| Contrac | 734      |  |
|---------|----------|--|
| Sirve   | W Kalvin |  |

waste and the

REF:

# NS/INC18007337/KIS3bez

| Sirve Wilvin NIS/INC181                     | 10-1334/KI      | s3bez                    |                                   |                   |
|---|-----------------|--------------------------|-----------------------------------|-------------------|
| ASSI  | GNMENT          |                          |                                   |                   |
| From: Date:                                 | Veh No:         | SH 7013                  | $A_{\text{Yr Regn:}}{}^{3\circ}A$ | 4, 217            |
| Estima <b>t</b> 600s                        | Type: M.Car / M | 1.Cycle / Bus / Van / Lo |                                   | •                 |
| OD / TP /WS/TPRES / OD RES / EVA / INV / MV | Truck / T       | railer or                |                                   |                   |
| To Inspectivelide No:                       | Make:           | Toyta Pr.                | ور و د                            | 1798              |
| at Workship mis                             | Colour          | Blue                     | A/C: Ins@ed /                     | Std / NI / NA     |
| of  | Sp.Reading      | 5- 7014                  | T/Radio: Ins@ed /                 |                   |
| Insured: SIL3177S                           | Eng/No:         |                          |                                   |                   |
| Policy Na 5083 88089 -01 2017 - 2011        | 8 G/No:         | , JTOK                   | 37 F42035                         | 61569             |
| Claims Na MT/0991340 - 002                  | Gen. Cond: God  | d / Fair / Poor / Burnt  |                                   |                   |
| Sum in s tiled: Excess:                     | Steering: Inor  | r / Jammed / Leaked      | /Bumt or                          |                   |
| (Client's Reong)                            | Brake: Inorde   | Jammed / Leaked          | Bumt or                           |                   |
| Make of Vih:                                | Modi: Nil/S     | /Rim / STD ADRim or      |                                   |                   |
|   | Tyre Size;      | F: /                     | 95/65RIS                          |                   |
| (Policy Condition)                          |                 | R:                       | -1                                |                   |
| Remark: The veh had commenced its N/S O/S   | BS / DUN / EXN  | OVA/GY/FS/LIZA           | MIC/OHTSU/PIR/                    | SUMI/             |
| repair at the time of inspection.           | TOYO / YOK      | or                       |                                   |                   |
| Ball or Market Value:                       | <u>Front</u>    | 4                        | Rear                              | •                 |
| IDACAccident Rport: Consistent?: Yes or No  | R/Bal.          | mm                       | R/Bal.                            | 7 mm              |
| GIA / PR Seen: Consistent? : Yes or No      | L/Bal.          | mm                       | ∐Bal. →                           | mm                |
| Est. Repairs:days Res.: Yes or No           | D.O.A. 18/4     |                          | D.O.I. 19/x                       |                   |
| Lum Surn: % 3 Val.: Yes or No               | Survey held at  | _ (1                     | OGE (Loy                          | ang)              |
| CA / REV / REP. / 24 HRS                    | Des. of Damage  | s: Frt / Rear / O/S      | N/S / U/C / Rooft                 | op or             |
| Vehicle: IN / OUT  Date: Person Contacted:  | T. 1100 1 of    |                          | Ken                               |                   |
| Date / Time   Action / Instruction          | The U/C / C     | Chassis frame / Body     | Structure affected of             | tue to collision. |
| SH TUBA - 1007/TMI 12003551/FII             | ulo             | DA: 161                  | all ZN                            | 4                 |
| SJL 3TAS -x                                 | J               | 9011                     | 911                               |                   |
| 24/4/08 Confirme 1 1/9 \$ 360/ 2 Page.      |                 |                          |                                   |                   |
| , , , , ,                                   |                 | 0                        |                                   |                   |
| •   |                 |                          |                                   |                   |
|   | 7 1 1           |                          |                                   | 1                 |
| RECEIVED 2 4 APR 2018                       | (go hola        | day) ( on leave          | ) on 15,3                         | 15,4/5            |
| _   |                 | 7                        | 7 700 200-200 387                 |                   |
| Dateline, File Passio? : Preli. Report      | Days Of Repai   | ir: 2                    |                                   |                   |
| 1) Twost : Final Report                     | Resurvey No.    | of Trip:                 | Survey Fee:                       | 160               |
| Date/line File Return to?                   |                 | 100 miles                | Transportation:                   |                   |
| Add Fee                                     | Section 2       |                          | _)S+RS,SI                         |                   |
| Na  | : Intervie      |                          | _) Photos                         | 39                |
| লি মুখ্যানি সভাৰ <u>-</u>                   | Tach in         | 11.8 13                  | Othera                            |                   |

