

08/11/13

Surveyor: Kelvin

REF:

NS/INC16015070/KITb02

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop no/s _____

of _____

Insured: FBK 14498

Policy No. 5097771773 300118-290119

Claims No. MT/1008095-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 3850 T Yr Regn: 7 Sep 13

Type: M.Car / M.Cycle / Bus / Van / Lorry / T₀ / Prime Mover /

Truck / Trailer or

Make: Byta 1235 C.O. 178

Colour: Blue A/C: Ins 6 / Std / NI / NA

Sp. Reading: 140613 T/Radio: Ins 0 / Std / NI / NA

Eng/No: _____

C/No: JTDKB3F4503563879

Gen. Cond: Good / FB / Poor / Burnt

Steering: Inor 6 / Jammed / Leaked / Burnt or

Brake: Inor 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / 6 A/Rim or

Tyre Size: F: 195/65R4

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Wg/Hu

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 12/8/12 D.O.I. 2/8/12

Survey held at CDHE (Loyang)

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

O/S Ren

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

Date / Time	Action / Instruction
	SHA 3850T - NA / INC16015070 / R3 D/A: 260316 INC
	FBK 14498 - X
29/8/12	Labrad r/p 3 1282 / 3 by (Red: 1463 13: 53%)
RECEIVED 30 AUG 2012	

Date/Time, File Pass to? : Prel. Report

1) 30/8 Typist : Final Report

Date/Time, File Return to?

2) _____

Report Format: TP

Lump Sum / V.B. (\$) 1282

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____) \$ + RS \$ _____

: Interview (\$ _____) Photos

: Tech. Invs (\$ _____) Others

: Weekend (\$ _____) TOTAL

Survey Fee:

Transportation:

Others

TOTAL

160



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/INC18015270/K1tb			
73 BRAS BASAH ROAD		Date: 23-08-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4	
189556			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FBK 1449B	Veh. Inspected	SHA 3850T
Policy No.	5097771773	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	21/08/2018
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	17/08/2018	Inspection Date	21/08/2018
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.			

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) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5097771773		MUHAMMAD HAZIQ AKIF BIN ISMAIL	S94171051	GMC	Third Party, Fire & Theft	FBK1449B	FBK1449B	30/01/2018	29/01/2019

Continue

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1009373-001	COMFORT TRANSPORTATION PTE LTD	SHC 3055L	PC 3697P	19/8/2018	\$ 1,623.66	\$ 1,095.46
2	MT/1009185-002	COMFORT TRANSPORTATION PTE LTD	SHC 8825Z	SFE 2060R	28/8/2018	\$ 2,892.18	\$ 800.00
3	MT/1009007-002	COMFORT TRANSPORTATION PTE LTD	SH 8358Z	RD 6187X	27/8/2018	\$ 2,089.88	\$ 814.45
4	MT/1009087-002	COMFORT TRANSPORTATION PTE LTD	SHA 4428Z	SJV 6885P	24/8/2018	\$ 6,595.38	\$ 5,236.10
5	MT/1008717-002	CITYCAB PTE LTD	SHC 7877E	SLA 3866B	24/8/2018	\$ 2,219.36	\$ 950.00
6	MT/1009120-002	COMFORT TRANSPORTATION PTE LTD	SHD 3624P	SJL 6504S	26/8/2018	\$ 6,844.92	\$ 1,510.06
7	MT/1008471-002	COMFORT TRANSPORTATION PTE LTD	SH 7842Z	FBK 6778T	22/8/2018	\$ 1,473.20	\$ 1,273.20
8	MT/1008626-002	COMFORT TRANSPORTATION PTE LTD	SHA 2462L	PC 6244T	23/8/2018	\$ 1,679.16	\$ 300.00
9	MT/1009154-002	CITYCAB PTE LTD	SHA 9452U	SJE 7737S	24/8/2018	\$ 2,731.58	\$ 650.00
10	MT/1008987-002	CITYCAB PTE LTD	SHA 621H	YN 8044B	26/8/2018	\$ 4,685.68	\$ 2,950.00
11	MT/1008975-002	CITYCAB PTE LTD	SHA 881Z	YP 2006R	26/8/2018	\$ 8,248.46	\$ 1,500.00
12	MT/1008414-002	COMFORT TRANSPORTATION PTE LTD	SHC 3331P	SLK 2650K	23/8/2018	\$ 3,696.80	\$ 2,050.00
13	MT/1008095-002	COMFORT TRANSPORTATION PTE LTD	SHA 3850T	FBK 1449B	17/8/2018	\$ 2,745.13	\$ 1,282.00

