

(08/11/13)

Surveyor: Kelvin

REF: NS/INC1901361/1 klyf302

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: PC72810

Policy No. 5102715912 (07/08/2018-06/08/2019)

Claims No. MT/1056143-003

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: SHA 7847C Yr Regn: 30 Jun 2015

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

Truck / Trailer or

Make: Hyundai 2.0 C.C. 1.65

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

Sp. Reading: 59 7934 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UA 94075103

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or Mark

Front

Rear

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

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

D.O.A. 2/8/19 D.O.I. 2/8/19

Survey held at CDGE (Loyang)

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 7847C - CS/PC18000756/ Arbitr RCR - 29/11/2017 Inc
	PC72810 - X U/s
6/8/19	Arbitr 1 U/s \$1950 / 30% (Red. 1116.68, 36%).
	RECEIVED 08 AUG 2019 36%

Date/Time, File Pass to?

1) 06/8 1919

Date/Time, File Return to?

2)

☐ : Preli. Report☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp \$

Survey Fee: 160

Transportation:

\$ + RS \$

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 06/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1056143-003	COMFORT TRANSPORTATION PTE LTD	SHA 7847C	PC 7281D	02/08/2019	6:55	\$ 3,066.68
2	MT/1056277-002	CITYCAB PTE LTD	SHA 532G	GZ 1311B	01/08/2019	13:25	\$ 8,592.42
3	MT/1056624-001	COMFORT TRANSPORTATION PTE LTD	SHA 4505J	GY 3888X	04/08/2019	13:10	\$ 1,048.56

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="02/08/2019 09:09"/>
Vehicle No.(For Motor)	<input type="text" value="PC7281D"/>	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"/>	5102715912		CADENCE TRANSPORT SERVICES	53327440X	GBS	Comprehensive	PC7281D	PC7281D	07/08/2018	06/08/2019

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	02/08/2019 09:39
Date Of Accident	02/08/2019 06:55
Exact Location Of Accident	ALONG SENGKANG EAST DR TOWARDS PUNGGOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7847C
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	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	TAN ENG KOK
NRIC No	S1136855G
Date Of Birth	06/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	03/03/1975
Driving Experience	44 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93624639
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	332 10-220 HOUGANG AVENUE 5
Postcode	530332
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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)	2
Passenger 1	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	PC7281D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG WEI LI EDDIE
NRIC/Passport Number	S8729321A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE6379T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR RHT
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number FBF5278C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage NOT SURE
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN ENG KOK
Approximate Age 64
Injuries Sustain BACK
Injured person in which vehicle? SHA7847C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name RIDER
Approximate Age
Injuries Sustain LEG
Injured person in which vehicle? FBF5278C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

$$A \subseteq CHA \neq S47C$$
$$B \subseteq PC \text{ fogl. D}$$

(Toyota Hinge)

$$C \equiv GBE \in 3 \equiv 9T$$

(TETRA HINE)

D = FBF\$DT8C

Amorçecula

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Punggol



SENGKANG E DR

Statement as per attached

DECLARATION

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

JMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19930321R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name: _____
NRIC/EIN No.: 02 AUG 2019

Describe Circumstances of the Accident.
On the 02/08/2019 at about 06:55hrs, I was driving along Sengkang E Dr towards Punggol direction.
As I was driving suddenly the Van of PC7281D encroached onto my lane and I swift to the ^{right} left _X
however the Van hit onto my left side of my taxi. I stop to check and found out that the Van
had collided onto my left front, left front door and left wing mirror. There's another vehicle
of GBE6379T and FBF5278C involved in this chain collision.
Police and ambulance came and no one conveyed by the ambulance.
The rider suffer pain on his leg and I suffer back pain from the impact.
01 female passenger on board my taxi and she did not mentioned if she's injured because she
Was in a hurry to work.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 109003021R

