

Surveyor: Kevin

REF: NS/INC19010501 / Etd 302

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: SLP 8670 L

Policy No. 508415944-02 (14/09/2018)

Claims No. MT/1049501-001

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: _____ 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: SHD 6741P Yr Regn: 23 Jun 2016

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

Truck / Trailer or

Make: Hyundai c.c. 1685

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

Sp. Reading: 424/24 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH LBY1UMH9091558

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 Hankook

Front: _____ Rear: _____

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

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

D.O.A. 12/8/19 D.O.I. 13/6/19

Survey held at CPGE (Loyang)

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

Rear o/s

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

Date / Time	Action / Instruction
	SHD 6741P - CCB / III 13006167 / UHG 392 D.O.A - 26/03/2018 INC
	SLP 8670 L - X 42
18/6/19	(Amount 415 \$ 700 / 2 Pgs. Cred: 202-40; 53870)

RECEIVED 19 JUN 2019

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Track time (\$ _____)

Survey Fee: _____

Transportation: _____

_____\$ + RS, ____ SI

Photos

Others

160
160

Report Format: _____

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident
 Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084415944-02		E-LUFAR AUTO	53311078E	GFT	drivo CLASSIC	SLP8670L	SLP8670L	14/09/2018	

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1048918-002	COMFORT TRANSPORTATON PTE LTD	SHC 2398D	FBD 5893L	12/6/2019
2	MT/1049501-001	COMFORT TRANSPORTATON PTE LTD	SHD 6741P	SLP 8670L	12/6/2019
3	MT/1048784-002	CITYCAB PTE LTD	SHB 2235X	FBK 1729T	11/6/2019
4	MT/1049066-002	COMFORT TRANSPORTATON PTE LTD	SH 8977L	SGW 9023X	12/6/2019

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO: 305303206

STOMER
/MS
STOMER NO.
DRESS
- (R)
(P)

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

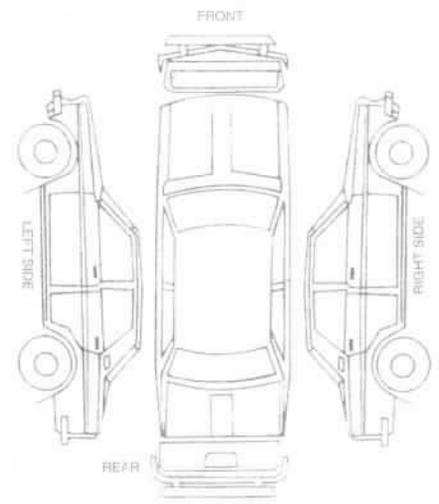
COUNT CARD NO.

REGN NO:	SHD6741P	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 13.06.2019 12:15
YR OF MANU.	23.06.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMGU091558	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.06.2019
NATURE: 3P 12.06.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: **SHD6741P** **CHIANG**

Exit Pass

Vehicle No.: **SHD6741P**

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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	13/06/2019 13:57
Date Of Accident	12/06/2019 16:00
Exact Location Of Accident	WOODLANDS AVE 4 > AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6741P
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	CHUA CHE PHENG
NRIC No	S1315255A
Date Of Birth	26/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1979
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98255261
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	490B 08-187 TAMPINES STREET 45
Postcode	521490
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SLP8670L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEE KAI WAI
NRIC/Passport Number	S8334901H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHUA CHE PHENG
Approximate Age	61
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHD6741P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

A) SHD 6741P
B) SLP 670L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/20190613/2024