Claim received from LKK Auto

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	17/08/2018 15:36
Date Of Accident	17/08/2018 07:55
Exact Location Of Accident	FARRER ROAD > QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3850T
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	LIM BENG KHIM
NRIC No	S1160199E
Date Of Birth	28/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	25/04/1978
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90060485
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 193 RIVERVALE DRIVE #14-789
Postcode	540193
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	CHAIN COLLISION
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)	2
Passenger 1	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

PLS REFER TO ATTACHED

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	FBK1449B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD HAZIQ AKIF BIN ISMAIL
NRIC/Passport Number	S9417105I
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage NOT SURE

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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.
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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 199203321R

Policyholder's Signature
Date & Time:

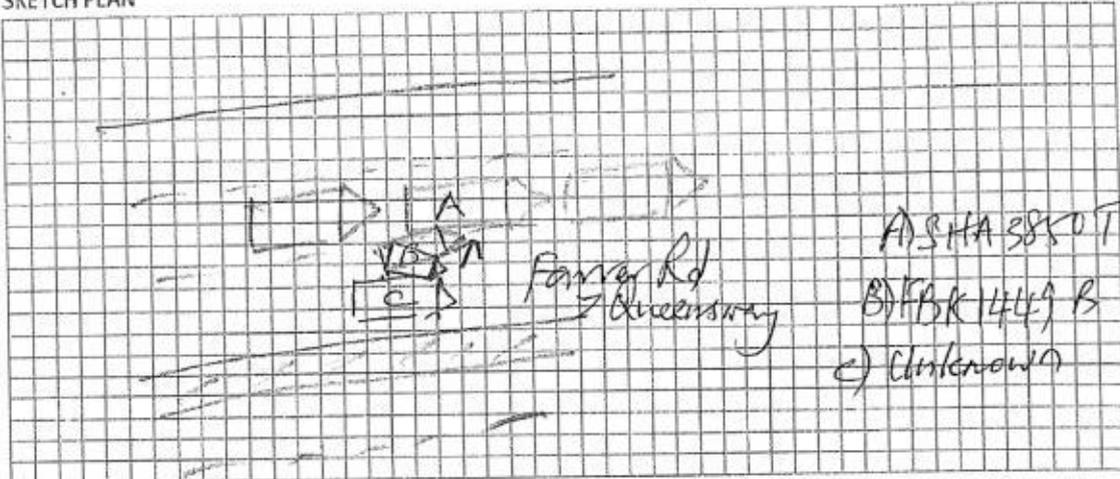
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

[Handwritten Signature]
17/8/18
SR MOOTUV



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/8/18 at about 0755 hrs while I veh A was travelling slowly behind other vehicles ahead in a slow moving traffic flow, Veh B collided on the rear right portion of my vehicle. When I came out to check, it was realized the veh B first collided with Veh C and lost control and then collided on my vehicle in the chain collision.

