

Time: Kalnin

REF: NS/TNC18006022/K14b02

ASSIGNMENT

From: _____ Date: _____
 Estimated cost: _____
 OD / TP / NS / TP RES / OD RES / EVA / INV / MV
 To: Inspected Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: PC 6317S
 Policy No: 5093 092397 030817 - 020818
 Claims No: WTT/0989133-001
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Est. Repairs: _____ days Res.: Yes or No
 Luni Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 87807 Yr Regn: 20 May 2017
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius C.C. 1798
 Colour: Blue A/C: 6 Insured / Std / NI / NA
 Sp. Reading: 125730 T/Radio: 6 Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTPKB3F4503557533
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 8 15/65 R15
 R: 7

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

Front: 2 mm R/Bal. 2 mm
 L/Bal. 2 mm
 D.O.A. 2/3/8 D.O.I. 2/4/8
 Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	SHC 87807 - C3 / Mch 16014941 / Hlw0392
	PC 6317S - X
4/4/18	Call PIP 796-73 / 2 Pys (Red: 305.12.2790)
	RECEIVED 9 APR 2018

Date/Time, File Pass to?

1) 6/4 Typist
 Date/Time, File Return to?

2)

☐ : Prel. Report
☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Notes

10/1/18

160
35
195

Report Form:

796-73



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/INC18006022/K1tb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 02-04-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	PC 6317S	Veh. Inspected	SHC 8780T	
Policy No.	5093092397	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	02/04/2018	
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	30/03/2018	Inspection Date	02/04/2018	
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. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5093092397	DOLPHIN TRANSPORT PTE. LTD.	201410564H	GBS	Comprehensive	PC63175	PC63175	03/08/2017	02/08/2018

TP Claims against NTUC Income: Follow-Through Survey

Date : 5/4/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0989124-001	COMFORT TRANSPORTATION PTE LTD	SH 8300P	SLV 6649G
2	MT/0989133-001	COMFORT TRANSPORTATION PTE LTD	SHC 8780T	PC 6317S
3	MT/0988864-002	COMFORT TRANSPORTATION PTE LTD	SHD 3541U	GBF 6657K
4	MT/0989144-001	COMFORT TRANSPORTATION PTE LTD	SHA 3297R	GBE 829B
5	MT/0989145-001	COMFORT TRANSPORTATION PTE LTD	SH 8949T	PC 4534U

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	31/03/2018 12:13
Date Of Accident	30/03/2018 03:55
Exact Location Of Accident	RIVER VALLEY RD TWDS X JUNCTION OF NEW BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8780T
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
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	KOH HWA CHING (QIU HUAQIN)
NRIC No	S7517456Z
Date Of Birth	11/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2011
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

363 #07-293 BUKIT BATOK STREET 31

Postcode

650363

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

Number of vehicles involved in the accident

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)

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

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

PC6317S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

81558558

Address

Postcode

Insurance Company Name

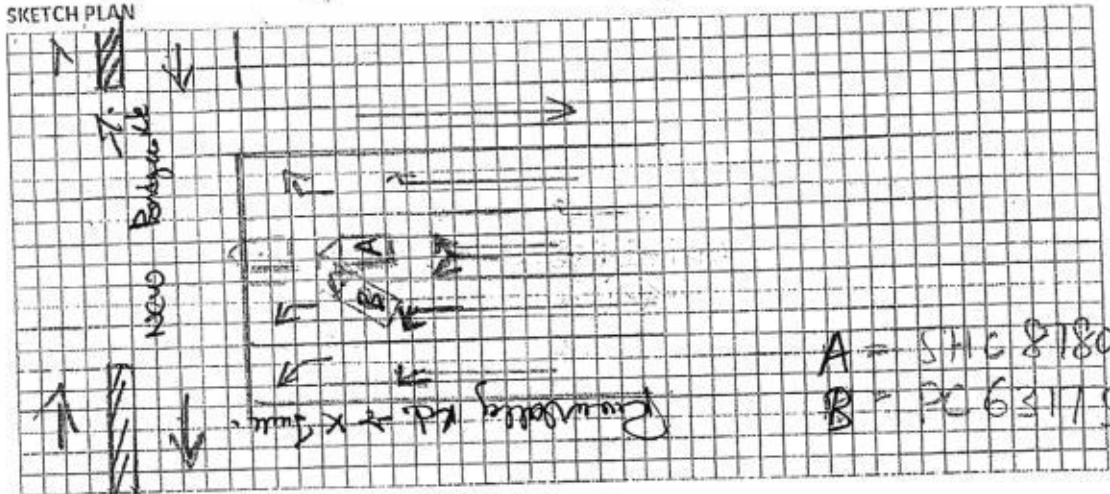
Nature Of Damage

RHT FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



A = SHG 8180 T
B = PC 6317 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 30 March 2018 @ 0358 hr I

Vol. 4. was drawn along River Valley St.

trade x summing of ^{new} North Pondye LL

I use A was on 2nd lane awaying for

trachea ligat. Ven B Bronch + 2nd Lane.