DECLARATION

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

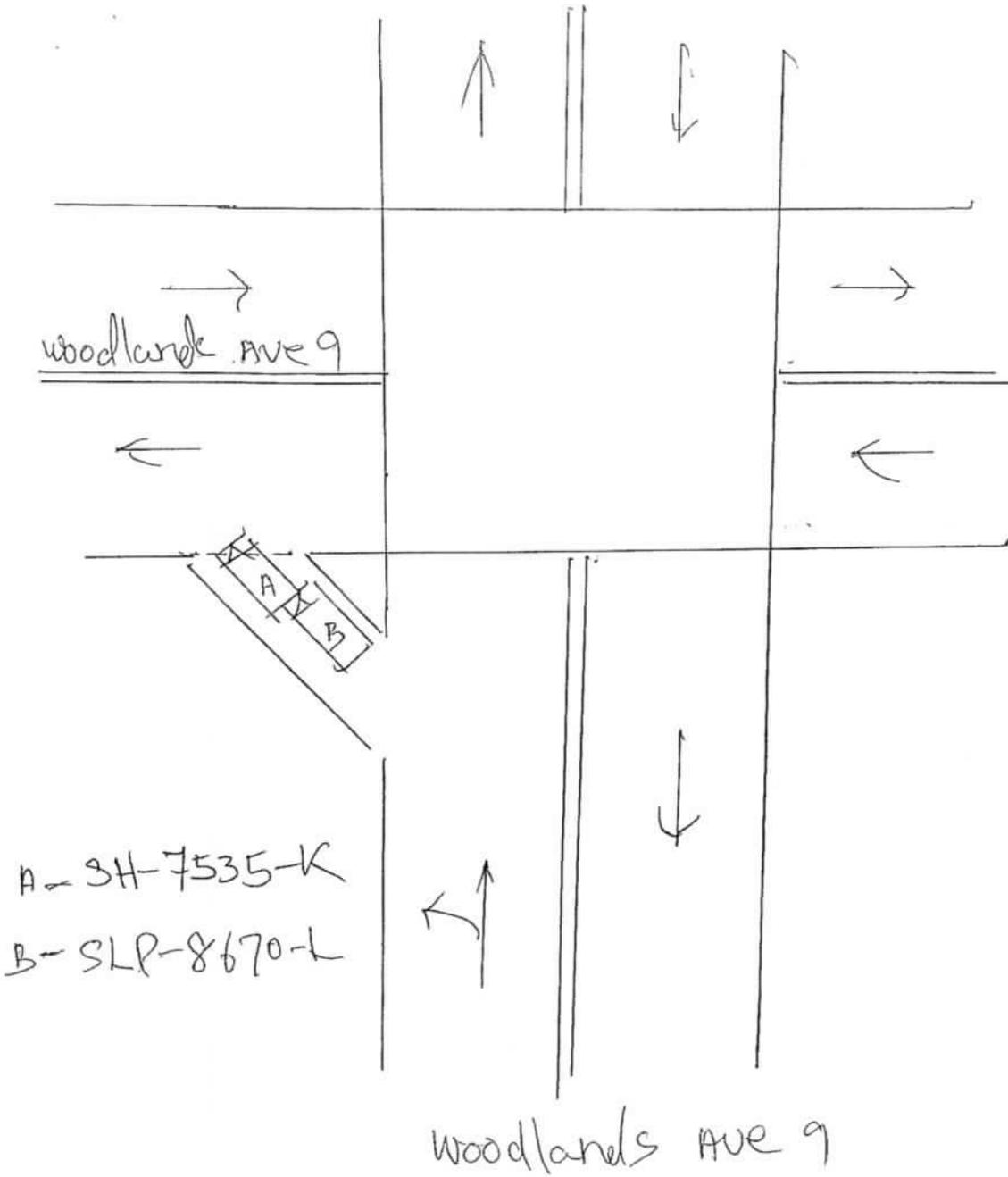
COMFORT TRANSPORTATION PTE LTD
CC REG NO 100202821R

Policyholder's Signature

Driver's Signature

[Signature]
S.R. Moorin,
CSO

Reporting Centre Personnel's Signature



A - SH-7535-K
B - SLP-8670-L

S. R. Moortny
CSO
13/6/15.



**SINGAPORE
POLICE FORCE**



T/20190613/2024

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190613/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2019 10:51		Vide Report No.:		Station Diary No.: 49	
Informant's Particulars					
Name of Informant: CHUA CHE PHENG			Address: APT BLK 490B TAMPINES STREET 45 #08-187 SINGAPORE 521490		
ID Type / ID No.: NRIC NO / S1315255A			Contact No.:		Mobile: 98255261
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 26/06/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident					
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2019 16:00	Type of Location: X-Junction	
Location: Along Road 1 WOODLANDS AVENUE 4 WOODLANDS AVENUE 9					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6741P	TAXI			Blue		0
SLP8670L	Car			Black		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190613/2024

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190613/2024

CONTINUATION OF REPORT

Driver			
Name	CHUA CHE PHENG	ID No.	S1315255A
Related Vehicle	SHD6741P (TAXI)	Contact No.	98255261
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/06/2019	Date Discharge	13/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the date, time and location mentioned above, I V1 (SHD6741P) was driving along the slip road, while I stop ahead to check for oncoming traffic clear, a collision happened from the rear of my vehicle by V2 (SLP8670L). There was only 1 impact from the rear.

