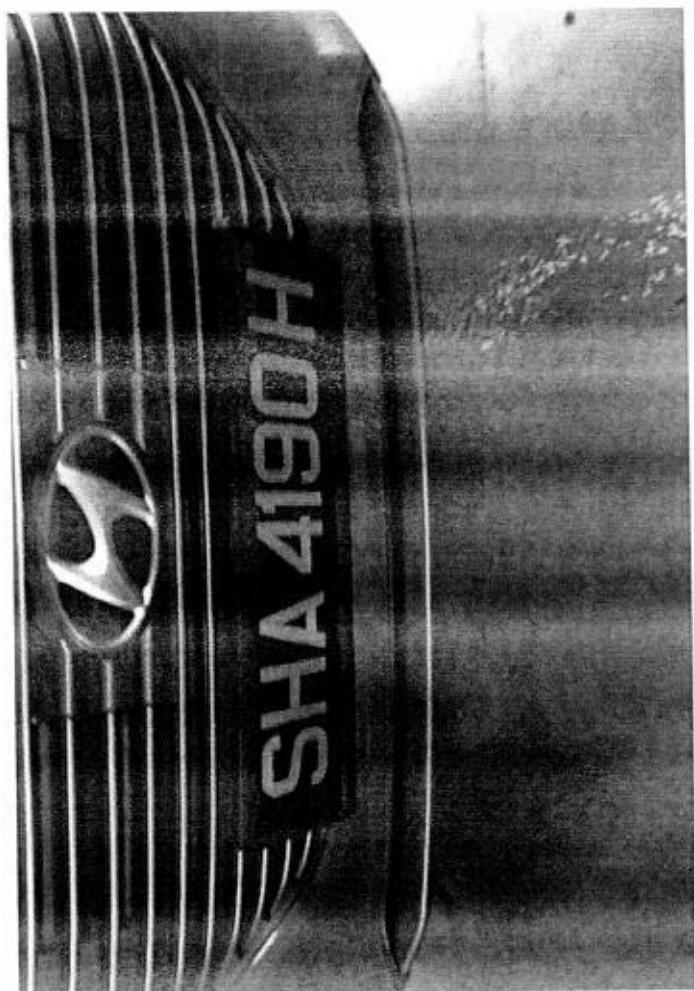
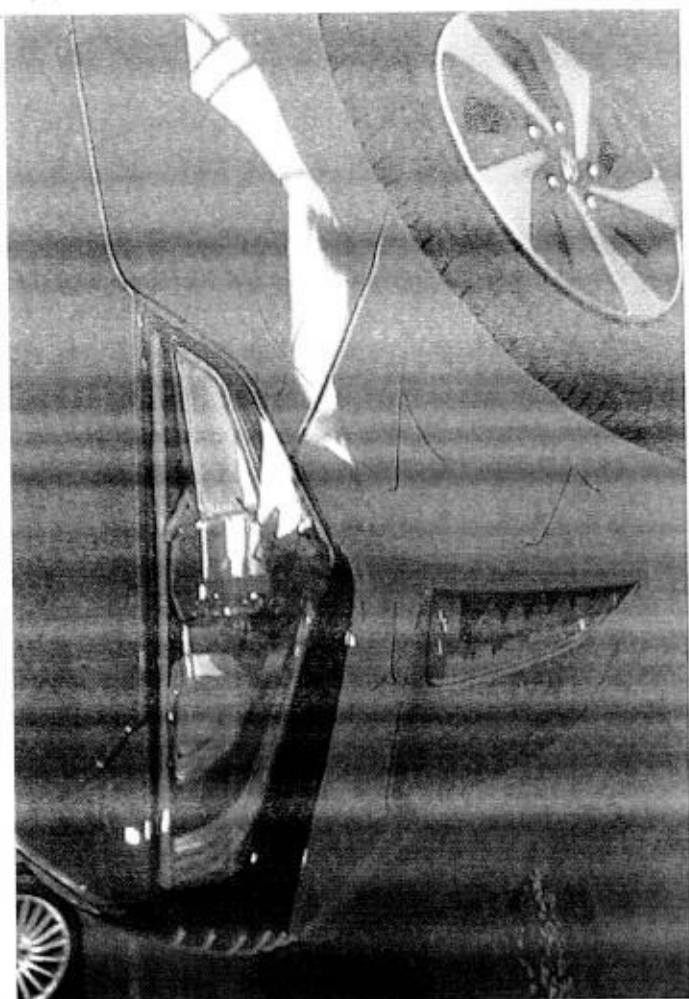
& Time

