

(08/11/13)

Surveyor: KalvinREF: NS/INC 19015041/K2483

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: SLE 3769CPolicy No. 5107104393 (01/02/2019 -)Claims No. MT/1059834-001

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 1574T Yr Regn: 24/2/2019

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

Truck / Trailer or

Make: Hyundai Zent C.C. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 14487 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLC851C/KU164784

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 23/8/19 D.O.I. 26/8/19Survey held at C/DHE (Loyang)

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

Rear d.

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

Date / Time	Action / Instruction
	<u>SLE 3769C: X</u>
	<u>SHC 1574T: CC3/EG3130212019/Ym 303 D.O.A. 10/11/2013</u>
<u>26/8/19</u>	<u>Check P/P \$761 / 20y. (Red 1250-18, 62%)</u>

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: 2

1)

☐

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

28/8 - TypistP/P \$761-00Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

TP Claims against NTUC Income: Follow-Through Survey

Date : 28/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
1	MT/1058784-002	COMFORT TRANSPORTATION PTE LTD	SHC2223A	SJR9200S	21/08/2019	\$ 2,251.93
2	MT/1058925-002	CITYCAB PTE LTD	SHA233U	SKV8847A	21/08/2019	\$ 2,602.64
3	MT/1059829-001	COMFORT TRANSPORTATION PTE LTD	SHD3625L	SIH5186D	22/08/2019	\$ 1,933.85
4	MT/1059135-002	COMFORT TRANSPORTATION PTE LTD	SHA4719J	SJR7693R	22/08/2019	\$ 4,284.75
5	MT/1058712-002	COMFORT TRANSPORTATION PTE LTD	SH7169J	SHC6321Z	20/08/2019	\$ 9,545.63
6	MT/1059834-001	COMFORT TRANSPORTATION PTE LTD	SHC1574T	SLE3769C	23/08/2019	\$ 2,011.18

Claim received from LKK Auto

eBaoTech

GeneralClaim

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 checked="" type="radio"/>	5107104393		WJ CAR RENTAL PTE. LTD.	201843284H	GFT	drivo CLASSIC	SLE3769C	SLE3769C	01/02/2019	

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	24/08/2019 12:58
Date Of Accident	23/08/2019 22:00
Exact Location Of Accident	ELIAS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1574T
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	IONIQ
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	BASKARAN S/O KUNLU RAMAN
NRIC No	S0556367D
Date Of Birth	14/09/1946
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1969
Driving Experience	49 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97970550
Fax Number	
Contact Number	
EMail Address	BASKARAN.EASTERN@YAHOO.COM

Address	BLK 879 WOODLANDS STREET 82 #05-28
Postcode	730879
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?	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)	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

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	SLE3769C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VASKO MANIKAVASAGAM SG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
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.
5. Any false reporting may be referred to the Police for investigation.
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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.

Original Form to be submitted to:
GIA, NLC, NO. 100-001-0110

Policyholder's Signature
Date & Time:

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

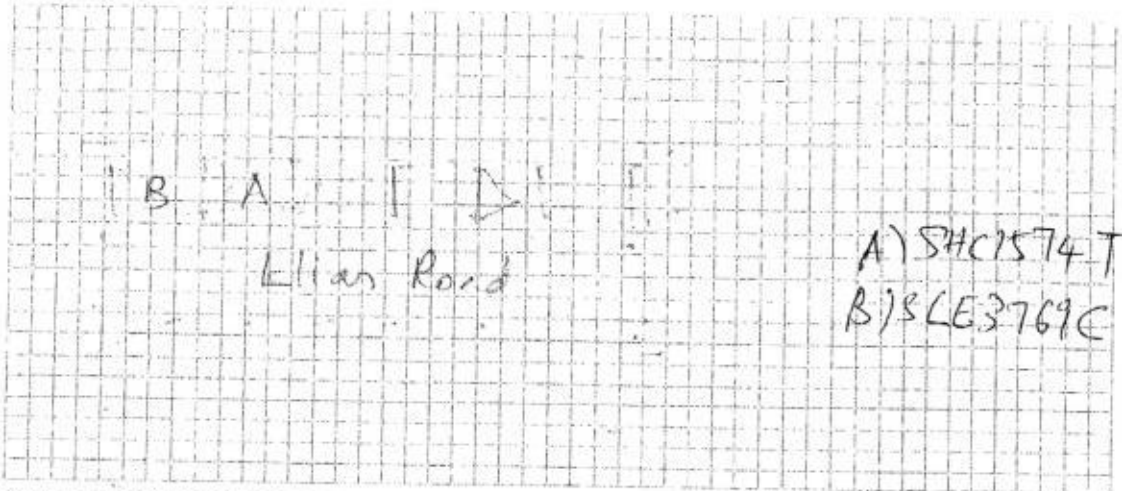
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Handwritten Signature

Handwritten Signature

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/8/192000hrs when I Veh A slowed down because vehicles in front stopped. Veh B collided onto the rear of my stationary vehicle

