

Surveyor: Kalvin

REF: NS/INC19010825/KISD 372

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: YL 6351M

Policy No. 5108006832 (06/03/2019)

Claims No. MT/1049874 - 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 3005B Yr Regn: 9Z 2016

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685

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

Sp. Reading: 406809 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL8X1UA4091377

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. 17/6/19 D.O.I. 18/6/19

Survey held at CPHE (Loyang)

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

Frt.

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

Date / Time	Action / Instruction
	SHD 3005B - NS/INC 18014478/KISD 372 D.O.A - 07/03/2018 INC
	YL 6351M - NA/INC 17015158/K4 D.O.A - 05/07/2017 4s.
20/6/19	Calculated 45 \$1700/20%.
	(4805.04 Red - 32%)
	RECEIVED 21 JUN 2019

Date/Time, File Pass to?

21/06/19

1) Typist

Date/Time, File Return to?

2) _____

☐: Prel. Report☒: Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐: Site Insp (\$ _____)☐: Interview (\$ _____)☐: Tech Insp (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, \$ _____

Photos _____

Notes _____

160

Report Format:

\$1,700/- 45

eBaoTech

General Claim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108006832		WEST-STREET CARRIER PTE. LTD.	199901553C	GFT	Third Party, Fire & Theft	YL6351M	YL6351M	06/03/2019	

TP Claims against NTUC Income: Follow-Through Survey

Date : 20/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1049873-001	COMFORT TRANSPORTATION PTE LTD	SHA 5695L	GBG 8461P	30/5/2019	\$ 1,468.28	\$ 1,157.16
2	MT/1049874-001	COMFORT TRANSPORTATION PTE LTD	SHD 3005B	YL 6351M	17/6/2019	\$ 2,505.04	\$ 1,700.00
3	MT/0972422-002	SMRT BUSES LTD	SG 5762P	GBF 8878B	02/12/2017	\$ 7,521.76	\$ 6,481.76
4	MT/1045696-002	SMRT TAXIS PTE LTD	SHB 598L	FX 9725K	21/5/2019	\$ 4,876.70	\$ 1,942.93

Claim received from LKK Auto

COMFORTDELGRO

Date/Time: 18.06.2019 08:59

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305304198

STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO:	SHD3005B	MILEAGE
MS	7010045	MAKE:	HYUNDAI	FUEL
STOMER NO:	383 SIN MING DRIVE	MODEL	I-40	E.....1/2.....F
DRESS	Singapore SINGAPORE 575717	YR OF MANU.	09.06.2016	DATE/TIME IN
(R)	65508755			17.06.2019 13:55
(P)		CHASSIS CODE	KMHLB41UMGU091333	TARGET DATE
				COMPLETION DATE/TIME
COUNT CARD NO.				

JOB DESCRIPTION

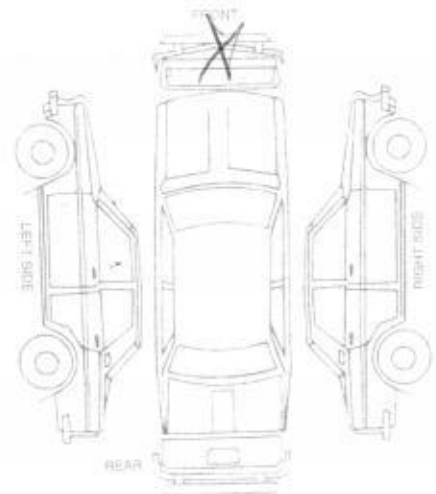
Accident Date: 17.06.2019

NATURE: 3P 17.06.19

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

SHD3005B

FZ NTUC

Vehicle No.:

SHD3005B

Signature of Service Advisor

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	17/06/2019 16:34
Date Of Accident	17/06/2019 12:30
Exact Location Of Accident	WEST COAST WAY X WEST COAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3005B
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	PANG ENG HIN
NRIC No	S1487419D
Date Of Birth	11/05/1961
Occupation	OUTDOOR
Date Of Driving Pass	12/11/1984
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92973700
Fax Number	
Contact Number	
Email Address	YUNQIHAN7118@GMAIL.COM

Address	63 12-213 TELOK BLANGAH HEIGHTS
Postcode	100063
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 (TP reverse)
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)	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.

