

(08/11/13)

Surveyor: Kalvin

REF: ^

NS/INC19015145/K124302

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: SLK 5510LPolicy No. 5106625426 (25/12/2018 - 24/12/2019)Claims No. MT/1059622-002

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: 2 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: SH 8976PYr Regn: 274, 219Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~i / Prime Mover /

Truck / Trailer or

Make: Hyundai Zonic c.c. 156Colour: Blk A/C: Insured / Std / NI / NASp. Reading: 30184 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CVK416487Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 25/8/19D.O.I. 27/8/19

Survey held at

C/DGE (Loyang)

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

o/s Pan

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

Date / Time	Action / Instruction
	<u>SLK 5510L X</u>
	<u>SH 8976P : CS/FC117000641/R124302 D.O.A. 08/11/2019</u>
<u>29/8/19</u>	<u>Contracted P/P \$1149.12/ 207.1. (Ord 6450, 28%)</u>

INC

P/P

29/8/2019

Date/Time, File Pass to?

☐

: Preli. Report

1) 30/8 furnish☐

: Final Report

Date/Time, File Return to?

2) _____

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

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

160

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

[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="25/08/2019 09:05"/>							
Vehicle No. (For Motor)	<input type="text" value="SLK5510L"/>	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"/>	5106625428		KOH CHEE MING	S1484443J	GPC	drivo CLASSIC	SLK5510L	SLK5510L	25/12/2018	24/12/2019
<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 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 16:37
Date Of Accident	25/08/2019 19:00
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8976P
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	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	LAU TEOW KOON
NRIC No	S6802118I
Date Of Birth	11/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1988
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96338978
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	863 05-513 JURONG WEST STREET 81
Postcode	640863
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)	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

SEE ATTACH.

Attachment(s)

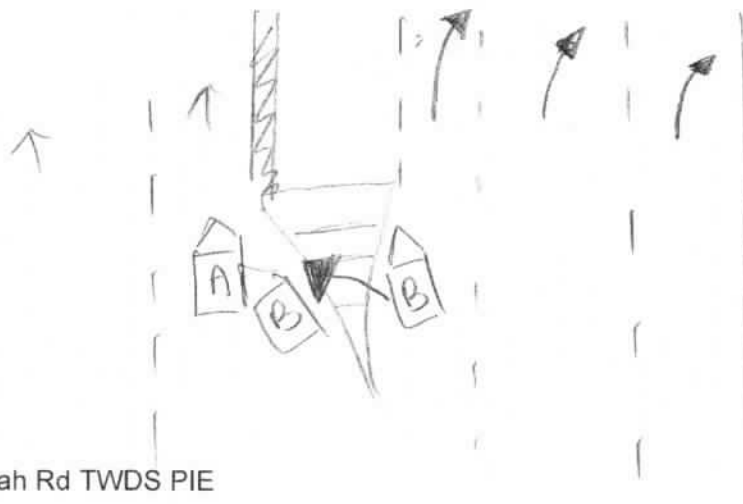
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK5510L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH CHEE MING
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT

No. Of Passenger (Including Driver)

SKETCH PLAN



A- SH 8976P
B- SLK 5510L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26.08.2019@1100HRS

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: June 26 AUG 201

Olivia Wendt

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.

Signature: TRANSPORTATION PTE LTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6363 6260 Facsimile + 65 6260 9755

Workshops

59 Loyang Drive Singapore 508968 24 Serangoon Loop Singapore 758158
383 Sin Ming Drive Singapore 575717 7 Sungai Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768732
320 Ubi Road 3 Singapore 539106

Date/Time: 27.08.2019 08:11

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305327962

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO.: SH 8976P

MILEAGE

MAKE : HYUNDAI

FUEL

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

MODEL IONIQ(G2)

