

(08/11/13)

REF:

NS/INC19019128/KLSF302

Surveyor: Kelvin

## 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: SKJ 670M

Policy No. 5111877050 (16/08/2019 - 15/08/2020)

Claims No. MT/1069370-001

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: \_\_\_\_\_ 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: SH 89 63B Yr Regn: 9 Jun, 2016

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1605

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

Sp. Reading: 578525 T/Radio: Insured / Std / NI / NA

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

C/No: KMH LB416M6409025

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Hankook

Front Rear

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

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

D.O.A. 26/10/19 D.O.I. 29/10/19

Survey held at C DHE (Loyang)

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

o/s R

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

Date / Time Action / Instruction

SKJ 670M: CS/TP14012474/UM3K3 DOA: 23/06/2014

SH 8963B: CS/MIG19015333/DF302 DOA: 27/08/2019

31/10/19 Control P/P \$300/20y.

(\$940.00 Red - 76%)

RECEIVED 1 NOV 2019

Date/Time, File Pass to?

1) 01/11/19

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Prel. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS, SI

Photos

\$ P/P \$300/- P/P

160

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="26/10/2019 08:41"/>
Vehicle No. (For Motor)	<input type="text" value="SKJ6770M"/>	Certificate Number	<input type="text"/>

[Search](#)

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111877050		CHRISTOPHER JAMES SAMUEL	57675067Z	GPC	drive CLASSIC	SKJ6770M	SKJ6770M	16/08/2019	15/08/2020

[Continue](#)

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/1069369-001	COMFORT TRANSPORTATION PTE LTD	SHD 7309Z	SLR 5106J	27/10/2019	11:20	\$2,187.36	\$930.50
2	MT/1069370-001	COMFORT TRANSPORTATION PTE LTD	SH 8963B	SKJ 6770M	26/10/2019	23:35	\$1,240.00	\$300.00

## 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	29/10/2019 10:19
Date Of Accident	26/10/2019 23:35
Exact Location Of Accident	468C ADMIRALTY DRIVE - C/PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8963B
<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	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	LEE KENG MENG
NRIC No	S1821027D
Date Of Birth	11/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1985
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83835757
Fax Number	
Contact Number	
Email Address	KM57LEE@GMAIL.COM

Address	223A #14-193 SUMANG LANE
Postcode	821223
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SEMBAWANG 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	SKJ6770M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

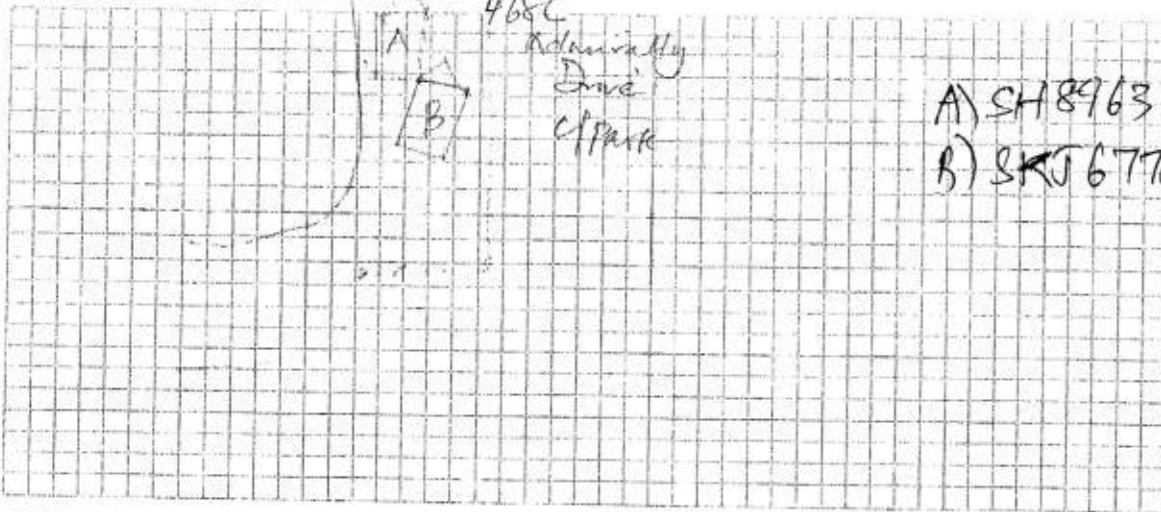
Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/2019/027/2006

## DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

CO. REG. NO. 199201021R

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.:

5/15/19, SketchPlanForma\_V3



**SINGAPORE  
POLICE FORCE**



T/20191027/2006

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20191027/2006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/10/2019 01:27	Vide Report No.:	Station Diary No.: 12
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**Informant's Particulars**

Name of Informant: LEE KENG MENG	Address: APT BLK 223A SUMANG LANE #14-193 SINGAPORE 821223		
ID Type / ID No.: NRIC NO / S1821027D	Contact No.: Home/Office: Mobile: 83835757		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 52	Date of Birth: 11/10/1967	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Taxi driver	Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/10/2019 23:35	Type of Location:
Location: Along Road 1 ADMIRALTY DRIVE  near to Blk 468C Admiralty Drive				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8963B	Car				Slightly Damaged	1
SKJ6770M	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20191027/2006

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

2 of 3

Report No. T/20191027/2006

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE KENG MENG		ID No. S1821027D
Related Vehicle	SH8963B (Car)		Contact No. 83835757
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 26/10/2019 at about 2338hrs, I was at incident location to send my passenger at Blk 468C Admiralty Drive. My passenger request to stop at the service road near to Blk 468C. Hence, I stop my taxi at the said location, subsequently I felt an impact at the back of my vehicle and I noticed one black colour car had hit onto the right side of my rear bumper. The said car drove pass my taxi and the driver was seen doing some gesture and he seem to be unhappy with me. After which, the said vehicle drove off.

