

(08/11/13)

Surveyor: Kalvin

REF: NS/INC 19018717/ K1 v f302

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: SMD 5745B

Policy No. 5111747226 (27/08/2019 - 26/08/2020)

Claims No. MT/1067791-002

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 8518K Yr Regn: 26 Mar, 2015

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685

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

Sp. Reading: 485969 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB416MF4067826

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: 205/60R16

R: _____

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

TOYO / YOKO or Werta

Front Rear

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

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

D.O.A. 19/10/19 D.O.I. 22/10/19

Survey held at C/DHE (Loyang)

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

Front o/s

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

Date / Time	Action / Instruction
	SHC 8518K - C4 / ASM 1900297 / K1 v f302 DOA - 15/10/2019 Inv
	SMD 5745B - X 4s
24/10/19	At 4/5 \$750 / 2 days. (Red 1242.84, 6290)

RECEIVED 24 OCT 2019

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 24/10 - typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: 160

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

) \$ + RS. \$

) Photos

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 24/10/2019

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/1067401-002	COMFORT TRANSPORTATION PTE LTD	SHC 8593S	SKK 5738J	16/10/2019	21:50	\$ 2,333.60	\$ 300.00
2	MT/1067154-002	COMFORT TRANSPORTATION PTE LTD	SHC 8543L	SKG 8694C	15/10/2019	08:45	\$ 1,965.46	\$ 1,050.00
3	MT/1068310-001	COMFORT TRANSPORTATION PTE LTD	SHD 3623S	XD 5185L	14/10/2019	08:35	\$ 3,833.52	\$ 780.00
4	MT/1067698-002	COMFORT TRANSPORTATION PTE LTD	SHA 4669U	SJT 6052L	18/10/2019	23:05	\$ 8,259.14	\$ 2,155.23
5	MT/1067791-002	COMFORT TRANSPORTATION PTE LTD	SHC 8518K	SMD 5745B	19/10/2019	23:05	\$ 1,992.84	\$ 750.00
6	MT/1067892-002	COMFORT TRANSPORTATION PTE LTD	SHD 4418L	SIQ 7697K	21/10/2019	14:05	\$ 5,497.02	\$ 2,500.00
7	MT/1066782-002	COMFORT TRANSPORTATION PTE LTD	SHA 3557R	SKP 5893S	11/10/2019	19:10	\$ 1,729.36	\$ 1,000.00

Claim received from LKK

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="19/10/2019 08:52"/>
Vehicle No.(For Motor)	<input type="text" value="SMD5745B"/>	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 checked="" type="radio"/>	5111747226		LEE HSIEN-MIN MARCUS	S8019577Z	GPC	drivo PREMIUM	SMD5745B	SMD5745B	27/08/2019	26/08/2020

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	21/10/2019 13:54
Date Of Accident	19/10/2019 23:05
Exact Location Of Accident	MACCALLUM ST FROM SHENTON WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8518K
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSATY@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	SEE THO SOOK HAN
NRIC No	S7218707E
Date Of Birth	30/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	06/01/2005
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96556201
Fax Number	
Contact Number	
Email Address	ISAACTAN51@YAHOO.COM.SG

Address	573A 06-630 WOODLANDS DR16
Postcode	731573
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 (reverse)
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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGI NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SMD5745B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE HSIEN MIN MARCUS
NRIC/Passport Number	
Contact Number	97650897
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR LEFT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SEE THO SOOK HAN
Approximate Age	47
Injuries Sustain	NECK, SHOULDER
Injured person in which vehicle?	SHC8518K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

A = 2HC8518K
B = SMD5245B

McCullum St.

Boat

Attached police report.
7/2019 1020 / 2037

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

Date & Time:

NRIC/FIN No.:

Lok Wai Yung



**SINGAPORE
POLICE FORCE**



T/20191020/2037

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20191020/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2019 12:06	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: SEE THO SOOK HAN			Address: APT BLK 573A WOODLANDS DRIVE 16 #06-630 SINGAPORE 731573		
ID Type / ID No.: NRIC NO / S7218707E			Contact No.: Home/Office: Mobile: 96556201		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 30/05/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/10/2019 23:05	Type of Location: Straight Road
Location: Along Road 1 MCCALLUM STREET				
FROM SHENTON WAY TO MCCALLUM STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8518K	Car				Slightly Damaged	0
SMD5745B	Car				Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20191020/2037

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20191020/2037

CONTINUATION OF REPORT

Brief Details.

