

Kalin

REF:

NS/ENC17024075/KIT002

## 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: SHD 1580U

Policy No. 5095103893 20-10-2017

Claims No. MT/0974232-002

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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp Reading

Eng No:

C No:

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 / ARim or

Tyre Size

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A

Survey held at:

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

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

Date / Time Action / Instruction

SH 6740R - 003/ALH13015235/Y029312

SHD 1580U - 003/LCR17005037/KIT002

26/12/17 G. Arnold PIP \$872.30 / 20% Cred 737.50 : 45%

MA: 150813

DOA: 050317

INC  
PIP

RECEIVED

Date/Time File Pass to?

28/12/2017

Date/Time File Return to?

☐ : Preli. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee

Transportation

Lump Sum

Total

Net

Gross

Net

Gross

Report Format:

Lump Sum / (B):

TP

872.30

Add Fee:

☐

Site Insp. \$

☐

Inter. \$

☐

Tech. \$

☐

Tree \$

160

35

195

## 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 ability.
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 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	18/12/2017 15:19
Date Of Accident	18/12/2017 12:40
Exact Location Of Accident	TAXI QUEUE LINE AT CHANGI AIRPORT T-2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6740R
<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

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS

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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	

### Driver

Name of Driver	LEE SENG HEE
NRIC No	S1634921F
Date Of Birth	19/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1986
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	LEE.SENGHEE@YAHOO.COM

Address	BLK 60 DAKOTA CRESCENT #07-247
Postcode	390060
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
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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?	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	SHD1508U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LYE POCK JUN
NRIC/Passport Number	S1756570B
Contact Number	96824185
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**IMPORTANT NOTICE**

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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.

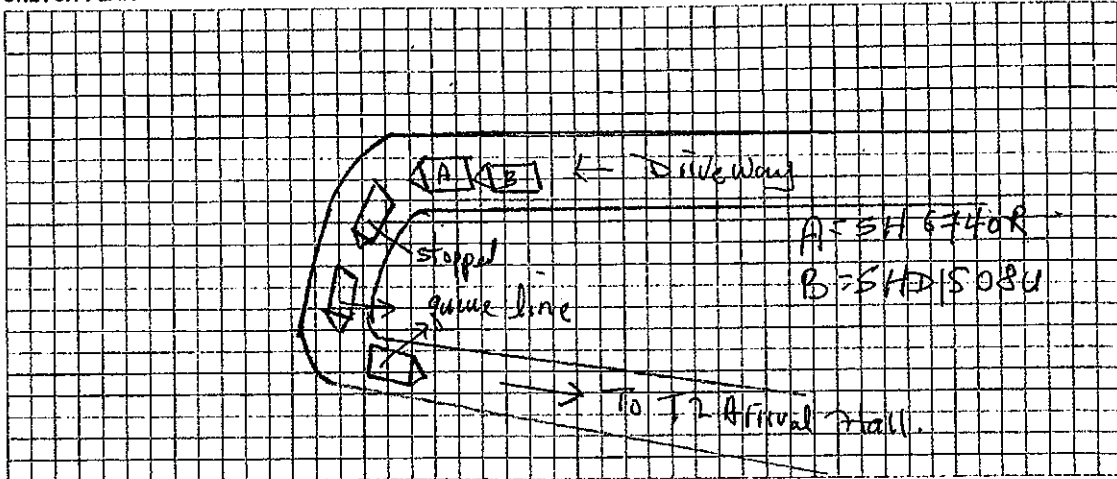
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 193203321R

Policyholder's Signature  
Date & Time:

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

Lim Ee Spon  
CSO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This afternoon (18/12/17) as seen in the video, while I was queuing behind other taxis at Changi Airport T2 in the direction moving towards the Arrival Hall, I suddenly felt an impact after car B (SHD 1508U) hit into the rear of my stationary taxi.

The impact caused damage to the rear left of my taxi while the front right to car B was dented. I took photos at the scene.

No report of injury at the time of accident.

