

Kalvin

NS/TNC 18002856 / KIRBN2

ASSIGNMENT

SHD3647Z - Reg 7 Oct 2016

Program _____ Date _____
 Estimated Cost _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV _____
 To inspect Vehicle No _____
 at Workshop No _____
 of _____
 Insured: **SGS 8593U**
 Policy No: **5097990956 090218 - 250319**
 Claims No: **MT10982396-001**
 Sum Insured _____ Excess _____
 (Client's Record) _____
 Make of Vehicle _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Bel. or Market Value _____
 DAD Accident Report _____ Consistent? : Yes or No
 G/A / PR Seen _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res: Yes or No
 Lum Surv: _____ % 3 Val: Yes or No

CA / REV / REP: / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Vehicle: **SHD3647Z** Reg **7 Oct 2016**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Trailer / Prime Mover
 Truck / Trailer or _____
 Make: **Toyota Prius** 1798
 Colour: **Blue** A/C Ins: **0** Std: NI / NA
 Sp. Reading: **123822** T. Radio: Ins: **0** Std: NI / NA
 Eng. No: _____
 C. No: **JTDKB3F4803531492**
 Gen. Cond: Good / **6** Poor / Burnt
 Steering: Inor: **6** Jammed / Leaked / Burnt or
 Brake: Inor: **6** Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / A/Rim or
 Tyre Size F: **195 / 65R15**
 R: _____
 (S) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R. Bel. **7** mm R. Bel. **7** mm
 L. Bel. **7** mm L. Bel. **7** mm
 D.O.A. **10/2/18** D.O.I. **12/2/18**
 Survey held at: **CHE (6.7m)**
 Des. of Damages: Fnt / Rear / O/S / N/S / U/O / Rooftop or
N/S B/L
 The U/O / Chassis frame / Body Structure affected due to collision:

Date / Time Action / Instruction

SHD3647Z - CB / TML11004740 / Dgn

DGT: 11-13-2011

ZML

SGS8593U - X

P/P

14/2/18 **Wht P/P \$125.50 / 2 P/P**
Red: \$2035.75, 627

RECEIVED 20 FEB 2018

Date/Time File Pass (C)



: Prel. Report

Days Of Repair: **2**

typist



: Final Report

Resurvey No. of Trip: **1**

Survey Fee

160

Date/Time File Return (C)

Transporter

35

Add Fee:



Site Inst

0



Inter. Inst

0



Tech. Inst

0



Weekend

0

Photo

Other

TOTAL

195

Report Format:

typist

Lump Sum / B/L:

1259.50




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/INC18002856/K1rb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 13-02-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGS 8593U	Veh. Inspected	SHD 3647Z	
Policy No.	5097990956	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	12/02/2018	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	10/02/2018	Inspection Date	12/02/2018	
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.				

eBaoTech

General Claim

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="10/02/2018 13:11"/>						
Vehicle No.(For Motor)	<input type="text" value="SGS8593U"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097990956	LIM JOO LI	S7044965Z	GPC	drive CLASSIC	SGS8593U	SGS8593U	09/02/2018	25/03/2019
<input type="button" value="Continue"/>									

TP Claims against NTUC Income: Follow-Through Survey

Date : 09/02/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0981755-002	CITY CAB PTE LTD	SHA 8200L	XD 8727D	9/2/2018	10:45	\$ 3,200.60
2	MT/0982396-001	COMFORT TRANSPORTATION PTE LTD	SHD 3647Z	SGS 8593U	10/2/2018	14:00	\$ 3,295.25
3	MT/0981948-002	COMFORT TRANSPORTATION PTE LTD	SH 6220A	SJF 3837H	12/2/2018	11:05	\$ 2,411.58
4	MT/0981751-002	COMFORT TRANSPORTATION PTE LTD	SHC 3347U	SIW 4835S	9/2/2018	14:35	\$ 2,139.60
5	MT/0982377-002	COMFORT TRANSPORTATION PTE LTD	SHC 3681D	SLJ 8137S	10/2/2018	19:45	\$ 1,550.48
6	MT/0982406-001	COMFORT TRANSPORTATION PTE LTD	SHC 8886Y	SGZ 2197H	10/2/2018	15:15	\$ 4,760.32
7	MT/0982117-002	COMFORT TRANSPORTATION PTE LTD	SHD 6796G	SLP 9383J	9/2/2018	21:35	\$ 1,310.47
8	MT/0981974-002	COMFORT TRANSPORTATION PTE LTD	SHC 3496Y	FBI 7434J	9/2/2018	11:45	\$ 3,453.26
9	MT/0981747-002	COMFORT TRANSPORTATION PTE LTD	SHB 6696Y	SLC 4221U	9/2/2018	9:05	\$ 2,437.18
10	MT/0981951-002	COMFORT TRANSPORTATION PTE LTD	SHD 4646U	SIW 3721T	12/2/2018	8:30	\$ 10,845.34