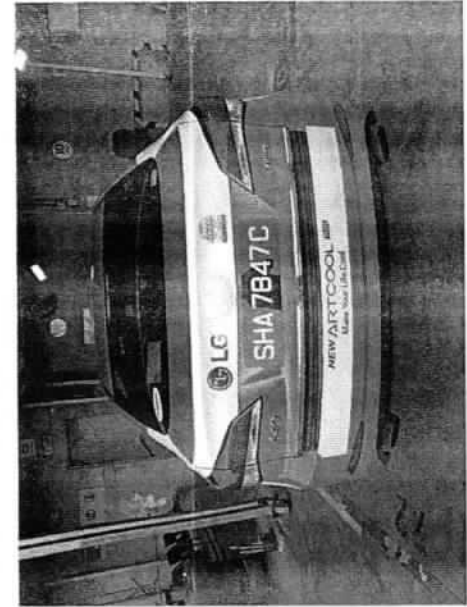
Policyholder's Signature/Date &
Time

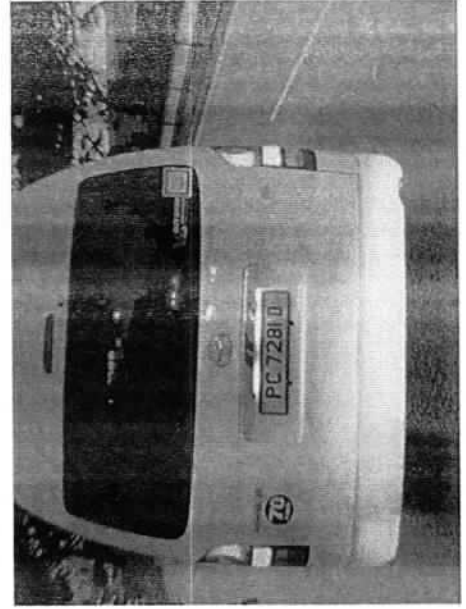
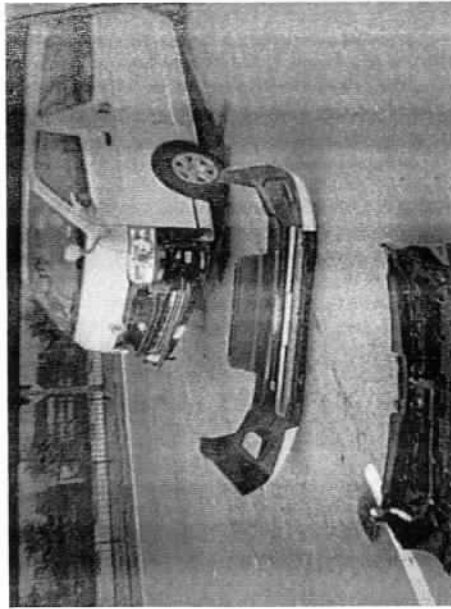
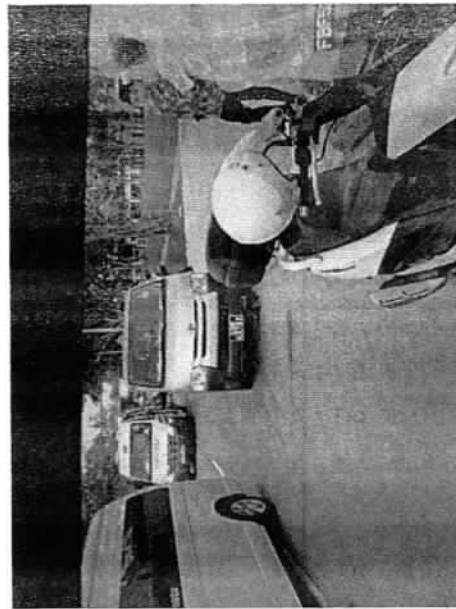
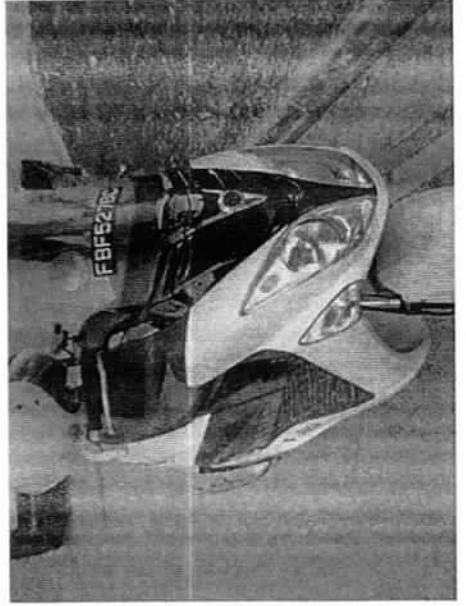
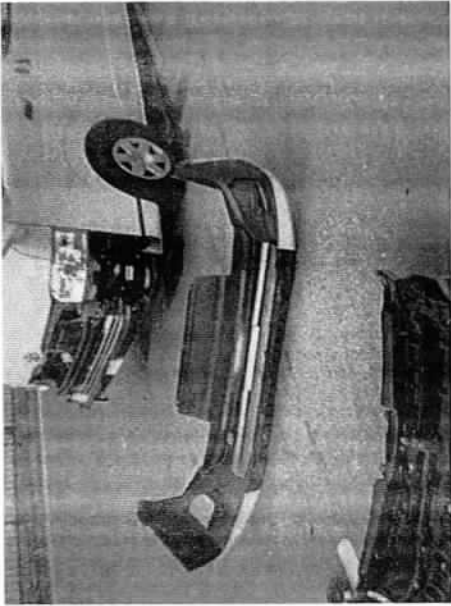
Driver's Signature(if driver is not the policyholder)/Date
& Time

