

Surveyor: KalvinREF: NSI INC 19017931/K19f3n2

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: SLB 4313T

Policy No. _____

Claims No. MT/1066309-002

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 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: SHD 4662Y Yr Regn: 6 Jun, 2013

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

Truck / Trailer or

Make: Hyundai Santa c.c. 1.991Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 28136 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HET4144DA834669

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD Air / or

Tyre Size; F: 215/60R16

R: _____

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

TOYO / YOKO or Hankook

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 9/10/19 D.O.I. 10/10/19Survey 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
	NO Policy Found. ZMR
	SHD 4662Y - CCS/TMI 19605862/K19f3n2 ROA - 01/04/2019 4/5.
	SLB 4313T - X
15/10/19	Chkd 4/5 \$2900 / 3 Pys. (Red \$2812.02, 49%)

RECEIVED 15 OCT 2019

Date/Time, File Pass to? ☐ : Prell. Report1) 15/10 transfer ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____) S + RS \$ _____☐ : Interview (\$ _____) Photos

Survey Fee: _____

Transportation: _____

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TP Claims against NTUC Income: Follow-Through Survey

Date : 15/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1066290-002	CITYCAB PTE LTD	SHA 8343H	FBJ 5573D	10/10/2019	08:40	\$ 2,350.20	\$ 1,400.00
2	MT/1065971-002	COMFORT TRANSPORTATION PTE LTD	SHD 3675S	SJP 3245M	06/10/2019	11:55	\$ 4,730.53	\$ 3,200.00
	MT/1066309-002	COMFORT TRANSPORTATION PTE LTD	SHD 4662Y	SLB 4313T	09/10/2019	23:40	\$ 5,712.02	\$ 2,900.00

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	10/10/2019 10:30
Date Of Accident	09/10/2019 23:40
Exact Location Of Accident	HOUGANG AVE 8 (SLIP RD) HOUGANG AVE10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD4662Y
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	SONATA
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	THIANG CHEONG KHENG
NRIC No	S0120979E
Date Of Birth	13/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	17/05/1977
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94474628
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 475A CHANGI ROAD
Postcode	419892
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: : 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

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	SLB4313T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

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;

COMPASS TRANSPORTATION PTE LTD.

Policyholder's Signature
Date & Time:

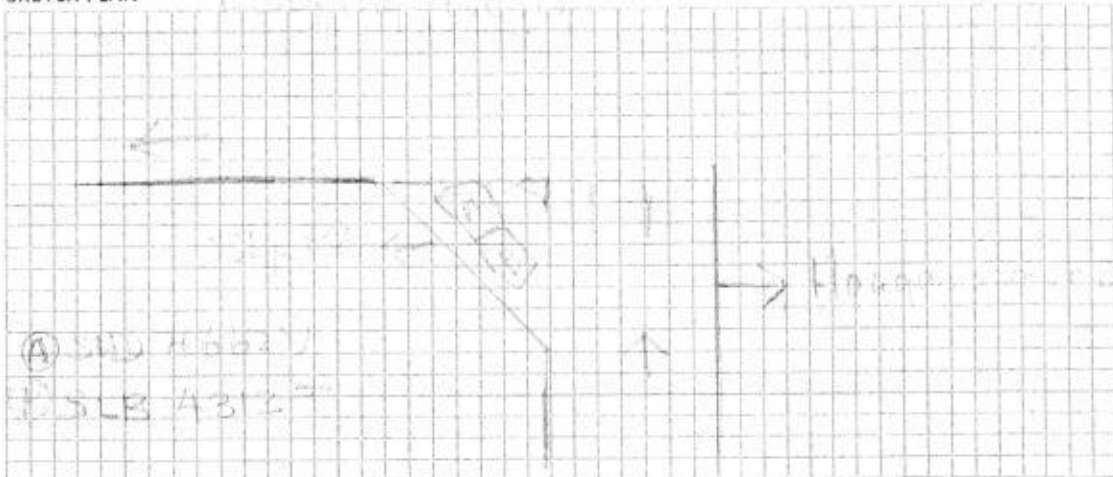
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

NTA/NAIC Sketch Plan Form V2

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/10/2019 at about 2340 hrs, I vehicle A was driving my taxi along Hangang ave 8 (Ship Road) toward Hangang ave 10* while I stop to give way to my right side. A few second later vehicle B came from behind bang onto vehicle A rear portion. no one were injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 109393821X

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.:

Sketch Plan, Sketch Plan Pg. 2

10/10/19
Jackson LIA
CSO Jackson



member of COMFORTDELGRO

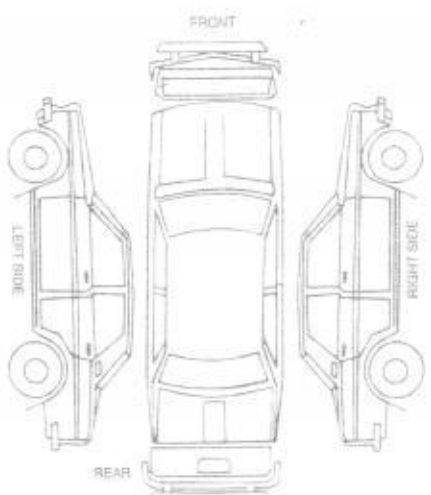
Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: 3960797 JC NO.: 305340312

OWNER	REGN NO. SHD4662Y	MILEAGE
AS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL
7010045		E.....1/2.....F
OWNER NO. 383 SIN MING DRIVE	MODEL SONATA	DATE/TIME IN 09.10.2019 23:40
RESS Singapore SINGAPORE 575717	YR OF MANUF 06.06.2013	TARGET DATE
65508755 (O)	CHASSIS CODE KMHET41VMDA834669	COMPLETION DATE/TIME
(P)		
OUNT CARD NO.		