III ME

| 1    | Doforono        | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. |
|------|-----------------|---------------------------------|----------------------|--------------------|
| S/NO | MAT/0001340-002 | COMFORT TRANSPORTATION PTE LTD  | SH 7013A             | SJL 3277S          |
| 1    | MAT/0000/20-002 | COMFORT TRANSPORTATION PTE LTD  | SHC 1833X            | GBG 6935C          |
| +    | MT/0001001_002  | COMFORT TRANSPORTATION PTE LTD  | SHB 4181D            | SJF 4165G          |
| +    | AAT/0007575,007 | SMRT TAXIS                      | SHB 5490E            | SGN 2724A          |
| +    | MAT/0988974-002 | SMRT TAXIS                      | SHF 474P             | SKP 1761R          |
| 1    | MT/0988606-002  | SMRT TAXIS                      | SHF 287M             | SHD 1850R          |
|      | MT/0988375-002  | SMRT TAXIS                      | SHB 5737U            | SKZ 9804X          |
| , ,  | MT/0991050-002  | COMFORT TRANSPORTATION PTE LTD  | SHD 6647D            | SLM 4176P          |
|      | MT/0991603-001  | COMFORT TRANSPORTATION PTE LTD  | SH 9594B             | SJF 8421R          |
| +    | MT/0089797-007  | SMRT TAXIS                      | SHB 5445L            | GZ 8719M           |
| 2 :  | MT/0080010-002  | SMRT TAXIS                      | SHB 668T             | SLV 3014H          |
| 11   | MT/0989555-002  | SMRT TAXIS                      | SHB 5515T            | SLS 2028R          |
| 12   | MT/0981124-002  | SMRT BUSES                      | SMB 8039Y            | SJC 8146B          |
|      | MT/0901610-001  | COMFORT TRANSPORTATION PTE LTD  | SHC 8728X            | GBG 2031L          |
| 1 1  | MT/0001074-002  | COMFORT TRANSPORTATION PTE LTD  | SHC 2948S            | GZ 1977E           |
| 0 0  | MT/0090979-002  | COMFORT TRANSPORTATION PTE LTD  | SHD 6658Y            | FBK 791T           |
| 17   | 200-6150650/TM  | COMFORT TRANSPORTATION PTE LTD  | SHD 4138U            | PC 2948Y           |
| 10   | MAT/0990960-002 | COMFORT TRANSPORTATION PTE LTD  | SHD 4928G            | YP 6440T           |



