

Surveyor: Kolvin

REF: NS/INC 19013742 KISF 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: SLT 223B

Policy No: 5107049271 (17/01/2019-16/06/20)

Claims No: MT/1056469-002

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 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: SHC 8595L Yr Regn: 17 Dec 2015

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

Truck / Trailer or

Make: Hyundai 240 cc 1685

Colour: Blue A/C: Ins CD / Std / NI / NA

Sp. Reading: 593160 T/Radio: Ins CD / Std / NI / NA

Eng/No: _____

C/No: KMHLB414MA4082967

Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: In order / CD / Jammed / Leaked / Burnt or

Brake: In order / CD / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Waka

Front Rear

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

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

D.O.A. 3/8/19 D.O.I. 5/8/19

Survey held at CPGE (Loyang)

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

0/5 Frt

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

Date / Time Action / Instruction

SHC 8595L - (C3) AIG 15003817 / H/1/11/14/2 h.o.t - 26/06/15 Inc

SLT 223B - X CP

8/8/19 Labour 45 \$2200 / 3 hrs. (Red = 1023-04 32%)

RECEIVED 19 AUG 2019

Date/Time, File Pass to? : Preli. Report Days Of Repair: 3

1) 19/08/19 : Final Report Resurvey No. of Trip: 1 Survey Fee: _____

Date/Time, File Return to? Add Fee: Site Fee: _____ Transportation: _____

3) _____ 3 - PS _____ 160

\$2,200/- LIS

TP Claims against NTUC Income: Follow-Through Survey

Date 08/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1056558-002	CITYCAB PTE LTD	SHB 3939S	SLT 7212L
2	MT/1056989-001	COMFORT TRANSPORTATION PTE LTD	SH 8413Y	FBB 8114T
3	MT/1055818-002	COMFORT TRANSPORTATION PTE LTD	SHB 6163T	SJZ 1362T
4	MT/1056469-002	COMFORT TRANSPORTATION PTE LTD	SHC 8595L	SLT 223B
5	MT/1056761-002	COMFORT TRANSPORTATION PTE LTD	SHA 5963M	SLG 4115Y
6	MT/1056993-001	COMFORT TRANSPORTATION PTE LTD	SHD 3367G	SMM7300R
7	MT/1056333-002	COMFORT TRANSPORTATION PTE LTD	SH8377T	SJN 9635S

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"/>	5107049271		FASTFETCH SERVICES	53343931X	GPC	drive CLASSIC	SLT223B	SLT223B	17/01/2019	16/01/2020

Continue

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	05/08/2019 08:38
Date Of Accident	03/08/2019 23:05
Exact Location Of Accident	MBS CONVENTION CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8595L
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	SOH MENG TONG
NRIC No	S0121086F
Date Of Birth	31/05/1954
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1975
Driving Experience	44 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98156571
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 662A JURONG WEST STREET 64 #08-338
Postcode	641662
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)	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

PLS REFER TO ATTACHED

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	SLT223B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT REAR DOOR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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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.
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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.

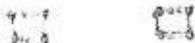
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

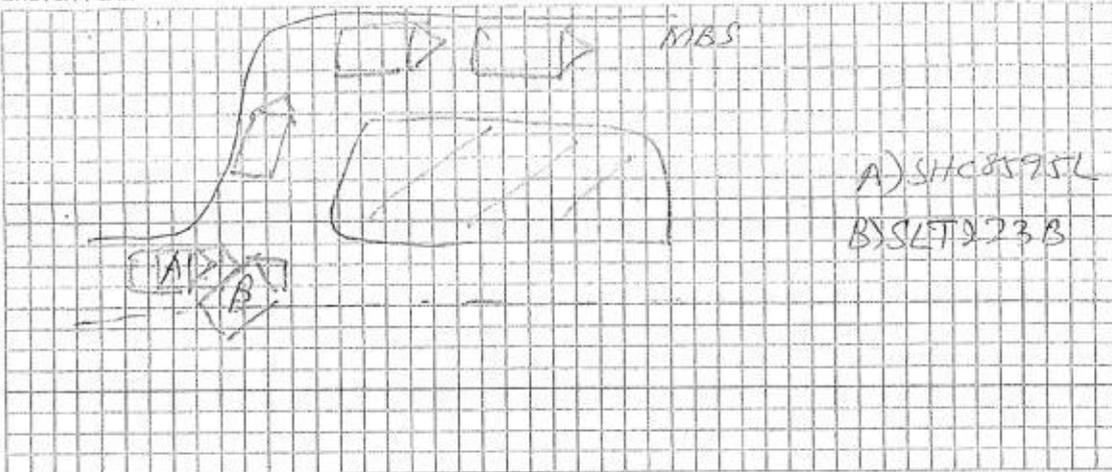
Reporting Centre Personnel's Signature
Name: SR Moorti, CSO
NRIC/FIN No.: 4/8/19

