

(08/11/13)

Q. Review: Kalvin

REF: ^

NS/INC19015173/K1t9302

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: GX 84267Policy No. 5094618519-01 (02/10/2018 - 01/10/2019)Claims No. MT/1054792-002

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 5130A Yr Regn: 25 Aug, 2016

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1685Colour Blue A/C: Insured / Std / NI / NASp. Reading 39 2863 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH L8414M6409333XGen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / SR Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Davanti

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 27/8/19 D.O.I. 27/8/19Survey held at C DGE (Loyang)

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

Rear o/s

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

Date / Time	Action / Instruction
	<u>GX 84267 X</u>
	<u>SHA 5130A: CS3/FC115064848/KVbd1 D.O.A: 16/03/2015</u>
<u>29/8/19</u>	<u>Confirmed o/s \$750/ 2 Pys. (Red: 2129.46, 73%)</u>

Date/Time, File Pass to?

1) 29/8 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)Survey Fee: 160

Transportation: _____

S + RS, SI

Photos

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

Our Job Ref No : 305327968

Date : 28. Aug. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA5130A

Date of Accident: 27. Aug. 2019

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

1. The repair job shall bill to: **NTUC** **GX8426T**
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: **Final Lumpsum Repair cost** **\$750.00**

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

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				
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

eBaoTech

General Claim

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094618519-01		BOON MENG EQUIPMENT PTE LTD	198302276E	GCV	Third Party, Fire & Theft	GX8426T	GX8426T	02/10/2018	01/10/2019

Continue

Team: ARC Repair TP(CLS0)1		JOB CARD		Sales Order:		JC NO.: 305327968	
CUSTOMER				REGN NO.: SHA5130A		MILEAGE	
R/MS COMFORT TRANSPORTATION PTE LTD VAPS				MAKE: HYUNDAI		FUEL	
CUSTOMER NO. 7010045				MODEL I-40		E.....1/2.....	
ADDRESS 383 SIN MING DRIVE				YR OF MANU 25.08.2016		DATE/TIME IN 27.08.2019 08:5	
Singapore SINGAPORE 575717				CHASSIS CODE KMHLB41UMGU093334		COMPLETION DATE/TIME:	
65508755 (O)							
SCOUNT CARD NO.							

JOB DESCRIPTION

Accident Date: 27.08.2019
 NATURE: 3P 27.08.2019

S/NO	LABOR CODE	DESCRIPTION
	NTUC - Rec	

CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
No.: Vehicle No.: SHA5130A LARRY		Vehicle No.: SHA5130A	
Signature/Date Lary Ng		Name of Service Advisor Date	
To be 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	27/08/2019 10:12
Date Of Accident	27/08/2019 07:50
Exact Location Of Accident	EUNOS LINK TWDS HOUGANG AVE 3.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5130A
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	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	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	GOH HOCK SENG
NRIC No	S1210062J
Date Of Birth	28/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1977
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96196531
Fax Number	
Contact Number	
EMail Address	HOCKSENG_GOH2828@YAHOO.COM

Address	BLK 313 ERANGOON AVENUE 2 #01-196
Postcode	550313
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

REFER 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	GX8426T
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

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.
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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.

COMI-ORI TRANSPORTATION PTE LTD
CO. REG. NO. 198303821R

Policyholder's Signature
Date & Time:

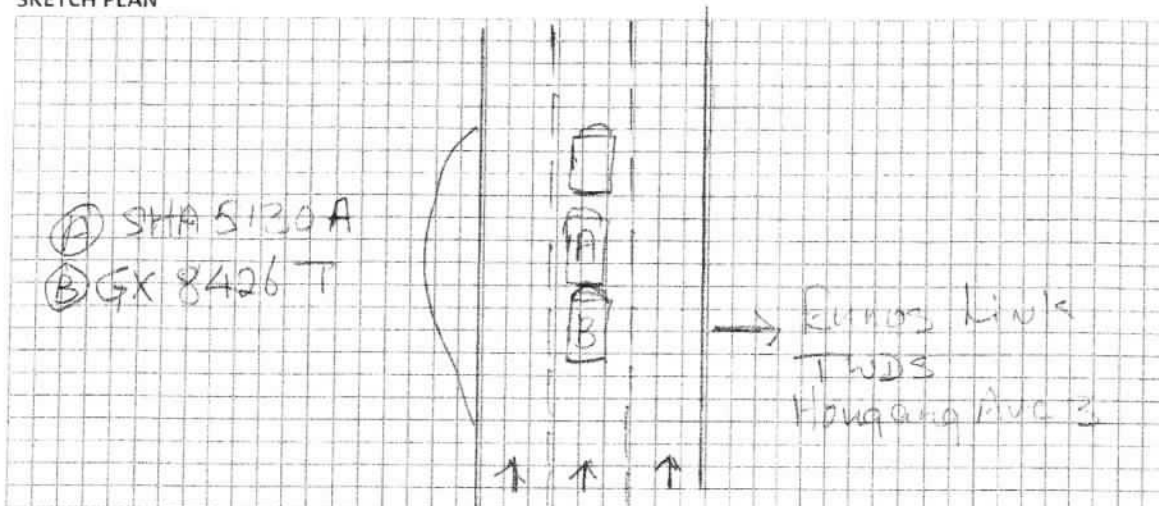
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/NAAC Sketchplan Form 923



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/8/2019 at about 0750 hrs, I Vehicle A was driving my taxi along Eunos Link toward Hong Kong Ave. The car in front of me slowed down and stop. But I also slowed down coming to stop. Vehicle B came from my back bang into vehicle A rear portion. An one was injured at that time.

DECLARATION

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

COMPANY SPAIN PORTLAND CEMENT LTD
2019-08-27 07:50:34Z TR-2403

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.:

27/8/19
Jackson Heng
CSO

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA5130A

DATE: 27. Aug. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 27. Aug. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>Detached</i>			\$553.00
10	Rear Bumper Clips <i>me</i>		\$2.20	\$22.00
1	Rear Bumper Sponge <i>me</i>			\$103.50
2	Rear Bumper Reinforcement Brackets – LH/RH <i>me</i>		\$80.30	\$160.60
1	Rear Bumper Reinforcement <i>me</i>			\$428.40
1	Rear Bumper Undercover <i>me</i>			\$228.00
1	Rear Bumper Reflector – RH <i>me</i>			\$32.00
1	Rear Exhaust – RH <i>me</i>			\$967.70
SUB TOTAL				\$2,492.20
LESS 20%				\$498.44
DISCOUNTED TOTAL				\$1,993.76
1	Reverse Sensor <i>me</i>			\$135.70
1	Rear Bumper Rubber Mat <i>me</i>			\$50.00
				\$185.70
Labour Charge				
1	Panel Beating		200	\$300.00
1	Spray Painting Charge		200	\$300.00
1	Remove/refix Reverse Sensor		30	\$100.00
TOTAL LABOUR				\$700.00
ESTIMATE TOTAL				\$2,879.46
				2881.86

Kalvin K/ker
27/8/19 12 45 hrs
2 Bys
4/5
After Repair photo

Larry Ng

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.

**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/INC19015173/K1tf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 10-09-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GX 8426T	Veh. Inspected	SHA 5130A	
Policy No.	5094618519-01	Coverage (\$)	0.00	
Claim No.	MT/1059792-002	Excess (\$)	0.00	
Assign From		Assign Date	27/08/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU093334	Colour	BLUE	
Odometer	392863	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	DAVANTI	7 mm	
L/H Front Tyre	205/60 R16	DAVANTI	7 mm	
R/H Rear Tyre	205/60 R16	DAVANTI	7 mm	
L/H Rear Tyre	205/60 R16	DAVANTI	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	27/08/2019	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		

**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 5130A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
2	REAR BUMPER REINFORCEMENT BRACKETS - LH / RH @\$80.30	SERVICEABLE	160.60	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
1	REAR BUMPER UNDERCOVER	SERVICEABLE	228.00	-
1	REAR BUMPER REFLECTOR - RH	SERVICEABLE	32.00	-
1	REAR EXHAUST - RH	SERVICEABLE	967.70	-
	LESS 20% DISCOUNT		-499.04	-115.00
			1,996.16	460.00
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<u>LABOUR</u>				
	PANEL BEATING.		300.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	REMOVE / REFIX REVERSE SENSOR.		100.00	30.00
			700.00	430.00
GRAND TOTAL			2,881.86	940.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				750.00

Report Ref No. NS/INC19015173/K1tf3e2

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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