

Surveyor: Kalvin

REF: \*

NS/INC19015144/K1v9302

**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: SGS 2082PPolicy No. 5110584752 (12/08/2019 - 11/08/2020)Claims No. MT/1059876-002

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: SHA 2978R Yr Regn: 18 Apr 2019

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

Truck / Trailer or

Make: Hyundai Zonda C.C. 1500Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 46383 T/Radio: Insured / Std / NI / NA

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

C/No: KMHK85/CV1K4141874

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

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

BS / DUN / EXNOVA / GY / FS / LIZA / MG / 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. 26/8/19 D.O.I. 27/8/19Survey held at C/DHE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SGS 2082P: X
	SHA 2978R: CS1MSG18004463/K1v9302 D.O.A. 06/03/2018
29/8/19	Grant PIP \$1176.12 / 2 days. (Red 802.66, 415)

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 29/8 - typist

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

Survey Fee:

Transportation:

S + RS, SI

Photos:

Add Fee: ☐ Site Insp (\$☐ Interview (\$

160

TP Claims against NTUC Income: Follow-Through Survey

Date: 29/8/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1059127-002	CITY CAB	SHC 7839R	SLE 2784P
2	MT/1058975-002	COMFORT TRANSPORTATON PTE LTD	SHD 3502H	SLE 7194J
3	MT/1059997-001	COMFORT TRANSPORTATON PTE LTD	SHC 8694J	PA 7328P
4	MT/1059876-002	COMFORT TRANSPORTATON PTE LTD	SHA 2978R	SGJ 2082P
5	MT/1059460-002	CITY CAB	SHD 8538Y	PA 9856T
6	MT/1059252-002	COMFORT TRANSPORTATON PTE LTD	SHC 1969M	SGU 3179E
7	NOT OI	COMFORT TRANSPORTATON PTE LTD	SHC 3795J	RD 6116B
8	MT/1058948-002	CITY CAB	SHC 945M	SHB 8835A
9	MT/1059622-002	COMFORT TRANSPORTATON PTE LTD	SH 8976P	SLK 5510L
10	MT/1059792-002	COMFORT TRANSPORTATON PTE LTD	SHA 5130A	GX 8426T
11	MT/1060017-001	COMFORT TRANSPORTATON PTE LTD	SHD 3260E	FBJ 9363S

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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## 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"/>	5110584752		HAN JINGJING	S8173496H	GPC	drivo CLASSIC	SGJ2082P	SGJ2082P	12/08/2019	11/08/2020

## 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	26/08/2019 14:40
Date Of Accident	26/08/2019 09:55
Exact Location Of Accident	COLLYER QUAY TWDS SHENTON WAY NEAR NTUC CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2978R
<b>Insured/Policyholder</b>	
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	LEE BAN GUAN
NRIC No	S0209830Z
Date Of Birth	23/04/1954
Occupation	OUTDOOR
Date Of Driving Pass	26/02/1972
Driving Experience	47 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96179185
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 160 SIMEI ROAD #07-280
Postcode	520160
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)	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

#### 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	SGJ2082P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAN JING JING
NRIC/Passport Number	
Contact Number	97366623
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT



No. Of Passenger (Including Driver)

**IMPORTANT NOTICE**

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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.
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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.

COMPACT TRANSPORTATION SYSTEMS  
CO. REG. NO. 199303021R

Policyholder's Signature  
Date & Time:

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

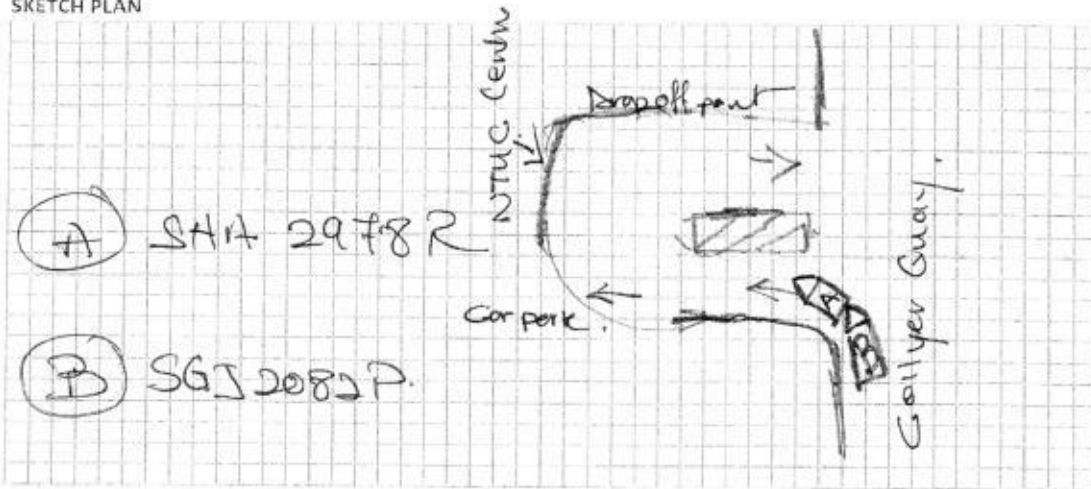
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ROADSIDE SKETCH PLAN FORM 722



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 26 Aug 2019 @ 09:30h I

veht A slow down and stop B4 the

engine. Entrance of the above location.

