

08/11/13

Surveyor: Kevin

REF: *

NS/INC19015240/K1LFF302

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: GZ 7437H

Policy No. 5058100418-06 (30/01/2019-)

Claims No. MT/1060148-001

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 Rport: _____ 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 8820 L Yr Regn: 24 May 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover / Truck / Trailer or

Make: Hyundai 240 C.C. 1600

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 495351 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH1B41umgn08674

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Wulke

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 26/2/19 D.O.I. 28/8/19

Survey held at C/DGE (Loyang)

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

n/s Front

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	GZ 7437H : X INC
	SHC 8820L CS/FC31701818/KVBV2 D.O.A: 18/01/2017 4
30/8/19	Contract 45 \$2050 / 2 Pgs. (Red: 1238-72) 37% (0)

Date/Time, File Pass to? : Preli. Report

1) 30/8 Typist : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: _____ (\$ _____)

Survey Fee:	160
Transportation:	
_____ \$ + RS, _____ SI	
Photos	
TOTAL	

Repeat Formal

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="26/08/2019 09:16"/>
Vehicle No. (For Motor)	<input type="text" value="GZ7437H"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5058100418-06		INDEX CREDIT PTE LTD	199905600E	GFT	Third Party	GZ7437H	GZ7437H	30/01/2019	

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date : 30/8/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1057614-002	COMFORT TRANSPORTATON PTE LTD	SH 8525H	PA 6104A	9/8/2019	22:40	\$ 11,116.33
2	MT/1060148-001	COMFORT TRANSPORTATON PTE LTD	SHC 8820L	GZ 7437H	26/8/2019	12:30	\$ 3,288.72
3	MT/1058610-002	COMFORT TRANSPORTATON PTE LTD	SH 6470U	SMH 6859D	20/8/2019	11:10	\$ 9,030.18

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 13:40
Date Of Accident	26/08/2019 12:30
Exact Location Of Accident	WOODLANDS SQUARE TWDS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8820L
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	YEO SIEW HUAY
NRIC No	S6839502Z
Date Of Birth	25/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1988
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97463353
Fax Number	
Contact Number	
Email Address	JACKYEO259@GMAIL.COM

Address	BLK 621 WOODLANDS DRIVE 52 #03-36
Postcode	730621
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 * TYPE OF ACCIDENT :- HEAD TO SIDE

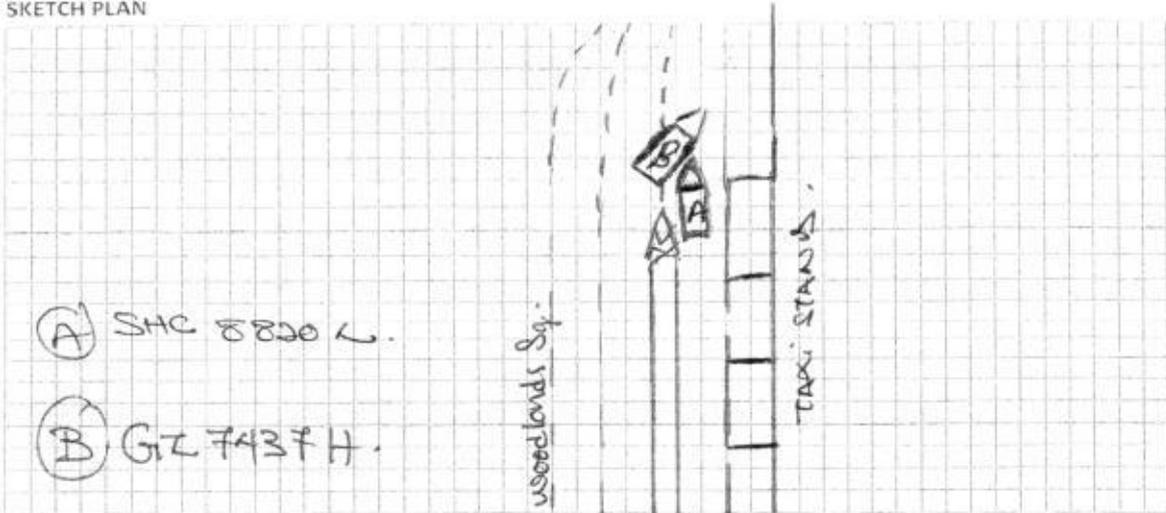
Attachment(s)

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	GZ7437H
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	RH CENTRE
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26 Aug 2019 @ 12:30 hrs I VEH

A was driving straight on my lane

Suddenly VEH B from the left side dash

in and hit VEH (A) left front. at the

point of accident VEH A NO PAX.

