

(over/13)

Surveyor: Kalvin

REF:

NSI INC 19014203/ K1Vf3m2

## 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: **SCL7799J**Policy No: **5107130366 (24/01/2019-08/01/2020)**Claims No: **MT/1057475-002**

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: **SHB 4184X** Yr Regt: **26 Mar 2015**Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: **Hyundai 240** c.c. **168**Colour: **Blue** A/C: ☒ Ins ☒ Std / NI / NASp. Reading: **69 1953** T/Radio: Ins ☒ Std / NI / NA

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

C/No: **KA HLB 414 MF4065962**

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: **205/60R16**R: **7**

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

TOYO / YOKO or **Hankook**Front: **7** mmR/Bal. **7** mmL/Bal. **7** mmD.O.A. **11/8/19** D.O.I. **14/8/19**Survey held at **CPGE (Loyang)**

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

**n/s Front**

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

Date / Time Action / Instruction

SHB 4184X - NSI INC 13011003/ K1Vf3m2

DOA - 16/06/2019 INC

SCL 7799J - x

4/1

19/8/19 **Labat 4184X/2100/2875. (Red 1197.04, 3610)**

RECEIVED 20 AUG 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2018 - typist

Days Of Repair: **2**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

160

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Estimate	Tentative repair cost
1	MT/1055159-002	SMRT TAXIS PTE LTD	SHC 4418S	SJT 6151J	25/7/2019	\$9,087.80	\$1,400.00
2	MT/1055666-002	SMRT TAXIS PTE LTD	SHF 499T	SJL 8166X	29/7/2019	\$3,807.90	\$700.00
3	MT/1057531-002	COMFORT TRANSPORTATION PTE LTD	SH 9008C	CB 7115K	13/8/2019	\$3,716.60	\$1,250.00
4	MT/1057475-002	COMFORT TRANSPORTATION PTE LTD	SHB 4184X	SCL 7799J	11/8/2019	\$3,297.04	\$2,100.00
5	MT/1056681-002	COMFORT TRANSPORTATION PTE LTD	SHD 7309Z	SMJ 3102M	5/8/2019	\$1,382.00	\$672.00
6	MT/1057180-002	COMFORT TRANSPORTATION PTE LTD	SHD 3029H	SGQ 7012Y	9/8/2019	\$2,269.06	\$1,000.00

Claim received from LKK Auto

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="11/08/2019 12:50"/>							
Vehicle No.(For Motor)	<input type="text" value="SCL7799J"/>	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 type="radio"/>	5107130366		OH CHEW KIAT	S0167787Z	GPC	drivo CLASSIC	SCL7799J	SCL7799J	24/01/2019	08/02/2020
<input type="button" value="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 GlA 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	13/08/2019 16:42
Date Of Accident	11/08/2019 09:30
Exact Location Of Accident	LAVENDER ST X JLN BESAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4184X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD (COMPANY)
Co Reg No	199303821R
Email Address	FLEETSAFTY@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 CHEE CHOONG
NRIC No	S1707889E
Date Of Birth	26/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1986
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96331443
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	250 11-144 JURONG EAST STREET 24
Postcode	600250
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	RAINING
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

SEE ATTACH.