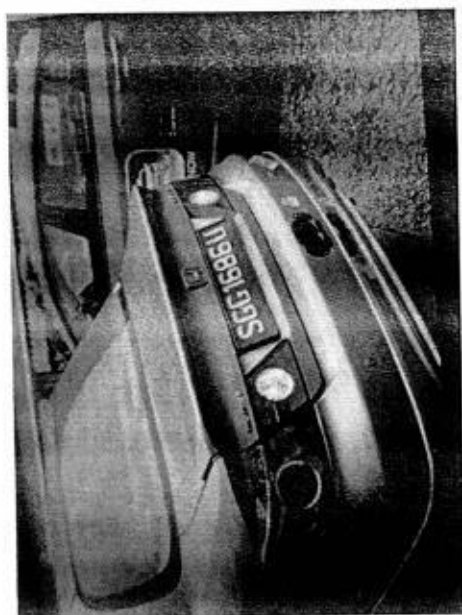
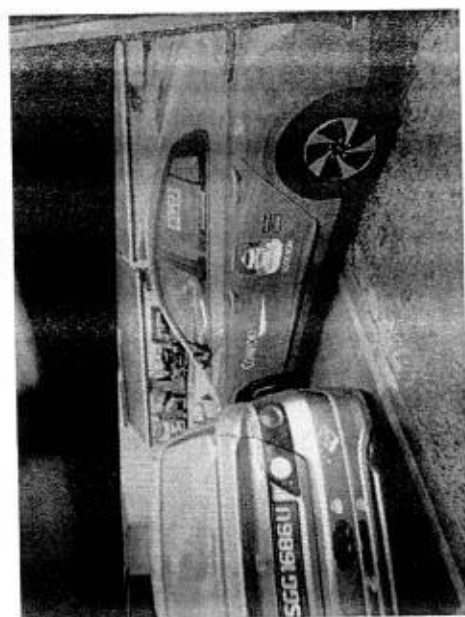
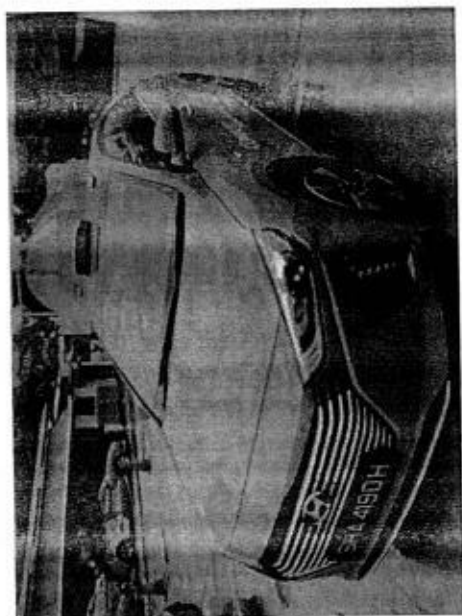
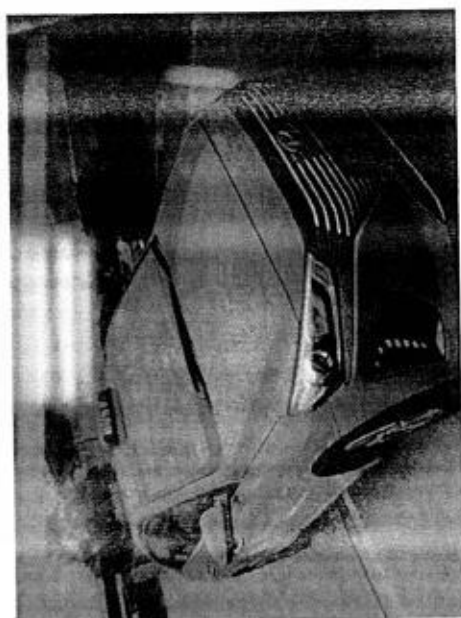
