

08/11/13

REF:

Surveyor: Kalvin

NS/INC 19011250/K14302

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SJN 2530 GPolicy No. 510 6686109 (02/01/2019 - 01/01/2020)Claims No. MT/1051026-001

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: 2 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: SHC 8560L Yr Regn: 25 Jun / 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: B/le A/C: Insured / Std / NI / NASp. Reading: 526048 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM HLB414MH 408106Gen. Cond: Good / Fair / Poor / BurntSteering: Inoper / Jammed / Leaked / Burnt orBrake: Inoper / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Wet/da

Front Rear

R/Bal. 3 mm R/Bal. 3 mmL/Bal. 3 mm L/Bal. 3 mmD.O.A. 22/6/19 D.O.I. 25/6/19Survey held at CPHE (Loyang)

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

Front n/s

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

Date / Time Action / Instruction

SHC 8560L : CS TMI 13005201/M1y102 D.O.A : 16/03/2013 2m

SJN 2530 G : X

22/6/19 Went up \$1700/26% Cred: 16.4m 30%

RECEIVED 20 JUN 2019

Date/Time, File Pass to?

☐ : Preli. Report1) 28/6 Typist☒ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : \_\_\_\_\_ (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS, SI

Photos

160

Recd Format:

0 1700/-

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/06/2019 09:17"/>							
Vehicle No.(For Motor)	<input type="text" value="SJN2530G"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5106686109		AUTOGRAND PTE LTD	201621171M	GPC	Third Party	SJN2530G	SJN2530G	02/01/2019	01/01/2020
<input type="button" value="Continue"/>										

# TP Claims against NTUC Income: Follow-Through Survey

Date : 27/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1050534-002	CITYCAB PTE LTD	SHB 3963X	FQ 9573T	22/06/2019	15:10	\$ 7,036.82	\$ 1,300.00
2	MT/1048987-002	SMRT TAXIS PTE LTD	SHD 6403R	YN 3016R	24/05/2019	16:30	\$ 5,724.28	\$ 2,385.64
3	MT/1050302-002	COMFORT TRANSPORTATION PTE LTD	SHC 2799E	SLX 8307U	24/06/2019	13:30	\$ 5,255.80	\$ 2,500.00
4	MT/1050236-002	COMFORT TRANSPORTATION PTE LTD	SHA 7629R	SLK 2931A	23/06/2019	02:00	\$ 5,796.68	\$ 2,450.00
5	MT/1051021-001	COMFORT TRANSPORTATION PTE LTD	SHA 1060U	SGU 2286K	22/06/2019	17:00	\$ 3,834.66	\$ 767.88
5	MT/1051026-001	COMFORT TRANSPORTATION PTE LTD	SHC 8560L	SJN 2530G	22/06/2019	13:50	\$ 2,461.44	\$ 1,700.00

Received claim from LKK

## 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	24/06/2019 08:53
Date Of Accident	22/06/2019 13:50
Exact Location Of Accident	AIRPORT BLVD >> ECP NEAR T2 C/PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8560L
<b>Insured/Policyholder</b>	
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	WEE HIAN NAM
NRIC No	S1159522G
Date Of Birth	08/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1979
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91817061
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	158 #11-103 JALAN TECK WHYE
Postcode	680158
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	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)	3
Passenger 1	NAME: : - GENDER: : MALE
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	SJN2530G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