#### Attachment(s)

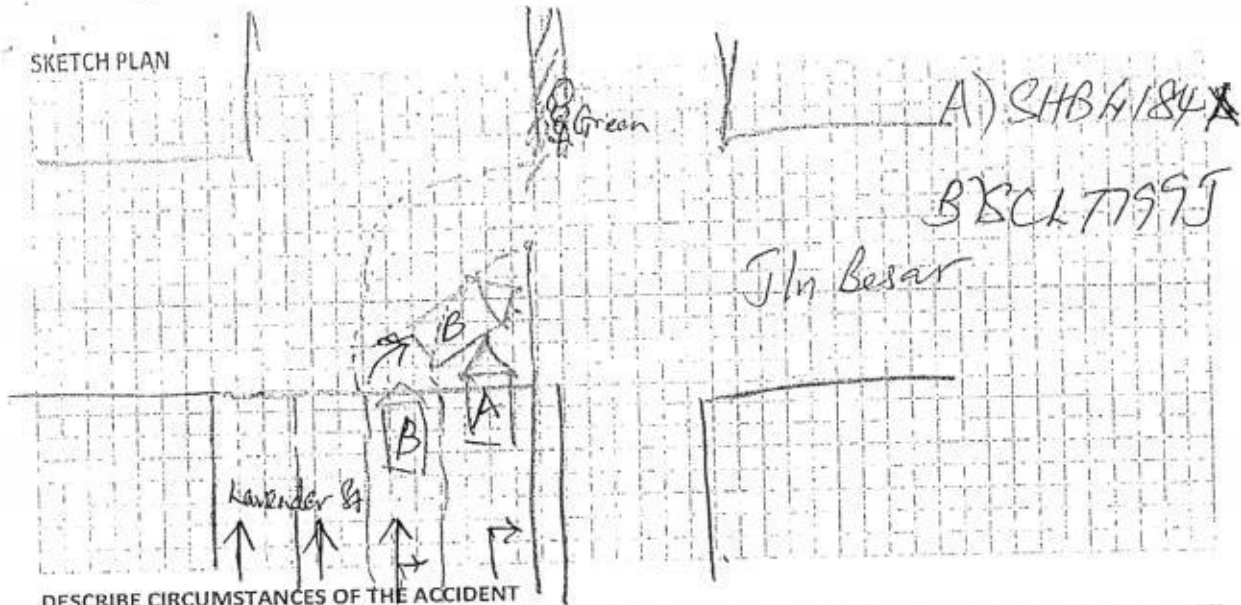
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCL7799J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OH CHIEW KIAT
NRIC/Passport Number	S0167787Z
Contact Number	
Address	
Postcode	
Insurance Company Name	HL ASSURANCE PTE LTD
Nature Of Damage	RHT REAR DOOR

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/8/19 at about 0930hrs while I veh A was travelling in extreme right lane to turn onto Jalan Besar, Veh B from the left intercepted too soon ~~the~~ <sup>and</sup> my lane to also make a right turn to Jalan Besar. My vehicle was damaged on the left front portion