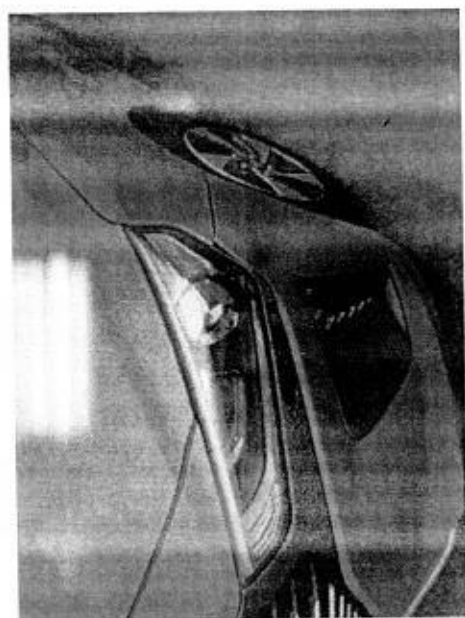
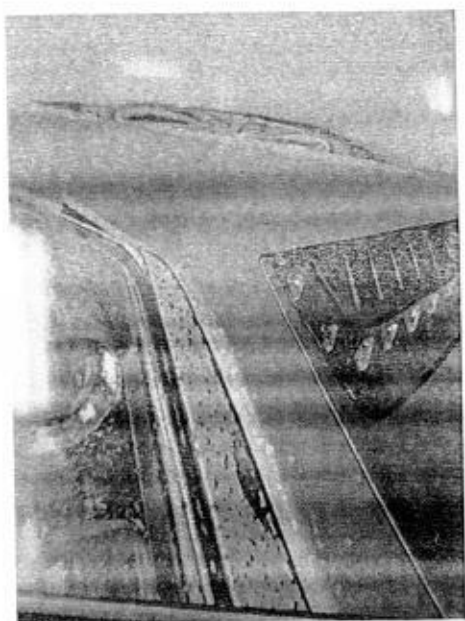
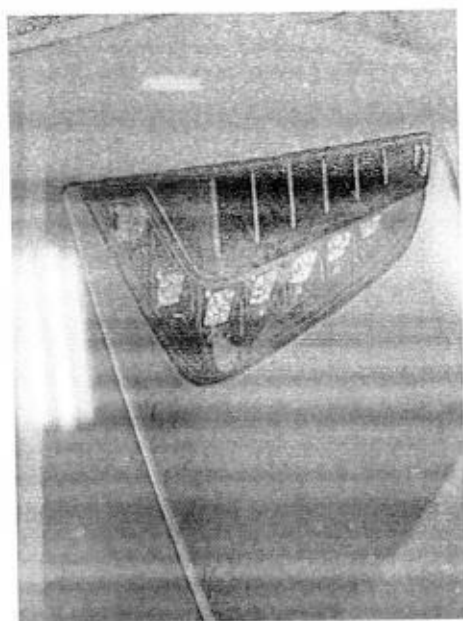
Olivia Wendy

