

(08/11/13)

Surveyor: Kohn

REF: NS/INC NO 13957 / K1sf 3n2

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: GIBH 1832TPolicy No. 5098551382-01 (06/03/2019-05/03/2020)Claims No. MT/1057600-002

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 Report: _____ 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 3085A Yr Regn: 6 Zn / 2013

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

Truck / Trailer or

Make: Mercedes Benz E220 C.C. 2140Colour: White A/C: Ins Ad / Std / NI / NASp. Reading: 915225 T/Radio: Ins Ad / Std / NI / NA

Eng/No: _____

C/No: LDP 220022A 757 729Gen. Cond: Good / F 6 / Poor / BurntSteering: Inor Ad / Jammed / Leaked / Burnt orBrake: Inor Ad / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/ Ad orTyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or White

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 8/8/19 D.O.I. 8/8/19Survey held at CPGE (Loyang)

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

Front

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 3085 A - NA/INC 0303201591 S1 DOA - 17/12/2008 Zn
	GIBH 1832T - X
14/8/19	Insured L/S \$4450 / 3 hrs. (\$ 4,277.84 Rel - 49%)
	RECEIVED 19 AUG 2019

Date/Time, File Passed?

19/8/19

1) Typ: 4

Date/Time, File Return to?

☐ : Preli. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

L/S + PS: \$

160

Add Fee: ☐ Site Visit

\$ 4,450/- H/S

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"/>	5098551382-01		PHOENIX LANDSCAPE & CONSTRUCTION PTE. LTD.	201107036E	GCV	Preferred Workshop Plan	GBH1832T	GBH1832T	06/03/2019	05/03/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 16/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1035664-002	SMRT TAXIS PTE LTD	SHB 63M	SKW 1461U	13/03/2019	\$ 11,100.66	\$ 2,650.00
2	MT/1054579-002	SMRT TAXIS PTE LTD	SHC 4233H	SJP 3607C	22/07/2019	\$ 8,968.18	\$ 3,000.00
3	MT/1057600-002	COMFORT TRANSPORTATION PTE LTD	SHC 3085A	GBH 1832T	08/08/2019	\$ 8,727.84	\$ 4,450.00
4	MT/1056745-002	CITYCAB PTE LTD	SHB 3063T	PC 6827L	04/08/2019	\$ 1,863.68	\$ 1,157.68

Claim received from LKK Auto

COMFORT DELGRO

Date/Time: 08.08.2019 15:26

Page: 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305323651

CUSTOMER
COMFORT TRANSPORTATION PTE LTD
VMS 7010045
CUSTOMER NO. 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65508755

L (R) (O)
(P)

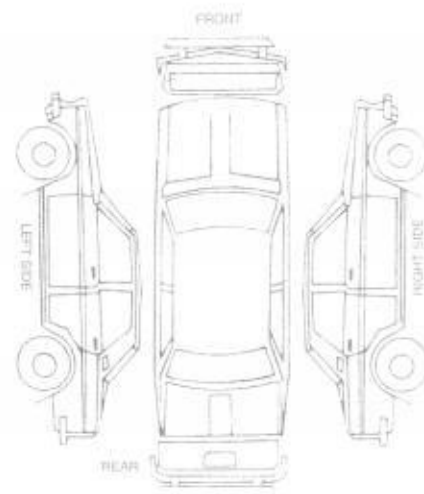
3 COUNT CARD NO.