DECLARATION

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

OMFORT TRANSPORTATION PTE LTD  
CO REG NO 199303821R

Policyholder's Signature

Driver's Signature

S R Moorthy  
CSO

Reporting Centre Personnel's Signature

**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.

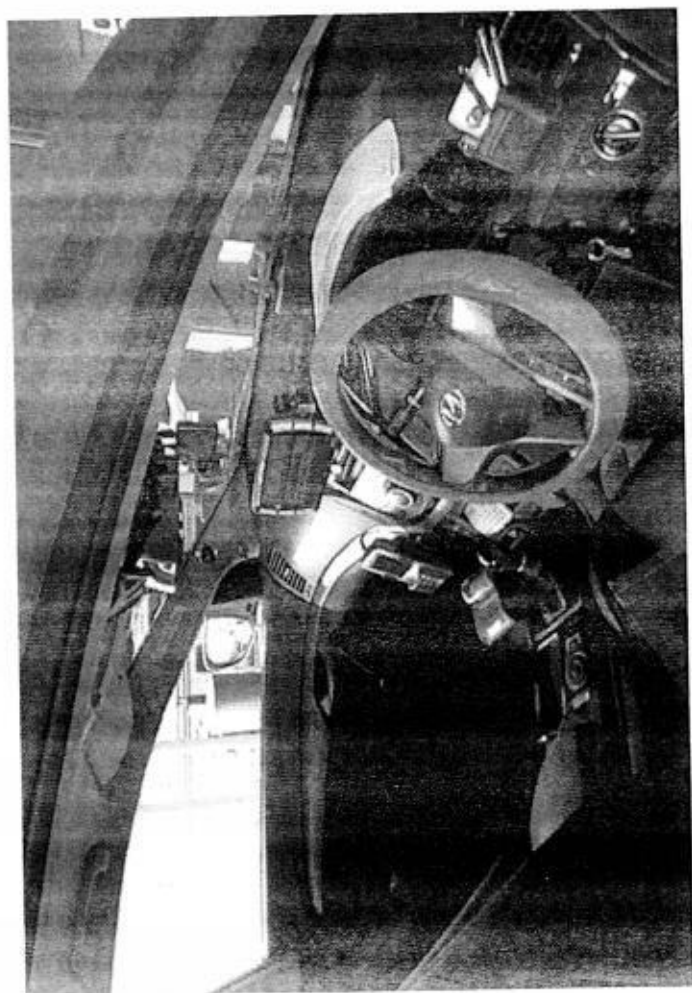
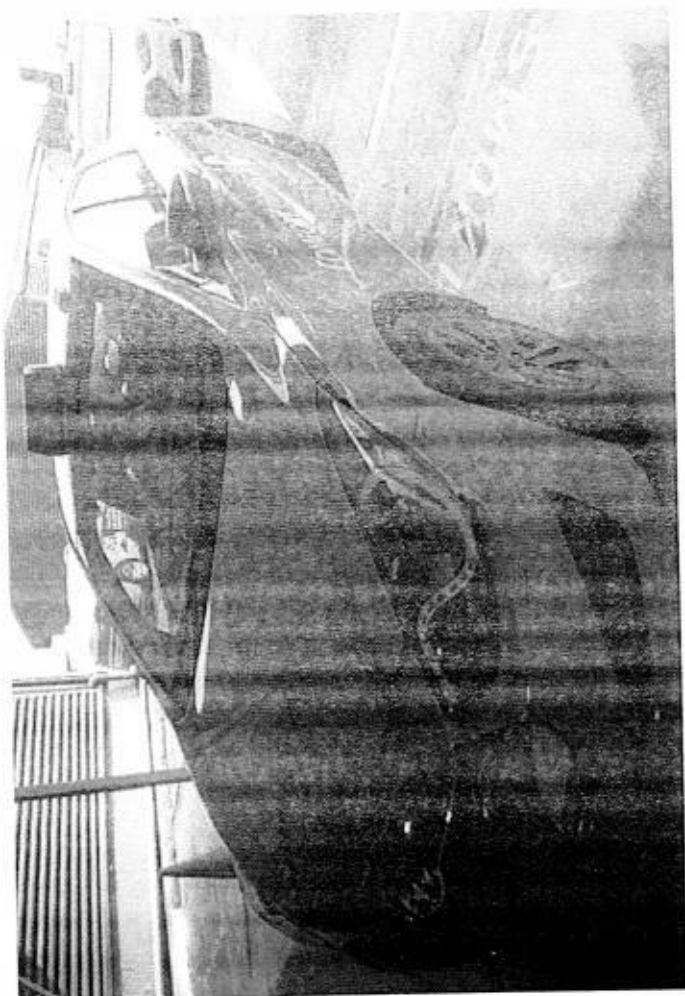
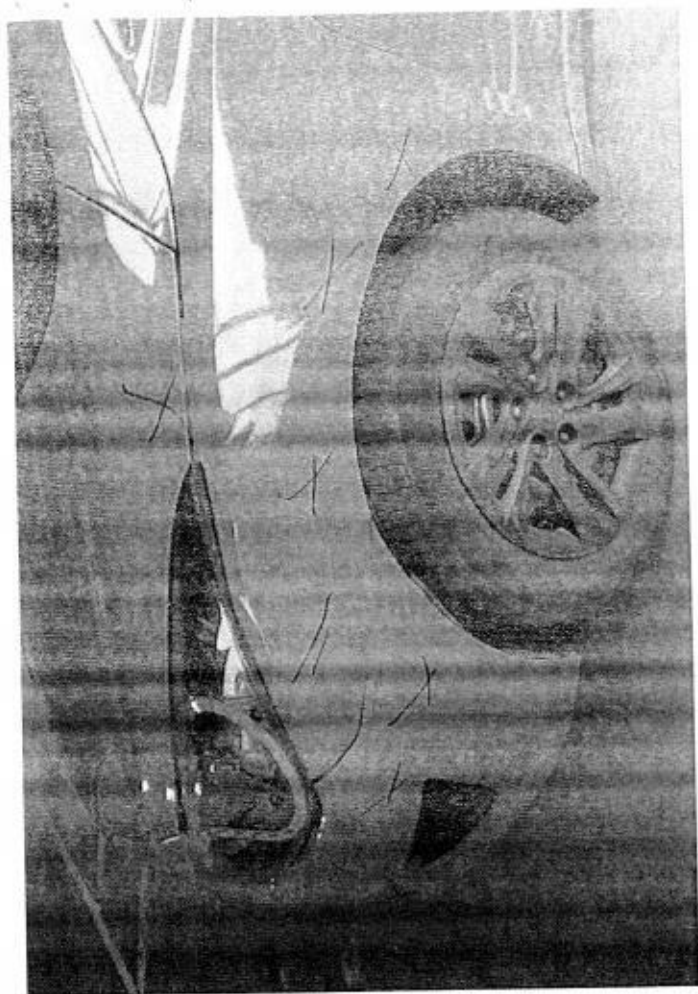
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 129002921R