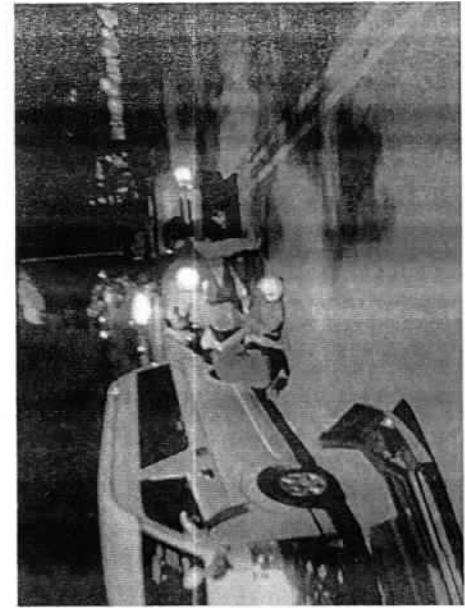
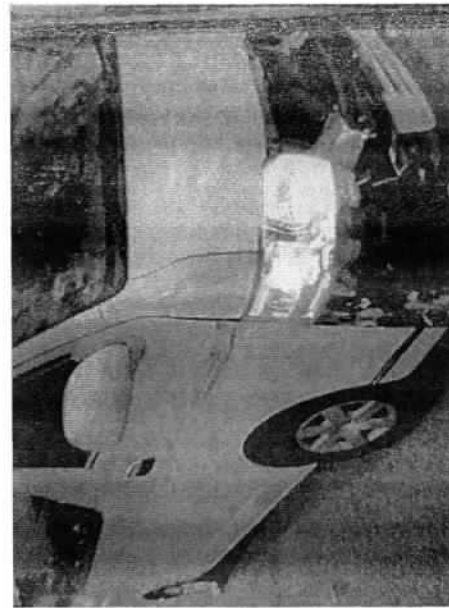
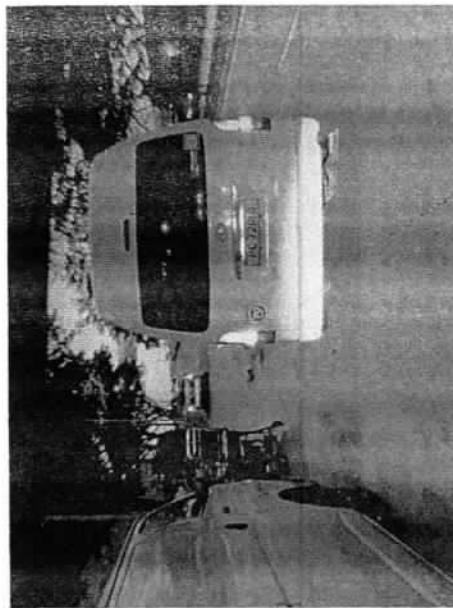
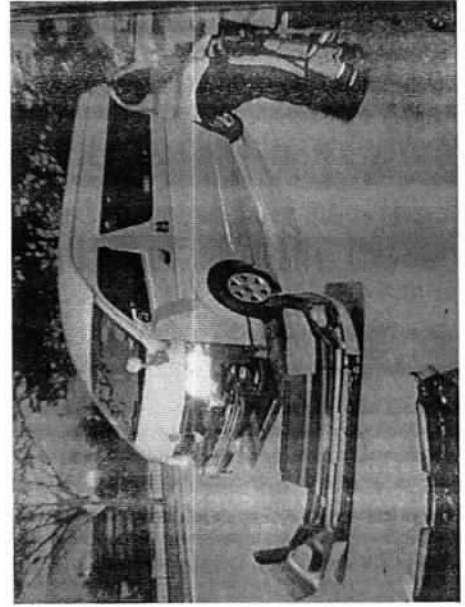