DECLARATION

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

COMBITE TRANSPORTATION PTE LTD
 100, HILL STREET, SINGAPORE 110149

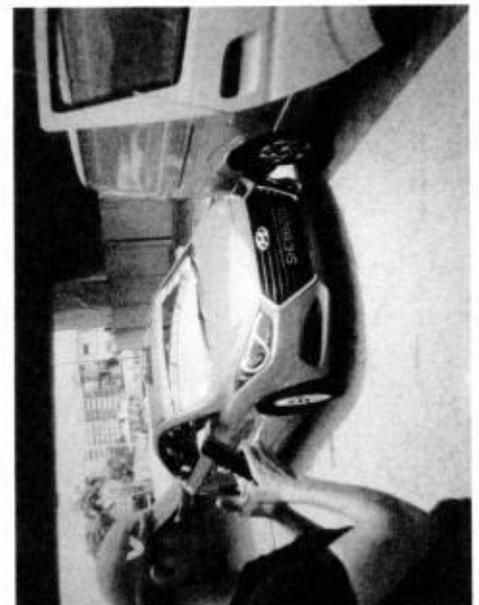
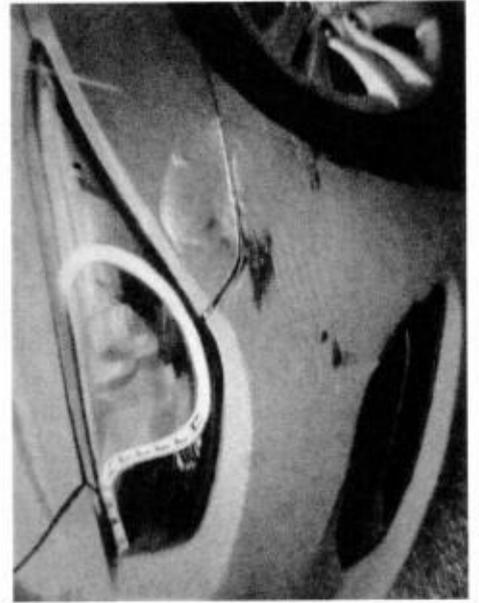
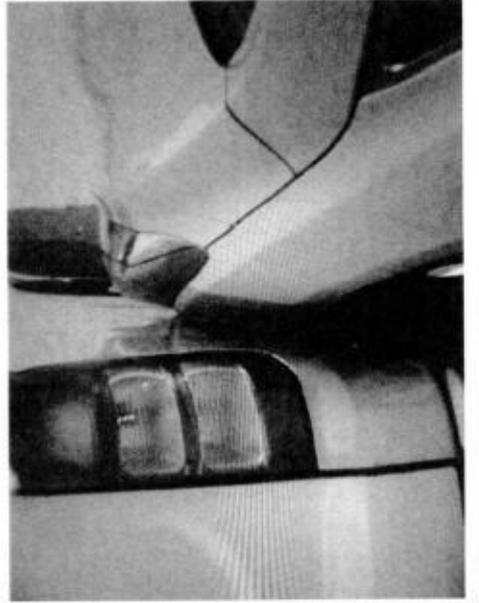
Policyholder's Signature
 Date & Time:

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

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

*AndriC Smith (Ref: 20)