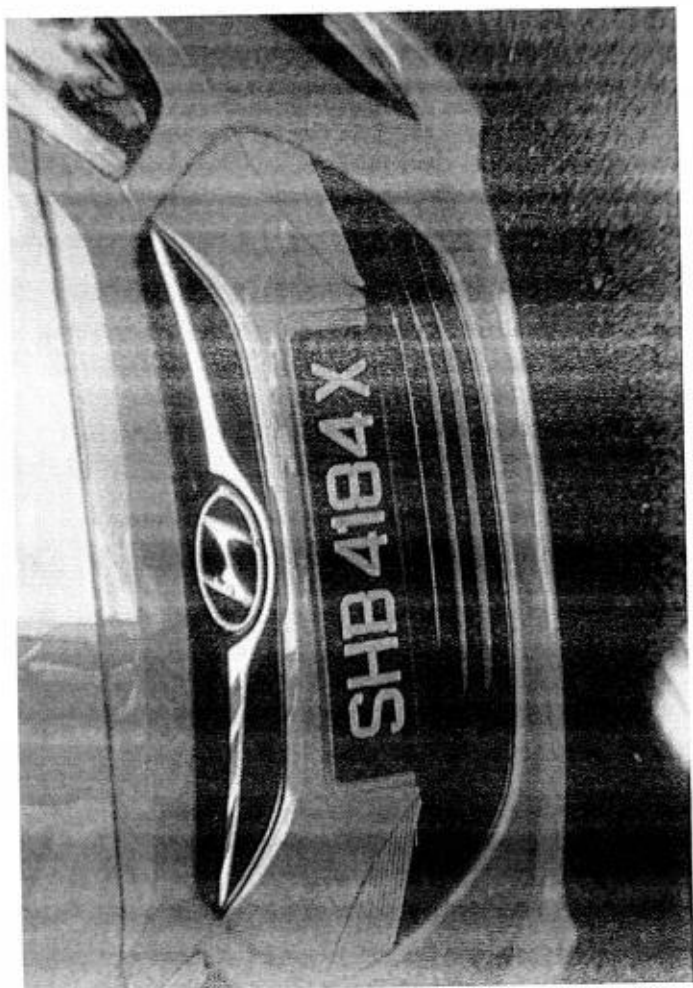
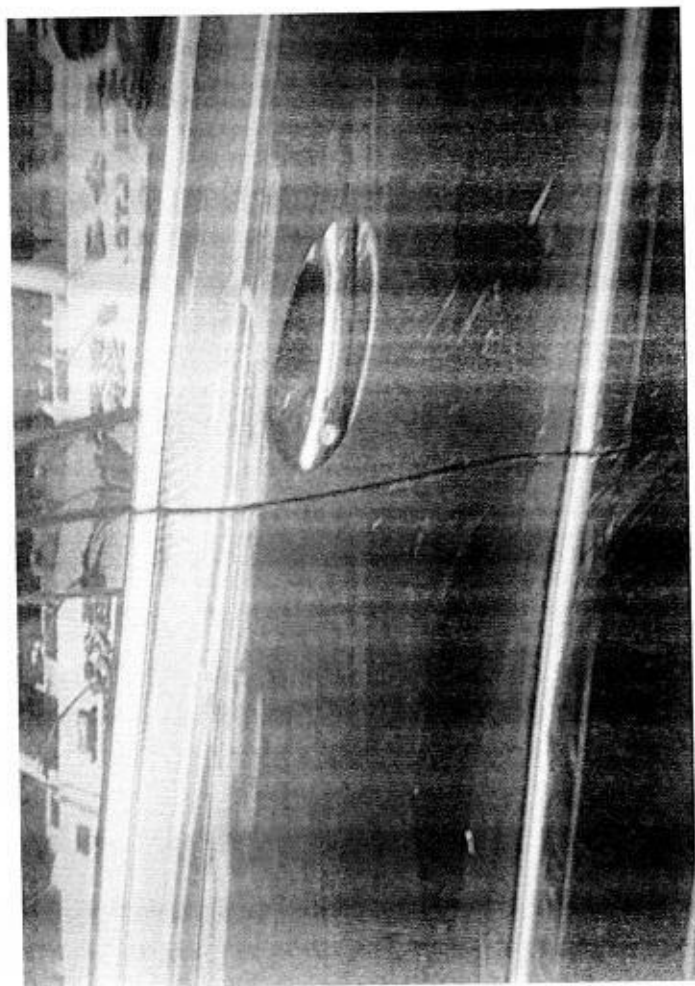
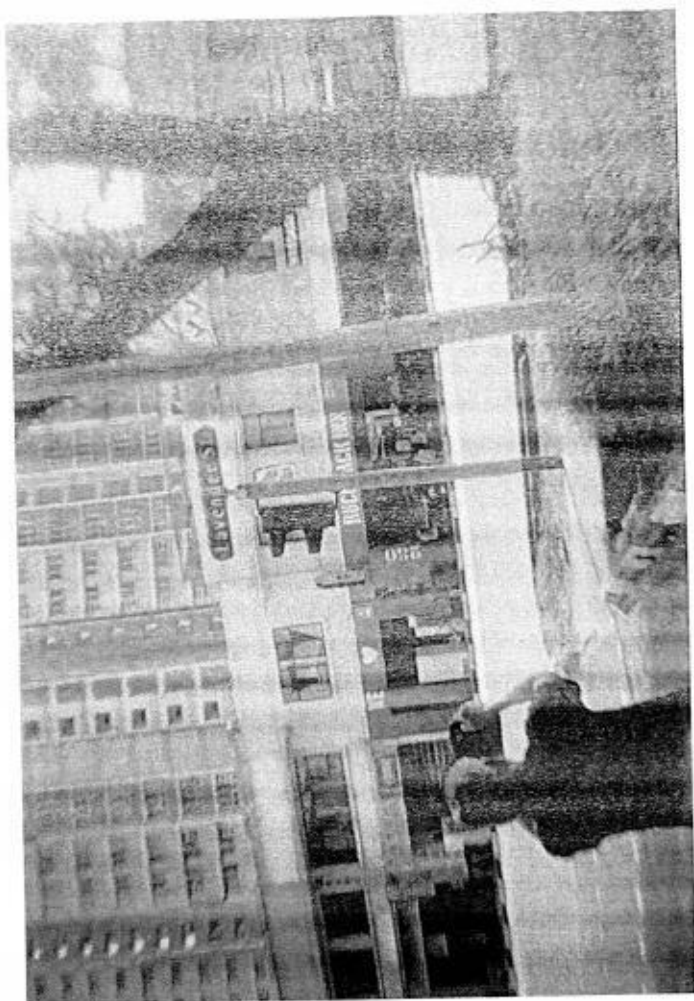