DECLARATION

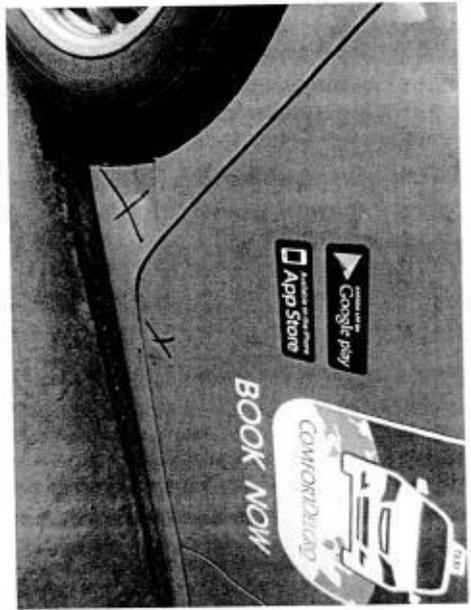
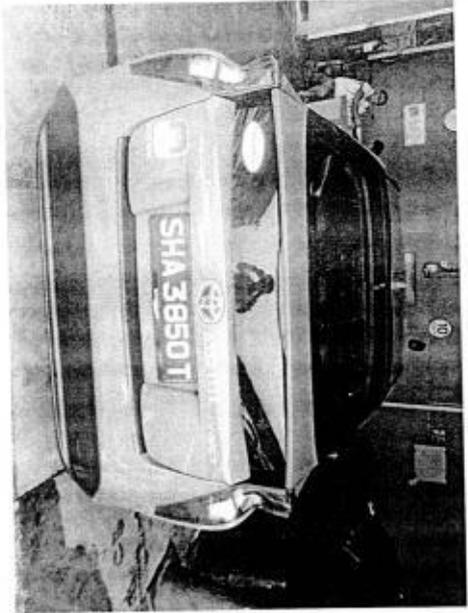
I/We declare the foregoing particulars are true in every respect.