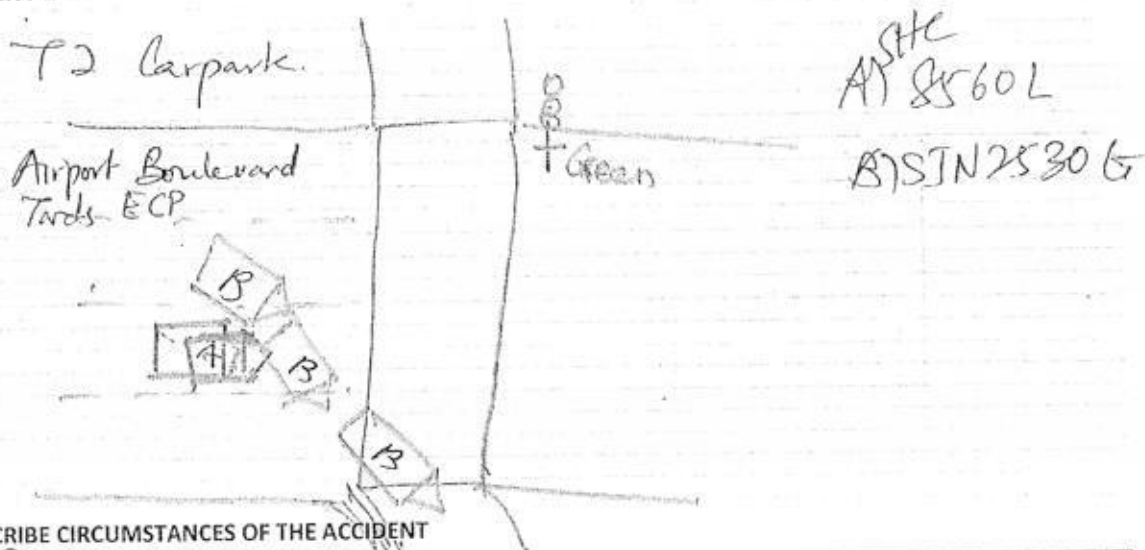
Insurance Company Name

Nature Of Damage

REAR RHT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/6/19 at about 1850hrs while I Veh A was travelling straight ahead, Veh B from the <sup>left</sup> lane intercepted over my lane to enter the side driveway on the right side and caused a collision. My Veh A sustained damages on the left front portion. Veh B damages were on the right rear portion.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
Policyholder's Signature 189203821R  
Driver's Signature