# **National Assessment Centre Services**

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





| NTUC INCOME IN                             | SURANCE CO-OPERATIVE LTD                                      | Ref:     | NS/INC180073  | 37/K1s3b                      |
|--|---|----------|---------------|-------------------------------|
| 73 BRAS BASAH<br>#05-01 NTUC TR/<br>189556 | ROAD<br>ADE UNION HOUSESINGAPORE                              | Date:    | 20-04-2018    |                               |
|  |   | Code:    | INC4          |                               |
| 1.   | Policy Particulars  | :- THIR  | D PARTY CLAIM | TO A SECURITION               |
| Insured Ve                                 | h. SJL 3277S  | Veh. Ir  | nspected      | SH 7013A                      |
| Policy No.                                 | 5083580899-01   | Cover    | age (\$)      | 0.00                          |
| Claim No.                                  |   | Exces    | s (\$)        | 0.00                          |
| Assign Fro                                 | m   | Assign   | n Date        | 19/04/2018                    |
| 2.   | Vehicle Parti   | culars 8 | Condition     | MANAGEMENT AND REAL PROPERTY. |
| Make & Mo                                  | del   | c.c      |               | 0                             |
| Engine No.                                 | HIDDEN  | Year o   | f Reg.        |                               |
| Chassis No                                 | ).  | Colou    | •             |                               |
| Odometer                                   | •   | Steeri   | ng            |                               |
| Brakes                                     |   | Modifi   | cation        |                               |
| General                                    |   |          |               |                               |
| 3.4  | Condit  | ions of  | Tyres         |                               |
|  | Size  | Make     |               | Balance                       |
| R/H Front T                                | yre   |          |               | mm                            |
| L/H Front T                                | yre   |          |               | mm                            |
| R/H Rear T                                 | yre   |          |               | mm                            |
| L/H Rear Ty                                | /re   |          |               | mm                            |
|  | Descripti   | on of Da | mages         |                               |
| S. Taller and Market                       | Genera  | l Inform | ation         |                               |
| Accident D                                 |   | Inspec   | tion Date     | 19/04/2018                    |
| Survey held                                | d at COMFORTDELGRO ENGINEE                                    | RING PT  | ELTD          |                               |
|  | 59 LOYANG DRIVE<br>SINGAPORE 508969                           |          |               |                               |
| 5a.  | R   | emarks   |               |                               |
|  | ECTION WAS CONDUCTED ON A"WI<br>DANCE TO YOUR INSTRUCTIONS, W |          |               |                               |

| <b>eBao</b> Tech       |          |                |                         |                      |           |               |                |                   | Gene             | ralClaim    |
|------------------------|----------|----------------|-------------------------|----------------------|-----------|---------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 00601    |                |                         |                      | -Can Carl | ,             | Change La      | nguage            | · Change Passwor | d • Log Out |
| My Desktop             | Poli     | cy Query       |                         |                      |           |               |                |                   |                  |             |
| Notice of Loss         | Policy I | No.            |                         |                      |           | Date of Acc   | ident          | 18/04             | 1/2018 13:11     |             |
|                        | Vehicle  | No.(For Motor) | SJL3277S                |                      |           |               |                |                   |                  |             |
|                        |          |                |                         |                      |           | Search        |                |                   |                  |             |
|                        | Select   | Policy No.     | Policyholder<br>Name    | Policyholder<br>NRIC | Product   | Cover Type    | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                        | 6        | 5083580899-01  | YAP LEE HSIEN<br>ANGELA | S8033014F            | GPC       | drivo CLASSIC | SJL32775       | SJL32775          | 22/12/2017       | 23/11/2018  |
|                        |          |                |                         |                      | - 1       | Continue      |                |                   |                  | N-1700      |

## 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 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.
- 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

|                            | ACCIDENT STATEMENT                               |  |  |  |
|----------------------------|--|--|--|--|
| Date Of Report             | 19/04/2018 09:54                                 |  |  |  |
| Date Of Accident           | 18/04/2018 19:40                                 |  |  |  |
| Exact Location Of Accident | SLIP RD FROM BEDOK NORTH RD TWDS BEDOK RESERVOIR |  |  |  |
| Country/State of Loss      | SINGAPORE  |  |  |  |

|                             | DETAILS OF OWN VEHICLE         |  |
|-----------------------------|--------------------------------|--|
| Vehicle Registration Number | SH7013A                        |  |
| 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 |  |
|---------|-------------|--|
|         |             |  |

|              | 12.35 C012.72.70 |  |
|--------------|------------------|--|
| Manufacturer | TOYOTA           |  |
| Model        | PRIUS HYBRID 4G  |  |

| 3   | Exact Purpose for which vehicle was being used at |  |
|-----|---|--|
| - 1 | time of accident                                  |  |

| for repair to your venicle? | Are you claiming under your own insurance policy for repair to your vehicle? | OV |
|-----------------------------|--|----|
|-----------------------------|--|----|

| 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         |
| EL LA BUELL               | YES                                   |

| Fleet Policy  | YES      |
|---------------|----------|
| Policy Number | MCOM0015 |

| Cover Note Number |              |  |
|-------------------|--------------|--|
| Driver            |              |  |
| Name of Driver    | TONG KUM WAH |  |
| NRIC No.          | S1164838Z    |  |

| NRIC No              | S1164838Z  |
|----------------------|------------|
| Date Of Birth        | 27/08/1956 |
| Occupation           | OUTDOOR    |
| Date Of Driving Pass | 31/05/1978 |

| Driving Experience | 39 YEARS AND 10 MONTH |
|--------------------|-----------------------|
| Driving Experience | 39 LEAKS WIND IN MOIN |

| Gender | MALE |
|--------|------|

| Gender         | MALE               |
|----------------|--------------------|
| Mobile Number  |                    |
| Fax Number     |                    |
| Contact Number |                    |
| EMail Address  | TONGKW56@GMAIL.COM |