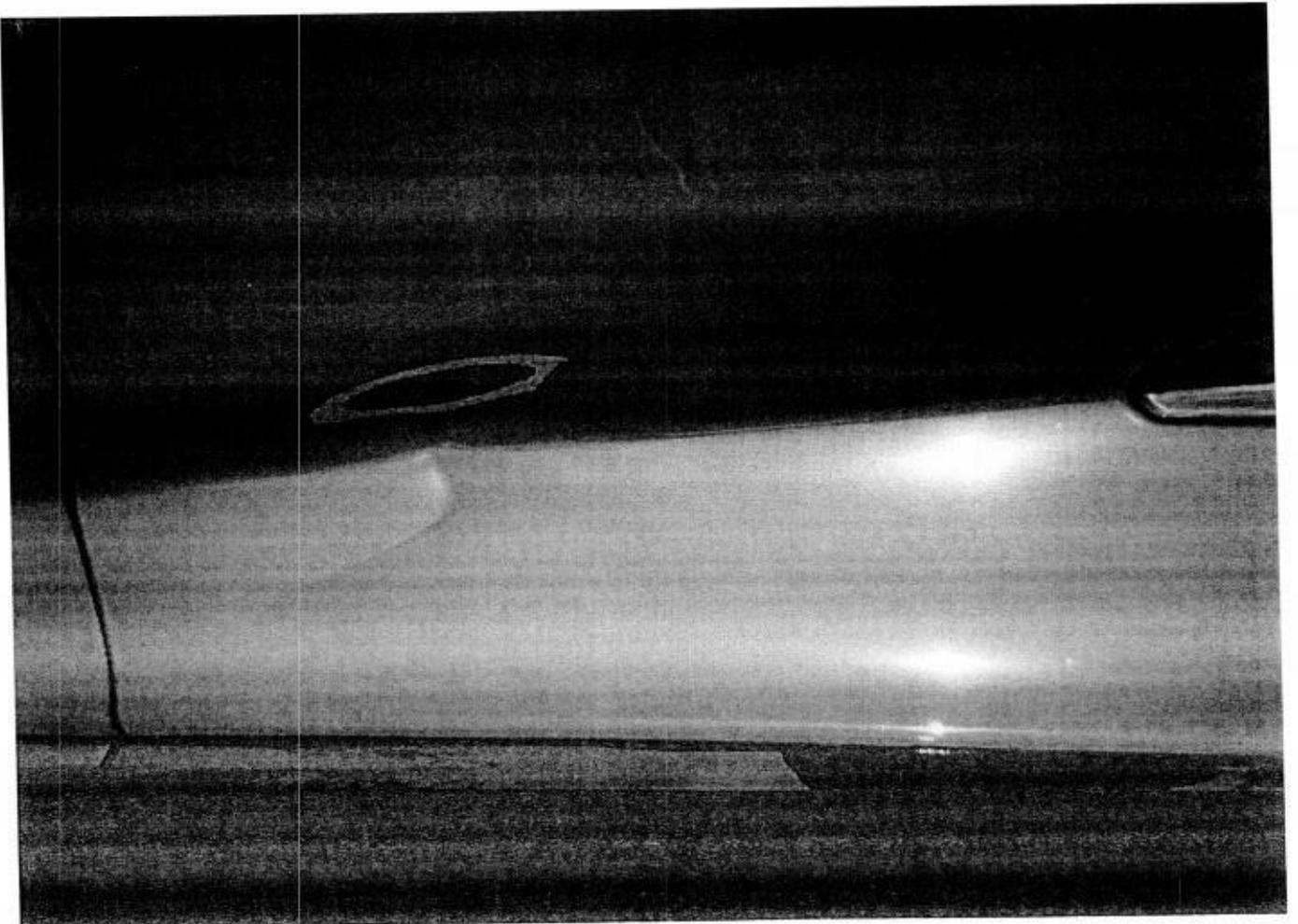
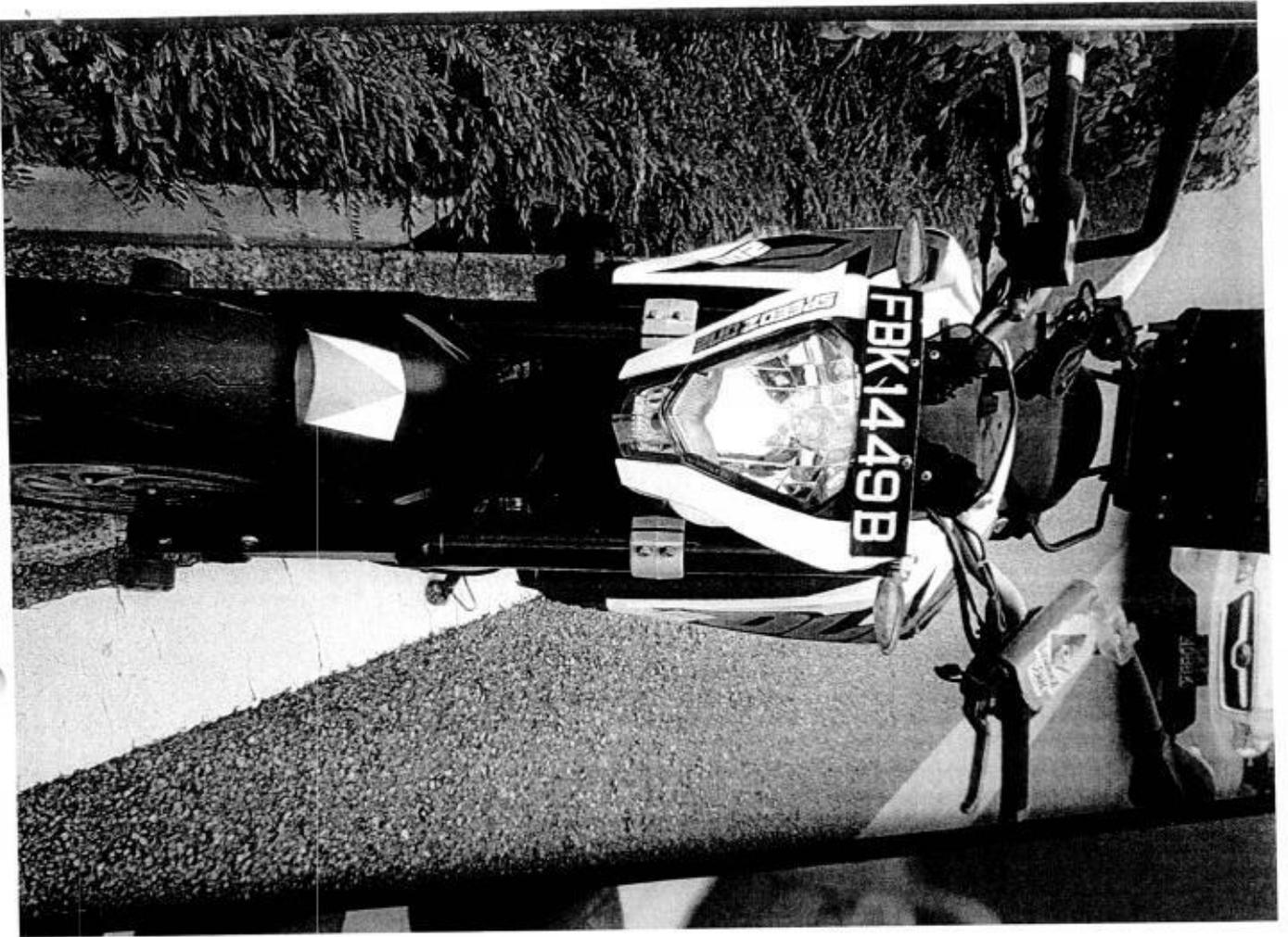
COMFORT TRANSPORTATION PTE LTD
CO REG NO 19303321R

