(08/11/13)

Surveyor: Kalvin

REF: NSI/INC/9019304/Elyf3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJX 6988R

Policy No. 5106905592 (21/01/2019-20/01/2020)

Claims No. MT/1069342-002

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 Rport: _____ 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: SHD 7007H Yr Regn: 8 Oct / 2015

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

Make: Hyundai Z40 c.c 1685

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

Sp.Reading 376254 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL841UMKU078495

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or _____

Brake: Inoper / Jammed / Leaked / Burnt or _____

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

Tyre Size; F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Hankuk

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	30/10/19	D.O.I.	31/10/19

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	SHD 7007H - NBA / INC 9019304 Y P.CA - 31/10/2019 Inv
	SJX 6988R - NBA / INC 9019304 Y P.OA - 31/10/2019 Up.
4/11/19	Confirmed PIP $880 / 2 Days. (Red $2785-28, 75%)

RECEIVED 06 NOV 2019

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 5/11/19 Typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____)

Survey Fee:

Transportation: _____ S + PS _____ SI

Photos

160

P/P $880-00

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SJX6988R

Date of Accident 30/11/2019 09:10

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5106905592		LOH WAI MENG	S7126897G	GPC	drivo PREMIUM	SJX6988R	SJX6988R	21/01/2019	20/01/2020

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date : 04/11/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	**MT/1069342-002**	COMFORTDELGRO ENGINEERING PTE LTD	SHD 7007U	SJX 6988R	30/10/2019	19:25	$ 3,665.28
2	**MT/1069249-002**	COMFORTDELGRO ENGINEERING PTE LTD	SHC 8302R	FBC 1622J	29/10/2019	19:10	$ 4,223.52

MCa619144035 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 31/10/2019 10:41
SUBMITTED BY: Huang XiaoYan

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 witholding 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	31/10/2019 10:41
Date Of Accident	30/10/2019 19:25
Exact Location Of Accident	UNITED SQUARE DRIVE WAY TWDS KHIANG GUAN AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD7007U
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	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	ONG CHEE HIN
NRIC No	S1232411A
Date Of Birth	21/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2000
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98248562
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 163 STIRLING ROAD #12-1232
Postcode	140163
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 ON COLLISION
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)	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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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	SJX6988R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96796860
Address	

Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	BOLLARD
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	MODERATE DAMAGE
No. Of Passenger (Including Driver)	

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.

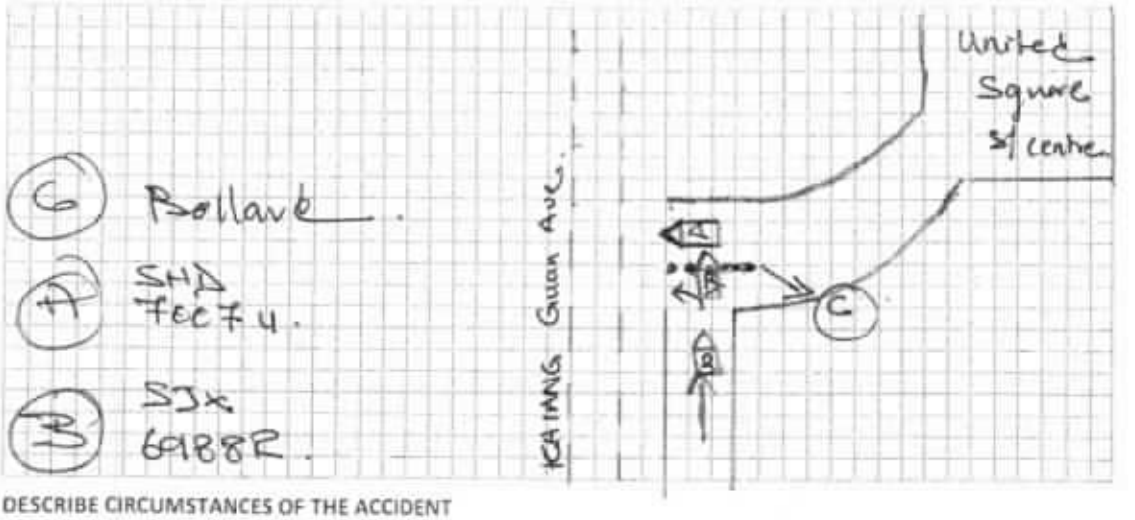
(e) the information so collected under (d) above may be shared / disclosed:

(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.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30 OCT 2019 @ 19.25 hrs I VEH (A)
Slow down at stop @ T. Junction @ the
above location. Suddenly VEH (B) came
down from Car park down Slope Exit fail
to slow down at ~~over shoot to. note~~ hit
the Barrier Rod and hit VEH (C) left
Rear. @ the point of accident VEH (A)
ferry 2 PAX. Not injured and no
fare Collected.

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:	31/10 Reporting Centre Personnel's Signature: Name: NRIC/FIN No:

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6383 8000 Telephone : 65 6200 3755
Workshops
38 Loyang Drive Singapore 508959 | 24 Seletar Loop Singapore 797555
382 Sin Ming Drive Singapore 575717 | 7 Sungei Kadut Way Singapore 728917
45 Pandan Road Singapore 609295 | 301 Yishun Industrial Park A Singapore
497 Upper Jurong Road Singapore 638366

Date/Time: 31.10.2019 12:02 Page :

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 3053453

ISTOMER

VMS: COMFORT TRANSPORTATION PTE LTD VARS
ISTOMER NO.: 7010045
DRESS: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L (R): 65508755 (O)
(F):

SCOUNT CARD NO.