REGN NO:	SHC3085A	MILEAGE
MAKE:	MERCEDES BENZ	FUEL E 1/2 F
MODEL	E220CDI (E5)	DATE/TIME IN 08.08.2019 09:50
YR OF MANU	06.06.2013	TARGET DATE
CHASSIS CODE	WDD2120022A757729	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 08.08.2019
NATURE: 3P 08.08.19

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

at:
to:
File No.: SHC3085A JU NTUC LKK

Vehicle No.: SHC3085A

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be 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	08/08/2019 14:42
Date Of Accident	08/08/2019 08:40
Exact Location Of Accident	LORONG K TELOK KURAU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3085A
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	MERCEDES-BENZ
Model	E220

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 LOI BOON KIAT
Cover Note Number	

Driver

Name of Driver	LOI BOON KIAT
NRIC No	S6810537D
Date Of Birth	10/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1991
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96527183
Fax Number	
Contact Number	
Email Address	LOI_RY@YAHOO.COM.SG

Address	BLK 143 JALAN BUKIT MERAH #12-1138
Postcode	160143
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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 / Type Of Accident : 3P REVERSE

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	GBH1832T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MARUDHAMUTHU RAJENDRAN
NRIC/Passport Number	G7052365K
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR

Nb. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LOI BOON KIAT
Approximate Age	51
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SHC3085A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time: 08/08/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 08/08/2019
@ 11:00hrs

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

Sketch Plan Pg. 2

SKETCH PLAN



A-SHC 3085A

B-GBH 1832T

Along Lorong K Telok Kurau

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

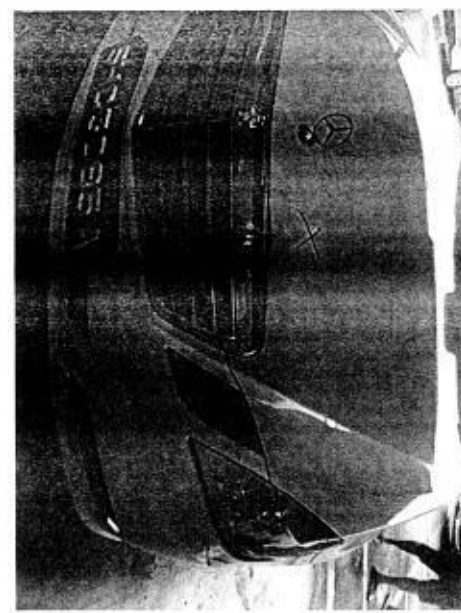
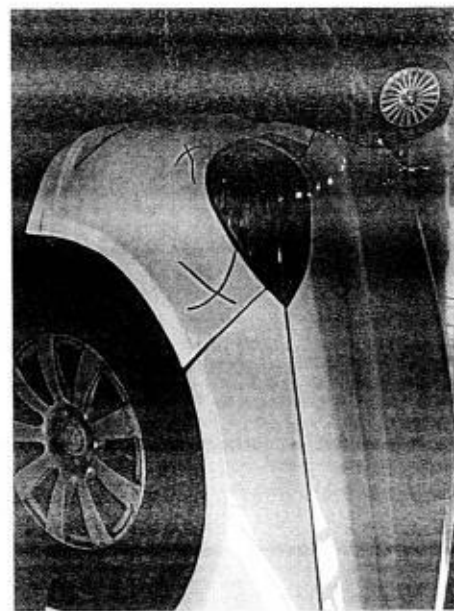
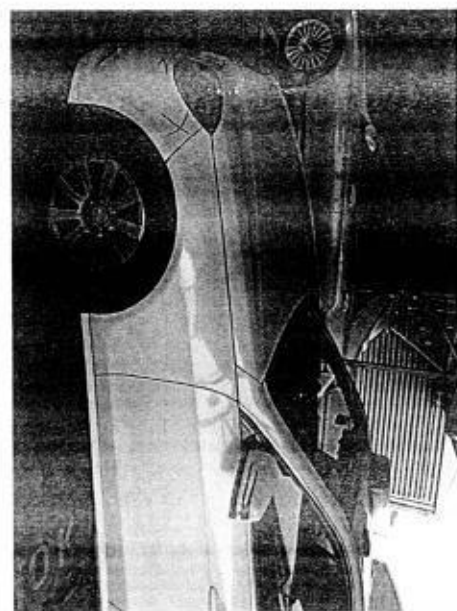
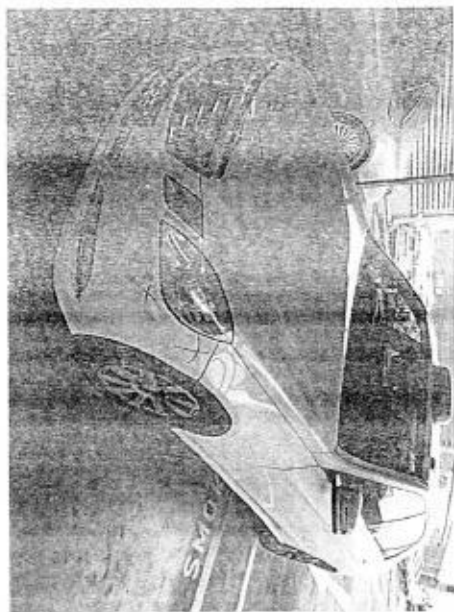
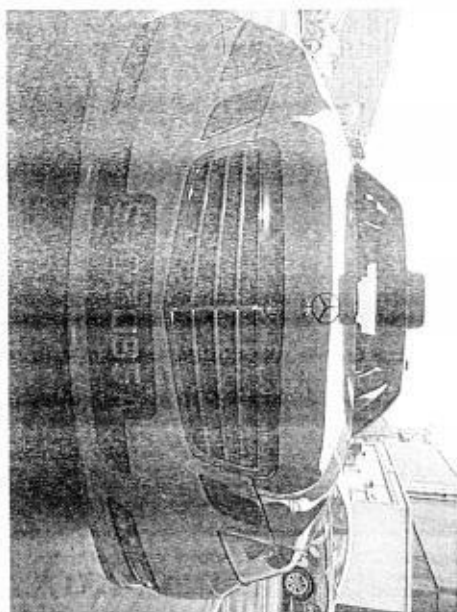
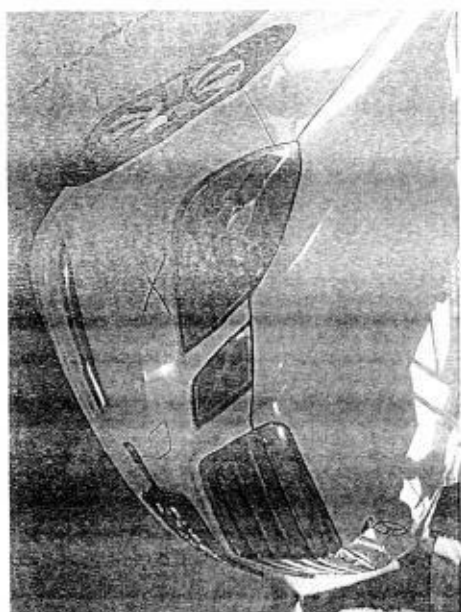
DECLARATION