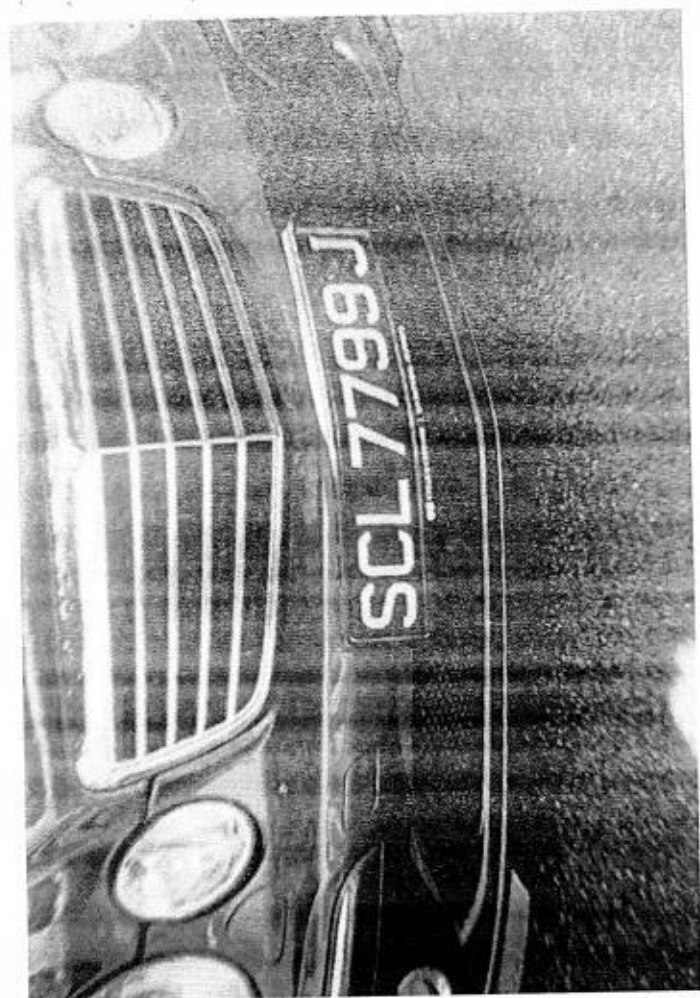
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 13/8/15