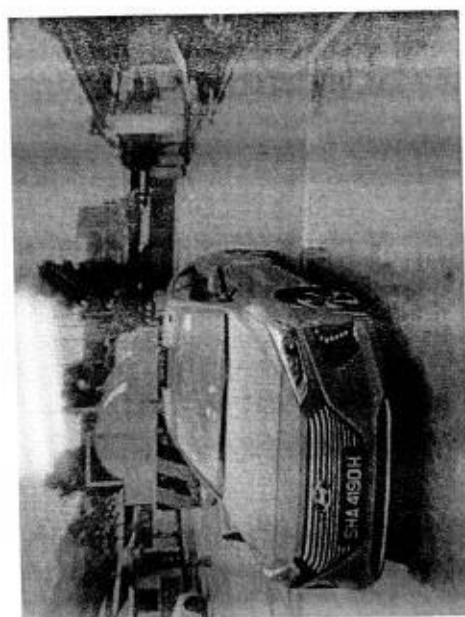
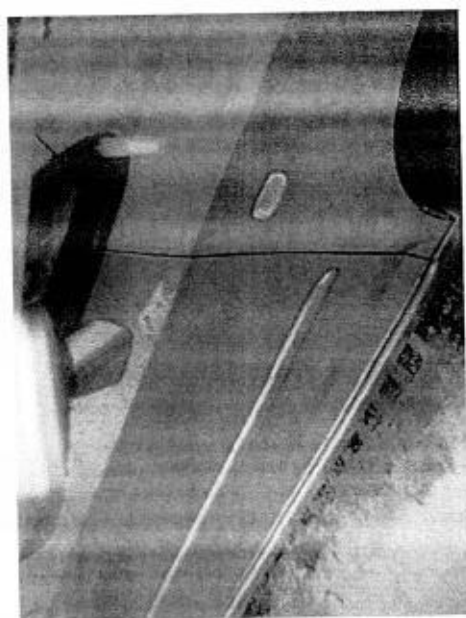
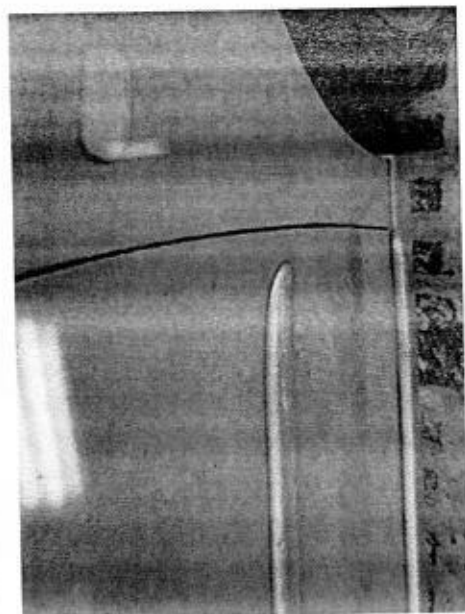
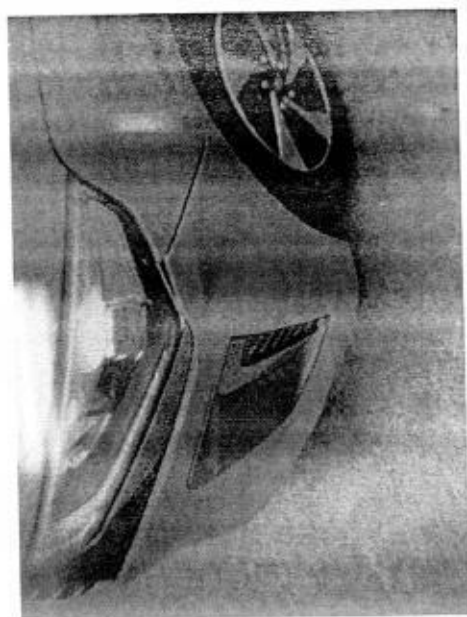
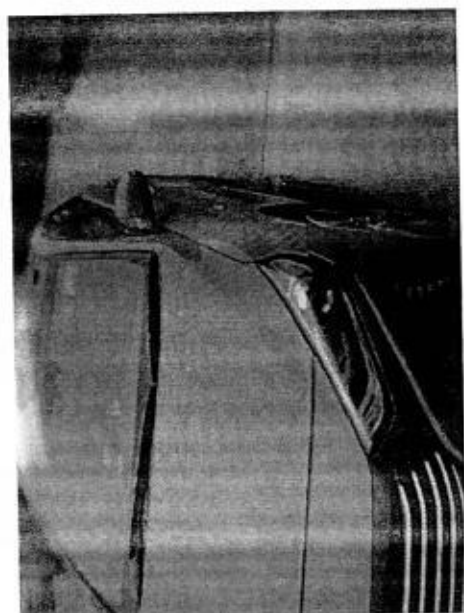
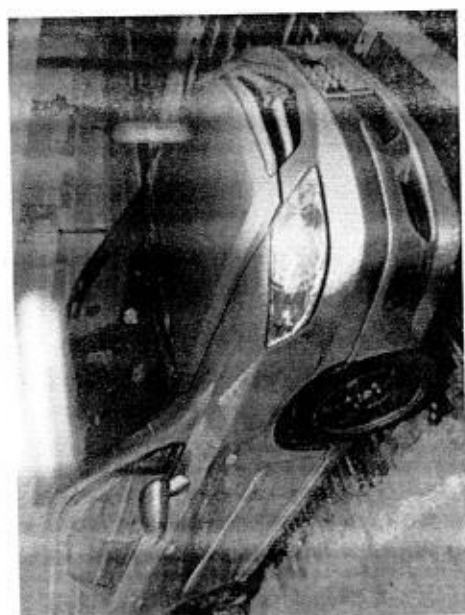
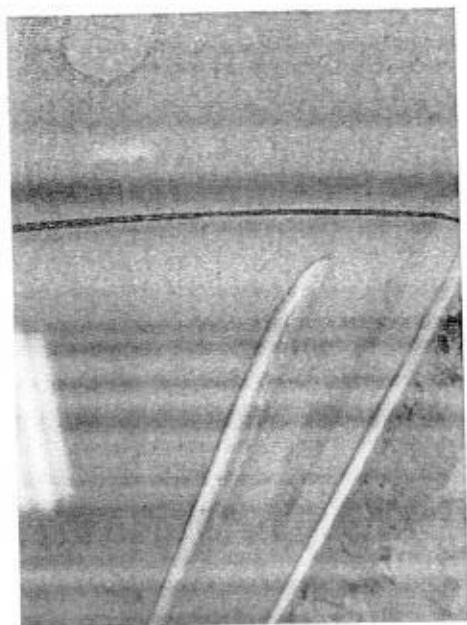
cello