DECLARATION

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

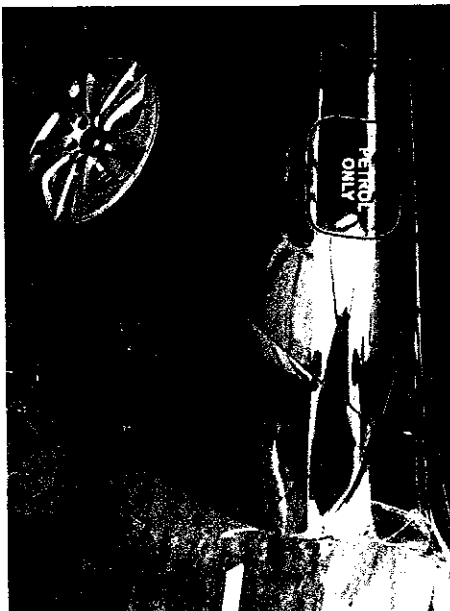
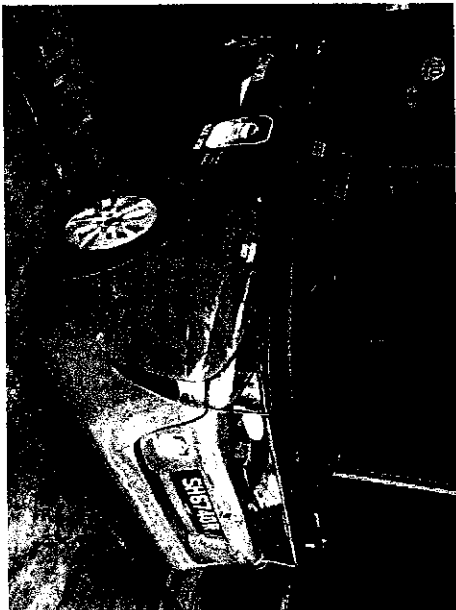
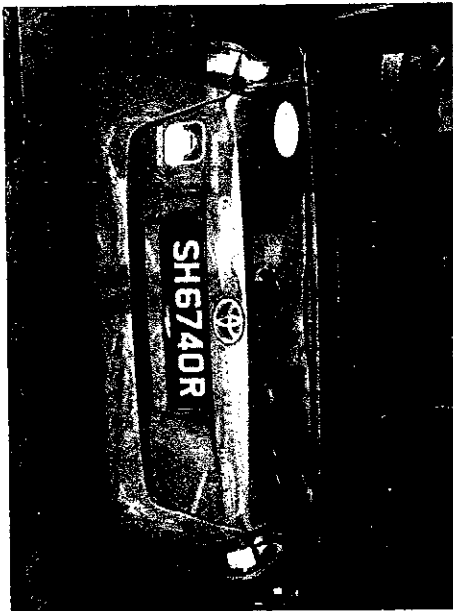
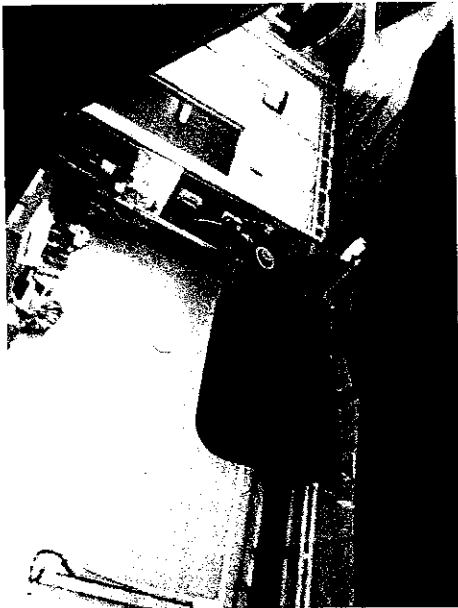
COMFORT TRANSPORTATION PTE LTD  
CORP. REG. NO. 192763141R

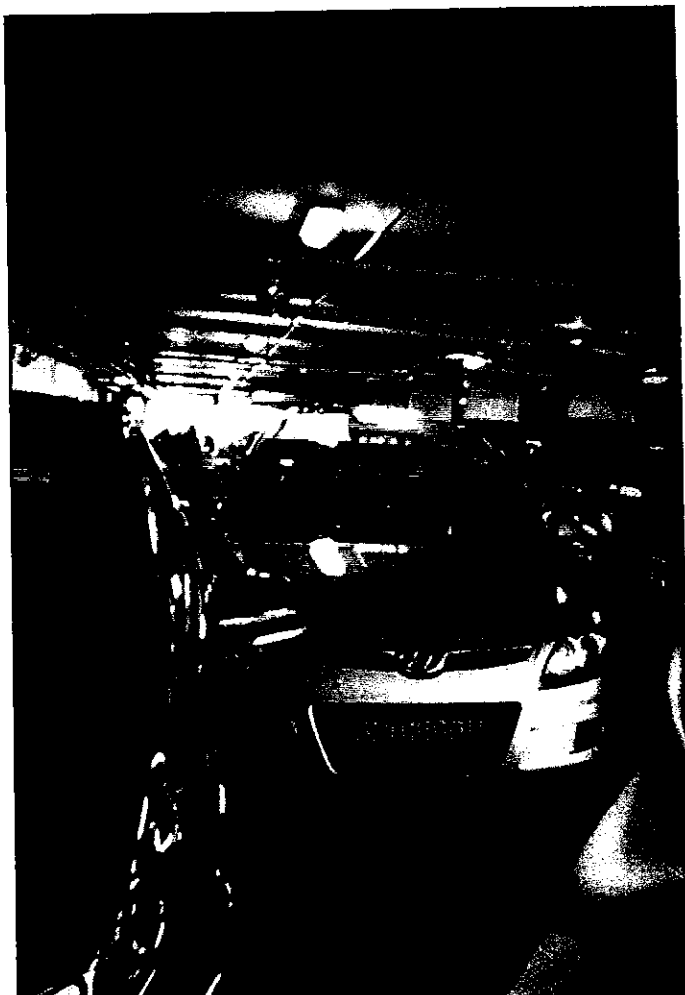
Policyholder's Signature  
Date & Time:

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

Lim Ee Soon  
CSO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3





## REPAIR ESTIMATE

VEHICLE NO : SH 6740R

MAKE :

MODEL : TOYOTA PRIUS

LKK/Kalvin PbyP  
19/12/2017 9:16

Like NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER — <i>Rehul</i>			\$ 458.60	
REAR BUMPER SIDE RETAINER <i>xsuc</i>			\$ 112.70	
REAR BUMPER UNDER SIDE COVER (LH) <i>x 1492</i>			\$ 232.00	
REAR BUMPER CLIPS — <i>alc</i>			\$ 22.00	
RETAINER, REAR BUMPER, SIDE, LH <i>xsuc</i>			\$ 94.80	
SEAL, REAR BUMPER SIDE, LH <i>xsuc</i>			\$ 148.40	
<i>Rear LH wheel cover — wash</i>			\$ 145.80	
SUB TOTAL			\$ 1,068.50	
LESS 20% <i>257</i>			\$ 213.70	
DISCOUNTED TOTAL			\$ 854.80	
FRONT DOOR COMFORT LOGO <i>x 27</i>			\$ 75.00	NETT
REAR DOOR COMFORT & APPS STICKER <i>x 14</i>			\$ 80.00	NETT
			\$ 155.00	
Labour Charge				
Panel Beating			\$ <del>350.00</del> <i>200</i>	
Spray Painting Charge			\$ <del>200.00</del> <i>180</i>	
Towing Charge			\$ <del>50.00</del> <i>x 27</i>	
TOTAL LABOUR			\$ 600.00	
ESTIMATE TOTAL			\$ 1,609.80	
			<i>1790.44</i>	

*Kalvin 11/11/17*  
*19/12/17 11:10*  
*2 Days*  
*P/P*  
*Before Paint photo*

**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 "Not to Pre-judice" basis
- No illegal work to be carried out
- Supplemental work must be resurveyed and is subject to final approval from insurance company

Acknowledged by Repairer  
 Signature  
 Date

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 : 305099044  
Date : 22/12/17

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

## FINALIZATION FORM

To : LKK  
Attn : Mr KALVIN ANG  
Vehicle Reg No. : SH6740R CTPL

Fax :

18.12.17

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


1. The repair job shall bill to: **NTUC** **SHD1508U**
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$492.30
  - (b) Labour Charges \$380.00
  - Total for Part-By-Part Repair Cost \$872.30**
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%  
**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 : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156

Signature :   
Name : K Li  
Date : 26/12/17

## 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				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

VEHICLE NO.: SH6740R  
MODEL : TOYOTA PRIUS HYBRID  
JOB NO : 305099044

TYPE OF CLAIM : TP - SHD1508U  
SURVEY BY : LKK/kalvin Ang  
DATE : 19/12/17

[illegible]

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305099044  
REGN NO : SH 6740R  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 20.09.2017  
DATE/TIME IN : 18.12.2017 13:20  
ACCIDENT DATE : 18.12.2017

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1 L	458.60	25.00	343.95
0002	04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50
0003	03-01-0302-2057-G	PRIG4 CAP WHEEL	1 L	175.80	25.00	131.85

SUB-TOTAL : 492.30

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00

SUB-TOTAL : 380.00

TOTAL : 872.30

MVA NAME & SIGNATURE  
DATE :

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

**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



Thatcham describe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17024075/K1tbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 02-01-2018	
		Code: INC4	
<b>1. Policy Particulars : THIRD PARTY CLAIM</b>			
Insured Veh.	SHD 1580U	Veh. Inspected	SH 6740R
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0974232-002	Excess (\$)	0.00
Assign From		Assign Date	19/12/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU703564063	Colour	BLUE
Odometer	55915	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	YOKOHAMA	7 mm
L/H Front Tyre	195/65 R15	YOKOHAMA	7 mm
R/H Rear Tyre	195/65 R15	YOKOHAMA	7 mm
L/H Rear Tyre	195/65 R15	YOKOHAMA	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	18/12/2017	Inspection Date	19/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
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 6740R**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER UNDER SIDE COVER (LH)	TO REPAIR	232.00	-
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER, REAR BUMPER, SIDE, LH	SERVICEABLE	94.80	-
1	SEAL, REAR BUMPER SIDE, LH	SERVICEABLE	148.40	-
1	REAR LH WHEEL COVER	GRAZED	175.80	175.80
	LESS 20% DISCOUNT		-248.86	-
	LESS 25% DISCOUNT		-	-164.10
			995.44	492.30
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT DOOR COMFORT LOGO (SN)	NOT NECESSARY	75.00	-
1	REAR DOOR COMFORT & APPS STICKER (SN)	NOT NECESSARY	80.00	-
			155.00	-
	<b><u>LABOUR</u></b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		350.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
	TOWING CHARGE.		50.00	-
			600.00	380.00
	<b>GRAND TOTAL</b>		<b>1,750.44</b>	<b>872.30</b>

<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>			<b>872.30</b>
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Report Ref No. NS/INC17024075/K1tbe2

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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