

(08/11/13)

Surveyor: Kalvin

REF: ^

NS/INC 19014492/K1sf37L

## 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: SIP 2407UPolicy No. 5108181894 (13/03/2019 - 12/03/2020)Claims No. MT / 1058544 - 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: SHD 3163 C Yr Regn: 3<sup>rd</sup> Jan, 2016

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

Truck / Trailer or

Make: Vyasa 240 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 46/456 T/Radio: Insured / Std / NI / NA

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

C/No: KMH LB410444 091576Gen. Cond: Good / 50 / Poor / BurntSteering: Insured / Jammed / Leaked / Burnt orBrake: Insured / Jammed / Leaked / Burnt orModi: Nil / S/Rim / 6 STD A/Rim orTyre Size: F: 205/60 R16

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

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

TOYO / YOKO or Hankook

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 18/8/11 D.O.I. 19/8/11Survey held at C/DHE (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
	<u>SIP 2407U : X</u>
	<u>SHD 3163C : X</u>
<u>23/8/11</u>	<u>Clmt 45k 600 / 2 Pys.</u>
	<u>(S 1,687.36 Red - 74%)</u>

RECEIVED 26 AUG 2019

Date/Time, File Pass to?

24/08/191) Type 4

Date/Time, File Return to?

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

Report Format:

☐ : Prel. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Test Drive (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\_\_\_\_ S + RS. \_\_\_\_ SI

Photos

\$ 600. 1/5

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UB1\_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 checked="" type="radio"/>	S108181894		LOH HUT SUAN	S7673466F	GPC	Third Party	SJP2407U	SJP2407U	11/03/2019	12/03/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 23/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1056824-002	COMFORT TRANSPORTATION PTE LTD	SH 9647H	XD 6365C
2	MT/1058937-002	COMFORT TRANSPORTATION PTE LTD	SHD 7288A	SML 7075X
3	NOT OI	COMFORT TRANSPORTATION PTE LTD	SHB 2438C	SMM 366Y
4	MT/1058725-002	COMFORT TRANSPORTATION PTE LTD	SHA 9688G	SMM 7905X
5	MT/1055297-002	SMRT TAXIS	SHB 5670C	SJU 4507A
6	MT/1058760-002	COMFORT TRANSPORTATION PTE LTD	SHC 8231L	SJT 6932Y
7	MT/1059054-002	COMFORT TRANSPORTATION PTE LTD	SHD 4085M	SHD 2458J
8	MT/1058544-002	COMFORT TRANSPORTATION PTE LTD	SHD 3163C	SJP 2407U

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305325580

OWNER

COMFORT TRANSPORTATION PTE LTD

IS 7010045

OWNER NO. 383 SIN MING DRIVE

LESS Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

IDENTIFICATION CARD NO.

NTUC

REGN NO.

SHD3163C

MILEAGE

MAKE

HYUNDAI

FUEL

E. 1/2 F

MODEL

I-40

DATE/TIME IN

18.08.2019 08:35

YR OF MANU

30.06.2016

TARGET DATE

CHASSIS CODE

RHHLB41UMGU091576

COMPLETION DATE/TIME:

JOB DESCRIPTION

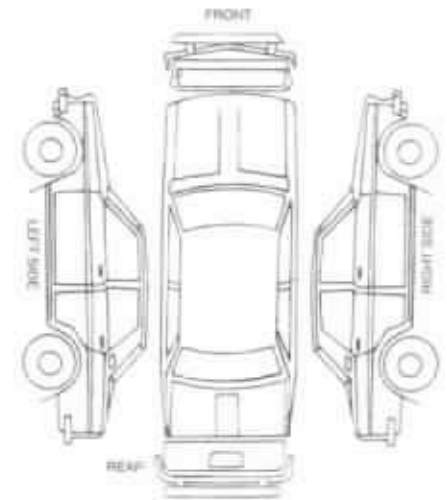
Accident Date: 18.08.2019

NATURE: 3P 18.08.2019/C

S/NO

LABOR CODE

DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Vehicle No.: SHD3163C

LKE

Signature

Vehicle No.:

SHD3163C

Service Advisor

Signature/Date

Name of Service Advisor

Date

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	18/08/2019 09:54
Date Of Accident	18/08/2019 05:55
Exact Location Of Accident	CHANGI AIRPORT T2 TOWARDS ARRIVAL DEPARTURE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3163C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD (CO
Co Reg No	199303821R
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	LIM TIONG BIN
NRIC No	S1431993Z
Date Of Birth	15/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	09/06/1981
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96818221
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	7 #10-01 EVERTON PARK
Postcode	080007
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?	
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)	1

#### 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	SJP2407U
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	RHT FRT
No. Of Passenger (Including Driver)	

## SKETCH PLAN

	CHANGI AIRPORT T2
	towards Arrival Departure
	DOA: 18-8-19
	Ca 0555 hrs.
	A - SHD3163C
	B - SSP2407U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 18-8-2019 @ 0555hr, I was driving along Changi Airport T2 towards Arrival departure.

Suddenly Vehicle (B) SSP2407U change Lane on my left and hit my taxi (A) SHD3163C. Front LH portion Car damaged.

There is Video Footage on the Scene.

No Pax on board at my taxi.