On 19/10/2019 at about 11.05pm, I was travelling in my taxi (SHC8518K) along McCallum Street, from Shenton Way. I stopped my vehicle before the yellow box when the car (SMD5/45B) in front of me was in the yellow box and started to reverse. I honked at him once to warn him but he still reversed into my taxi.

As a result of the accident, I sustained pain in the neck and shoulder. I consulted the doctor at Ansar Clinic at Blk 138 Tampines St 11 #01-126 and obtained 3 days MC.

My taxi sustained dents and scratches on the front right portion of my car.

Driver's particulars:

Lee Hsien-Min Marcus
S8019577Z
HP: 97650897

I have an dashboard camera installed in my taxi which recorded the accident.



**SINGAPORE
POLICE FORCE**



T/20191020/2037

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20191020/2037

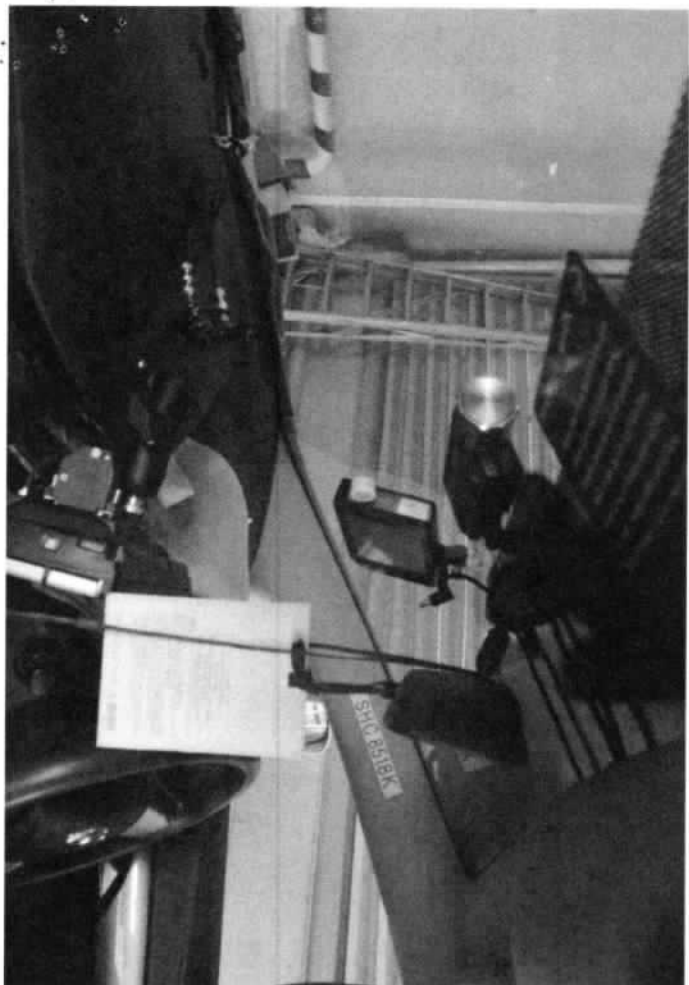
CONTINUATION OF REPORT

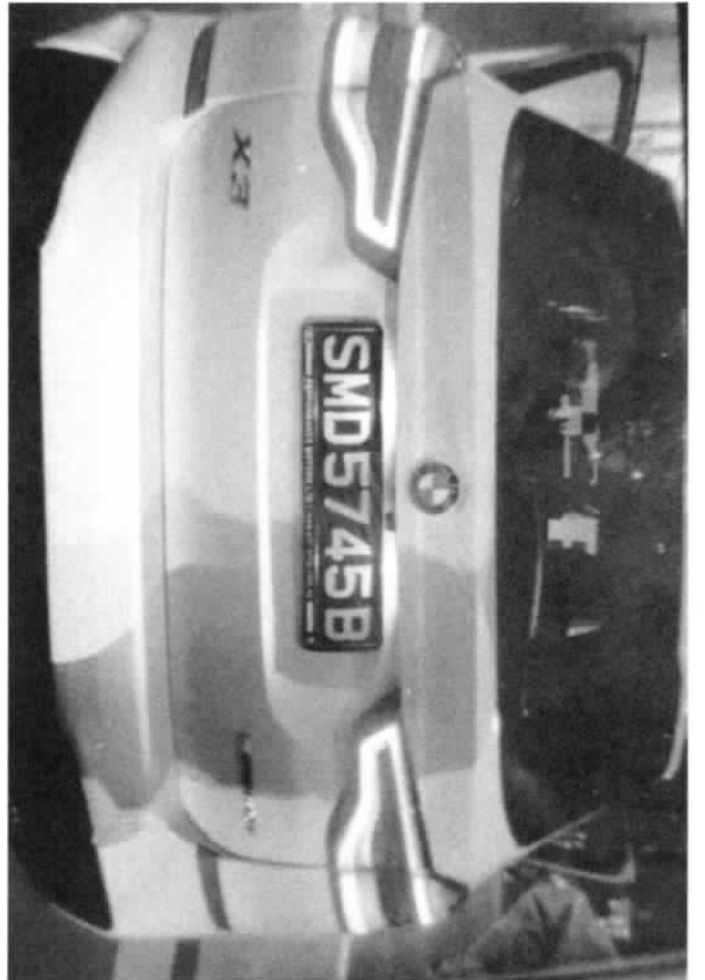
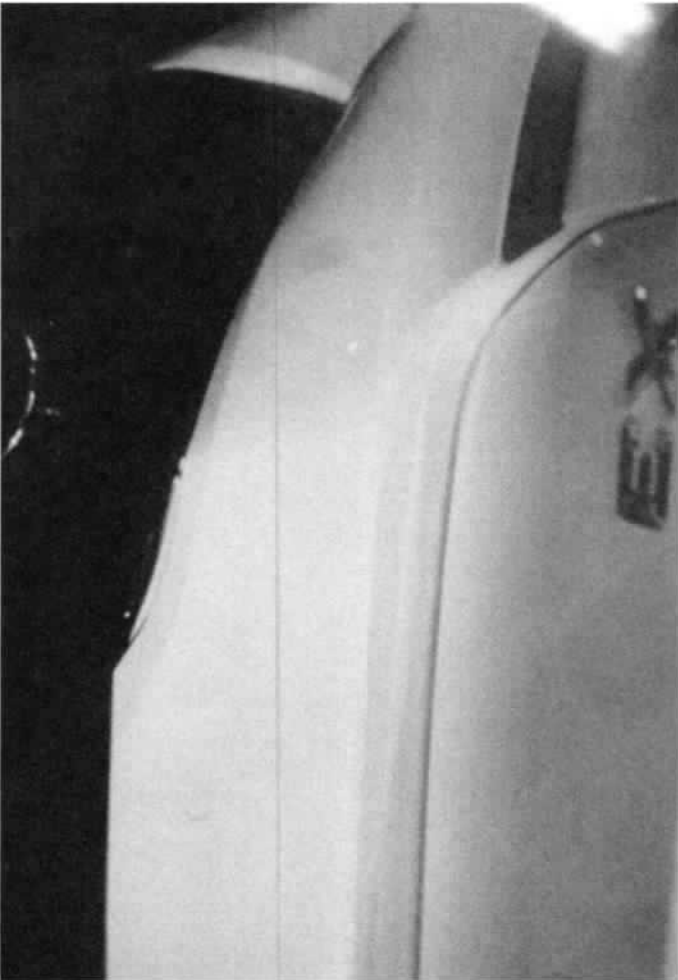
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 WONG TARYN ESMERELDA XIN YI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/10/2019 12:06
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	





Date/Time: 21.10.2019 14:59

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305343130

STOMER

/MS COMFORT TRANSPORTATION PTE LTD

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

COUNT CARD NO.