After my passenger alighted from my taxi, I drove to MSCP of Blk 467 Admiralty Drive to search for the said vehicle. Later on, I found the said car (one black colour Audi car, SKJ6770M) parked at the said MSCP. I also found damages on the left side of the said vehicle from bumper.

I wish to inform that my rear right bumper sustained dents and scratched marks due to the impact from the said black Audi vehicle. My passenger only gave his handphone (9069 9715) number to me.



**SINGAPORE  
POLICE FORCE**



T/20191027/2006

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20191027/2006

**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:

L /

Sr Staff Sgt NUR ALSHAARI PUTRA BIN  
ABDUL AZIM

Signature Of Informant:

✓  
*[Signature]*

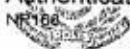
Signature Of Interpreter:  
Not applicable

Date/Time:  
27/10/2019 01:27

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt TAN JEOK LENG  
Contact No.: 65476144

Classification Of Case:

Authentication Stamp



Signature:

SN 085

Singapore Police Force

# COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 8280 Facsimile + 65 8280 9755

### Workshops

68 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 608286

320 Ubi Road 3 Singapore 408995

24 Senoko Loop Singapore 758156

7 Sungai Kadut Way Singapore 728791

801 Yishun Industrial Park A Singapore 768732

Date/Time: 29.10.2019 11:52

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305344661

OMER

S COMFORT TRANSPORTATION PTE LTD  
OMER NO. 7010045  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (R) (O)  
(P)

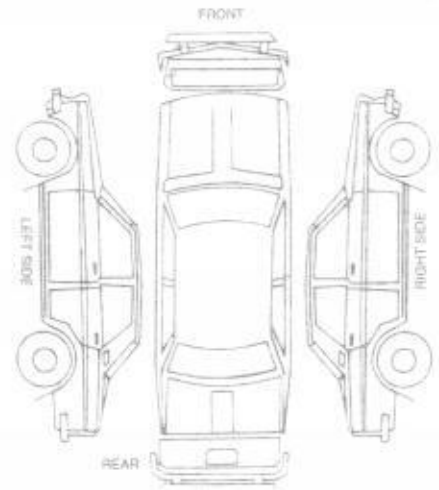
UNIT CARD NO.

REGN NO.: SH 8963B	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 27.10.2019 09:00
YR OF MANU. 09.06.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU090125	COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 26.10.2019  
NATURE: 3P 26.10.19

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Id.: SH 8963B LIMTS

Vehicle No.: SH 8963B

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

NTUC - 45

TS

VEHICLE NO : SH 8963B

DATE 29/10/2019

MAKE :

LKK - Calvin

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X repair</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>X 10</i>			\$ 22.00
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL			\$ 460.00
	Rear Bumper Rubber Mat <i>X 1</i>			\$ 50.00
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ <del>350.00</del> <sup>100</sup>
	Spray Painting Charge		200	\$ <del>250.00</del>
	Wiring Charge			\$ <del>50.00</del> <sup>25</sup>
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> <sup>25</sup>
	TOTAL LABOUR			\$ 730.00
	ESTIMATE TOTAL			\$ 1,240.00

*1 Calvin (LKK)*  
*29/10/19 1300h*  
*2 days*  
*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 PTE LTD

## REPAIR ESTIMATE

Date: 30.10.2019

Time: 07:17:03

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 : 305344661  
REGN NO : SH 8963B  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 09.06.2016  
DATE/TIME IN : 27.10.2019 09:00  
ACCIDENT DATE : 26.10.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

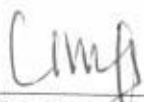
SUB-TOTAL : 0.00

## JOB NATURE

0000 PB	PANEL BEATING	100.00
0001 SP	SPRAYPAINT CHARGE	200.00

SUB-TOTAL : 300.00

TOTAL : 300.00

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE : AUTHORIZED : YES / NO

Our Job Ref No : 305344661

Date : 30/10/19

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

## FINALIZATION FORM

To : LKK



Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 8963B

Date of Accident : 26-Oct-19

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

1. The repair job shall bill to: NTUC --- SKJ6770M
2. The finalized amount shall be:
- |   |                 |
|---|-----------------|
| (a) Spare Parts after List discount           | NIL             |
| (b) Labour Charges                            | \$300.00        |
| <b>Total for Part-By-Part Repair Cost</b>     | <b>\$300.00</b> |
| (c) Lumpsum Repair (if applicable)            |                 |
| Total for Lumpsum repair cost after Less: 20% |                 |
| <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 : 
- Name : LIM T S
- Tel : 62148398
- Fax : 65468156
- Signature : 
- Name : KALVIN
- Date : 31/10/19

## 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		NO		
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/INC19019128/K1sf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-11-2019

189556



Code: INC4

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

Insured Veh.	SKJ 6770M	Veh. Inspected	SH 8963B
Policy No.	5111877050	Coverage (\$)	0.00
Claim No.	MT/1069370-001	Excess (\$)	0.00
Assign From		Assign Date	29/10/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU090125	Colour	BLUE
Odometer	578525	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
--

### 5. General Information

Accident Date	26/10/2019	Inspection Date	29/10/2019
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. SH 8963B**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-115.00	-
			460.00	-
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
<b><u>LABOUR</u></b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.	NOT NECESSARY	350.00	100.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.		50.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	-
			730.00	300.00
<b>GRAND TOTAL</b>			<b>1,240.00</b>	<b>300.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				
				<b>300.00</b>

Report Ref No. NS/INC19019128/K1sf3n2

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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