

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC 1017685/Kly f3n2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimate/Cost: \_\_\_\_\_

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SMG 6777LPolicy No. 5106726653 (31/11/19-17/12/2020)Claims No. MT/1065708-002

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: SHC 3754C Yr Regn: 2 Jy, 2019

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

Truck / Trailer or

Make: Hyundai Zong c.c. 1500Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 274/8 T/Radio: Insured / Std / NI / NA

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

C/No: KM HC8510VK4164709

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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. 6/10/19 D.O.I. 7/10/19Survey held at C/DHE (Loyang)

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

O/S B/L

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

Date / Time	Action / Instruction
	SHC 3754C - CC41 190146921 R1902 R04 - 16/02/2019 Inc
	SMG 6777L-X
10/10/19	Wht PIP \$ 2273.92 / 2 Dgs. (Red \$258/-, 10%) <i>[Signature]</i>

RECEIVED 10 OCT 2019

15/10/2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 15/10/19 TypistDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

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

Photos

160

PIP = \$2273-92

My Desktop

Notice of Loss

## Policy Query

Policy No.

Date of Accident

06/10/2019 09:47

Vehicle No.(For Motor)

SMG6777L

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"/>	5106726653		LIM KIM SAN	56840100C	GPC	drive CLASSIC	SMG6777L	SMG6777L	03/01/2019	17/02/2020

Continue

# TP Claims against NTUC Income: Follow-Through Survey

Date : 10/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1065708-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 3754C	SMG 6777L	6/10/2019	17:35	\$ 2,281.92
2	MT/1065379-002	COMFORTDELGRO ENGINEERING PTE LTD	SH 7102B	PC 1120A	03/10/2019	20:30	\$ 5,860.26
3	MT/1065680-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 1109D	GY 6241S	3/10/2019	9:45	\$ 4,389.62
4	MT/1065208-002	COMFORTDELGRO ENGINEERING PTE LTD	SH 7639U	SKA 2845E	2/10/2019	20:00	\$ 13,443.33
5	MT/1065969-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 7670J	SLF 1734K	5/10/2019	19:50	\$ 7,235.00
6	MT/1066450-001	COMFORTDELGRO ENGINEERING PTE LTD	SH 8891A	SJC 5888M	5/10/2019	14:15	\$ 1,242.40

## 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	07/10/2019 13:44
Date Of Accident	06/10/2019 17:35
Exact Location Of Accident	BLK 494 TAMPINES ST 45 SERVICE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3754C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	KWEK JOO BOON
NRIC No	S1263727F
Date Of Birth	18/05/1957
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1994
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97339102
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	878 07-320 TAMPINES AVENUE 8
Postcode	520878
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?	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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

#### 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	SMG6777L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number :

Address :

Postcode :

Insurance Company Name :

Nature Of Damage : REAR RHT

No. Of Passenger (Including Driver) :

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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.

COMFORT TRANSPORTATION PTE. LTD.  
CO. REG. NO. 199301821R

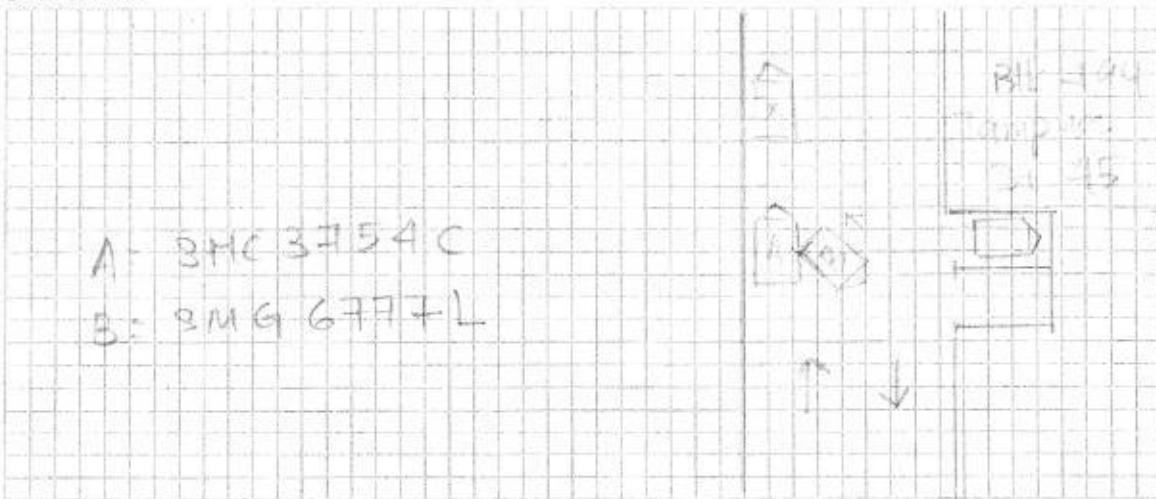
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: **Loke Wai Yeng**  
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/10/19 at about 17:35 hrs, my taxi  
 Veh A was stop at above said location to  
 drop off passengers. Suddenly I felt an impact  
 from right hand side, I saw Veh B reversed  
 and it rear right portion collided onto the  
 right centre portion of my stationary taxi  
 03 passengers still inside my taxi. No injury  
 reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

