

(DR/11/3)

REF:

NS/INC19019037/K134352

ASSIGNMENT

Surveyor: Kalvin

SHC 8243C

Yr Regn: 5 Mar, 2015

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SGK 5107CPolicy No. 5103050769-01 (20/07/2019)Claims No. MT/1068643-002

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

Truck / Trailer or

Make: Kia In 140c.c. 1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 6455x7

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLDX1W4F4065707

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 / Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wet 1/14

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 23/10/19Survey held at CDGE (Loyang)Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or n/s front

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

Date / Time Action / Instruction

SGK 5107C: NA/CT219018134/24 DOA: 15/10/2019

SHC 8243C CS/FC219001117/Dsd 302 DOA: 14/01/2019

30/10/19 Coloured 4/5 \$1450/20%
(\$2,206.00 Res - 60%)

RECEIVED 31 OCT 2019

Date/Time, File Pass to?

31/10/19

1) Typist

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

\$ 1,450/- 4/5

TP Claims against NTUC Income: Follow-Through Survey

Date : 30/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1069227-001	COMFORT TRANSPORTATION PTE LTD	SH 6253E	GBF 6184H	23/10/2019	12:25	\$ 1,565.06
1	MT/1068643-002	COMFORT TRANSPORTATION PTE LTD	SHC 8243C	SGK 5107C	23/10/2019	21:30	\$ 3,656.00
1	MT/1068757-002	COMFORT TRANSPORTATION PTE LTD	SHC 8784H	SIU 2375B	24/10/2019	22:55	\$ 3,522.72

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

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"/>	5103050769-01		ES RENTAL AND TRADING	53284944B	GFT	drive CLASSIC	SGK5107C	SGK5107C	20/02/2019	

Continue

Date/Time: 24.10.2019 16:25

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305344092

TOMER

AS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO.:

SHC8243C

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN
24.10.2019 14:20

YR OF MANU.

05.03.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU065307

COMPLETION DATE/TIME:

JOB DESCRIPTION

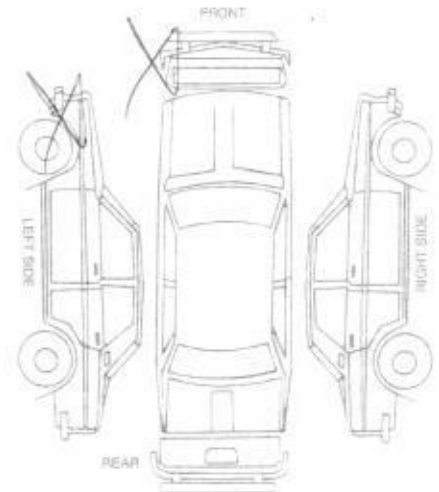
Accident Date: 23.10.2019

NATURE: 3P 23.10.19

S/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No. SHC8243C

JU NTUC LKK

Vehicle No.:

SHC8243C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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	24/10/2019 15:21
Date Of Accident	23/10/2019 21:30
Exact Location Of Accident	ALONG FARRER RD TOWARDS ADAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8243C
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	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	LAI HOI SIN
NRIC No	S1229824B
Date Of Birth	10/03/1957
Occupation	OUTDOOR
Date Of Driving Pass	26/06/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98681854
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 420 ANG MO KIO AVENUE 10 #11-1147
Postcode	560420
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?	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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	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

REFER 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	SGK5107C
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LAI HOI SIN

Approximate Age

Injuries Sustain

LEG

Injured person in which vehicle?

SHC8243C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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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.

General Insurance Association of Singapore (GIA)
 100, North Bridge Road, Singapore 079100

Policyholder's Signature
 Date & Time:

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

Olivia Wendy

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

Copyright © 2010 General Insurance Association of Singapore

1. 1
 2. 2

SKETCH PLAN

A = SHC 82 ABC

B = SGK 5107C
(Toyota)

ARROW RD

FARPER RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

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

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.:

Describe Circumstances of the Accident.

On the 23/10/2019 at about 21:30hrs, I was driving along Farrer Rd towards Adam Rd with 2 female passenger on board my taxi.

As I was driving the front vehicle of SGK5107C suddenly changing lane and I was unable to avoid the collision. As a result the said vehicle right rear grazed onto my taxi left front.


I felt slight leg pain and will consult doctor later.

Declaration


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

CHANG CHEN TRANSPORTATION PTE LTD

Policyholder's Signature/Date &
Time



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

Olivia Wendy


Witnessed by Reporting
Centre Personnel

24 OCT 2019

REPAIR ESTIMATE*

DATE 25/12/2019 9:12

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover XXXX - cut			\$ 544.50
	Front Bumper Grille (LH) - cut			\$ 41.60
	Front Bumper Bracket Top (LH) X su			\$ 22.40
	Front Bumper Bracket (LH) X su			\$ 24.60
	Headlamp (LH) X su			\$ 1,388.00
	Front Fender (LH) - 2444			\$ 566.30
	Front Fender Shield (LH) X su			\$ 175.90
	Front Fender Retainer X su			\$ 24.60
	Front LH wheel cover - holed		\$ 107.10	
	SUB TOTAL			\$ 2,787.90
	LESS 20%			\$ 557.58
	DISCOUNTED TOTAL			\$ 2,230.32
	Front Fender Advertisement Logo (LH) - uc			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 560.00 280
	Spray Painting Charge			\$ 500.00 400
	Wiring			\$ 50.00 X m
	Tuff Kote			\$ 50.00 20
	Frt Wheel Alignment			\$ 80.00 X m
	TOTAL LABOUR			\$ 1,240.00
	ESTIMATE TOTAL			\$ 3,570.32
	1/Calvin 10/11/19			3656.4
	25/10/19 1035h			
	2 Days			
	4s			
	After Repair y h			

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 305344092

Date : 29/10/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC8243C

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 --- SGK510K
###
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% \$1,450.00
Final Lumpsum Repair cost

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kohn

Date : 30/10/19

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/INC19019037/K1sf3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 01-11-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGK 5107C	Veh. Inspected	SHC 8243C	
Policy No.	5103050769-01	Coverage (\$)	0.00	
Claim No.	MT/1068643-002	Excess (\$)	0.00	
Assign From		Assign Date	25/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMFU065307	Colour	BLUE	
Odometer	645547	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	23/10/2019	Inspection Date	25/10/2019	
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 8243C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	CUT	544.50	544.50
1	FRONT BUMPER GRILLE (LH)	CUT	41.60	41.60
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	HEADLAMP (LH)	SERVICEABLE	1,388.00	-
1	FRONT FENDER (LH)	BUCKLED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT LH WHEEL COVER	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-579.00	-251.90
			2,316.00	1,007.60
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		560.00	280.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,240.00	700.00
GRAND TOTAL			3,656.00	1,807.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,450.00

Report Ref No. NS/INC19019037/K1sf3s2

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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