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 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	12/02/2018 10:06
Date Of Accident	10/02/2018 14:00
Exact Location Of Accident	BLK 275 YISHUN ST 22 CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3647Z
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	TOYOTA
Model	PRIUS HYBRID 4G

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	VINCENT LEE JIA HON
NRIC No	S7835978A
Date Of Birth	28/11/1978
Occupation	OUTDOOR
Date Of Driving Pass	10/02/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	VINCENTLEEJH@YMAIL.COM

Address	BLK 236 YISHUN RING ROAD #06-1006
Postcode	760236
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
Number of vehicles 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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	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 * TYPE OF ACCIDENT :- 3P REVERSED

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	SGS8593U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG CHEE SIAN
NRIC/Passport Number	S1768183D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

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.
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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.

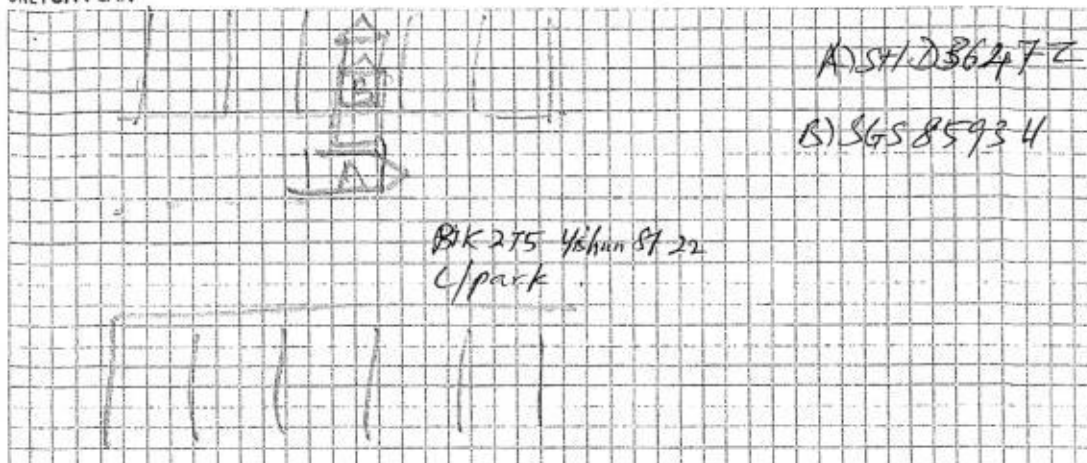
COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

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 10/2/18 at about 1400hrs while I Veh A was driving towards the barrier of the carpark exit, Veh B suddenly ^{reversed} from his parked lot on the left side and collided on the left doors of my vehicle.

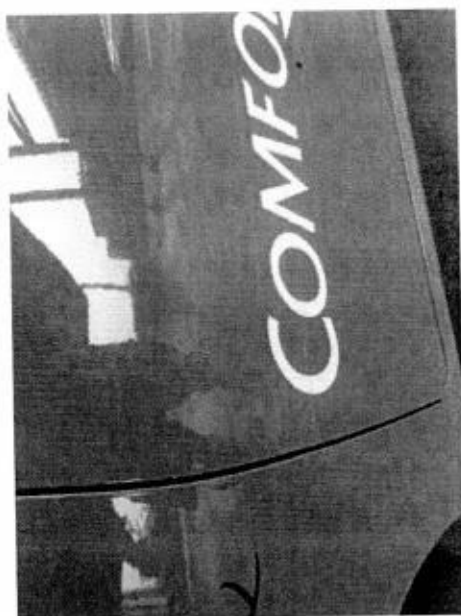
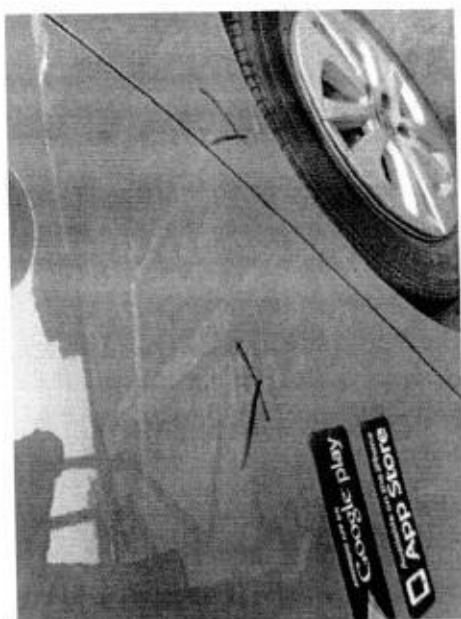
DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
CSO



Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 3803751

JC NO:305115859

STOMER COMFORT TRANSPORTATION PTE LTD /MS 7010045 STOMER NO 383 SIN MING DRIVE DRESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)		REGN NO SHD3647Z	MILEAGE
		MAKE TOYOTA	FUEL E.....1/2.....F
		MODEL PRIUS HYBRID(G4)11.	DATE/TIME IN 02.2018 11:10
		YR OF MANU 07.10.2016	TARGET DATE
		CHASSIS CODE JTDKB3FU803531492	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 10.02.2018

NATURE: 3P 10.02.18/B

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

3:
O.I.
File No.: SHD3647Z JU NTUC LKK

Vehicle No.: SHD3647Z

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO : SHD 3647Z

12/2/2018 11:11

Fz

MAKE :

MODEL : TOYOTA PRIUS

NTuc/LKK
LH DOOR.

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
PANEL SUB-ASSY, REAR DOOR, LH <i>X LKK</i>			\$ 1,227.00
SUB TOTAL			\$ 1,227.00
LESS 25%			\$ 306.75
DISCOUNTED TOTAL			\$ 920.25
FRONT DOOR COMFORT LOGO <i>— KKK</i>			\$ 150 75.00
REAR DOOR COMFORT & APPS STICKER <i>— KKK</i>			\$ 150 80.00
			\$ 155.00
LABOUR CHARGE			
Panel Beating - Repair Rear Fender			\$ 1,200.00 400
Spray Painting Charge			\$ 800.00 720
Wiring Charge			\$ 50.00 X 10
Tuff Kote			\$ 50.00 X 10
Transfer of Door			\$ 120.00 X 10
TOTAL LABOUR			\$ 2,220.00
ESTIMATE TOTAL			\$ 3,295.25

Ka Lina LKK
 12/2/18 1400h
 203.
 PIP
 After Repair p Lb

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed
- This estimate 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

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

Our Job Ref No : 305115859
Date : 13/02/2018

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD3647Z

Fax :

Date of Accident : 10/02/18

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

- The repair job shall bill to: NTUC --- SGS8593U
###
- The finalized amount shall be:
(a) Spare Parts after List discount \$139.50
(b) Labour Charges ### \$1,120.00
Total for Part-By-Part Repair Cost \$1,259.50
(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 : JUMANI
Tel : 6214 8316
Fax : 65468156

Signature :
Name : Kalvin
Date : 14/2/18

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:

CHECK ITEMS:



Thatcham describe

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/INC18002856/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 22-02-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGS 8593U	Veh. Inspected	SHD 3647Z
Policy No.	5097990956	Coverage (\$)	0.00
Claim No.	MT/0982396-001	Excess (\$)	0.00
Assign From		Assign Date	12/02/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU803531492	Colour	BLUE
Odometer	123822	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
R/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	10/02/2018	Inspection Date	12/02/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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**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. SHD 3647Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	PANEL SUB-ASSY,REAR DOOR,LH	TO REPAIR	1,227.00	
	LESS 25% DISCOUNT		-306.75	-
			920.25	-
	<u>NETT ITEMS</u>			
1	FRONT DOOR COMFORT LOGO (N)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORT & APPS STICKER (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-15.50
			155.00	139.50
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,370.00	400.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		850.00	720.00
			2,220.00	1,120.00
GRAND TOTAL			3,295.25	1,259.50
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,259.50

Report Ref No. NS/INC18002856/K1rbn2

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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