Address

BLK 329 UBI AVENUE 1

#05-633

Postcode

400329

Was driver an employee of the Insured's Company

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

NO

ambulance?

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)

2

Passenger 1

NAME:

GENDER:

: MALE

**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

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJL3277S

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YAP LEE HSIEN ANGEL

NRIC/Passport Number

S8033014F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

NO DAMAGED

Page 2 of 17

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.

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.

GUARAC SketchFranForm\_V3

1

[

## Sketch Plan Pg. 2

| SKETCH PLAN                               | B.                  | soc reser  | VOIR RI | (AMPINES)  |
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|   |                     | 100 LOS  |         |  |
| +   S + 1971   7517   P   1               |                     |  | HHH     |  |
| Weas SIA T                                | +++++               | HHHN   | HXH     |  |
| VADIAF HSIEN                              | ANG EL              | SLIP RD 4  | 1211    | ++++++++++++++++++++++++++++++++++++   |
| HONDAA<br>YAP (LEE HS1EN)<br>HE S 803304  | U.F.                | £20m   | 111     | F  |
| 1/6 5 80 53 0"                            |                     | BEBOK  |         | The state of the s |
|   |                     | NORTH PE   |         | 11111111   |
|   |                     | TOVELL I   |         |  |
| DESCRIBE CIRCUMSTANCES OF THE ACC         | CIDENT              |  |         |  |
|   | 505-03A-007-1       | West Control of the C |         |  |
|   |                     |  |         |  |
|   |                     |  |         |  |
| <u> </u>                                  |                     |  |         |  |
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|   |                     | 19450  |         |  |
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|   | <u> </u>            |  |         |  |
|   |                     |  |         |  |
| IC ALCOHOLD LIVE CONTRACTOR               |                     |  |         |  |
|   |                     |  |         |  |
| ECLARATION                                |                     |  |         |  |
| eclaration<br>Wedsherperssis of tarbor fu | in syery respect.   | 15. Ann 11. Control 1  |         |  |
|   | in swery respect.   | 22   | ς λ     | S Neg 1101   |
| Wedniforth-fransisboatiantoarbte          | Ling gyery respect. | 20 E   | 4       | J yen yeu  |

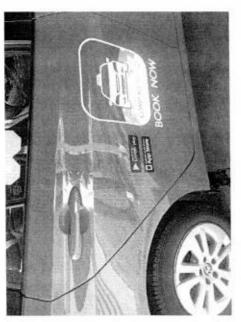
Date & Time: SWMMCSkatchFlenFarm\_V3

NRIC/FIN No.:

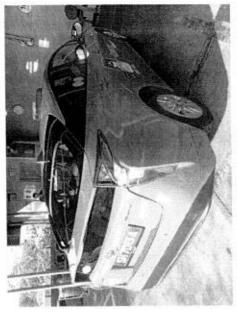
## Sketch Plan Pg. 3

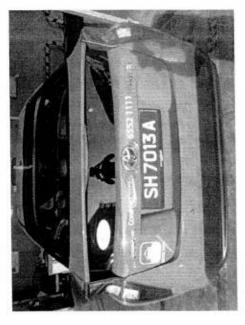
| Describe Circumstances                          | of the Accident.   |                             |
|---|--|-----------------------------|
| On 18 Apr 2018 at about                         | 19:40 hrs I was driving along a Slip Rd from               | m Bedok North Rd headir     |
|   | Bedok Reservoir Rd(Tampines direction).                    | The reduit                  |
|   |  |                             |
| As rapproached the give                         | way lines I slowed down and stopped to g                   | ive way to the traffic from |
| my right.                                       |  |                             |
| Suddenly a few seconds l                        | ater a Honda car SJL3277S came from beh                    | ind collided onto the Rea   |
| Right Corner Portion of m                       |  |                             |
| 01 passenger(via on curre                       | ent booking call) on board my taxi. No inju                | ry at the point of the      |
| accident.                                       |  | y at the point of the       |
| Enclosed is a vide - 6                          |  |                             |
| Enclosed is a video footag                      | e to support my claims.                                    |                             |
|   |  |                             |
|   |  | 4-1-17                      |
|   |  |                             |
|   |  |                             |
|   |  |                             |
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|   |  |                             |
|   |  |                             |
|   |  |                             |
| eclaration                                      |  |                             |
| cuaration                                       |  |                             |
| We declare the foregoing partic                 | culars are true in every respect.                          |                             |
|   | are tide in every respect.                                 | Λ                           |
| FORT TRANSPORTATION P<br>CO. REG. NO. 199303821 | TE LTD   | 19/10/18                    |
| icyholder's Signature/Date &                    | Driver's Signature(If driver is not the policyholder)/Date | Witnessed by Reporting      |
| <b>3</b>  | & Time   | Centre Personnel            |

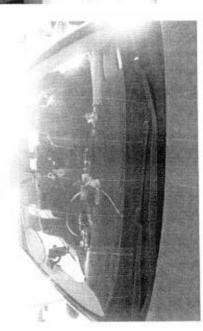












## COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286

24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 6 Defu Avenue 1 Singapore 539537

Date/Time: 319.04.2018 3:43

Page: 1

JOB CARD Sales Order: 3818892 Ceam: ARC Repair TP(CLSO)1 JC NO305143717 STOMER REGN NO. 7013A MILEAGE COMFORT TRANSPORTATION PTE LTD I/MS MAKE TOYOTA FUEL 7010045 STOMER NO. 383 SIN MING DRIVE E.....1/2..... PRIUS HYBRID(G4)19.04.2018 08:40 Singapore SINGAPORE 575717 65508755 .. (R) (O) YR OF MANU 8. 2017 TARGET DATE (P) CHASSIS CODE JTDKB3FU203561569 COMPLETION DATE/TIME: SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 18.04.2018