Upon accident, as no one was injured. Both parties exchange particulars for insurance claims. However, I went for my own medical treatment.

No mechanical fault.



SINGAPORE
POLICE FORCE



T/20190613/2024

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

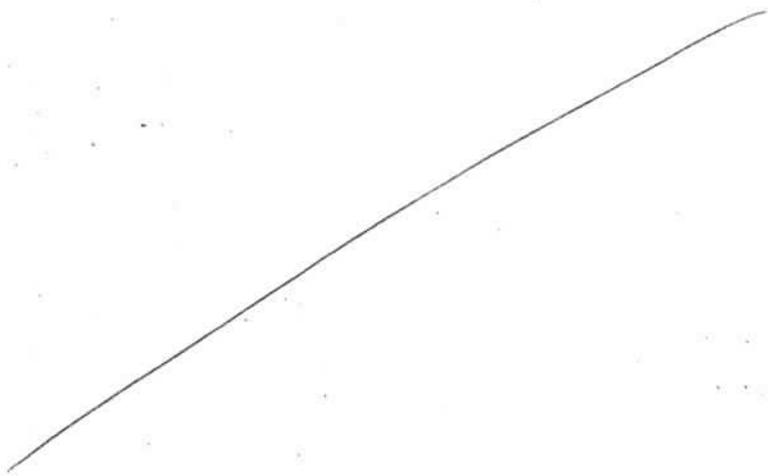
3 of 3

Report No. T/20190613/2024

CONTINUATION OF REPORT

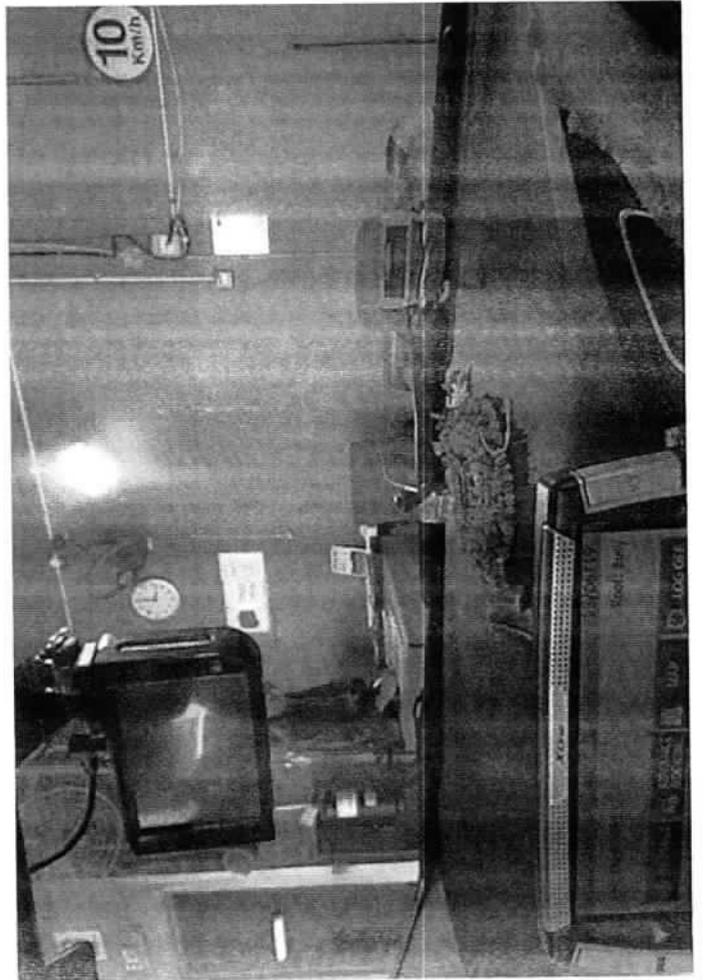
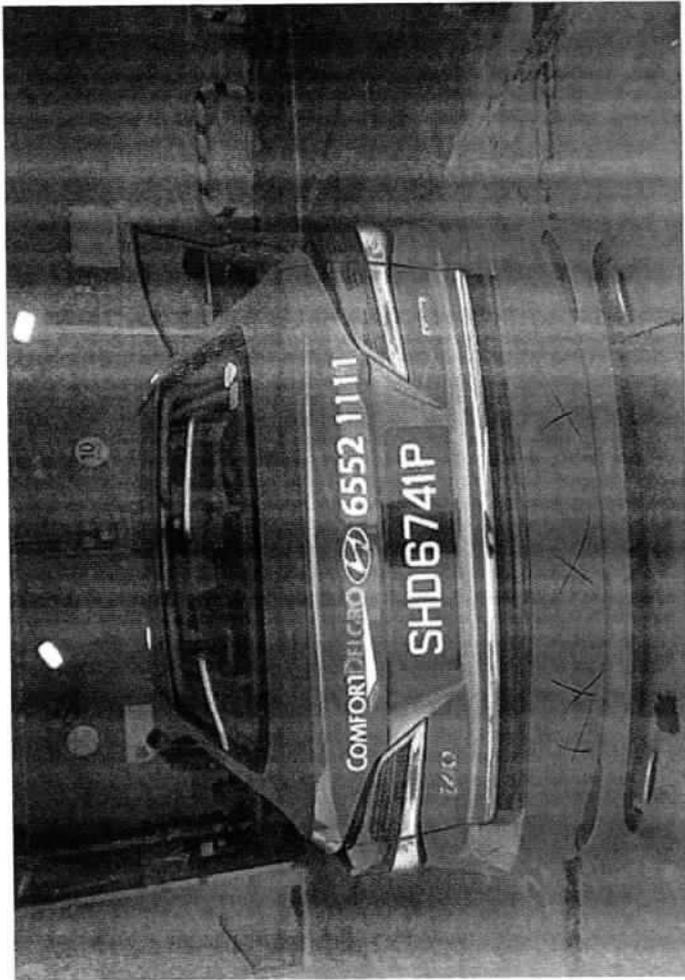
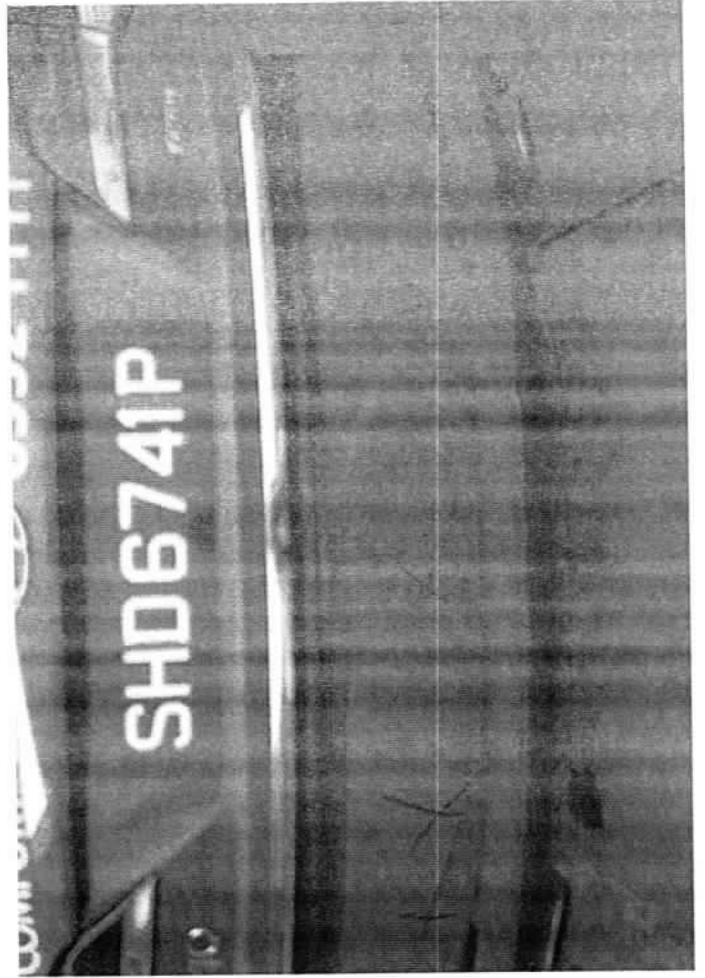
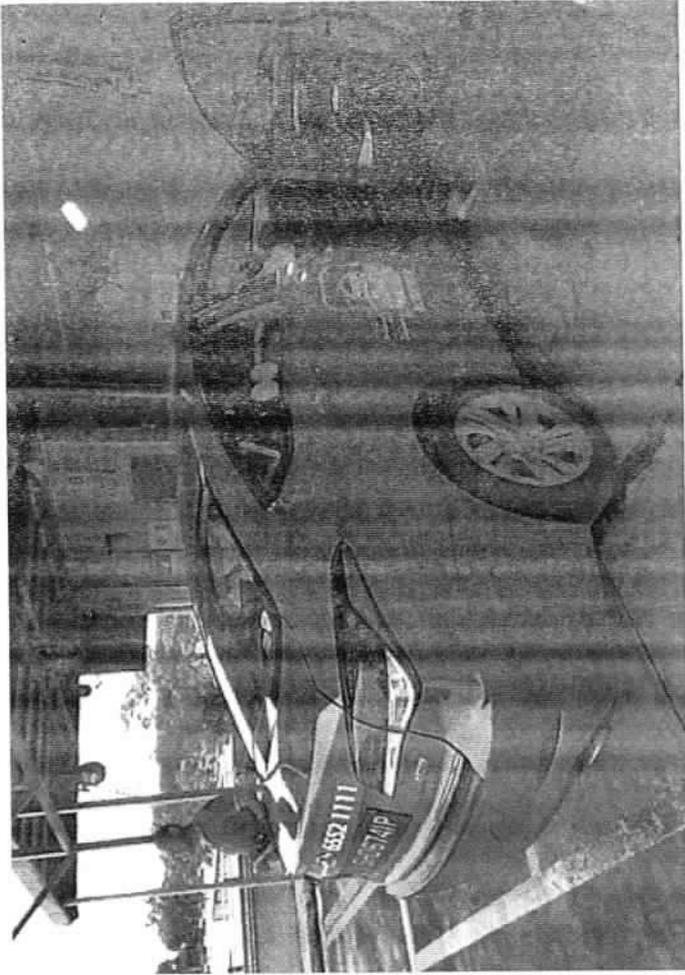
Sketch Plan