REGN NO.:

SHC8518K

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

20.10.2019 01:00

YR OF MANU

26.03.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU067826

COMPLETION DATE/TIME:

JOB DESCRIPTION

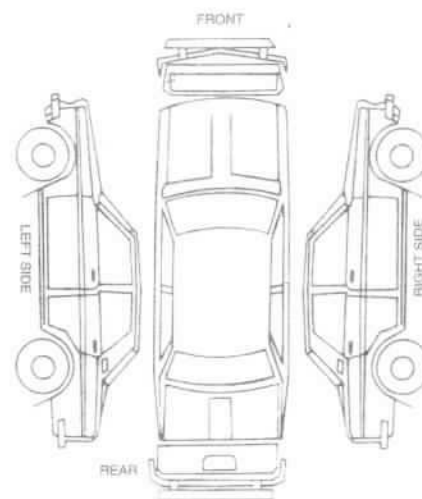
Accident Date: 19.10.2019

NATURE: 3P 19.10.2019

S/NO

LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

IS

2.:

le No.:

SHC8518K

CHIANG

Vehicle No.:

SHC8518K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHC 8518K

DATE 21/10/2019 15:48

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Bumper Cover <i>cr9</i>		<i>old model</i>	\$ 1,052.20	<i>\$553</i>
	Front Bumper Centre Grille <i>x sue</i>			\$ 178.60	
	Front Bumper Centre Grille Top Garnish <i>x sue</i>		\$ 80.00	\$ 160.00	
	Front Bumper Bracket Top (LH/RH) <i>x sue</i>		\$ 22.40	\$ 44.80	
	Front Bumper Bracket (LH/RH) <i>x</i>		\$ 24.60	\$ 49.20	
	<i>Front Bumper clips - ne</i>				
	SUB TOTAL			\$ 1,484.80	
	LESS 20%			\$ 296.96	
	DISCOUNTED TOTAL			\$ 1,187.84	
	Front Number Plate <i>x sue</i>			\$ 25.00	Nett
	Front No Plate Trim Cover <i>x sue</i>			\$ 30.00	Nett
				\$ 55.00	
	Labour Charge				
	Panel Beating			\$ 350.00 <i>280</i>	
	Spray Painting Charge			\$ 250.00 <i>200</i>	
	Remove/Refix Aircon & Refill Gas			\$ 150.00 <i>x 75</i>	
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 1,992.84	
<p><i>Kalvin (110K)</i></p> <p><i>22/10/19 1040h.</i></p> <p><i>2 Dy,</i></p> <p><i>4/3</i></p> <p><i>After Repair photo</i></p>					
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.					

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey (before/after spray painting)
- To display (damaged parts) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- Illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Our Job Ref No : 305343130
Date : 23/10/19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8158

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHC8518K

Fax :

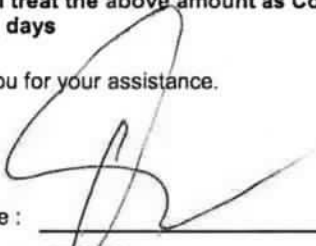
19/10/2019


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

- Z The repair job shall bill to: NTUC SMD5745B
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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : KALVIN
Date : 24/10/19

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/INC19018717/K1vf3e2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 29-10-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SMD 5745B	Veh. Inspected	SHC 8518K
Policy No.	5111747226	Coverage (\$)	0.00
Claim No.	MT/1067791-002	Excess (\$)	0.00
Assign From		Assign Date	22/10/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU067826	Colour	BLUE
Odometer	485969	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 FRONT O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	19/10/2019	Inspection Date	22/10/2019
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	

**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 8518K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	CRACKED	1,052.20	553.00
1	FRONT BUMPER CENTRE GRILLE	SERVICEABLE	178.60	-
2	FRONT BUMPER CENTRE GRILLE TOP GARNISH @\$80.00	SERVICEABLE	160.00	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	SERVICEABLE	49.20	-
1	FRONT BUMPER CLIPS (NPA)	NECESSARY	-	-
	LESS 20% DISCOUNT		-296.96	-110.60
			1,187.84	442.40
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN)	SERVICEABLE	25.00	-
1	FRONT NO PLATE TRIM COVER (SN)	SERVICEABLE	30.00	-
			55.00	-
<u>LABOUR</u>				
	PANEL BEATING.		350.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
			750.00	480.00
GRAND TOTAL			1,992.84	922.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				750.00

Report Ref No. NS/INC19018717/K1vf3e2

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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