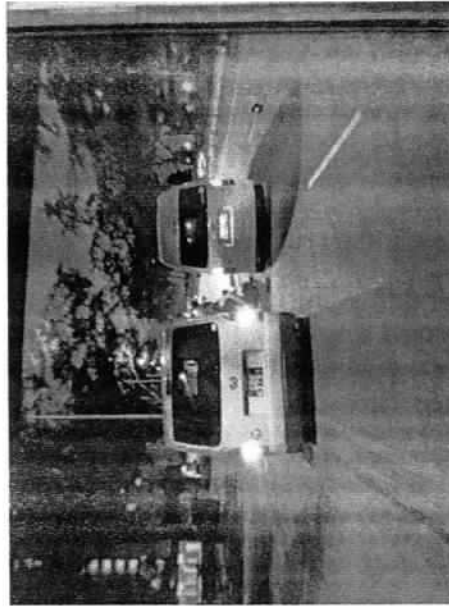
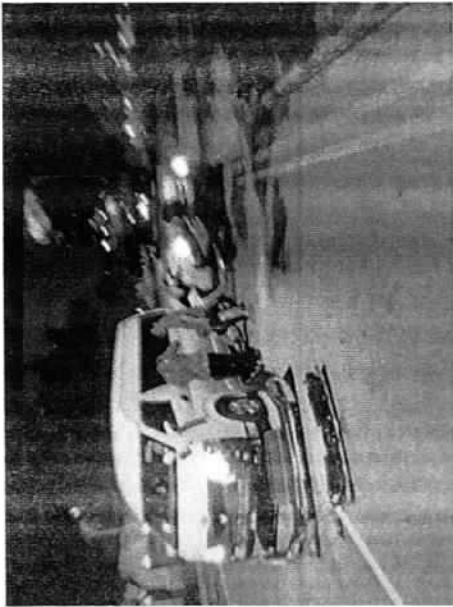
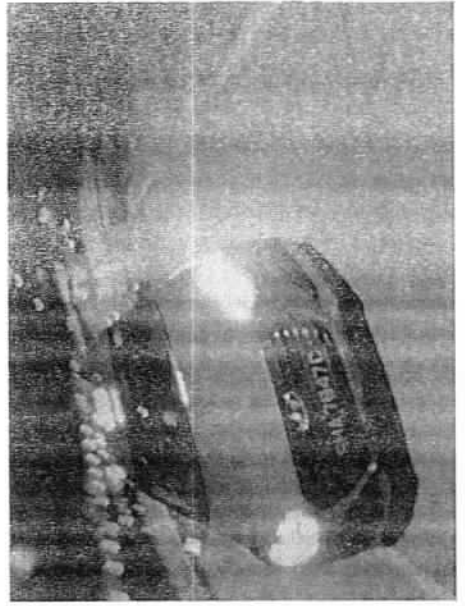
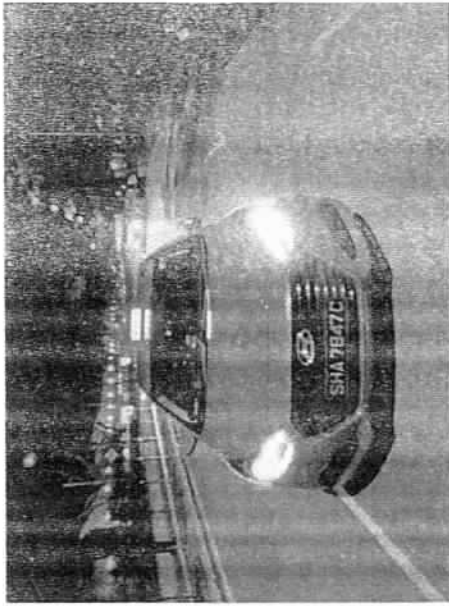
Olivia Wendy

