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Lum Sum:  96 3 Val. Yes or No  Survey held at  CPAE (Gray)  Des. of Damages Frt. / Rear / Ols   N/S / U/C   Rooftop or N/L My Minister  The U/C / Chassis frame   Body Structure affected due to collision  PSHD 31437 - NA / INC   BUILTS / T3  RECEIVED TO BEST DOT   President   Propert    Received Time File Pass 107   President   President    Received Time File Return 107   President   President    Resurvey No. of Trip:   Survey Fee    The U/C / Chassis frame   Body Structure affected due to collision  PSHD 31437 - NA / INC   BUILTS / T3  RECEIVED TO BEST DAY  Resurvey No. of Trip:   Survey Fee    The Pass 107   President    Resurvey No. of Trip:   Survey Fee    The Pass 107   President    Add Fee:   Site Insp. (Survey Fee    The Pass 108   President    The U/C / Chassis frame   Body Structure affected due to collision  Add Fee:   Site Insp. (Survey Fee    The U/C / Chassis frame   Body Structure affected due to collision  Add Fee:   Site Insp. (Survey Fee    The U/C / Chassis frame   Body Structure affected due to collision  Add Fee:   Site Insp. (Survey Fee    The U/C / Chassis frame   Body Structure affected due to collision  Add Fee:   Site Insp. (Survey Fee    The U/C / Chassis frame   Body Structure affected due to collision  Add Fee:   Site Insp. (Survey Fee    The U/C / Chassis frame   Body Structure affected due to collision  Add Fee:   Site Insp. (Survey Fee    The U/C / Chassis frame   Body Structure affected due to collision  Add Fee:   Site Insp. (Survey Fee    The U/C / Chassis frame   Body Structure affected due to collision  Add Fee:   Site Insp. (Survey Fee    The U/C / Chassis frame   Body Structure affected due to collision  Add Fee:   Site Insp. (Survey Fee    The U/C / Chassis frame   Body Structure affected due to collision  The U/C / Chassis frame   Body Structure affected due to collision  The U/C / Chassis frame   Body Structure affected due to collision  The U/C / Chassis frame   Body Structure affected due to collision  The U/C / Chassis frame   Body Structure affected due to collision	The same of the sa	7	L/Bal 🗡 mm
Date: Person Contacted Vehicle IN/OUT The U/C / Chassis frame / Body Structure affected due to collision SHD 3142J - NA /IN(IBUILTS/T3 CALL FIP \$100 / IMps (Rest # 1440.50, 94 / 2)  RECEIVED 23 BED 2011  Date Time File Pass 10? Final Report President in File Return 10? Survey Fee Site Insp S Survey Fee Site Insp S S		D.O.A. (8/12/17	001 /9/14/2
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Date   Time   Action   Instruction   SHD 3143J - NA   INC   BUILTS   TAX   PLANT   PLA	CA / REV / REP. / 24 HRS	Des of Damages Frt / Rear / C	DIS   N/S   U/C   Rooftop or
Date / Time Action / Instruction  SHD 314247 - NA / INC   BUILTS / T3  EV 9000 ×  Color   Proposition   Propositio	Date: Person Contacted Vehicle: IN / C		
Days Of Repair:    No   No   No   Preli. Report   Days Of Repair:	. SHD 3143J - NA/INC15011178	/r3 RA:	130715 Zne
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SHD 3643 J Reference No .: NS/INC17024076/KIGB Policy Type: OD /TPY TP RES / TL / EVA Case Handler Typist ): Case handler to make sure all Information created by the assignment team are ACCURATE. Admin ( Y-Date N-Date Y-Date N-Date (1) Office Assign Form Reference No. C C Customer Code N Assign From C Assign Date C Veh No (Inspected) C Veh No (Insured) C D.O.A C Policy No C Claim No C Insurance Authorisation (CA /REV/REP) C Report Type C Weekend Charges N Survey held at/Repairer C Excess ): Case handler to make sure the surveyor completed all required information. Surveyor ( (1) Assignment Form C Vehicle No C Regn Month/Year Ν. Vehicle Type N Make & Model C Engine Capacity. (C.C) N Colour C Odometer. (Sp.Reading) Chassis No. C General Condition N N Steering Brake N Modification (Modi) N C Tyre Size N Tyre Make C Tyre Balance C Date of Inspection Survey held N N Des. of Damages (2) System - (Views/Merimen) Damaged Vehicle Photographs Uploaded (3) Workshop Estimate/Assignment Form N ALL Parts condition Market Value for OD cases Estimate Repair Cost for PRI (RSI, TMI, MSIG) Days of repair C Finalised Amount Re-inspection Cases to Finalize within 5 Days (4) System - (Views/Merimen) Resurvey photo Uploaded Check By:

Date

Case Handler

Survey Department Check List (Case Handler)