## DECLARATION

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

UNIPOL TRANSPORTATION PTE LTD  
POLICY NO: 1844-1844-1844-1844

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.:

Unipol Insurance Pte Ltd

**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)**

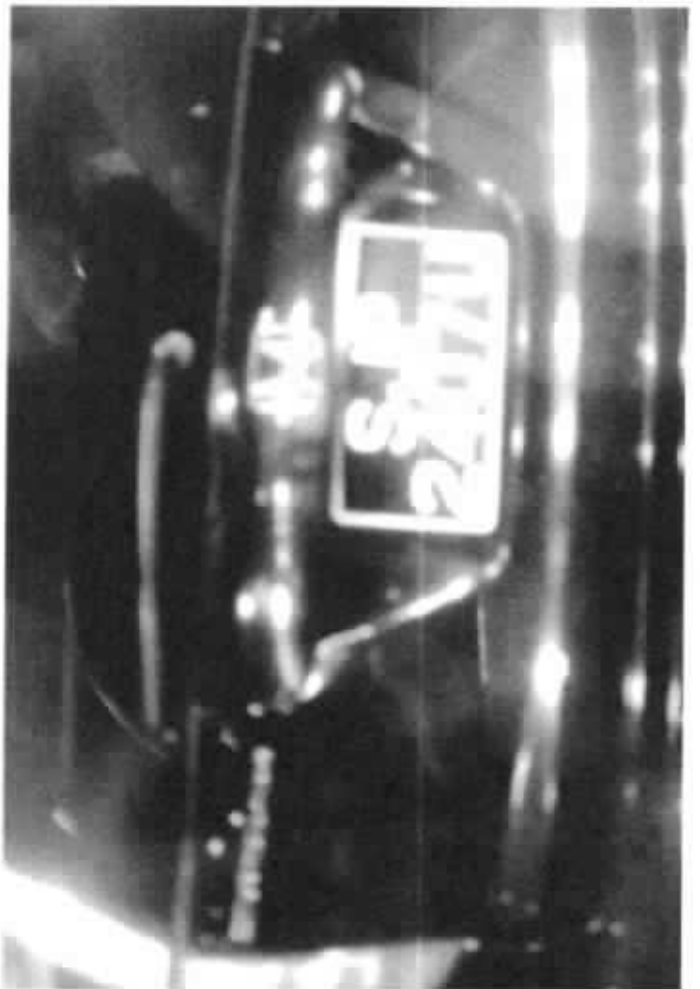
I understand, acknowledge, agree and consent that:

- (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.

<p>Policyholder's Signature Date &amp; Time:</p>	<p>Driver's Signature (If driver is not the policyholder) Date &amp; Time:</p>	<p>Reporting Centre Personnel's Signature Name: NRIC/FIN No.:</p>
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## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHD 3163C

DATE 19/8/2019 9:54

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>X reg</i>			\$ 1,052.20
	Front Bumper Bracket (LH) <i>X su</i>			\$ 24.60
	Front Wheel Rim (LH) <i>X su</i>			\$ 325.30
	Front Wheel Hub Cap (LH) <i>hatched</i>			\$ 107.10
	<i>Front fender (LH) X reg</i>			
	<b>SUB TOTAL</b>			<b>\$ 1,509.20</b>
	<b>LESS 20%</b>			<b>\$ 301.84</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,207.36</b>
	Front Fender Advertisement Logo (LH) <i>~</i>			\$ 100.00
				<b>\$ 100.00</b>
	<b>Labour Charge</b>			
	Panel Beating-Repair Frt LH Fender			\$ <del>400.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>500.00</del> <i>400</i>
	Frt Wheel Alignment			\$ <del>80.00</del> <i>X ~</i>
	<b>TOTAL LABOUR</b>			<b>\$ 980.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,287.36</b>
<p><i>Kalvin (UKK)</i></p> <p><i>19/8/19 1135L</i></p> <p><i>2071</i></p> <p><i>L/S</i></p> <p><i>After Repair photo</i></p>				
<p>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.</p>				

Signature  
Date

Our Job Ref No 305325580

Date : 22.08.19

## COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508989  
Fax: 6546 8156

### FINALIZATION FORM

To : LKK


Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHD3163C CTPL

18.08.19

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

1. The repair job shall bill to: NTUC --- SJP2407U
  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% \$ 600.00  
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.  
  
Signature : LIM KWOK ENG  
Name : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156
- We confirm the estimates and finalized amount  
  
Signature : KALVIN ANG  
Name : KALVIN ANG  
Date : 23/8/19

### 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/INC19014492/K1sf3q2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-08-2019

189556



Code: INC4

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	SJP 2407U	Veh. Inspected	SHD 3163C
Policy No.	5108181894	Coverage (\$)	0.00
Claim No.	MT/1058544-002	Excess (\$)	0.00
Assign From		Assign Date	19/08/2019

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU091576	Colour	BLUE
Odometer	461456	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.
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**5. General Information**

Accident Date	18/08/2019	Inspection Date	19/08/2019
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.
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**5b. Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3163C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	1,052.20	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	FRONT WHEEL RIM (LH)	SERVICEABLE	325.30	-
1	FRONT WHEEL HUB CAP (LH)	GRAZED	107.10	107.10
1	FRONT FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-301.84	-21.42
			1,207.36	85.68
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT FENDER (LH).		400.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			980.00	600.00
	<b>GRAND TOTAL</b>		<b>2,287.36</b>	<b>785.68</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>600.00</b>

Report Ref No. NS/INC19014492/K1sf3q2



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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