SR Moorthy  
CSO  
Reporting Centre Personnel's Signature  
23/6/19

**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.

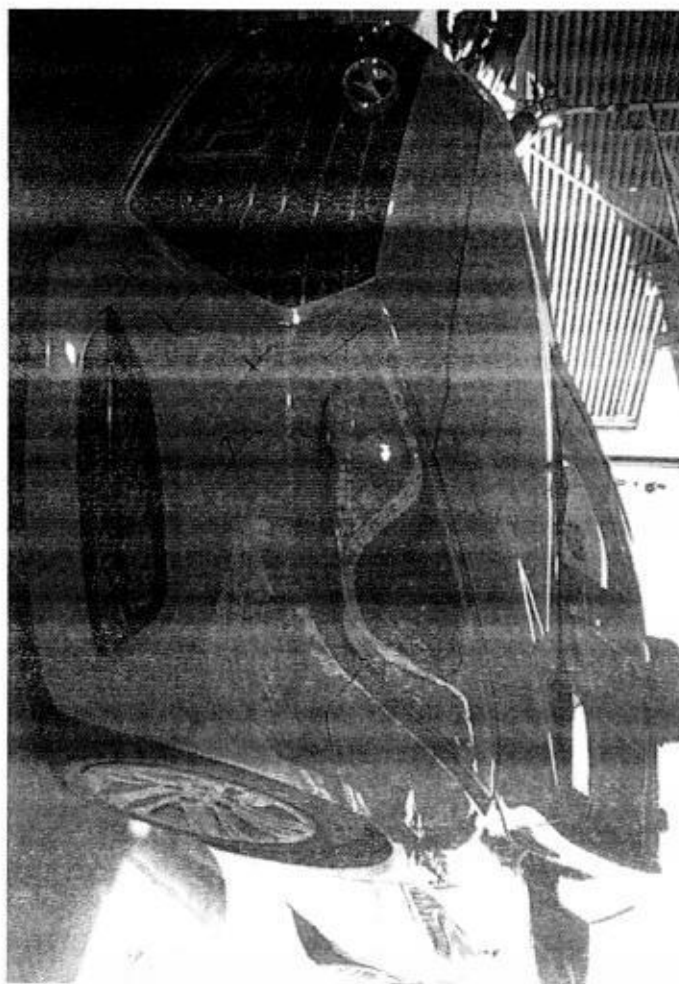
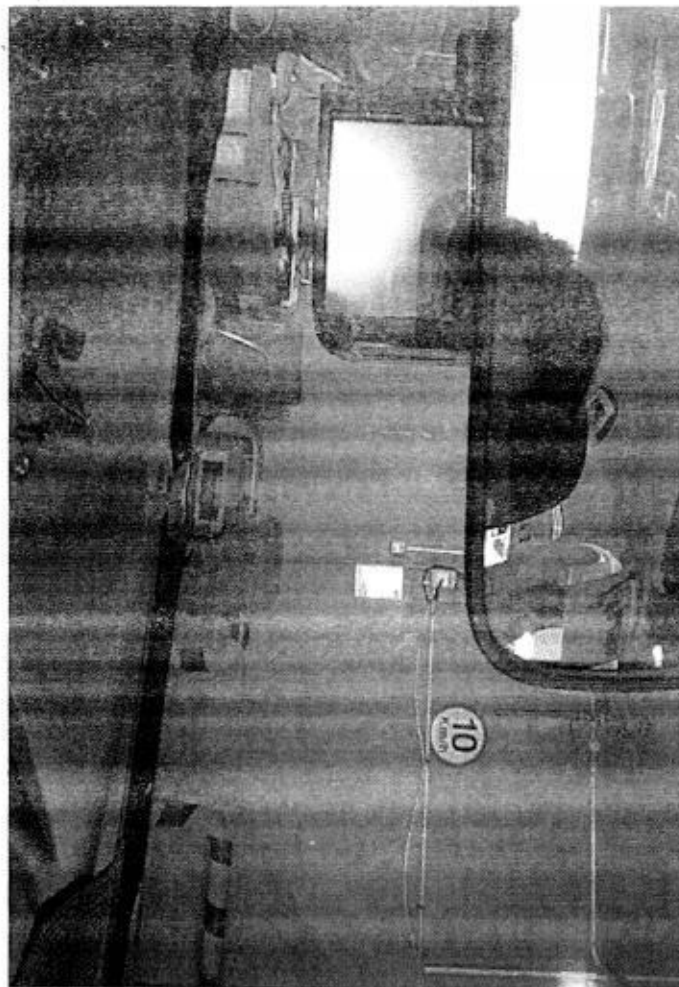
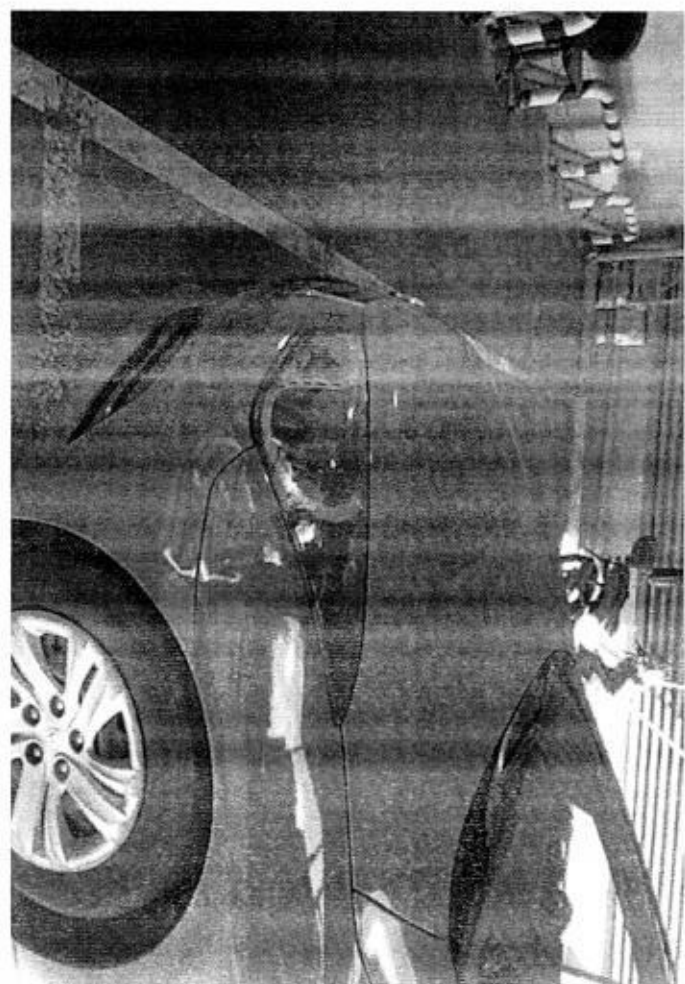
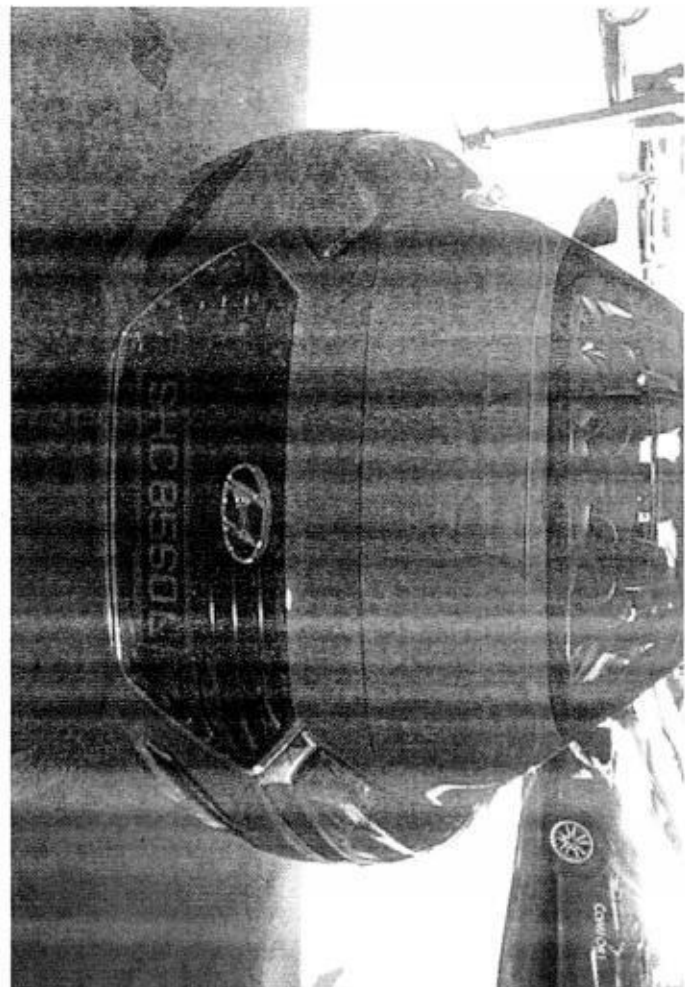
COMFORT TRANSPORTATION PTE LTD  
CC REG NO 199303821R