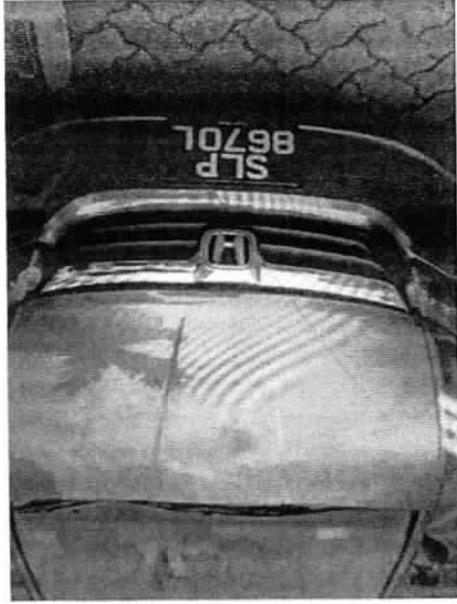
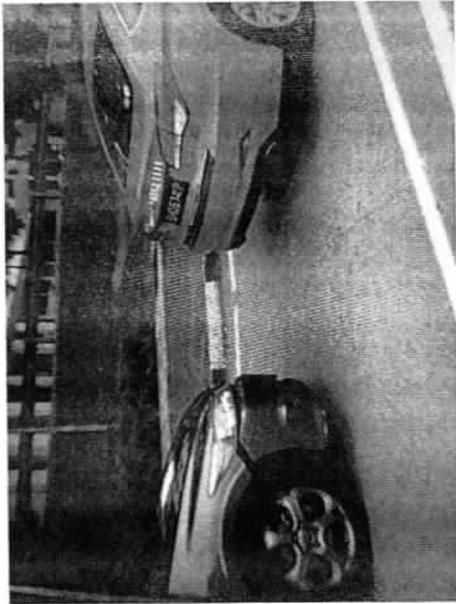
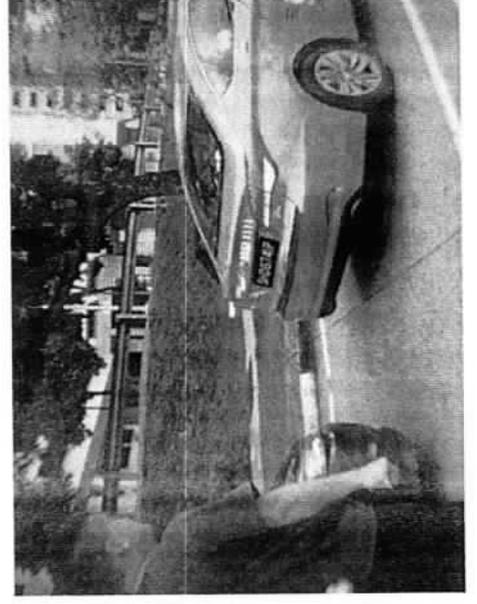
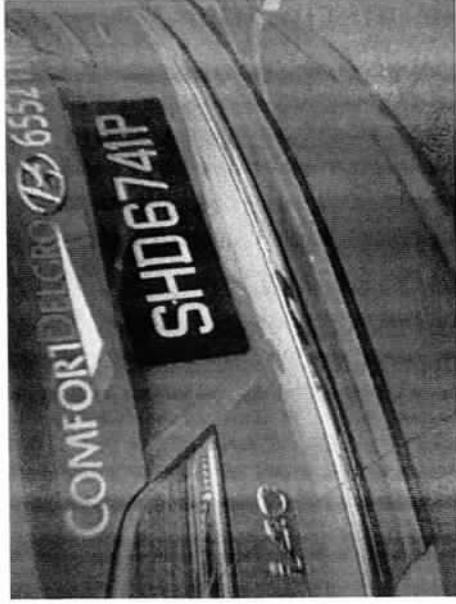
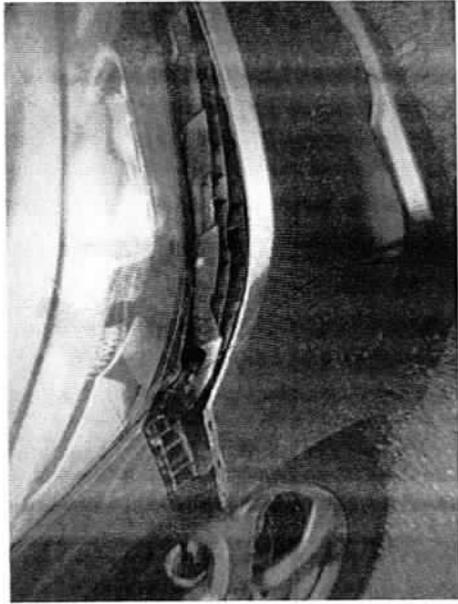
Informant is not able to provide sketch plan



IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G/ Sgt 2 GOH JUN KIAT JASON ✓	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/06/2019 10:51
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476451	Classification Of Case:
Authentication Stamp NP168 ✓	





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6741P

DATE 13/6/2019 14:30

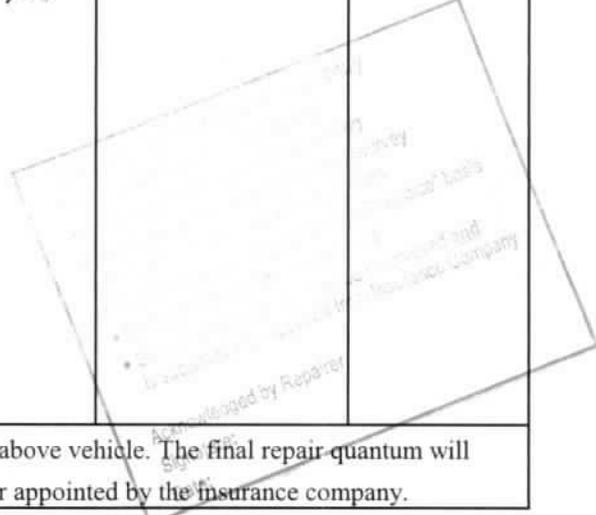
MAKE :

MODEL : HYUNDAI i40

Change

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Rebrand</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>see</i>			\$ 22.00
	Rear Bumper Under Cover <i>X see</i>			\$ 228.00
	SUB TOTAL			\$ 803.00
	LESS 20%			\$ 160.60
	DISCOUNTED TOTAL			\$ 642.40
	Rear Bumper Rubber Mat <i>see</i>			\$ 50.00
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 30.00 <i>X 1</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>X 1</i>
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,502.40

Ka Lim (LKC)
1515h. 13/6/19
2 hrs
45
After Repir plz



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.



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/INC19010521/K1td3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 19-06-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLP 8670L	Veh. Inspected	SHD 6741P
Policy No.	5084415944-02	Coverage (\$)	0.00
Claim No.	MT/1049501-001	Excess (\$)	0.00
Assign From		Assign Date	13/06/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU091558	Colour	BLUE
Odometer	424124	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/06/2019	Inspection Date	13/06/2019
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.			
5b. Estimate Days of Repair			
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. SHD 6741P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
	LESS 20% DISCOUNT		-160.60	-115.00
			642.40	460.00
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			810.00	400.00
GRAND TOTAL			1,502.40	910.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)(CONFIRMED)				700.00

Report Ref No. NS/INC19010521/K1td3e2

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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