DATE/TIME IN 26.08.2019 10:40

YR OF MANU 02.07.2019

TARGET DATE

CHASSIS CODE KMHC851CVKU164487

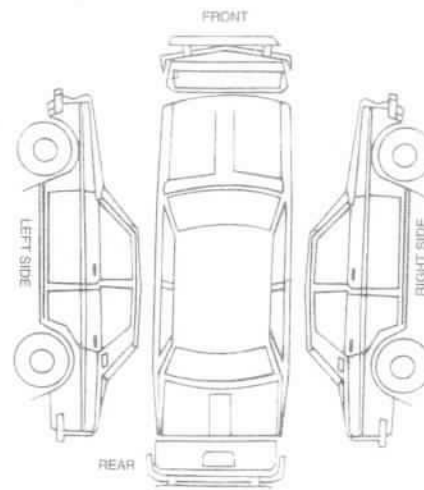
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 25.08.2019

NATURE: 3P 25.08.19

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SH 8976P

LIMITS

Vehicle No.:

SH 8976P

ervice Advisor

Signature/Date

Name of Service Advisor

Date

COMFORTDELGRO ENGINEERING PTE LTD

Date: 27.08.2019

REPAIR ESTIMATE

Time: 09:17:18

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 : 305327962
 REGN NO : SH 8976P
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 02.07.2019
 DATE/TIME IN : 26.08.2019 10:40
 ACCIDENT DATE : 25.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 03-01-0104-2061-G	REAR WHEEL CAP RH	1	346.40	20.00	277.12	—	Gravel
0002 28-01-9999-2023-A	REAR DOOR APPS RH	1	80.00	10.00	72.00	—	no

Per Bumper x repair
 Per Fender (RH) x repair
 Per Door (RH) x repair

SUB-TOTAL : 349.12

JOB NATURE

0000 PB	PANEL BEATING					500.00	200
0001 SP	SPRAYPAINT-RHR Fender/R.Bumper					750.00	600

SUB-TOTAL : 1,250.00

TOTAL : 1,599.12

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Kalin 11/08/19

27/8/19 11:20h

2 Pys

VCP

After Repair LA

LKK Auto Consultants hence notify the Reparer of the following:

- To resurvey before any spray painting
- To display damaged parts during resurvey
- Repairs should be carried out on a "Without Prejudice" basis
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplemental claim must be resurveyed and is subject to the approval from Insurance Company

Acknowledged by Reparer
 Signature:
 Date:

Our Job Ref No : 305327962

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. : SH 8976P

Date of Accident : 25-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 --- SLK5510L
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$349.12
(b) Labour Charges	\$800.00
Total for Part-By-Part Repair Cost	\$1,149.12
(c) Lumpsum Repair (if applicable)	
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 : 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:

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

JOB NO : 305327962
REGN NO : SH 8976P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 02.07.2019
DATE/TIME IN : 26.08.2019 10:40
ACCIDENT DATE : 25.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 03-01-0104-2061-G	REAR WHEEL CAP RH	1	346.40	20.00	277.12
0002 28-01-9999-2023-A	REAR DOOR APPS RH	1	80.00	10.00	72.00

SUB-TOTAL : 349.12

JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT-RHR Fender/R.Bumper	600.00

SUB-TOTAL : 800.00

TOTAL : 1,149.12

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO



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/INC19015145/K1qf3e2

73 BRAS BASAH ROAD

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

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLK 5510L	Veh. Inspected	SH 8976P
Policy No.	5106625428	Coverage (\$)	0.00
Claim No.	MT/1059622-002	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.	KMHC851CVKU164487	Colour	BLUE
Odometer	30184	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 O/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	25/08/2019	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.

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. SH 8976P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR WHEEL CAP RH	GRAZED	346.40	346.40
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-69.28	-69.28
			277.12	277.12
	<u>NETT ITEMS</u>			
1	REAR DOOR APPS RH (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-8.00	-8.00
			72.00	72.00
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER,REAR FENDER (RH) AND REAR DOOR (RH).		500.00	200.00
	SPRAYPAINT-RHR FENDER/R.BUMPER.		750.00	600.00
			1,250.00	800.00
	GRAND TOTAL		1,599.12	1,149.12
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,149.12

Report Ref No. NS/INC19015145/K1qf3e2

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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