GIARMC SketchPlanForm_V3



SKETCH PLAN

Convention Hall



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/8/19 at about 2305hr when I Veh A just moved forward after picking up a passenger, Veh B suddenly overtook my vehicle to enter the convention hall (MBS) and collided on to the right front portion of my vehicle. Veh B sustained damage on the ~~door~~ left ^{rear} door portion.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

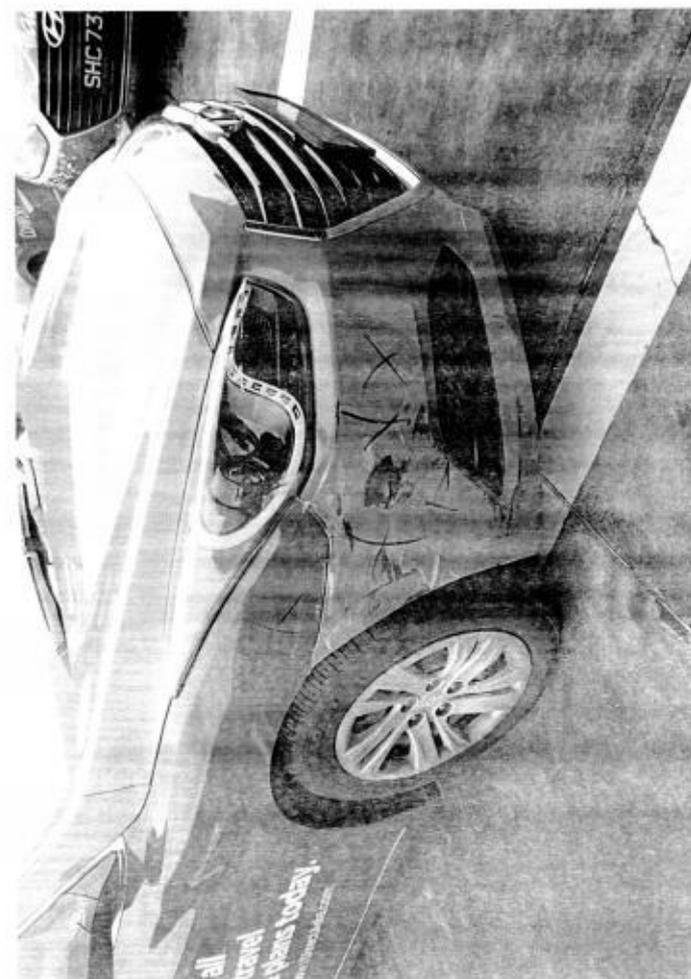
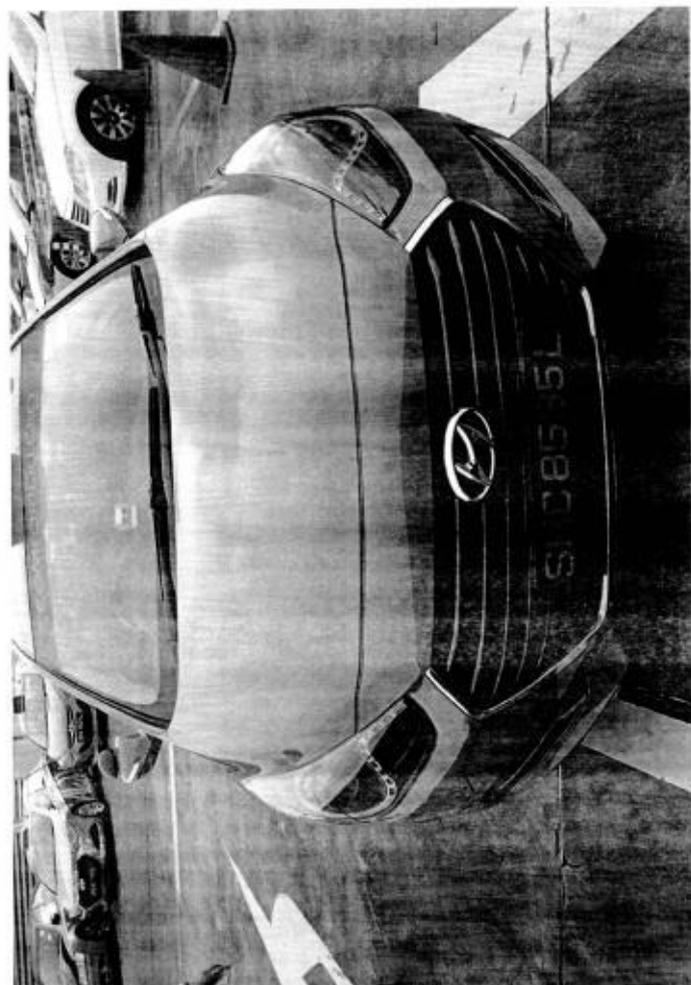
[Signature]