Accident Date: 09.10.2019
NATURE: 3P 09.10.19

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
000010	23-01	TOWING FEE



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

acknowledgement Slip	Exit Pass
No.: SHD4662Y JU NTUC LKK	Vehicle No.: SHD4662Y
Signature/Date: _____	Name of Service Advisor _____ Date _____
turned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHD 4662Y

DATE 10/10/2019 11:31

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Re-label</i>			\$ 1,349.50
	Boot Lid Lock Upper <i>Sum</i>			\$ 132.10
	Boot Lid Lock Lower <i>x repair</i>			\$ 30.30
	Boot Lid Sonata Plate <i>see</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>see</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>see</i>			\$ 26.10
	Boot Lid CRDI Plate <i>see</i>			\$ 22.70
	Boot Lid Lamp (LH/RH) <i>CH x RH / cm</i>	\$	230.20	\$ 460.40
	Rear Bumper <i>Re-label</i>			\$ 578.40
	Rear Bumper Reinforcement <i>cm</i>			\$ 483.30
	Rear Bumper Clip <i>see</i>			\$ 22.00
	Rear Bumper Bracket (LH/RH) <i>x cm</i>	\$	49.00	\$ 98.00
	Rear Bumper Sponge <i>x cm</i>			\$ 137.40
	Rear Bumper Under Cover <i>x see</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>x repair</i>	\$	38.00	\$ 76.00
	Tail Lamp (LH/RH) <i>LH x RH / cm</i>	\$	344.00	\$ 688.00
	Rear Panel <i>x repair</i>			\$ 391.80
	Rear Panel Garnish <i>x see</i>			\$ 95.80
	SUB TOTAL			\$ 4,845.40
	LESS 20%			\$ 969.08
	DISCOUNTED TOTAL			\$ 3,876.32
	Boot Lid Comfort Logo & Tel No. Sticker <i>see</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>shd</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>see</i>			\$ 50.00
				\$ 215.70
	Labour Charge			
	Panel Beating <i>10/10/19 12.30 hr.</i>			\$ 800.00
	Spray Painting Charge <i>3 Days</i>			\$ 600.00
	Wiring Charge <i>4/5</i>			\$ 50.00
	Tuff Kote <i>After Repair, Lts</i>			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 1,620.00
	ESTIMATE TOTAL			\$ 5,712.02
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.				

Our Job Ref No 305340312

Date : 14/10/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHD4662Y

305333809 09/10/19

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

1. The repair job shall bill to: NTUC --- SLB4313T
###
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% \$2,900.00
- Final Lumpsum Repair cost**

3. Estimated normal period for repairs: 3 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 amountSignature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 15/10/19

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/INC19017931/K1qf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 16-10-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLB 4313T	Veh. Inspected	SHD 4662Y
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1066309-002	Excess (\$)	0.00
Assign From		Assign Date	10/10/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHET41VMDA834669	Colour	BLUE
Odometer	28136	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	HANKOOK	7 mm
L/H Front Tyre	215/60 R16	HANKOOK	7 mm
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	09/10/2019	Inspection Date	10/10/2019
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:	3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4662Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	BUCKLED	1,349.50	1,349.50
1	BOOT LID LOCK UPPER	JAMMED	132.10	132.10
1	BOOT LID LOCK LOWER	TO REPAIR SEE LABOUR	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
2	BOOT LID LAMP (LH/RH) @\$230.20	O/S CRACKED / N/S SERVICEABLE	460.40	230.20
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET (LH/RH) @\$49.00	SERVICEABLE	98.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR SEE LABOUR	76.00	-
2	TAIL LAMP (LH/RH) @\$344.00	O/S CRACKED / N/S SERVICEABLE	688.00	344.00
1	REAR PANEL	TO REPAIR SEE LABOUR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-969.08	-651.22
			3,876.32	2,604.88
<u>NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (N)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-16.57
			165.70	149.13



National Assessment Centre Services

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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>SPECIAL NETT ITEMS</u>	NECESSARY		
	REAR BUMPER RUBBER MAT (SN)		50.00	50.00
			50.00	50.00
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BOOT LID LOCK LOWER,REAR BUMPER PROTECTOR (LH/RH) AND REAR PANEL.		800.00	360.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,620.00	830.00
GRAND TOTAL			5,712.02	3,634.01
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,900.00

Report Ref No. NS/INC19017931/K1qf3n2

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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