





# 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/INC18006027/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 02-04-2018  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 4534U	Veh. Inspected	SH 8949T
Policy No.	5077310363-02	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

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## 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.
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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

eBaoTech

GeneralClaim

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"/>	5077310363-02	SEAH TRANS	53291709W	GBS	Comprehensive	PC4534U	PC4534U	27/01/2018	26/01/2019

## 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	02/04/2018 10:11
Date Of Accident	30/03/2018 09:30
Exact Location Of Accident	MANDAI RD TWDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8949T
<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	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	LIM KIM SOON
NRIC No	S1603027I
Date Of Birth	09/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/01/1984
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	588 #11-06 WOODLANDS DRIVE 16
Postcode	730588
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SENGKANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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	PC4534U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

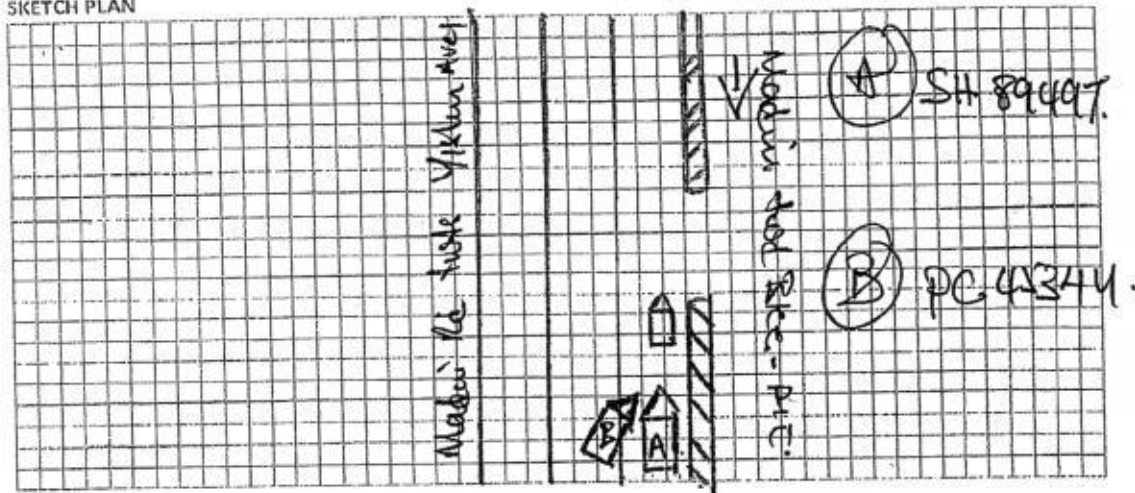
Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police

Report T/ 2018 0330/2032

On 30 March 2018 @ 0920 hrs. I was driving my taxi SH8949T along Mandai Rd, at the point of time the traffic is heavy and congested and moving in slow speed. As I wanted to turn into lane 1, I then Signal Right and slowly move into lane 1, one van PC 48344 who travelling on lane 2 suddenly turn into my lane. Due to that action, I was not able to stop in time and scratched onto the said van right side resulted some damage on my car front left bumper and side mirror. After the collision, the van driver did not stop and wait off from the scene. I managed to take down his car plate number and proceed to

DECLARATION lodge this police report. No traffic police and ambulance were at scene.  
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

*[Signature]* 20/3



## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180330/2032

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180330/2032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/03/2018 11:07	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars			
Name of Informant: LIM KIM SOON		Address: APT BLK 588 WOODLANDS DRIVE 16 #11-06 SINGAPORE 730588	
ID Type / ID No.: NRIC NO / S16030271		Contact No.: Home/Office: Mobile: 90619492	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 09/05/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/03/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 MANDAI ROAD				
Towards Yishun direction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC4534U	Van				Slightly Damaged	0
SH8949T	Car				Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20180330/2032

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3

Report No. T/20180330/2032

**CONTINUATION OF REPORT**

**Brief Details**

On 30/03/2018 at 1053hrs, I was driving my taxi SH8949T along Mandai Road. At that point of time the traffic is congested and moving in slow speed. As I wanted to turn into lane 1, I then signal right and slow down. However after I enter lane 1, one van PC4534U who travelling on lane 2 suddenly turned into my lane. Due to that action, I was not able to stop in time and scratched onto the said van right side mirror. This resulted in some damaged on my car front left bumper and side mirror.