Suddenly veht B from the rear hit veht A.

Rear at the point of accident veht A

carry a male, passenger.

## DECLARATION

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

CLIM OBT TRANSPORTATION PTE  
CO. REG. NO. 1003132111

Policyholder's Signature  
Date & Time:

Signature of the policyholder

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

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



# COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 570701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

### Workshops

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320A Ubi Road 3 Singapore 680034

24 Serangoon Loop Singapore 756156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768732

Date/Time: 26.08.2019 16:06

Page : 1

Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

JC NO.: 305327749

OMER	COMFORT TRANSPORTATION PTE LTD	REGN NO:	SHA2978R	MILEAGE
IS	7010045	MAKE :	HYUNDAI	FUEL
OMER NO.	383 SIN MING DRIVE	MODEL	IONIQ(G2)	E.....1/2.....F
ESS	Singapore SINGAPORE 575717	YR OF MANU	18.04.2019	DATE/TIME IN
(R)	65508755	CHASSIS CODE	KMHC851CVKU141874	26.08.2019 11:20
(P)	(O)			TARGET DATE
				COMPLETION DATE/TIME

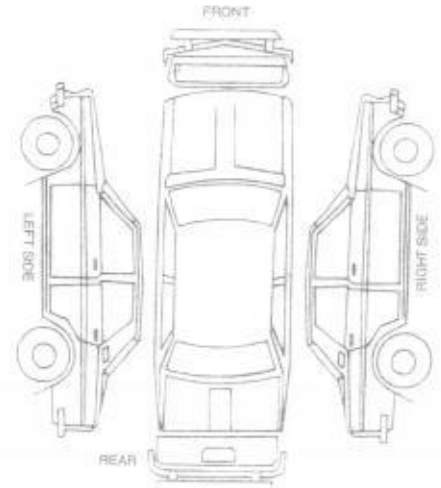
JUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 26.08.2019

NATURE: 3P 26.08.19

S/NO LABOR CODE DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.: SHA2978R LIMITS

Vehicle No.: SHA2978R

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

TS

DATE 27/8/2019

Lee-Kalvin.

**MODEL : HYUNDAI IONIQ**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>Deformed</i>			\$ 459.40
	Rear Bumper Centre Moulding Assy — <i>and</i>			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy X <i>su</i>			\$ 47.50
	Rear Bumper Stay X <i>su</i>			\$ 138.10
	Rear Bumper Side Bracket (LH/RH) X <i>su</i>		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips — <i>su</i>			\$ 22.00
	Rear Bumper Reflector Lamp (LH) X <i>su</i>			\$ 31.90
	SUB TOTAL			\$ 1,216.35
	LESS 20%			\$ 243.27
	DISCOUNTED TOTAL			\$ 973.08
	Rear Bumper Reverse Sensor X <i>su</i>			\$ 135.70
	Nett			
	Labour Charge			
	Panel Beating			\$ <del>400.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>300.00</del> <i>200</i>
	Wiring Charge			\$ <del>50.00</del> <i>X</i>
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>20</i>
	TOTAL LABOUR			\$ 870.00
	ESTIMATE TOTAL			\$ 1,978.78
	Kalvi / U.K.K.			
	27/8/17 1110 L			
	2 Lm			
	P.P			
	Before Paint p.h.k			
	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.			

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

JOB NO : 305327749  
REGN NO : SHA2978R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 18.04.2019  
DATE/TIME IN : 26.08.2019 11:20  
ACCIDENT DATE : 26.08.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52
0002	04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00
0003	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60

SUB-TOTAL : 746.12

## JOB NATURE

0000	PB	PANEL BEATING	200.00
0001	SP	SPRAYPAINT CHARGE	200.00
0002	L	R/I REVERSE SENSOR	30.00

SUB-TOTAL : 430.00

TOTAL : 1,176.12

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO

Our Job Ref No : 305327749

Date : 28/08/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA2978R

Date of Accident : 26-Aug-19

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

1. The repair job shall bill to: NTUC --- SGJ2082P
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$746.12
(b) Labour Charges	\$430.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$1,176.12</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
<b>Final Lumpsum Repair cost</b>	

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 29/8/19

### 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/INC19015144/K1vf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 04-09-2019  
189556

Code: INC4

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

Insured Veh.	SGJ 2082P	Veh. Inspected	SHA 2978R
Policy No.	5110584752	Coverage (\$)	0.00
Claim No.	MT/1059876-002	Excess (\$)	0.00
Assign From		Assign Date	27/08/2019

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU141874	Colour	BLUE
Odometer	46383	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 N/S PORTION. DAMAGES SEE DETAILS.
--

**5. General Information**

Accident Date	26/08/2019	Inspection Date	27/08/2019
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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**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. SHA 2978R**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	459.40	459.40
1	REAR BUMPER CENTRE MOULDING ASSY	CUT	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	-
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER REFLECTOR LAMP (LH)	SERVICEABLE	31.90	-
	LESS 20% DISCOUNT		-243.27	-186.53
			973.08	746.12
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
<b><u>LABOUR</u></b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			870.00	430.00
<b>GRAND TOTAL</b>			<b>1,978.78</b>	<b>1,176.12</b>

<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>		<b>1,176.12</b>
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Report Ref No. NS/INC19015144/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**

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