

(08/11/13)

Surveyor: Kalvin

REF: NS/INC19018837/K14 312

## ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

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

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

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

of \_\_\_\_\_

Insured: YK 7620K

Policy No. 501744969-12 (08/11/2013-07/11/2014)

Claims No. MT 1068246-002

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHB 4089M Yr Regn: 5 Nov, 2015

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

Truck / Trailer or

Make: Hyundai 240 c.c 1685

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

Sp. Reading: 587235 T/Radio: Insured / Std / NI / NA

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

C/No: KAH LB416449 080354

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 Westlake

Front Rear

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

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

D.O.A. 23/10/19 D.O.I. 23/10/19

Survey held at C DHE (Loyang)

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

O/S Body

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

Date / Time Action / Instruction

SHB 4089M - CC3/LCR/702279/K14/312 DOA - 11/11/2017 INC 45

YK 7620K - X

29/10/19 CDS 45 \$ 2950 / 3 Pys. (Red 1599.96, 357)

RECEIVED 3 OCT 2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 30/10 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

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

S + RS \$ \_\_\_\_\_

Photos

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 29/10/2019

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/1068246-002	COMFORT TRANSPORTATION PTE LTD	SHB 4089M	YK 7620K	23/10/2019	02:10	\$ 4,549.96	\$ 2,950.00

## Policy Search

eBaoTech

Hello, NAC\_PAYA\_UBI\_800601

My Desktop  
Notice of Loss

General Claim

• Change Language

• Change Password

• Log Out

## Policy Query

Policy No.

Vehicle No. (For Motor)

YK7620K

Date of Accident

23/10/2019 08:40

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"/>	5017744969-12		NG CHENG HOCK	S1155704Z	GCV	Third Party, Fire & Theft	YK7620K	YK7620K	08/12/2018	07/12/2019

Continue

## 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	23/10/2019 12:08
Date Of Accident	23/10/2019 02:10
Exact Location Of Accident	WOODLANDS AVE 12 TWDS X-JUNCTION OF W'LANDS AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4089M
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
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	TAN CHOON HWA
NRIC No	S7046208G
Date Of Birth	29/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	16/11/1994
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83895250
Fax Number	
Contact Number	
EMail Address	ALVINTAN328@HOTMAIL.COM

Address	BLK 328 SEMBAWANG CRESCENT #07-04
Postcode	750328
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	DRIZZLING
Road Surface	WET

#### 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)	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	YK7620K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG CHENG HOCK
NRIC/Passport Number	
Contact Number	97854711
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAXI PASSENGER
Approximate Age	
Injuries Sustain	NOT WELL
Injured person in which vehicle?	SHB4089M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	TAN CHOON HWA
Approximate Age	49
Injuries Sustain	BACK AND NECK PAIN
Injured person in which vehicle?	SHB4089M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN**

**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. The 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 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. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23.10.2019 @ 10:30hrs

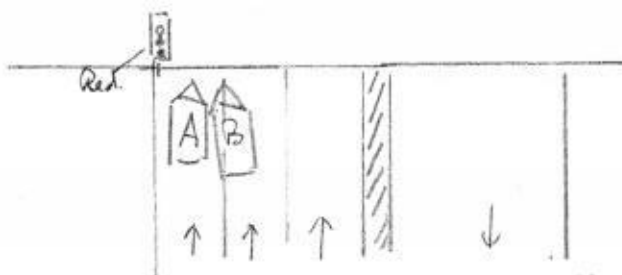
Wendy

Reporting Centre Personnel's Signature  
Name: Wendy  
NRIC/FIN No.: 23 OCT 2019

### SKETCH PLAN

A-SHB 4089M

B-YK 7620K



Along Woodlands Ave 12 x Junction Of Woodlands Ave 5

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23.10.2019 @ 02:10Hrs. My taxi (A) was stationary at Woodlands Ave 12 cross junction of Woodlands Ave 5. With 1 female passenger on board.

I was stationary on the extreme left lane, due to traffic light was red. Suddenly veh (B) cut into my lane and hit onto my taxi (A) whole right portion.

I have a CCTV footage and scene photos to support my claims.

After the accident, I felt pain on my back and neck will consult doctor later on.

Veh (B) Mr Ng Cheng Hock.Nric no:S 1155704Z.Hp:9785 4711.

## 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: 23.10.2019 @ 10:30hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

member of COMFORTDELGRO

Date/Time: 23.10.2019 12:44

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305343478

COMER  
AS  
COMER NO. 7010045  
RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

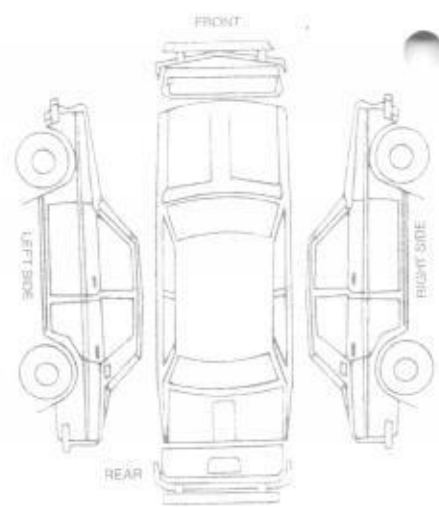
REGN NO.: SHB4089M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 23.10.2019 02:10
YR OF MANUF 05.11.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU080354	COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 23.10.2019  
NATURE: 3P 23.10.19