Suppose to turn left

across to see how our lot with A left

front. at the point of accident I.

Vila A 200 passageiros.

DECLARATION

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

COMFORT TRANSPORTATION PIEL

CO REG. NO. 199303021R

Policyholder's Signature

Date & Time:

Driver's Signature _____

(If driver is not the policyholder)

Reporting Centre Personnel's Signature:

Name:

Sketch Plan Pg. 2

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:

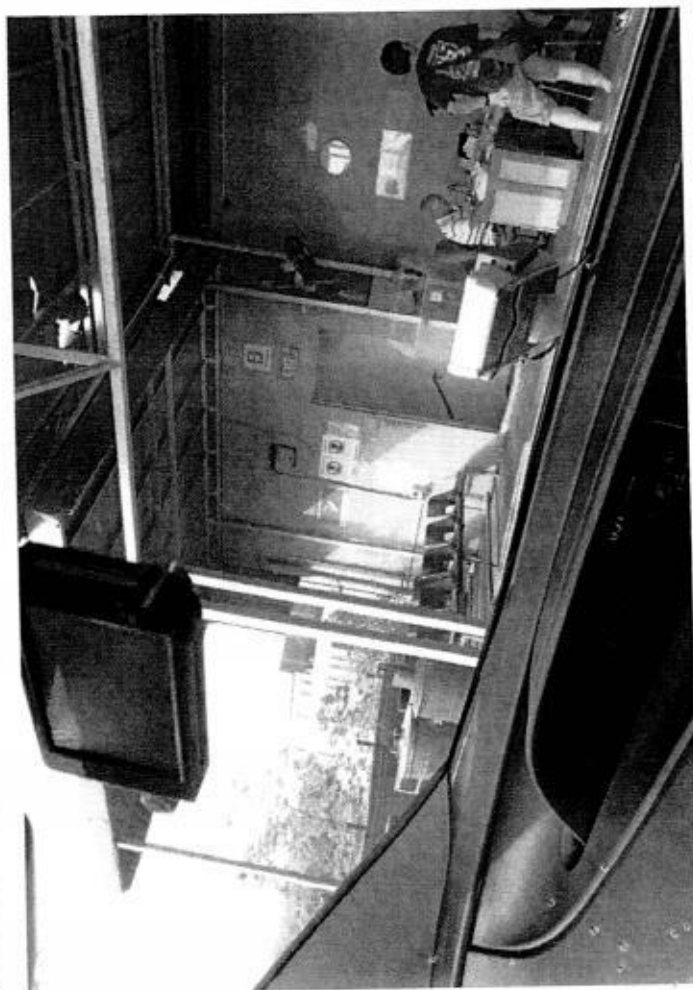
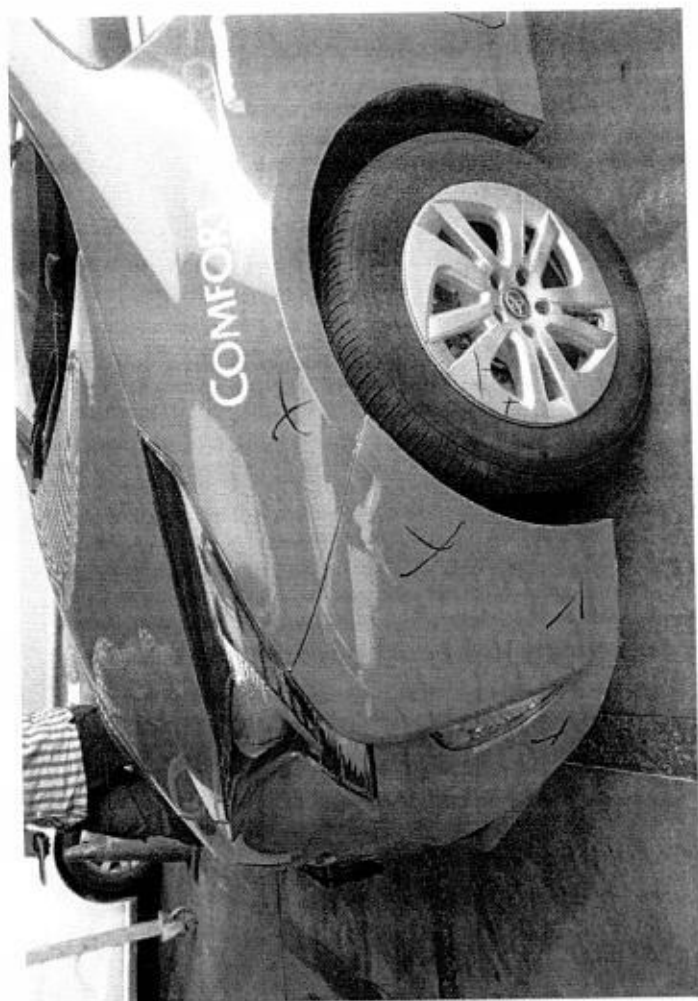
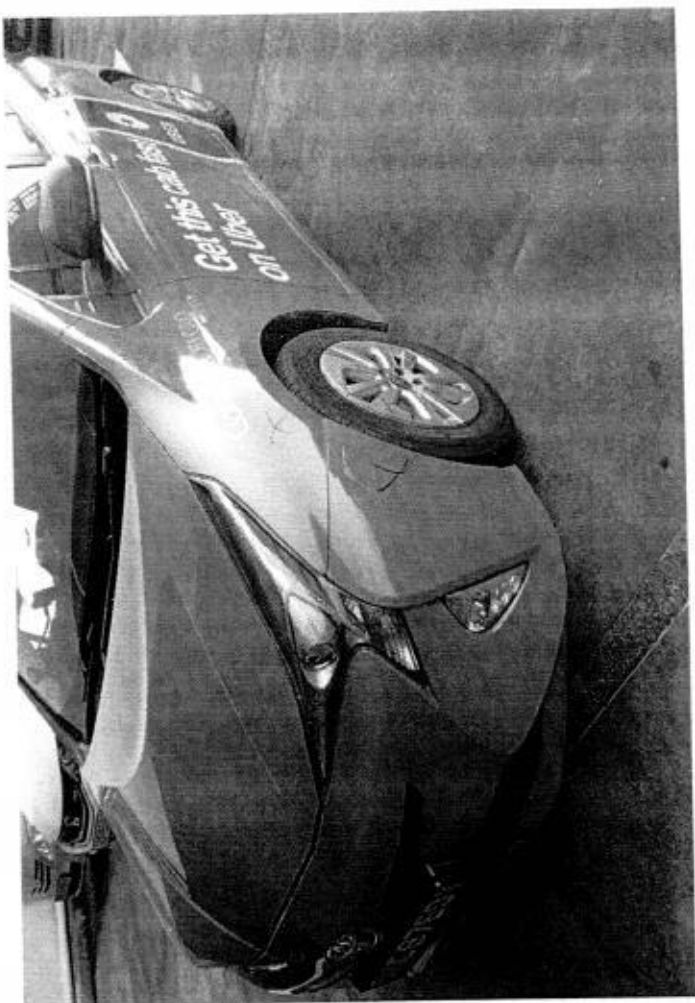
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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.