After the collision, the van driver did not stop and went off from scene. I managed to take down his car plate number and proceed to lodge this police report. No traffic police and ambulance was at scene. My passenger is not injured. There is one car recorder inside my taxi and captured the whole incident. That's all.

Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999



T/20180330/2032

3 of 3

Report No. T/20180330/2032

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 1 LEONG GHUM WAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/03/2018 11:07

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Classification Of Case:

SN 085

Authentication Stamp  
NP168



Signature:





am: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO305137251

OMER

REGN NO.:

SH 8949T

MILEAGE

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

MAKE:

TOYOTA

FUEL

LESS 383 SIN MING DRIVE

MODEL

PRIUS HYBRID(G4)02.04.2018 12:00

E.....1/2.....F

Singapore SINGAPORE 575717

(R) 65508755

(O)

YR OF MANU

30.05.2017

TARGET DATE

(P)

CHASSIS CODE

JTDKB3FU003557293

COMPLETION DATE/TIME:

DUNT CARD NO.

## JOB DESCRIPTION

Accident Date: 30.03.2018

NATURE: 3P 30.03.18/C

NO

LABOR CODE

DESCRIPTION

PACKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: SH 8949T

JU NTUC LKK

Vehicle No.:

SH 8949T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

NTuc

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

JOB NO : 305137251  
 REGN NO : SH 8949T  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 30.05.2017  
 DATE/TIME IN : 02.04.2018 12:00  
 ACCIDENT DATE : 30.03.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-0600-G PRIG4 MIRROR ASSY OUTER R 1 1,283.90 25.00 962.92

X Rep

SUB-TOTAL : 962.92

## JOB NATURE

0000 L PANEL BEATING- FRT.

~~360.00~~ 100

0001 23-502 SPRAYPAINT ON AFFECTED AREA

~~600.00~~ 450

0002 17-01 CHECK ALL LIGHTING

~~50.00~~ X 2

SUB-TOTAL : 1,010.00

TOTAL : 1,972.92

MVA NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME &amp; SIGNATURE

DATE :

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:

Kalm 16/4/18

2/4/18 1645h

2/4/18

P/P

After Repair p/h



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 04.04.2018

Time: 14:53:10

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 : 305137251  
REGN NO : SH 8949T  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 30.05.2017  
DATE/TIME IN : 02.04.2018 12:00  
ACCIDENT DATE : 30.03.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

0000 L PANEL BEATING- FRT. 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 450.00

SUB-TOTAL : 550.00

TOTAL : 550.00

AUTHORISED : YES / NO

MVA NAME &amp; SIGNATURE

SURVEYOR NAME &amp; SIGNATURE

DATE :

DATE :



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305137251

Date : 04/04/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 8949T

Date of Accident : 30.03.18

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

- The repair job shall bill to: NTUC --- PC 4534U  
###
- The finalized amount shall be:
  - Spare Parts after List discount \$0.00
  - Labour Charges ### \$550.00
  - Total for Part-By-Part Repair Cost \$550.00
  - 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 : 5/4/18

## 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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
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/INC18006027/K1vbn2

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 4534U	Veh. Inspected	SH 8949T
Policy No.	5077310363-02	Coverage (\$)	0.00
Claim No.	MT/0989145-001	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.	JTDKB3FU003557293	Colour	BLUE
Odometer	132279	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 BODY. DAMAGES SEE DETAILS.
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### 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.
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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



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8949T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<b>REPLACEMENT OF PARTS</b>	TO REPAIR		
	PRIG4 MIRROR ASSY OUTER R		1,283.90	-
	LESS 25% DISCOUNT		-320.98	-
			962.92	-
	<b>LABOUR</b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		410.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		600.00	450.00
			1,010.00	550.00
<b>GRAND TOTAL</b>			<b>1,972.92</b>	<b>550.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>550.00</b>

Report Ref No. NS/INC18006027/K1vbn2

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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