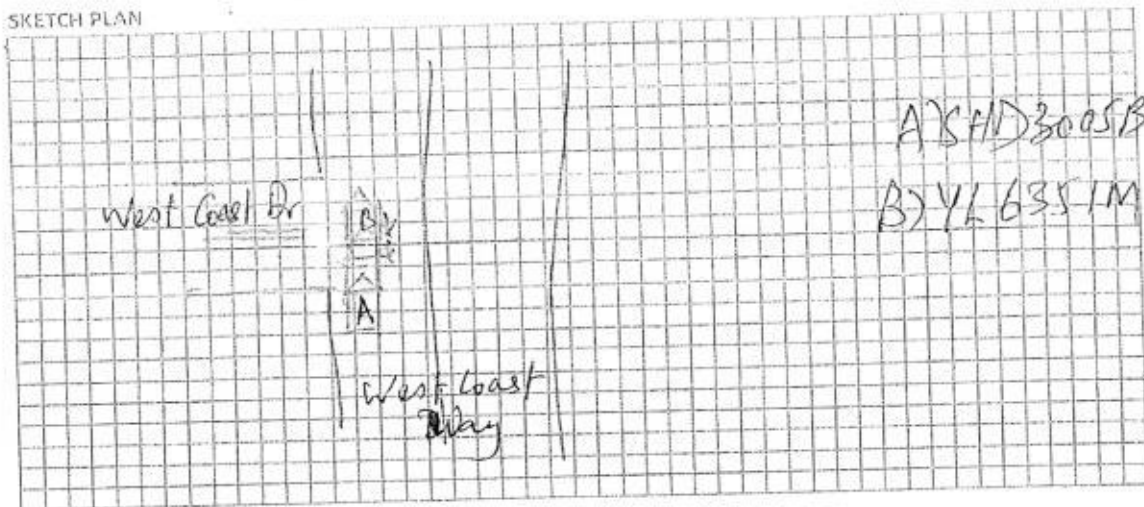
Attachment(s)

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	YL6351M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KANDHASAMY RANJAN
NRIC/Passport Number	G2032809L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/6/19 at about 1230pm while I Veh A was travelling ahead behind Veh B, Veh B stopped suddenly and I too stopped. All of a sudden Veh B reversed and collided up the front portion of my vehicle despite my sounding of the horn to alert him. I could not reverse because there were other vehicles behind my vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE

CO REG NO 199003021P

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

[Signature]
Moorthy
CSO
17/6/19

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 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. The 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 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:

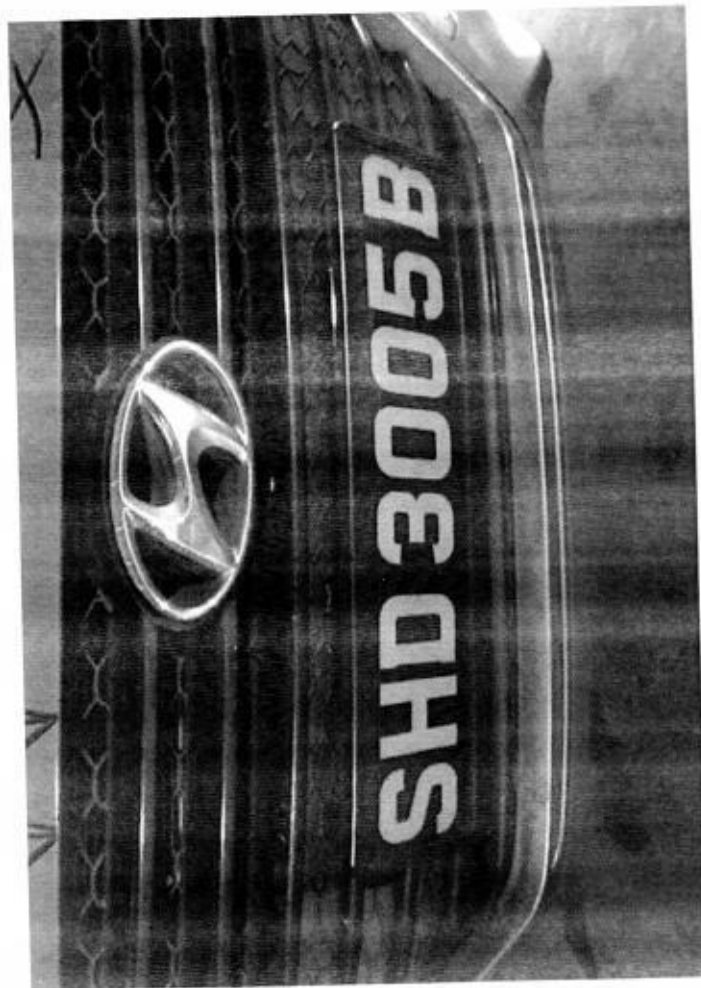
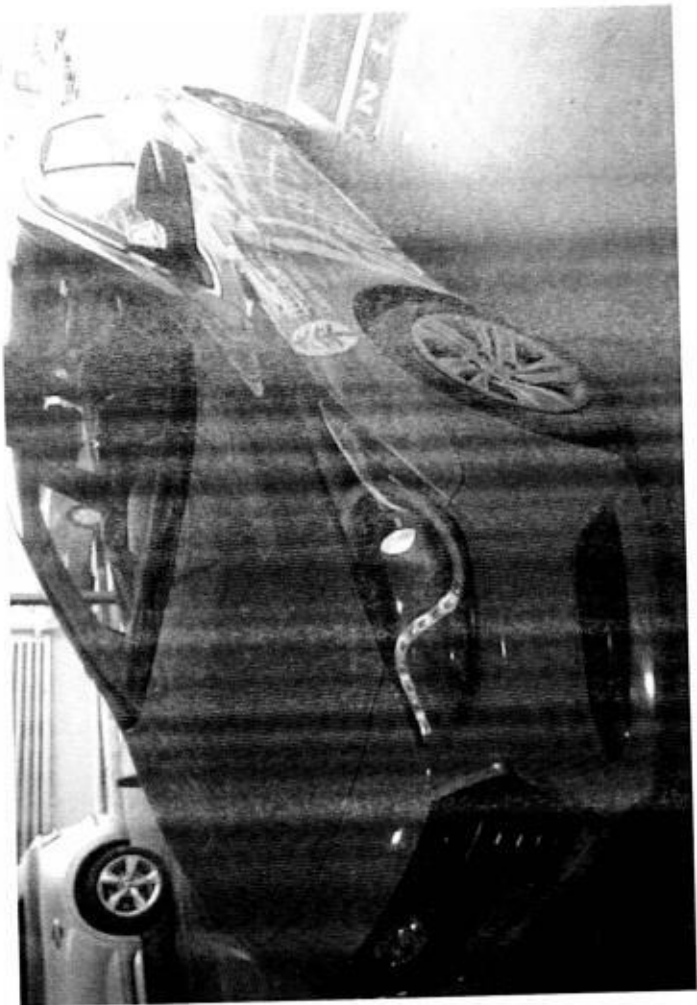
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.