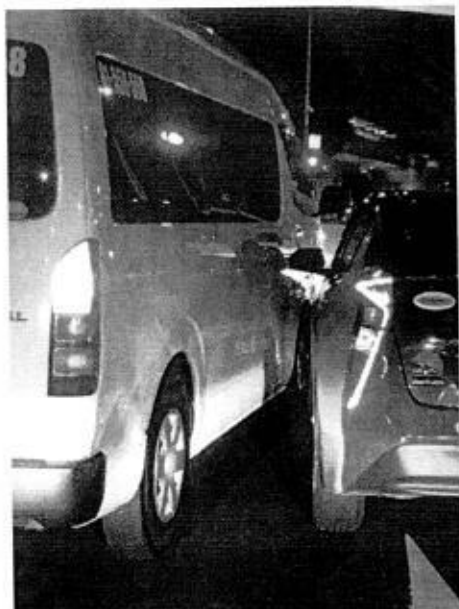
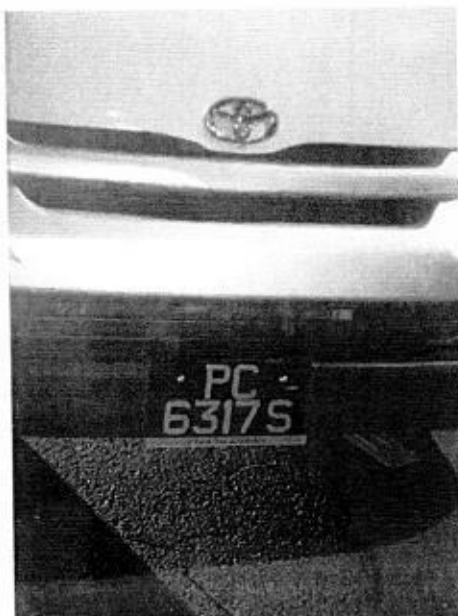
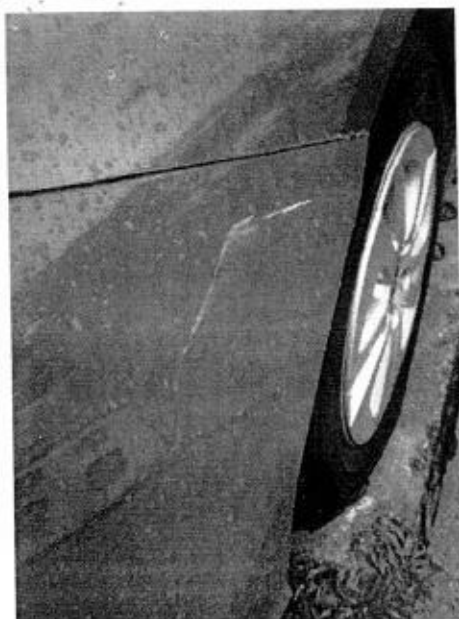
COMFORT TRANSPORTATION Pte Ltd
CO REG. NO 199303821R