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHB4089M JU NTUC LKK

Vehicle No.: SHB4089M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

DATE : 23.10.2019

new - SH  
Liam

VEHICLE NO : SHB 4089M

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door (RH) — <i>Ribbed</i>			\$ 2,201.10	
	Rear Door Outer Handle (RH) — <i>cr</i>			\$ 36.30	
	Front Door Outer Handle (RH) — <i>cr</i>			\$ 36.30	
	Front Door Mirror Assy (RH) — <i>Broken</i>			\$ 670.00	
	<i>Rock Panel harness (RH) x repair</i>			\$ 2,943.70	
	SUB TOTAL			\$ 588.74	
	LESS 20%			\$ 2,354.96	
	DISCOUNTED TOTAL				
	Rear Door Comfortdelgro & Apps Sticker (RH) — <i>nc</i>			\$ 80.00	Nett
	Front Door Coloured Comfort Logo (RH) — <i>nc</i>			\$ 75.00	Nett
				\$ 155.00	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>500.00</del> <sup>420</sup>	
	Spray Painting Charge			\$ <del>1,100.00</del> <sup>650</sup>	
	Wiring Charge			\$ <del>100.00</del> <sup>x 4</sup>	
	Tuff Kote			\$ <del>100.00</del> <sup>50</sup>	
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <sup>x 4</sup>	
	Transfer of Door			\$ <del>120.00</del> <sup>50</sup>	
	TOTAL LABOUR			\$ 2,040.00	
	ESTIMATE TOTAL			\$ 4,549.96	

Kahe 'i' cick

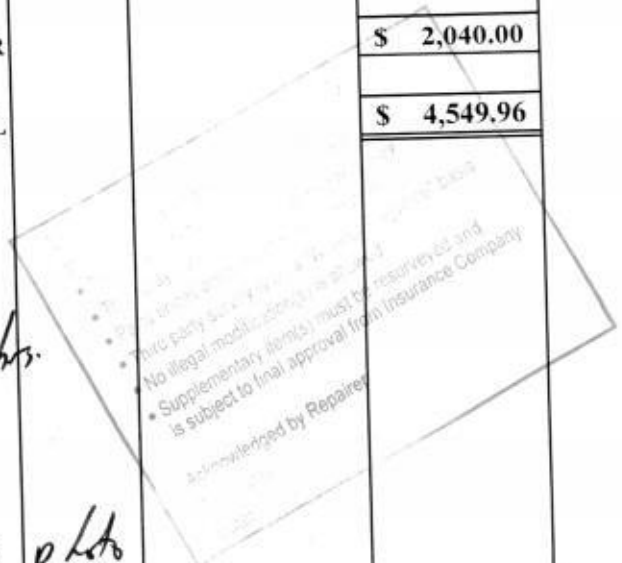
23/10/19 13:00hrs.

3 Pys

4/5

After Repair photo

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 305343478  
Date : 25/10/2019

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHB4089M

Fax :

23/10/2019

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

1. The repair job shall bill to: NTUC --- YK7620K  
###
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% \$2,950.00  
**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 amount

Signature : [Signature]  
Name : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature : [Signature]  
Name : Kalvin  
Date : 29/10/19

### 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:

TOWING FEE



# 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/INC19018837/K1vf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 31-10-2019



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YK 7620K	Veh. Inspected	SHB 4089M
Policy No.	5017744969-12	Coverage (\$)	0.00
Claim No.	MT/1068246-002	Excess (\$)	0.00
Assign From		Assign Date	23/10/2019

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080354	Colour	BLUE
Odometer	587235	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 O/S BODY.
DAMAGES SEE DETAILS.

## 5. General Information

Accident Date	23/10/2019	Inspection Date	23/10/2019
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.
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## 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4089M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR DOOR (RH)	BUCKLED	2,201.10	2,201.10
1	REAR DOOR OUTER HANDLE (RH)	CRACKED	36.30	36.30
1	FRONT DOOR OUTER HANDLE (RH)	CRACKED	36.30	36.30
1	FRONT DOOR MIRROR ASSY (RH)	BROKEN	670.00	670.00
1	ROCKER PANEL GARNISH (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-588.74	-588.74
			2,354.96	2,354.96
<b>SPECIAL NETT ITEMS</b>				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH)(SN)	NECESSARY	75.00	75.00
			155.00	155.00
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF ROCKER PANEL GARNISH (RH).		500.00	420.00
	SPRAY PAINTING CHARGE.		1,100.00	650.00
	WIRING CHARGE.	NOT NECESSARY	100.00	-
	TUFF KOTE.		100.00	50.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	TRANSFER OF DOOR.		120.00	50.00
			2,040.00	1,170.00
			4,549.96	3,679.96
<b>GRAND TOTAL</b>				
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				2,950.00

Report Ref No. NS/INC19018837/K1vf3n2

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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