Witnessed by Reporting
Centre Personnel

04 JUN 2019







REPAIR ESTIMATE*

VEHICLE NO : SHA 4190H

DATE 6/6/2019 10:07

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>X rep</i>			\$ 418.30
	Front Bumper Centre Moulding <i>X su</i>			\$ 188.00
	Front Bumper Bracket Top (LH) <i>X su</i>			\$ 35.00
	Front Bumper Bracket (LH) <i>X su</i>			\$ 28.00
	Front Bumper Clips 10 pcs <i>X 1</i>			\$ 22.00
	Headlamp (LH) <i>hazard</i>			\$ 1,198.80
	SUB TOTAL			\$ 1,890.10
	LESS 20%			\$ 378.02
	DISCOUNTED TOTAL			\$ 1,512.08
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 50.00
				20
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,262.08
<p><i>Kahri 14/1/19</i></p> <p><i>6/6/19 1100h</i></p> <p><i>2 Pys.</i></p> <p><i>P/P</i></p> <p><i>After Repair plz</i></p> <div data-bbox="922 1451 1455 1953" data-label="Text"> <p><i>AKK Ang 10/1/19</i></p> <p><i>the Repair shop</i></p> <ul style="list-style-type: none"> • To repair the damaged parts • To display damaged parts in a visible manner • Parts prices are subject to insurance company's approval • Third party survey must be completed • No illegal modification allowed • Supplementary benefit must be approved and is subject to final approval from insurance company <p>Acknowledged by Reparer</p> <p>Signature:</p> <p>Date:</p> </div>				
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.				