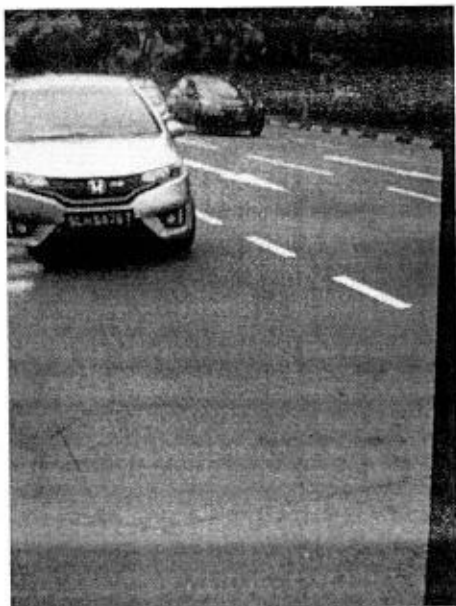
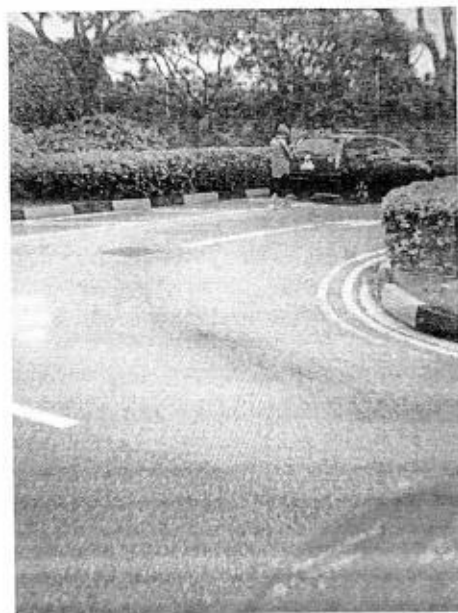
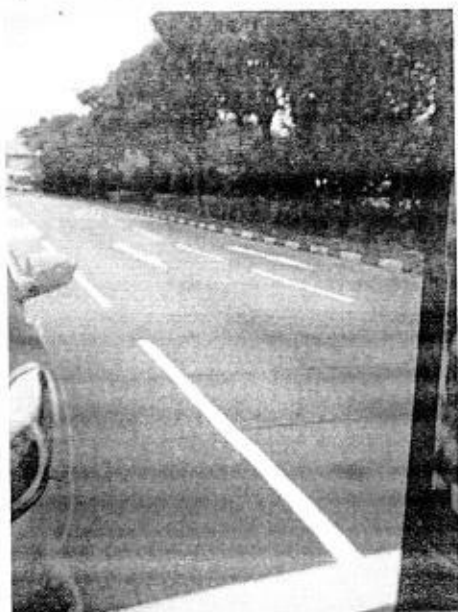
Policyholder's Signature  
Date & Time:

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

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







COMFORT/ELCAG

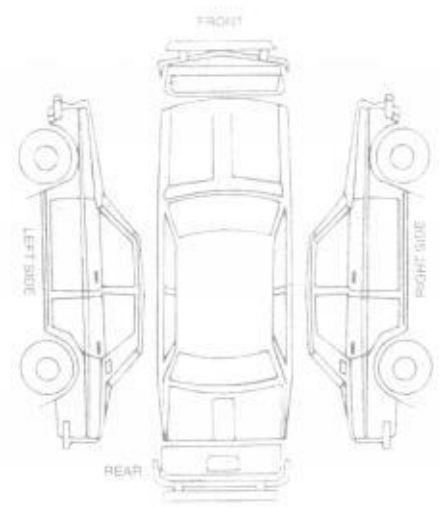
Date/Time: 25.06.2019 10:57 Page : 1

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JG NO. 305306096
CUSTOMER		REGN NO:	SHC8560L	MILEAGE
R/MS	COMFORT TRANSPORTATION PTE LTD	MAKE:	HYUNDAI	FUEL
CUSTOMER NO:	7010045	MODEL:	I-40	E.....1/2.....F
ADDRESS	383 SIN MING DRIVE	YR OF MANU:	10.12.2015	DATE/TIME IN
	Singapore SINGAPORE 575717	CHASSIS CODE	KMHLB41UMGU081010	25.06.2019 10:15
L (R)	65508755			TARGET DATE
(P)				COMPLETION DATE/TIME:
COUNT CARD NO.				

JOB DESCRIPTION

Accident Date: 22.06.2019  
NATURE: 3P 22.06.19

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR                      CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8560L                      JU NTUC LKK

Vehicle No.: SHC8560L

Name of Service Advisor                      Signature/Date

Name of Service Advisor                      Date

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 : 305306096  
 REGN NO : SHC8560L  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 10.12.2015  
 DATE/TIME IN : 25.06.2019 10:15  
 ACCIDENT DATE : 22.06.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-2292-G	I40V3 COVER-FR BUMPER#	1	1,052.20 20.00 841.76
0002	04-01-0103-2164-G	I40V3 GRILLE ASSY-RADIATO	1	1,110.10 20.00 888.08
0003	04-01-0103-2175-G	I40V3 SYMBOL MARK-H	1	39.50 20.00 31.60

SUB-TOTAL : 1,761.44

## JOB NATURE

0000 PB PANEL BEATING  
 0001 SP SPRAYPAINT CHARGE

~~400.00~~ 200  
~~300.00~~ 200

SUB-TOTAL : 700.00

TOTAL : 2,461.44

MVA NAME & SIGNATURE  
 DATE :

AUTHORISED : YES / NO  
 SURVEYOR NAME & SIGNATURE  
 DATE :

Ka his 10kas  
 25/6/19 1215h  
 2B,  
 4/3  
 After Repair p h

L&K Auto Consultants hereby notify the Repairs of the following:

- To repair before after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "without prejudice" basis
- No illegal modification(s) is allowed
- Supplementary claim(s) must be reviewed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305306096  
Date : 26/06/2019

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

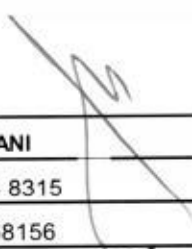
## FINALIZATION FORM


To : LKK Fax :  
Attn : KALVIN  
: SHC8560L Date of Accident : 22.06.19

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

1. The repair job shall bill to: NTUC --- SJN2530G  
###
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) N \_\_\_\_\_
  - Total for Lumpsum repair cost after Less: 20% \$1,700.00
  - 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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : Kalvin  
Date : 27/6/19

## 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/INC19011250/K1td3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 02-07-2019	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJN 2530G	Veh. Inspected	SHC 8560L	
Policy No.	5106686109	Coverage (\$)	0.00	
Claim No.	MT/1051026-001	Excess (\$)	0.00	
Assign From		Assign Date	25/06/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU081010	Colour	BLUE	
Odometer	526048	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	22/06/2019	Inspection Date	25/06/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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. SHC 8560L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	I40V3 COVER-FR BUMPER	CRACKED	1,052.20	1,052.20
1	I40V3 GRILLE ASSY-RADIATO	GRAZED	1,110.10	1,110.10
1	I40V3 SYMBOL MARK-H	NECESSARY	39.50	39.50
	LESS 20% DISCOUNT		-440.36	-440.36
			1,761.44	1,761.44
<b>LABOUR</b>				
	PANEL BEATING.		400.00	200.00
	SPRAYPAINT CHARGE.		300.00	200.00
			700.00	400.00
<b>GRAND TOTAL</b>			<b>2,461.44</b>	<b>2,161.44</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,700.00</b>

Report Ref No. NS/INC19011250/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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