NATURE: 3P 18.04.18/B

S/NO

LABOR CODE

DESCRIPTION

|   |                              | 8.8                  |
|---|------------------------------|----------------------|
| HECKED & PASSED OUT BY:                       |                              |                      |
| SERVICE ADVISOR                               |                              | CUSTOMER'S SIGNATURE |
| owledgement Slip                              | Exit Pass                    |                      |
| e:<br>o.:<br>le No.: SH 7013A FZ              | Vehicle No.: SH 7013A        |                      |
| e of Service Advisor Signature/Date           | Name of Service Advisor      | Date                 |
| returned to Service Reception upon collection | To be kept by Security Guard |                      |

# COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SH 7013A :

MAKE

NTUC LKK REAK RICHT

| ODEL | : TOYOTA PRIUS   | OTV  | LIMIT DDICE   | 4.5              | OUNT     | 1  |
|------|--|--|---|------------------|----------|----|
|      | PARTS DESCRIPTION  | QTY  | UNIT PRICE  | \$               | 458.60   | 1  |
|      | REAR BUMPER X MARINE   |  |   | -                |          |    |
|      | SEAL, REAR BUMPER SIDE, RH X                                     |  |   | \$               | 148.40   |    |
|      | SUB TOTAL  |  | 3   | \$               | 607.00   | 1  |
|      | SUB TOTAL  |  |   | 550              |          |    |
|      | LESS 25%   |  |   | \$               | 121.40   | 1  |
|      | DISCOUNTED TOTAL   |  |   | \$               | 485.60   | 1  |
|      | REAR BUMPER RUBBER MAT × 11                                      |  |   | \$               | 50.00    | NE |
|      |  |  |   | \$               | 50.00    |    |
|      | LABOUR CHARGE  |  |   |                  | = (      | 0  |
|      | Panel Beating  |  |   | \$               | 300.00   | ,  |
|      | Spray Painting Charge  |  |   | \$               | 250:00   | 1  |
|      | Wiring Charge  |  |   | \$               | 30.00    |    |
|      | Remove/Refix Reverse Sensor                                      |  |   | \$               | 120.00   | ~  |
|      | TOTAL LABOUR   |  |   | \$               | 700.00   | 1  |
|      | ESTIMATE TOTAL   |  |   | \$               | 1,235.60 | 1  |
|      | Kalin (UK)<br>19/4/15 1x2h<br>2 Apr.<br>PIP<br>Ather Repair p LL |  |   |                  |          |    |
|      | PIP  |  |   |                  |          |    |
|      | Affer Reperiphet   |  |   |                  |          |    |
|      |  |  | a atify   | _                | 7        |    |
|      | the R  To re  To d  Par  This                                    | survey before<br>splay damage<br>s prices are side<br>d party survey | tants hence notify<br>he following:<br>later spray painting<br>d bart(s) during resurv-<br>ubject to confirmation<br>is on a "Without Preju-<br>ation(s) is allowed | ey<br>dice" basi |          |    |
|      | ■ Still is   | oplementary in<br>subject to final                                   | approval from insuran   | ce Compa         | sny      |    |
|      | 1.00   | nawledged by   | Repairer  |                  |          |    |