COMFORT DELGRO

Date/Time: 04.06.2019 17:27

Page: 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305300974

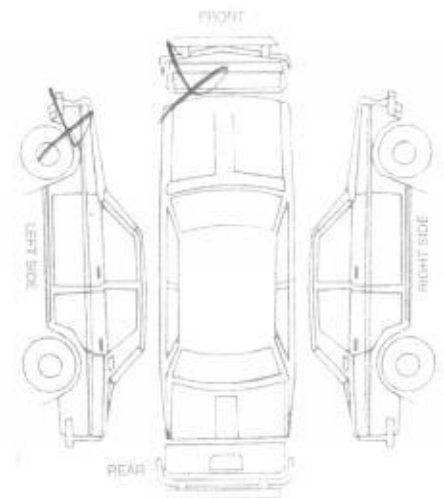
CUSTOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO: SHA4190H	MILEAGE
3/MS	7010045	MAKE: HYUNDAI	FUEL
CUSTOMER NO	383 SIN MING DRIVE	MODEL IONIQ(G2)	E.....1/2.....F
ADDRESS	Singapore SINGAPORE 575717	YR OF MANU 02.04.2019	DATE/TIME IN 04.06.2019 14:50
	65508755	CHASSIS CODE KMHC851CVKU141528	TARGET DATE
			COMPLETION DATE/TIME:

ntmc

Accident Date: 03.06.2019
NATURE: 3P 03.06.2019

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA4190H CHIANG

Vehicle No.: SHA4190H

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305300974
REGN NO : SHA4190H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 02.04.2019
DATE/TIME IN : 04.06.2019 14:50
ACCIDENT DATE : 03.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2815-G IONIQVC LAMP ASSY-HEAD LH 1 1,198.80 20.00 959.04

SUB-TOTAL : 959.04

JOB NATURE

0000 PB PANEL BEATING 200.00

0001 SP SPRAYPAINT CHARGE 200.00

0002 17-01 CHECK ALL LIGHTING 20.00

SUB-TOTAL : 420.00

TOTAL : 1,379.04

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

Our Job Ref No : 305300974
Date : 07/06/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA4190H

Fax :

03/06/19

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

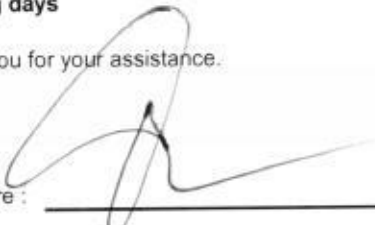
1. The repair job shall bill to: NTUC SGG1686U
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | \$959.04 |
| (b) Labour Charges | \$420.00 |
| Total for Part-By-Part Repair Cost | \$1,379.04 |
| (c) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: | |
| 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : KALVIN
Date : 11/6/19

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:



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/INC19010082/K1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 14-06-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGG 1686U	Veh. Inspected	SHA 4190H
Policy No.	5063566339-05	Coverage (\$)	0.00
Claim No.	MT/1047684-002	Excess (\$)	0.00
Assign From		Assign Date	06/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU141528	Colour	BLUE
Odometer	23508	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	8 mm
L/H Front Tyre	195/65 R15	MICHELIN	8 mm
R/H Rear Tyre	195/65 R15	MICHELIN	8 mm
L/H Rear Tyre	195/65 R15	MICHELIN	8 mm

4. Description of Damages

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

5. General Information

Accident Date	03/06/2019	Inspection Date	06/06/2019
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. SHA 4190H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	418.30	-
1	FRONT BUMPER CENTRE MOULDING	SERVICEABLE	188.00	-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	35.00	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	28.00	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
1	HEADLAMP (LH)	GRAZED	1,198.80	1,198.80
	LESS 20% DISCOUNT		-378.02	-239.76
			1,512.08	959.04
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		50.00	20.00
			750.00	420.00
GRAND TOTAL			2,262.08	1,379.04
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,379.04

Report Ref No. NS/INC19010082/K1td3n2

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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