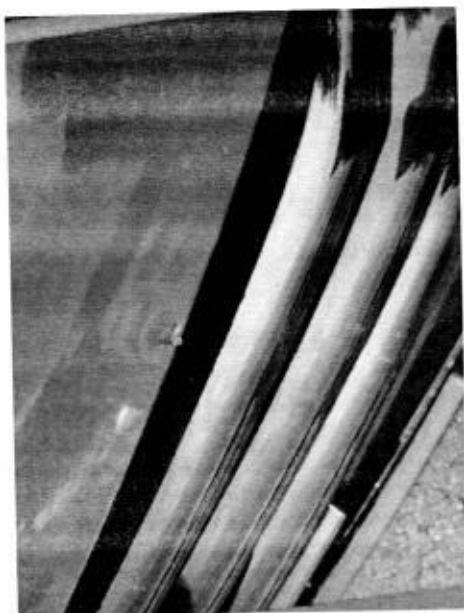
OMFORT TRANSPORTATION PTE LTD
CO REGD NO: 199003021R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16

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





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3005B

DATE 18/6/2019 10:38

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille			\$ 1,110.10
	Front Bumper Cover			\$ 1,052.20
	Front Bumper Bracket Top (LH/RH) <i>X sm</i>		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) <i>X sm</i>		\$ 24.60	\$ 49.20
	SUB TOTAL			\$ 2,256.30
	LESS 20%			\$ 451.26
	DISCOUNTED TOTAL			\$ 1,805.04
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 2,505.04

*Kahin 16/10/19**18/6/19 1100h**2 hrs**4/5**After Repair plz.*

We, the undersigned, hereby notify

the following:

- The vehicle has been damaged by collision
- The vehicle has been damaged by fire
- The vehicle has been damaged by theft
- The vehicle has been damaged by other means
- The vehicle has been damaged by other means
- The vehicle has been damaged by other means
- The vehicle has been damaged by other means

Acknowledged by Repairer:

Signature:

Date:

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 : 305304198
Date : 19.06.2019

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

FINALIZATION FORM


To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD3005B
Date of Accident : 17.06.2019
Fax : _____


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

1. The repair job shall bill to: NTUC --- YL 6351M
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | \$0.00 |
| (b) Labour Charges | \$0.00 |
| Total for Part-By-Part Repair Cost | \$0.00 |
| (c) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: | 20% \$1,700.00 |
| Final Lumpsum Repair cost | \$1,700.00 |

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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kahr
Date : 20/6/19

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/INC19010825/K1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 28-06-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YL 6351M	Veh. Inspected	SHD 3005B
Policy No.	5108006832	Coverage (\$)	0.00
Claim No.	MT/1049874-001	Excess (\$)	0.00
Assign From		Assign Date	18/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU091333	Colour	BLUE
Odometer	406809	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 FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	17/06/2019	Inspection Date	18/06/2019
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
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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. SHD 3005B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	RADIATOR GRILLE	CRACKED	1,110.10	1,110.10
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	SERVICEABLE	49.20	-
	LESS 20% DISCOUNT		-451.26	-432.46
			1,805.04	1,729.84
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	400.00
			2,505.04	2,129.84
GRAND TOTAL				
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,700.00

Report Ref No. NS/INC19010825/K1sd3n2

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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