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.:





Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO305136978

CUSTOMER R/MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO: SHC8780T	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)31.	DATE/TIME IN 03.03.2018 09:15
	YR OF MANU 30.05.2017	TARGET DATE
	CHASSIS CODE JTDKB3FU503557533	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.03.2018
 NATURE: 3P 31.03.2018

S/NO	LABOR CODE	DESCRIPTION
	NTUC -	taxi left front damage
	LKK/	Kalvin

CHECKED & PASSED OUT BY: _____

_____ SERVICE ADVISOR
 _____ CUSTOMER'S SIGNATURE

Acknowledgement Slip e: lo.: le No.: SHC8780T LARRY	Exit Pass Vehicle No.: SHC8780T
ie of Service Advisor: <i>Larry Ng</i> e returned to Service Reception upon collection	Signature/Date: _____ Name of Service Advisor: _____ Date: _____ To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

2/4/2018 10:21

VEHICLE NO : SHC 8780T

MAKE :

MODEL : TOYOTA PRIUS

DOA: 30.03.18

MODEL	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
TOYOTA PRIUS	FRONT WHEEL HUB CAP,LH <i>Front Fender Emblem - see</i>			\$ 175.80
	SUB TOTAL			\$ 175.80
	LESS 25%			\$ 43.95
	DISCOUNTED TOTAL			\$ 131.85
	FRONT FENDER ADVERTISEMENT LOGO (LH)			\$ 100.00
	LABOUR CHARGE			
	Panel Beating-Repair Frt Bumper/Frt LH Fender			\$ 250.00
	Spray Painting Charge			\$ 500.00
	FRT Wheel Alignment			\$ 120.00
	TOTAL LABOUR			\$ 870.00
	ESTIMATE TOTAL			\$ 1,101.85
				1166.73

Larry Ng

Kalin 11/11/11

N 2/4/18 1130 L.

2 P/P

P/P

After Repair p/L

LKK Auto Consultants hence 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 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.

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

JOB NO : 305136978
REGN NO : SHC8780T
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 30.05.2017
DATE/TIME IN : 31.03.2018 09:15
ACCIDENT DATE : 30.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2297-G PRIG4 EMBLEM SIDE PANEL (1 86.50 25.00 64.87

0002 03-01-0302-2057-G PRIG4 CAP WHEEL 1 175.80 25.00 131.85

SUB-TOTAL : 196.72

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

SUB-TOTAL : 600.00

TOTAL : 796.72

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305136978

Date : 4. Apr. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8780T

Date of Accident: 30.03.2018

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

1. The repair job shall bill to: NTUC PC6317S

2. The finalized amount shall be:

(a) Spare Parts after List discount \$196.72

(b) Labour Charges \$600.00

Total for Part-By-Part Repair Cost \$796.72

(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 : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : K. a. m.

Date : 4/4/18

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18006022/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 11-04-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 6317S	Veh. Inspected	SHC 8780T
Policy No.	5093092397	Coverage (\$)	0.00
Claim No.	MT/0989133-001	Excess (\$)	0.00
Assign From		Assign Date	02/04/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU503557533	Colour	BLUE
Odometer	125730	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	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	30/03/2018	Inspection Date	02/04/2018
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.

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. SHC 8780T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT WHEEL HUB CAP, LH	GRAZED	175.80	175.80
1	FRONT FENDER EMBLEM	NECESSARY	86.50	86.50
1	FRONT BUMPER (NPA)	TO REPAIR	-	-
1	FRONT LH FENDER (NPA)	TO REPAIR	-	-
	LESS 25% DISCOUNT		-65.57	-65.57
			196.73	196.73
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NOT NECESSARY	100.00	-
			100.00	-
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		370.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		500.00	400.00
			870.00	600.00
GRAND TOTAL			1,166.73	796.73
RECOMMENDED COST OF REPAIRS (CONFIRMED)				796.73

Report Ref No. NS/INC18006022/K1tbn2

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.