[Signature]
S R Moorthy
CSO

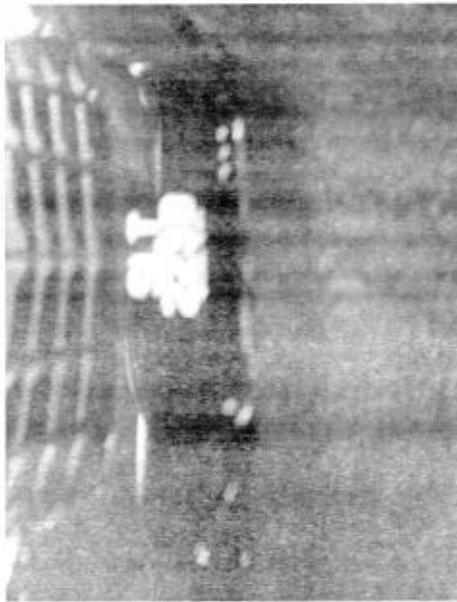
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 4/8/19
NRIC/FIN No.:



Get all
the travel
plans today.
from 1DirectAuto.com



Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO: 305322361

CUSTOMER
MS
CUSTOMER NO
ADDRESS
(R)
(P)

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

REGN NO:	SHC8595L	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 04.08.2019 08:05
YR OF MANU	17.12.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMGU082967	COMPLETION DATE/TIME

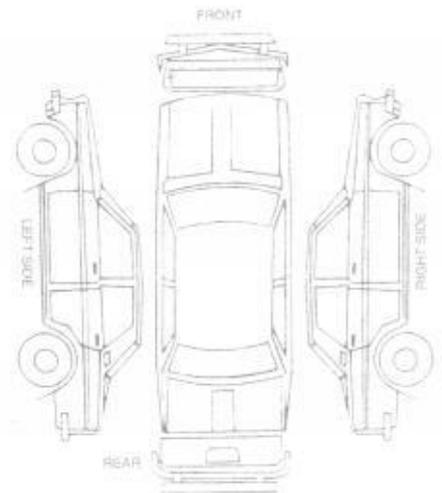
NTUC

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 03.08.2019
NATURE: 3P 01.08.2019/C

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8595L

LKE

[Handwritten Signature]

Vehicle No.: SHC8595L

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8595L

DATE 5/8/2019 11:12

MAKE :

Like

MODEL : HYUNDAI i40

H/Sum

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>— cr</i>			\$ 1,052.20
	Front Bumper Grille (RH) <i>x sue</i>			\$ 41.60
	Front Bumper Bracket Top (RH) <i>x sue</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>x sue</i>			\$ 24.60
	Headlamp (RH) <i>— hooded</i>			\$ 1,388.00
	<i>Front Fender (RH) x repair</i>			
	SUB TOTAL			\$ 2,528.80
	LESS 20%			\$ 505.76
	DISCOUNTED TOTAL			\$ 2,023.04
	Front Fender Advertisement Logo (RH) <i>— ne</i>			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 400.00 ³⁰⁰
	Spray Painting Charge			\$ 600.00 ⁴⁰⁰
	Wiring			\$ 50.00 ²⁰
	Tuff Kote			\$ 50.00 ^{x 2}
	TOTAL LABOUR			\$ 1,100.00
	ESTIMATE TOTAL			\$ 3,223.04

Kalwin LKK
5/8/19 11:40h.
3 by,
L/S
Ada Repair p/td

LKK Auto Care warrants that it is doing the Repair of the following:

- To repair in terms of the painting
- To do the damaged parts during survey
- Parts in this estimate
- Third party will be on a "no fault" basis
- No legal responsibility is involved
- Supplemental work that is not included is subject to final approval from insurance company

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 305322361
Date : 07.08.19

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC8595L CTPL 03.08.19

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

1. The repair job shall bill to: NTUC --- SLT223B
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)
Total for Lumpsum repair cost after Less: 20% \$2,200.00
Final Lumpsum Repair cost \$2,200.00

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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Calvin
Date : 8/8/19

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		NO		
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/INC19013742/K1sf3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 20-08-2019
Code: INC4	



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLT 223B	Veh. Inspected	SHC 8595L
Policy No.	5107049271	Coverage (\$)	0.00
Claim No.	MT/1056469-002	Excess (\$)	0.00
Assign From		Assign Date	05/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU082967	Colour	BLUE
Odometer	593160	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	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

4. Description of Damages

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

5. General Information

Accident Date	03/08/2019	Inspection Date	05/08/2019
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
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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. SHC 8595L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	41.60	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	HEADLAMP (RH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-505.76	-488.04
			2,023.04	1,952.16
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT FENDER (RH).		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,100.00	720.00
GRAND TOTAL			3,223.04	2,772.16
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,200.00

Report Ref No. NS/INC19013742/K1sf3n2

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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