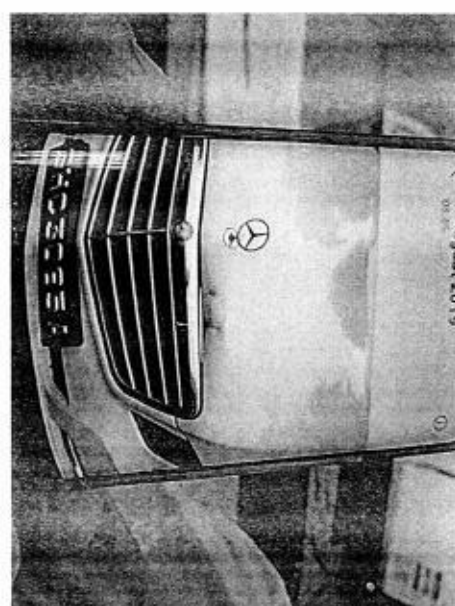
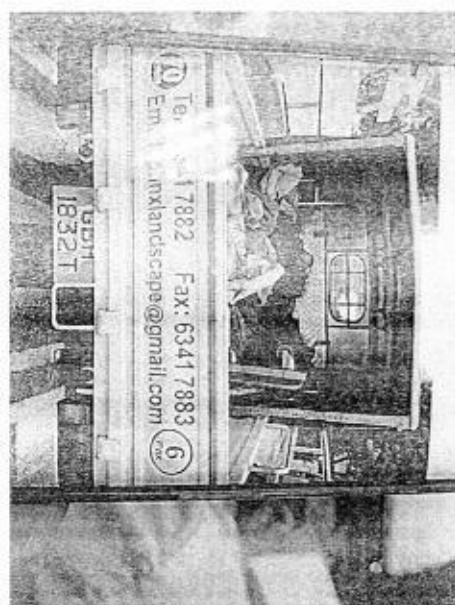
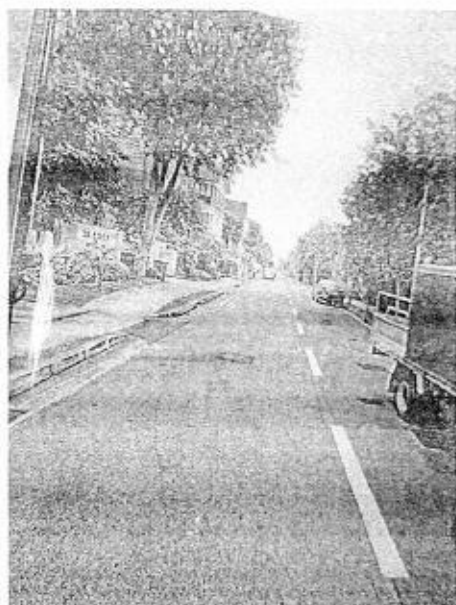
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time: 08/08/2019