## **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17024076/K1qb 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-12-2017 189556 Code: INC4 Policy Particulars :- THIRD PARTY CLAIM 1. SHD 3643J FV 9226U Veh. Inspected Insured Veh. 0.00 5068612907-03 Coverage (\$) Policy No. 0.00 Claim No. Excess (\$) 19/12/2017 Assign Date Assign From Vehicle Particulars & Condition 2. 0 Make & Model C.C HIDDEN Year of Reg. Engine No. Colour Chassis No. Steering Odometer Brakes Modification General Conditions of Tyres 3. Make Balance Size mm R/H Front Tyre mm L/H Front Tyre mm R/H Rear Tyre mm L/H Rear Tyre 4. **Description of Damages** General Information 5. 19/12/2017 18/12/2017 Inspection Date Accident Date COMFORTDELGRO ENGINEERING PTE LTD Survey held at 59 LOYANG DRIVE SINGAPORE 508969 Remarks 5a. A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

TP Claims against NTUC Income: Follow-Through Survey

Date: 27/12/2017

3/No Income Reference 1 MT/0974232- 002		Common of the Common of the	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	ESTIMATE	ale
1 MT/0974232	eference	Claimant (Owner / Taxi Company)	Cignitian State of the Control of th	1	1.000,000,000	13.40	16	509 80
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	© 5068612907-03	NADESAN NAGARAJAH	\$12350263	GMC	Third Party	FV9226U	FV9226U	27/11/2017	26/11/2018
				1	Continue				

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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

### **ACCIDENT STATEMENT**

Date Of Report

19/12/2017 07:10

Date Of Accident

18/12/2017 09:55

Exact Location Of Accident

NORTH BOUNA VISTA RD TWDS HOLLAND RD

SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number

SHD3643J

Insured/Policyholder

Country/State of Loss

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

199303821R

Co Reg No **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

INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

YES

Policy Number

MCOM0016

Cover Note Number

Driver

Name of Driver

PONG CHEN GUANG

NRIC No

S8022433H

Date Of Birth

29/07/1980

Occupation

OUTDOOR

Date Of Driving Pass

30/04/2003

**Driving Experience** 

14 YEARS AND 7 MONTHS

Gender

MALE

Mobile Number

Fax Number

Contact Number

EMail Address

CHENGUANG80@GMAIL.COM

Address

737 #07-103 YISHUN STREET 72

Postcode

760737

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

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)

**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

SEE ATTACH.

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

FV9226U

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

NO DAMAGE

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

**Email Address** 

# Sketch Plan Pg. 1

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I/We declare the foregoing particulars		Jackson Hend
OMFORT TRANSPORTATION PT CO. REG. NO. 189393821R	E LI DOMOS -	C80
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name: NRIC/FIN No.:

Page 3 of 9

## Sketch Plan Pg. 2

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.

Sant

- 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.
- 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:
  - 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:
  - 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.

CO REG. NO. 199303821R

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Jackson Heng CSO

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



# OMFORTDELGRO ENGINEERING

memble of COMFORTDELGRO

Date/Time: 19.12.2017 10:44

am: ARC Repair TP(CLSO)1  JOB CARD  DIMER  COMFORT TRANSPORTATION PTE LTD  7010045  ESS 383 SIN MING DRIVE  Singapore SINGAPORE 575717  (B)  DUNT CARD NO.  CCCIdent Date: 18.12.2017  ATURE: 3P 18.12.2017  ATURE: 3P 18.12.2017  ABOR CODE  DESC		
MER NO. 7010045 MER NO. 383 SIN MING DRIVE SS Singapore SINGAPORE 575717 (R) 65508755 (D) (P) UNIT CARD NO.  Ccident Date: 18.12.2017 ATURE: 3P 18.12.2017 (NO LABOR CODE DESCRIPTION)	REGN NO.	MILEAGE
Singapore SingaPore 5/5/17 (R) 65508755 (O) (P) OUNT CARD NO.  Scident Date: 18.12.2017 ATURE: 3P 18.12.2017 (NO LABOR CODE DESCRIPTION	MAKE: TOYOTA	FUEL E1/2F
(R) 65508755 (O) (P) JOB DESCRIPTION CCIDENT Date: 18.12.2017 ATURE: 3P 18.12.2017 (NO LABOR CODE DESCRIPTION	MODEL PRIUS HYBRID(G	4)18.12.2017 15:50
JOB DESCRIPTION CCIDENT Date: 18.12.2017 ATURE: 3P 18.12.2017 NO LABOR CODE DESCRIPTION DESCRIPTION	YR OF MANU. 14.09.2016	TARGET DATE
Coident Date: 18.12.2017 ATURE: 3P 18.12.2017 NO LABOR CODE DESCRIPTION TO LABOR CODE	CHASSIS CODE JTDKB3FUX03530	487 COMPLETION DATE/TIME:
	•	
	RIPTION	
CKED & PASSED OUT BY:		
SERVICE ADVISOR	custo	DMER'S SIGNATURE
SERVICE ABVIOUR		

if Service Advisor

No.:

Signature/Date

\_ LKE/KALVIN

Name of Service Advisor

Vehicle No.:

Date

SHD3643J

sturned to Service Reception upon collection

SHD3643J

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SHD 3643J

MAKE

19/12/2017 10:46 Le NTILE

MODEL	: TOYOTA PRIUS	0.0000.000	Transportation and the second		
	PARTS DESCRIPTION	QTY	UNIT PRICE	_	MOUNT
	MIRROR ASSY, OUTER REAR VIEW, LH			\$	1,374.00
	SUB TOTAL			\$	1,374.00
	LESS 25%			\$	343.50
	DISCOUNTED TOTAL		1	\$	1,030.50
	LABOUR CHARGE				50
	Panel Beating			\$	280.00
	Spray Painting Charge			\$	50 180.00
	Wiring Charge			\$	50.00
	TOTAL LABOUR			\$	510.00
	ESTIMATE TOTAL			\$	1,540.50
	Kaluin / CR/C)  // 19/12/17/11/306.				
	1 9/12/1706				
	1 Pay				
	After Repair pLoto				
	th •	e Repairer To resurvey be To display dam Parts prices ar Taird party sur No illegal mod	nsultants hence not of the following: storelater spring painting maged partial during residents on a "Will of Presidents" in the storelater in the storelate	urvey n dice" b	
	Ar Si Di	ge	:er		

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

	ur Job Ref No : 305099114				ComfortDelGro Engineering Pte Ltd			
)ate		: 22	2/12/17		59 Loyang Drive Singapore 508969 Fax: 6546 8156			
INA	LIZATI	ON FORM						
ō	: _		LKK		Fax:			
Attn	: M	r KA	ALVIN ANG					
/ehic	le Reg	No. : SHD364	3J CTPL		_	18.12.17		
he s	urvev	and estimates of the r	epairs of the above-mer	ntioned vehicle ar	e as follows:-			
	25			NTUC	2.44	FV9226U		
		epair job shall bill to:		MICO				
	Thef	inalized amount shall						
	(a)	Spare Parts after Li	st discount			\$0.00		
	(b)	Labour Charges				\$100.00		
		Total for Part-By-l	Part Repair Cost			\$100.00		
	(c.)	Lumpsum Repair (if	applicable)					
	(6.)	Total for Lumpsum	repair cost after Less:	20%				
		Final Lumpsum R	epair cost					
E.			amount as Correct a	nd Confirmed if	there is no rep	oly from you within		
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## COMFORTDELGRO ENGINEERING PTE LTD

Date: 20.12.2017 Time: 09:04:42

REPAIR ESTIMATE

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 MILEAGE

: 305099114 REGN NO : SHD3643J : 00000000000

MAKE

: TOYOTA

MODEL

: PRIUS HYBRID(G4)

DATE OF REGN : 14.09.2016 DATE/TIME IN : 18.12.2017

: 18.12.2017 15:50

ACCIDENT DATE : 18.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL: 0.00

JOB NATURE

0000 L

PANEL BEATING

50.00

0001 23-502

SPRAYPAINT ON AFFECTED AREA

50.00

SUB-TOTAL: 100.00

TOTAL : 100.00

MVA NAME & SIGNATURE

TE:

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:



Thatcham escribe

# **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



NS/INC17024076/K1qbs2 NTUC INCOME INSURANCE CO-OPERATIVE LTD 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 04-01-2018 189556 Code: INC4 Policy Particulars :- THIRD PARTY CLAIM 1. SHD 3643J FV 9226U Veh. Inspected Insured Veh. 0.00 Coverage (\$) 5068612907-03 Policy No. 0.00 Excess (\$) MT/0975239-001 Claim No. 19/12/2017 **Assign Date** Assign From Vehicle Particulars & Condition 2. 1798 TOYOTA PRIUS C.C Make & Model 2016 HIDDEN Year of Reg. Engine No. BLUE JTDKB3FUX03530487 Colour Chassis No. IN ORDER Odometer 139476 Steering STANDARD ALLOY RIM IN ORDER Modification Brakes FAIR General **Conditions of Tyres** 3. Balance Make Size 7 mm BRIDGESTONE 195/65 R15 R/H Front Tyre 7 mm BRIDGESTONE 195/65 R15 L/H Front Tyre BRIDGESTONE 7 mm R/H Rear Tyre 195/65 R15 7 mm BRIDGESTONE 195/65 R15 L/H Rear Tyre **Description of Damages** 4. THE VEHICLE SUSTAINED DAMAGES AT THE N/S WING MIRROR. DAMAGES SEE DETAILS. **General Information** 5. 19/12/2017 Inspection Date 18/12/2017 **Accident Date** COMFORTDELGRO ENGINEERING PTE LTD Survey held at 59 LOYANG DRIVE SINGAPORE 508969 Remarks 5a. A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. **Estimate Days of Repair** 5b. 1 Working Days ESTIMATED NORMAL PERIOD FOR REPAIR:



# **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





Page No.:1 of 1

# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3643J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	MIRROR ASSY,OUTER REAR VIEW,LH	TO REPAIR	1,374.00	11.5
	LESS 25% DISCOUNT	M. Service Co.	-343.50	82
			1,030.50	-
	LABOUR			2413-2410-0
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		330.00	50.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST		180.00	50.00
			510.00	100.00
	GRAND TOTAL		1,540.50	100.00

RECOMMENDED COST OF REPAIRS	(CONFIRMED)	100.00

Report Ref No. NS/INC17024076/K1qbs2

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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