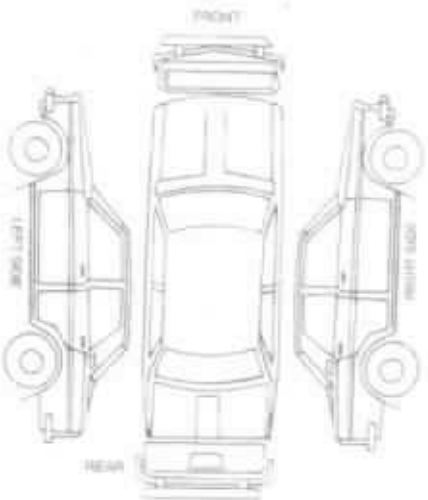
REGN NO.: SHD7007U	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2
MODEL: I-40	DATE/TIME IN 31.10.2019 08:!
YR OF MANU: 08.10.2015	TARGET DATE
CHASSIS CODE: KMHLB41UMGU078495	COMPLETION DATE/TIME

(B)

JOB DESCRIPTION

Accident Date: 30.10.2019
NATURE: 3P 30.10.2019

S/NO	LABOR CODE	DESCRIPTION
	NTUC - Left Rear	
	LFR/Rdm	



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

Exit Pass

e No.: SHD7007U LARRY

Larry NG

Vehicle No.: SHD7007U

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD7007U DATE: 31. Oct. 2019

MAKE : HYUNDAI

MODEL : i40 DOA: 30. Oct. 2019 *NTUC*

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	Rear Bumper			$553.00	
10	Rear Bumper Clips		$2.20	$22.00	
1	Rear Bumper Side Bracket – LH			$49.00	
1	Rear Fender – LH			$2,020.10	
	SUB TOTAL			**$2,644.10**	
	LESS 20%			$528.82	
	DISCOUNTED TOTAL			**$2,115.28**	
1	Rear Bumper Rubber Mat			$50.00	**Nett**
1	Advertisement – Rear Fenders LH/RH		$100.00	$200.00	**Nett**
				$250.00	
	Labour Charge				
1	Panel Beating			~~$600.00~~ 280	
1	Spray Painting Charge			~~$500.00~~ 400	
1	Remove/refix Reverse Sensor			~~$100.00~~ X	
1	Tuff Kote			~~$100.00~~ X	
	TOTAL LABOUR			**$1,300.00**	
	ESTIMATE TOTAL			**$3,665.28**	

Kah Lin (CCK)

31/10/19 12 45 Lgs.

2 Rgs, L/S After Repair

Larry Ng

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: 02.11.2019
Time: 08:31:54
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	:	305345375
REGN NO	:	SHD7007U
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	08.10.2015
DATE/TIME IN	:	31.10.2019 08:55
ACCIDENT DATE	:	30.10.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION						
					SUB-TOTAL :	0.00
JOB NATURE						
0000 L	ADVERTISEMENT - REAR FENDER RH/LH					200.00
0001 PB	PANEL BEATING			280.00		
0002 23-502	SPRAYPAINT ON AFFECTED AREA					400.00
					SUB-TOTAL :	880.00
					TOTAL :	880.00

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305345375

Date : 2. Nov. 2019

FINALIZATION FORM

To : LKK Fax :

Attn : KALVIN

Vehicle Reg No. : SHD7007U Date of Accident: 30. Oct. 2019

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

1. The repair job shall bill to: **NTUC** **SJX6988R**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$200.00
(b)	Labour Charges	$680.00
	Total for Part-By-Part Repair Cost	**$880.00**
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less:	
	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 : L. Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Kalvin

Date : 4/11/19

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				
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

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Ref: NS/INC19019304/K1yf3n2

Date: 06-11-2019

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJX 6988R	**Veh. Inspected**	SHD 7007U
	Policy No.	5106905592	**Coverage ($)**	0.00
	Claim No.	MT/1069342-002	**Excess ($)**	0.00
	Assign From		**Assign Date**	31/10/2019

2. Vehicle Particulars & Condition

	Make & Model	HYUNDAI I40	**c.c**	1685
	Engine No.	HIDDEN	**Year of Reg.**	2015
	Chassis No.	KMHLB41UMGU078495	**Colour**	BLUE
	Odometer	376254	**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	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 N/S REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	30/10/2019	**Inspection Date**	31/10/2019
	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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 7007U

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIPS @$2.20	NOT NECESSARY	22.00	-
1	REAR BUMPER SIDE BRACKET-LH	SERVICEABLE	49.00	-
1	REAR FENDER-LH	TO REPAIR SEE LABOUR	2,020.10	-
	LESS 20% DISCOUNT		-528.82	-
			2,115.28	-
	SPECIAL NETT ITEMS			
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
2	ADVERTISEMENT-REAR FENDERS LH/RH @$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	200.00
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR FENDER-LH.		600.00	280.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	100.00	-
	TUFF KOTE.	NOT NECESSARY	100.00	-
			1,300.00	680.00
	GRAND TOTAL		**3,665.28**	**880.00**

	RECOMMENDED COST OF REPAIRS (CONFIRMED)			**880.00**

Report Ref No. NS/INC19019304/K1yf3n2

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