DECLARATION

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

CO. RLG. NO. 1000000000

Policyholder's Signature

Date & Time:

Signature of the driver

AB Leon

Driver's Signature

(If driver is not the policyholder)

Date & Time:

SR Mod 1.2
CSC

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/8/19

Date/Time: 26.08.2019 10:17 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305327429

OWNER
COMFORT TRANSPORTATION PTE LTD
7010045
OWNER NO.
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)
(P)

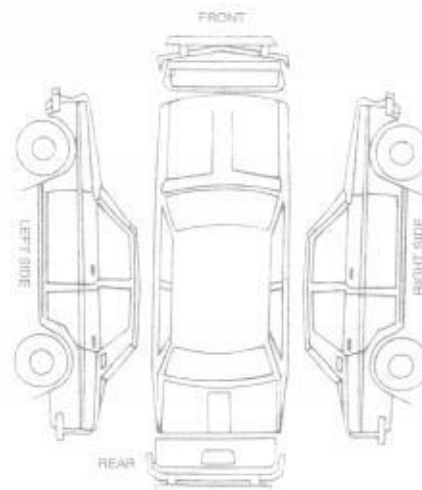
REGN NO.: SHC1574T	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 24.08.2019 10:50
YR OF MANU. 24.07.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU164784	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 23.08.2019
NATURE: 3P 23.08.19

S/NO LABOR CODE DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.: SHC1574T

JU NTUC LKK

Vehicle No.:

SHC1574T

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 1574T

DATE 26/8/2019 11:17

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X Repair</i>			\$ 459.40	
	Rear Bumper Centre Moulding Assy <i>/ ca</i>			\$ 451.25	
	Rear Bumper Lower Centre Moulding Assy <i>X su</i>			\$ 47.50	
	Rear Bumper Stay <i>X su</i>			\$ 138.10	
	Rear Bumper Side Bracket (LH/RH) <i>X su</i>		\$ 33.10	\$ 66.20	
	Rear Bumper Reflector Lamp (RH) <i>X su</i>			\$ 31.90	
	SUB TOTAL			\$ 1,194.35	
	LESS 20%			\$ 238.87	
	DISCOUNTED TOTAL			\$ 955.48	
	Rear Bumper Reverse Sensor <i>X su</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>X "</i>			\$ 50.00	Nett
				\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 400.00 <i>200</i>	
	Spray Painting Charge			\$ 300.00 <i>200</i>	
	Wiring Charge			\$ 50.00 <i>X 2</i>	
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X 2</i>	
	TOTAL LABOUR			\$ 870.00	
	ESTIMATE TOTAL			\$ 2,011.18	
<i>Kaluh 10/11/19</i> <i>26/8/19 11:50 h.</i> <i>2 by</i> <i>1 IP</i> <i>At the Repair photo</i>					
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 305327429

Date : 27/08/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC1574T

Date of Accident : 23/08/2019

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

1. The repair job shall bill to: NTUC --- SLE3769C
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount 361.00
 - (b) Labour Charges ### \$400.00
 - Total for Part-By-Part Repair Cost \$761.00**
 - (c) Lumpsum Repair (if applicable) N
 - Total for Lumpsum repair cost after Less: 20%
 - 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 amount

Signature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : KALVIN

Date : 28/8/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 27.08.2019

Time: 15:15:51

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305327429
REGN NO : SHC1574T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 24.07.2019
DATE/TIME IN : 24.08.2019 10:50
ACCIDENT DATE : 23.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G IONIQV2 MOULDING ASSY-RR 1 451.25 20.00 361.00

SUB-TOTAL : 361.00

JOB NATURE

0000 PB PANEL BEATING 200.00

0001 SP SPRAYPAINT CHARGE 200.00

SUB-TOTAL : 400.00

TOTAL : 761.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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/INC19015041/K1yf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 05-09-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLE 3769C	Veh. Inspected	SHC 1574T
Policy No.	5107104393	Coverage (\$)	0.00
Claim No.	MT/1059834-001	Excess (\$)	0.00
Assign From		Assign Date	26/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU164784	Colour	BLUE
Odometer	14487	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	9 mm
L/H Front Tyre	195/65 R15	MICHELIN	9 mm
R/H Rear Tyre	195/65 R15	MICHELIN	9 mm
L/H Rear Tyre	195/65 R15	MICHELIN	9 mm

4. Description of Damages

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

5. General Information

Accident Date	23/08/2019	Inspection Date	26/08/2019
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
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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 1574T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	SERVICEABLE	47.50	-
1	REAR BUMPER STAY	SERVICEABLE	138.10	-
2	REAR BUMPER SIDE BRACKET (LH/RH) @ \$33.10	SERVICEABLE	66.20	-
1	REAR BUMPER REFLECTOR LAMP (RH)	SERVICEABLE	31.90	-
	LESS 20% DISCOUNT		-238.87	-90.25
			955.48	361.00
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			185.70	-
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			870.00	400.00
GRAND TOTAL			2,011.18	761.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				761.00

Report Ref No. NS/INC19015041/K1yf3s2

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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