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 : 305143717                                       |   |  |   |  | ENGINEERING  |                  |  |  |
|--|---|--|---|--|--|------------------|--|--|
| Our Job Ret No : 305143717  Date : 23.04.2018  FINALIZATION FORM |   |  |   |  | ComfortDelGro Engineering Pte Ltd<br>59 Loyang Drive: Singapore 508969 |                  |  |  |
|  |   |  |   | Fax: 6546 8156   |  |                  |  |  |
|  |   |  | LKK   | Fax:   |  |                  |  |  |
|  |   |  |   | Fax.   |  |                  |  |  |
| Attn : KALVIN  |   |  |   |  |  |                  |  |  |
| Vehicle Reg No. : SH 7013A                                       |   |  |   | Date   | of Accident :  | 18.04.2018       |  |  |
| he s   | survey  | and estimates of the   | repairs of the above-men                    | tioned vehicle a   | re as follows:-  |                  |  |  |
|  | Ther  | epair job shall bill to:   |   | NTUC   | -  | SJL3277S         |  |  |
|  | The f   | inalized amount shall  | be:   |  |  |                  |  |  |
|  | (a) Spare Parts after List discount                         |  |   |  |  | \$0.00           |  |  |
|  | (b)   | Labour Charges   |   |  |  | \$300.00         |  |  |
|  |   | Total for Part-By-   | Part Repair Cost                            |  |  | \$300.00         |  |  |
|  | 101   | Lumpaum Danais (i  | f applicable)                               |  |  |                  |  |  |
|  | (c.)  | Lumpsum Repair (i<br>Total for Lumpsum   | repair cost after Less:                     | 20%  |  | \$0.00           |  |  |
|  |   | Final Lumpsum R  | lepair cost                                 | - 14 14 14 1   |  | \$0.00           |  |  |
|  | We s  | rking days   | amount as Correct an                        | d Confirmed if   |  |                  |  |  |
|  | We s<br>7 wo  | hall treat the above   | amount as Correct an                        | d Confirmed if<br>We<br>fin                                  |  |                  |  |  |
|  | We s<br>7 wo  | hall treat the above<br>rking days<br>k you for your assista<br>ature :  | amount as Correct an                        | d Confirmed if<br>Wi<br>fin<br>Sig                           | there is no rep<br>e confirm the est<br>alized amount                  |                  |  |  |
|  | We s 7 wo Than Signa  | hall treat the above rking days k you for your assists ature:  FAUZY BIN N   | amount as Correct an                        | d Confirmed if<br>Wi<br>fin<br>Siç<br>Na                     | there is no rep e confirm the est alized amount  gnature :             | timates and      |  |  |
|  | We s<br>7 wo<br>Than  | hall treat the above rking days k you for your assists ature: e : FAUZY BIN N  | amount as Correct an                        | d Confirmed if<br>Wi<br>fin<br>Sig                           | there is no rep e confirm the est alized amount  gnature :             | timates and      |  |  |
|  | We so 7 woo Than Signa Name Tel Fax                         | hall treat the above rking days k you for your assists ature: e : FAUZY BIN N : 62148319 : 65468156  | amount as Correct an                        | d Confirmed if<br>Wi<br>fin<br>Siç<br>Na                     | there is no rep e confirm the est alized amount  gnature :             | timates and      |  |  |
| or (   | We so 7 woo Than Signa Name Tel Fax                         | hall treat the above rking days k you for your assists ature: e : FAUZY BIN N  | amount as Correct an                        | d Confirmed if We fin  | there is no rep e confirm the est alized amount  anature: me :         | timates and      |  |  |
|  | We so 7 woo Than Signa Name Tel Fax                         | hall treat the above rking days k you for your assists ature: e : FAUZY BIN N : 62148319 : 65468156  | amount as Correct an                        | d Confirmed if<br>Wi<br>fin<br>Siç<br>Na                     | there is no rep e confirm the est alized amount  gnature :             | timates and      |  |  |
| or (   | We s 7 wo Than Signa Name Tel Fax Official                  | hall treat the above rking days k you for your assists ature:  = : FAUZY BIN N : 62148319 : 65468156   | ance.  MOKHTAR                              | d Confirmed if  We fin.  Signature Na  Da  Document Attached | there is no rep e confirm the est alized amount  gnature :             | Kalnz<br>2 4/4/8 |  |  |
| or (   | We s 7 wo Than Signa Name Tel Fax Official                  | hall treat the above rking days k you for your assists ature: e : FAUZY BIN N : 62148319 : 65468156  Use Only  | ance.  MOKHTAR                              | d Confirmed if Windstand                                     | there is no rep e confirm the est alized amount  gnature :             | Kalnz<br>2 4/4/8 |  |  |
| or (   | We s 7 wo Than Signa Name Tel Fax Official                  | hall treat the above rking days k you for your assists ature: e: FAUZY BIN N : 62148319 : 65468156  Use Only  Item                                     | ance.  MOKHTAR                              | Document Attached Yes or No YES                              | there is no rep e confirm the est alized amount  gnature :             | Kalnz<br>2 4/4/8 |  |  |
| or (   | We s 7 wo Than Signa Name Tel Fax Official ental R oss of I | hall treat the above rking days k you for your assists ature: e: FAUZY BIN N : 62148319 : 65468156  Use Only Item Rate P/Day Income Paid Fees arch Fee | ance.  MOKHTAR                              | Document Attached Yes or No YES                              | there is no rep e confirm the est alized amount  gnature :             | Kalnz<br>2 4/4/8 |  |  |
| or (   | We s 7 wo Than Signa Name Tel Fax Official ental R oss of I | hall treat the above rking days k you for your assists ature: e : FAUZY BIN N : 62148319 : 65468156  Use Only Item Rate P/Day ncome Paid Fees          | amount as Correct an ance.  MOKHTAR  Amount | Document Attached Yes or No YES                              | there is no rep e confirm the est alized amount  gnature :             | Kalnz<br>2 4/4/8 |  |  |

#### COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 23.04.2018 Time: 15:10:48

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 REGN NO MILEAGE

: 305143717 : SH 7013A : 0000000000

MAKE

TOYOTA

MODEL

: PRIUS HYBRID(G4)

DATE OF REGN : 30.08.2017 DATE/TIME IN : 19.04.2018 08:40 ACCIDENT DATE : 18.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL :

0.00

JOB NATURE

0000 L

PANEL BEATING

100.00

0001 L

SPRAY PAINTING CHARGE

200.00

SUB-TOTAL: 300.00

TOTAL : 300.00

MVA NAME & SIGNATURE TE:

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:



## **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref. NS/INC18007337/K1s3be2

| 73 B<br>#05-<br>1895 |                                | D<br>UNION HOUSESINGAPORE                              | Date: 08-05-2018                                  |                    |  |  |  |  |
|----------------------|--------------------------------|--|---|--------------------|--|--|--|--|
|                      |                                |  | Code: INC4  |                    |  |  |  |  |
| 1.                   |                                | Policy Particulars                                     | :- THIRD PARTY CLAIM                              |                    |  |  |  |  |
|                      | Insured Veh.                   | SJL 3277S  | Veh. Inspected                                    | SH 7013A           |  |  |  |  |
|                      | Policy No.                     | 5083580899-01  | Coverage (\$)                                     | 0.00               |  |  |  |  |
|                      | Claim No.                      | MT/0991340-002   | Excess (\$)                                       | 0.00               |  |  |  |  |
|                      | Assign From                    |  | Assign Date                                       | 19/04/2018         |  |  |  |  |
| 2.                   |                                | Vehicle Parti  | culars & Condition                                |                    |  |  |  |  |
|                      | Make & Model                   | TOYOTA PRIUS   | c.c   | 1798               |  |  |  |  |
|                      | Engine No.                     | HIDDEN   | Year of Reg.                                      | 2017               |  |  |  |  |
|                      | Chassis No.                    | JTDKB3FU203561569                                      | Colour  | BLUE               |  |  |  |  |
|                      | Odometer                       | 57014  | Steering  | IN ORDER           |  |  |  |  |
|                      | Brakes                         | IN ORDER   | Modification                                      | STANDARD ALLOY RIM |  |  |  |  |
|                      | General                        | GOOD   |   |                    |  |  |  |  |
| 3.                   |                                | Condit   | ions of Tyres                                     |                    |  |  |  |  |
|                      |                                | 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               |  |  |  |  |
| 4.                   |                                | Descripti  | on of Damages                                     |                    |  |  |  |  |
|                      | THE VEHICLE SU                 | STAINED DAMAGES AT THE O/                              | S REAR PORTION.                                   |                    |  |  |  |  |
|                      | DAMAGES SEE DETAILS.           |  |   |                    |  |  |  |  |
| 5.                   |                                |  | al Information                                    |                    |  |  |  |  |
|                      | Accident Date                  | 18/04/2018   | Inspection Date                                   | 19/04/2018         |  |  |  |  |
|                      | Survey held at                 | COMFORTDELGRO ENGINEE                                  | ERING PTE LTD                                     |                    |  |  |  |  |
|                      |                                | 59 LOYANG DRIVE<br>SINGAPORE 508969                    |   |                    |  |  |  |  |
| 5a.                  |                                |  | Remarks   |                    |  |  |  |  |
|                      | A)THE INSPECTION B)IN ACCORDAN | ON WAS CONDUCTED ON A"WI<br>CE TO YOUR INSTRUCTIONS, V | THOUT PREJUDICE" BASIS.<br>WE HAVE NOT AUTHORISED | REPAIRS.           |  |  |  |  |
| 5b.                  |                                | Estimate   | Days of Repair                                    |                    |  |  |  |  |
|                      | ESTIMATED NOR                  | MAL 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



300.00

# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7013A

| Qty | Description of Parts                         | Condition     | Estimate By<br>Workshop (\$) | Our Adjusted<br>(\$) |
|-----|--|---------------|------------------------------|----------------------|
|     | REPLACEMENT OF PARTS                         |               | Ι (ψ)                        | (4)                  |
| 1   | REAR BUMPER                                  | TO REPAIR     | 458.60                       |                      |
| 1   | SEAL, REAR BUMPER SIDE, RH                   | TO REPAIR     | 148.40                       |                      |
|     | LESS 25% DISCOUNT                            |               | -151.75                      | 5                    |
|     |  |               | 455.25                       |                      |
|     | SPECIAL NETT ITEMS                           |               | 455.25                       |                      |
| 1   | REAR BUMPER RUBBER MAT (SN)                  | NOT NECESSARY | 50.00                        |                      |
|     |  |               | 50.00                        |                      |
| 1   | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. |               | 450.00                       | 17570-7660           |
|     | THATCHAM TTS STANDARD SPRAY PAINTING COST    |               | 450.00                       | 100.00               |
|     | AND LABOUR.                                  |               | 250.00                       | 200.00               |
| Ц,  | DAND YOUR                                    |               | 700.00                       | 300.00               |
|     | GRAND TOTAL                                  |               | 1,205.25                     | 300.00               |
| F   | RECOMMENDED COST OF REPAIRS (CONFIRMED)      |               |                              | 300.00               |

Report Ref No. NS/INC18007337/K1s3be2

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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