Witnessed by Reporting
Centre Personnel

02 AUG 2019







Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305321954

STOMER

REGN NO: SHA7847C

MILEAGE

COMFORT TRANSPORTATION PTE LTD
VMS 7010045
STOMER NO

MAKE: HYUNDAI

FUEL

STOMER NO. 383 SIN MING DRIVE
DRESS

E.....1/2.....F

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

MODEL	I-40	DATE/TIME IN	02.08.2019 08:00
-------	------	--------------	------------------

65508733

YR OF MANU 30.06.2015

TARGET DATE

;COUNT CARD NO.

CHASSIS CODE
KMHLB41UMGU075103

COMPLETION DATE/TIME:

JOB DESCRIPTION

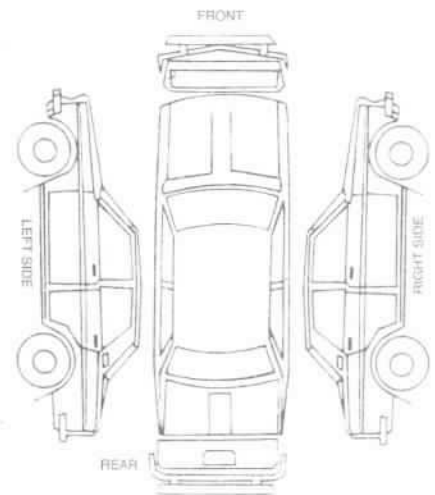
Accident Date: 02.08.2019

NATURE: 3P 02.08.19

S / NO

LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

Swedgement Slip

Exit Pass

2

3.4

le No.:

SHA7847C

JU NTUC LKK

Vehicle No.:

SHA7847C

3 of Service Advisor

Signature/Date

Name of Service Advisor

Date _____

returned to Service Reception upon collection.

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 2/8/2019 11:12

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (LH) — <i>2444</i>			\$ 663.00
	Front Fender Shield (LH) X <i>see</i>			\$ 174.90
	Front Fender Retainer X <i>see</i>			\$ 24.60
	Front Door Mirror Assy (LH) — <i>Broken</i>			\$ 670.00
	Front Wheel Hub Cap (LH) — <i>frayed</i>			\$ 107.10
	<i>Front Bumper x repair</i>			
	<i>Front Door (LH) x repair</i>			
	SUB TOTAL			\$ 1,639.60
	LESS 20%			\$ 327.92
	DISCOUNTED TOTAL			\$ 1,311.68
	Front Fender Advertisement Logo (LH) — <i>new</i>			\$ 100.00
	Front Door Comfort Logo (LH) — <i>new</i>			\$ 75.00
	Front Door Advertisement Logo (LH) — <i>new</i>			\$ 100.00
				\$ 275.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>300</i>
	Spray Painting Charge			\$ 900.00 <i>650</i>
	Wiring Charge			\$ 50.00 <i>30</i>
	Tuff Kote			\$ 50.00 <i>30</i>
	FRT Wheel Alignment			\$ 80.00 <i>100</i>
	TOTAL LABOUR			\$ 1,480.00
	ESTIMATE TOTAL			\$ 3,066.68
	<i>Kalin (11/11/19)</i>			
	<i>2/8/19 12 45 Ls.</i>			
	<i>3 Days</i>			
	<i>4/5</i>			
	<i>Alte Repair Ltd</i>			

Handwritten notes on the right side of the page:

- \$1440-10*
- 20% - \$288.00*
- \$1152.00*
- 300*
- 650*
- 30*
- 30*
- 100*
- 1010*

Stamp:

Let us notify
If you are not satisfied with the work done, we will
• To the extent possible, we will refund the amount of the estimate.
• Parts and materials used will be replaced at no charge.
• This estimate is valid for 30 days.
• No legal money order or check is required.
• Such estimate is subject to the approval of the insurance company.
Acknowledged by Repairer
Signature:
Date:

Bottom text: 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.

Our Job Ref No 305321954
Date : 05/08/19

COMFORTDELGRO ENGINEERING

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

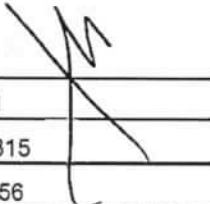
FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN
: SHA7847C Date of Accident : 02/08/19

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

1. The repair job shall bill to: NTUC --- PC 7281D
###
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% \$1,950.00
 - Final Lumpsum Repair cost** _____
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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 6/8/19

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/INC19013616/K1yf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 07-08-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	PC 7281D	Veh. Inspected	SHA 7847C	
Policy No.	5102715912	Coverage (\$)	0.00	
Claim No.	MT/1056143-003	Excess (\$)	0.00	
Assign From		Assign Date	02/08/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU075103	Colour	BLUE	
Odometer	597934	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	02/08/2019	Inspection Date	02/08/2019	
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:		3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7847C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT FENDER (LH)	BUCKLED	663.00	663.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	174.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT DOOR MIRROR ASSY (LH)	BROKEN	670.00	670.00
1	FRONT WHEEL HUB CAP (LH)	GRAZED	107.10	107.10
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT DOOR (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-327.92	-288.02
			1,311.68	1,152.08
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
1	FRONT DOOR COMFORT LOGO (LH) (SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
			275.00	275.00
<u>LABOUR</u>				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF FRONT BUMPER AND FRONT DOOR (LH).		400.00	300.00
	SPRAY PAINTING CHARGE.		900.00	650.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	30.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			-	-
			-	-
			-	-
			1,480.00	1,010.00
GRAND TOTAL			3,066.68	2,437.08
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,950.00

Report Ref No. NS/INC19013616/K1yf3e2

Report Ref No. NS/INC19013616/K1yf3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be 'L' followed by a stylized 'h'.

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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