Team: ARC Repair TP(CLS0)1

## JOB CARD

Sales Order:

JC NO.: 305324237

CUSTOMER

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

(R)  
(P)

(O)

COUNT CARD NO.

REGN NO.

SHB4184X

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

13.08.2019 09:50

YR OF MANUF

26.03.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU065962

COMPLETION DATE/TIME

## JOB DESCRIPTION

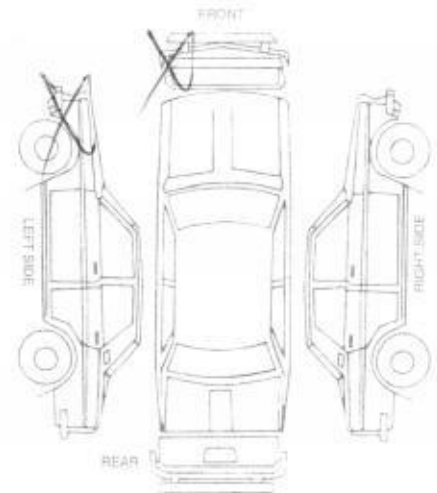
Accident Date: 11.08.2019

NATURE: 3P 11.08.19

S/NO

LABOR CODE

DESCRIPTION



CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB4184X  
JU NTUC LKK

Vehicle No.: SHB4184X

Signature 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 : SHB 4184Y

DATE 14/8/2019 10:03

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>ct</i>			\$ 544.50
	Front Bumper Bracket Top (LH) <i>sun</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>sun</i>			\$ 24.60
	Headlamp (LH) <i>va</i>			\$ 1,388.00
	Front Fender (LH) <i>Bunkled</i>			\$ 566.30
	Front Fender Shield (LH) <i>x sun</i>			\$ 175.90
	Front Fender Retainer <i>x sun</i>			\$ 24.60
	<b>SUB TOTAL</b>			<b>\$ 2,746.30</b>
	<b>LESS 20%</b>			<b>\$ 549.26</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,197.04</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>400.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>600.00</del> <i>400</i>
	Wiring			\$ <del>50.00</del> <i>20</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,100.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,297.04</b>
<p><i>Ka Sun 1/11/19</i></p> <p><i>14/8/19 1110 hrs.</i></p> <p><i>2 days</i></p> <p><i>L/S</i></p> <p><i>After Repair photo</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification is allowed</li> <li>• Supplementary claims must be presented and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p> </div>				
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 305324237

Date : 16/08/2019

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

To : LKK

Fax :

Attn : KALVIN

: SHB4184X

Date of Accident : 11/08/19

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

1. The repair job shall bill to: NTUC --- SCL7799J  
###
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% **\$2,100.00**  
**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 amountSignature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 19/8/19

**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/INC19014203/K1vf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 21-08-2019

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SCL 7799J	Veh. Inspected	SHB 4184X
Policy No.	5107130366	Coverage (\$)	0.00
Claim No.	MT/1057475-002	Excess (\$)	0.00
Assign From		Assign Date	14/08/2019

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU065962	Colour	BLUE
Odometer	691953	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	11/08/2019	Inspection Date	14/08/2019
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:	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. SHB 4184X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	CUT	544.50	544.50
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (LH)	BUCKLED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
	LESS 20% DISCOUNT		-549.26	-499.76
			2,197.04	1,999.04
<b>LABOUR</b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING.		50.00	20.00
	TUFF KOTE.		50.00	20.00
			1,100.00	640.00
<b>GRAND TOTAL</b>			<b>3,297.04</b>	<b>2,639.04</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>2,100.00</b>

Report Ref No. NS/INC19014203/K1vf3n2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.