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 08/08/2019
@ 11:00hrs

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





REPAIR ESTIMATE*

DATE 8/8/2019 16:06 .

MODEL : MERCEDES

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 305323651

Date : 13/08/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC3085A

Date of Accident : 08/08/19

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

- The repair job shall bill to: NTUC --- GBH1832T
###
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges ###
 - Total for Part-By-Part Repair Cost
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$4,450.00
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 : 14/8/19

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/INC19013957/K1sf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-08-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBH 1832T	Veh. Inspected	SHC 3085A
Policy No.	5098551382-01	Coverage (\$)	0.00
Claim No.	MT/1057600-002	Excess (\$)	0.00
Assign From		Assign Date	08/08/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A757729	Colour	WHITE
Odometer	915225	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 FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	08/08/2019	Inspection Date	08/08/2019
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. SHC 3085A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER ASSY,FRT	CRACKED	1,890.50	1,890.50
1	RADIATOR GRILLE (E6)	CRACKED	1,220.00	1,220.00
1	RADIATOR GRILLE STAR LOGO	NOT NECESSARY	170.00	-
1	RADIATOR GRILLE ADJUSTER BRACKET	SERVICEABLE	685.70	-
1	BONNET ASSY	BUCKLED	2,850.60	2,850.60
1	BONNET MERCEDES STAR LOGO	NECESSARY	112.00	112.00
2	BONNET STOPPER SPRING (LH/RH) @\$385.00	SERVICEABLE	770.00	-
2	BONNET LOCK SENSOR (LH/RH) @\$285.50	SERVICEABLE	571.00	-
1	BONNET CENTRE LOCK	SERVICEABLE	95.00	-
1	BONNET LOCK, TOP	SERVICEABLE	94.00	-
2	BONNET LOCK LOWER @\$92.00	SERVICEABLE	184.00	-
1	BONNET CATCH HANDLE	SERVICEABLE	29.50	-
	LESS 10% DISCOUNT		-867.23	-607.31
			7,805.07	5,465.79
	<u>LABOUR</u>			
	PANEL BEATING.		800.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TOWING CHARGES.		50.00	-
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX RADIATOR.	NOT NECESSARY	90.00	-
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
	-		-	-
	-		-	-
			1,790.00	720.00
	GRAND TOTAL		9,595.07	6,185.79
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,450.00



Page No.:2 of 2

Report Ref No. NS/INC19013957/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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