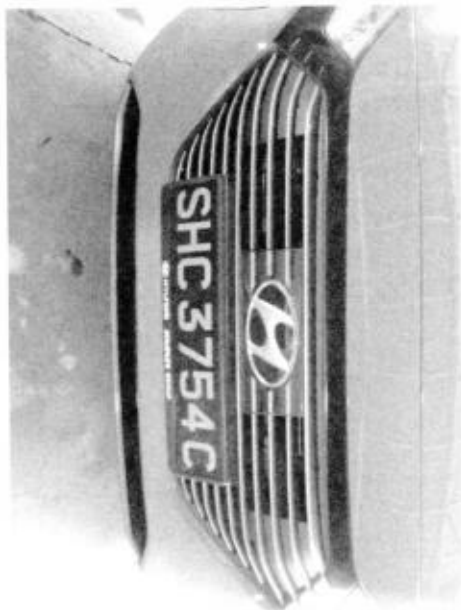
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Loke Wei Yeng







### Workshops

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286

24 Serangoon Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728781  
501 Yehun Industrial Park A Singapore 758732

member of COMFORTDELGRO

Date/Time: 07.10.2019 14:06

Page : 1

Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

JC NO.: 305339509

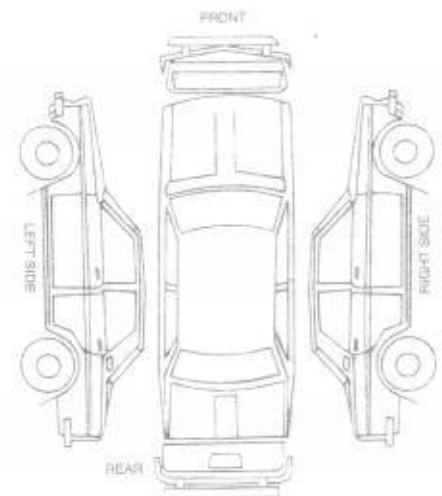
OWNER IS OWNER NO. LESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: SHC3754C	MILEAGE
		MAKE : HYUNDAI	FUEL E.....1/2.....F
		MODEL IONIQ(G2)	DATE/TIME IN 07.10.2019 11:15
		YR OF MANUF 02.07.2019	TARGET DATE
		CHASSIS CODE RMHC851CVKU164709	COMPLETION DATE/TIME:

PRINT CARD NO.

### JOB DESCRIPTION

Accident Date: 06.10.2019  
NATURE: 3P 06.10.19

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.: SHC3754C JU NTUC LKK

Vehicle No.: SHC3754C

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE\*

DATE 7/10/2019 15:16

**MAKE :**

**MODEL : HYUNDAI IONIQ**

Page 1 of 1

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 08.10.2019  
Time: 18:13:40  
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 : 305339509  
REGN NO : SHC3754C  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 02.07.2019  
DATE/TIME IN : 07.10.2019 11:15  
ACCIDENT DATE : 06.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0595-G IONIQ PANEL ASSY-REAR DOO 1 L 1,789.90 ~~26.00~~ 1,342.42  
0002 28-01-9999-2023-A APP LOGO REAR DOOR L/R CT 1 N 80.00 10.00 72.00

SUB-TOTAL : 1,414.42

JOB NATURE

0000 PB PANEL BEATING 320.00  
0001 SP SPRAYPAINT CHARGE 400.00  
0002 L TRANSFER DOOR PARTS 50.00

SUB-TOTAL : 770.00

TOTAL : 2,184.42

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305339509  
Date : 08/10/19

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508989  
Fax: 6546 8156

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHC3754C

Fax :

305333809 06/10/19

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

1. The repair job shall bill to: NTUC SMG6777L  
###
2. The finalized amount shall be:
 

	<u>\$1503.92</u>
(a) Spare Parts after List discount	<u><del>\$4,414.42</del></u>
(b) Labour Charges	<u>### \$770.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<u><del>\$2,184.42</del> \$2273.92</u>
	<u>###</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	
<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 : [Signature]  
Name : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature : [Signature]  
Name : Kalvin  
Date : 10/10/19

### 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:

\_\_\_\_\_

**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/INC19017685/K1yf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 17-10-2019



Code: INC4

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

Insured Veh.	SMG 6777L	Veh. Inspected	SHC 3754C
Policy No.	5106726653	Coverage (\$)	0.00
Claim No.	MT/1065708-002	Excess (\$)	0.00
Assign From		Assign Date	07/10/2019

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU164709	Colour	BLUE
Odometer	27418	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 BODY.  
DAMAGES SEE DETAILS.

**5. General Information**

Accident Date	06/10/2019	Inspection Date	07/10/2019
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 3754C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	REAR DOOR (RH)	BUCKLED TO REPAIR SEE LABOUR	1,789.90	1,789.90
1	REAR FENDER (RH)(NPA)		-	-
	LESS 20% DISCOUNT		-357.98	-357.98
			1,431.92	1,431.92
	<b>NETT ITEMS</b>			
1	REAR DOOR COMFORT & APPS STICKER (RH)(N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-8.00
			80.00	72.00
	<b>LABOUR</b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER (RH).	NOT NECESSARY	350.00	320.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	-
	TRANSFER OF DOOR.		120.00	50.00
			1,020.00	770.00
	<b>GRAND TOTAL</b>		<b>2,531.92</b>	<b>2,273.92</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>2,273.92</b>

Report Ref No. NS/INC19017685/K1yf3n2

  
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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