J. Manf 27/8





Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

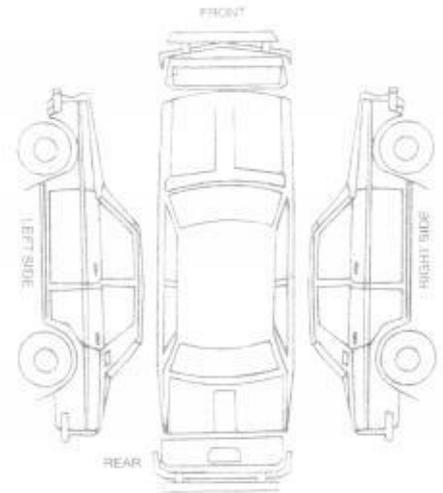
JC NO.: 305328241

CUSTOMER VMS CUSTOMER NO. ADDRESS (R) (P) ACCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755		REGN NO.: SHC8820L	MILEAGE
			MAKE: HYUNDAI	FUEL E.....1/2.....F
			MODEL I-40	DATE/TIME IN 27.08.2019 12:35
			YR OF MANU 24.03.2016	TARGET DATE
			CHASSIS CODE KMHLB41UMGU086741	COMPLETION DATE/TIME:
			STUC	

JOB DESCRIPTION

Accident Date: 26.08.2019
 NATURE: 3P 26.08.2019

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip:

Vehicle No.: SHC8820L

LKE

Kawani

Exit Pass

Vehicle No.: SHC8820L

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8820L

DATE 27/8/2019 16:56

MAKE :

MODEL : HYUNDAI i40

HRK/Kalvin 4/Sum

Like

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>cut</i>			\$ 1,052.20
	Front Bumper Grille (LH) <i>X sum</i>			\$ 41.60
	Front Bumper Bracket Top (LH) <i>X sum</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>X sum</i>			\$ 24.60
	Headlamp (LH) <i>brazed</i>			\$ 1,388.00
	Front Wheel Hub Cap, LH <i>X sum</i>			\$ 107.10
	<i>Front fender (LH) X sum</i>			
	SUB TOTAL			\$ 2,635.90
	LESS 20%			\$ 527.18
	DISCOUNTED TOTAL			\$ 2,108.72
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 600.00 <i>400</i>
	Wiring			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>X 1.5</i>
	Frt Wheel Alignment			\$ 80.00 <i>X 1.5</i>
	TOTAL LABOUR			\$ 1,180.00
	ESTIMATE TOTAL			\$ 3,288.72

Kalvin HRK
M 28/8/19 11:56h
2 Days
4/5
At the Repair place

I hereby acknowledge and agree that I have read and understood the terms and conditions of this estimate and hence notify the repairer of the following:
 1. I have authorized the repairer to perform/after spray painting of the damaged part(s) during resurvey.
 2. This estimate is subject to confirmation by a motor surveyor. The survey is on a "Without Prejudice" basis.
 3. No modification(s) is allowed.
 4. Any additional item(s) must be resurveyed prior to final approval from Insurance Company.
 Accepted by Repairer:
 Signature: _____
 Date: _____

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 305328241
Date 29.08.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC8820L CTPL

Fax :

26.08.19

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

1. The repair job shall bill to: NTUC --- GZ7437H
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%	\$2,050.00
Final Lumpsum Repair cost		\$2,050.00

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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Calvin
Date : 30/8/19

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/INC19015240/K1tf3n2

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.	GZ 7437H	Veh. Inspected	SHC 8820L
Policy No.	5058100418-06	Coverage (\$)	0.00
Claim No.	MT/1060148-001	Excess (\$)	0.00
Assign From		Assign Date	28/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU086741	Colour	BLUE
Odometer	495351	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	26/08/2019	Inspection Date	28/08/2019
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. SHC 8820L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	CUT	1,052.20	1,052.20
1	FRONT BUMPER GRILLE (LH)	SERVICEABLE	41.60	-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	HEADLAMP (LH)	GRAZED	1,388.00	1,388.00
1	FRONT WHEEL HUB CAP,LH	SERVICEABLE	107.10	-
1	FRONT FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-527.18	-488.04
			2,108.72	1,952.16
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT FENDER (LH).		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,180.00	620.00
GRAND TOTAL			3,288.72	2,572.16
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,050.00

Report Ref No. NS/INC19015240/K1tf3n2

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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