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.:





Workshops

59 Loyang Drive Singapore 508906
 363 Bin Ming Drive Singapore 575717
 45 Pandan Road Singapore 609296
 200 Upper Macao Road Singapore 500189

24 Serangoon Loop Singapore 756124
 7 Sungei Kadut Way Singapore 728791
 501 Yehun Industrial Park A Singapore 758735

Date/Time: **21.08.2018 10:25**

Page : 1

Team: **ARC Repair TP(CLSO)1**

JOB CARD

Sales Order:

JC NO.: **305202728**

CUSTOMER VMS CUSTOMER NO. ADDRESS TEL (R) (F) SCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)		REGN NO.: SHA3850T	MILEAGE
			MAKE: TOYOTA	FUEL E.....1/2.....F
			MODEL: PRIUS HYBRID(G4)	DATE/TIME IN 21.08.2018 10:00
			YR OF MANUF: 07.09.2017	TARGET DATE
			CHASSIS CODE: JTDKB3FU503563879	COMPLETION DATE/TIME:

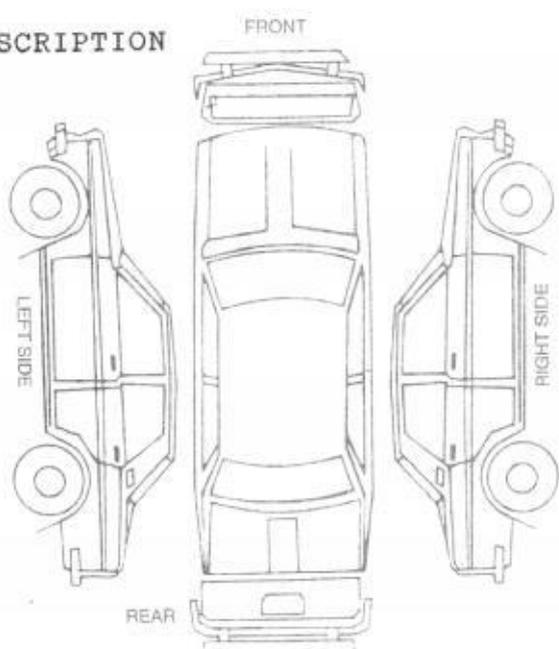
Chang
How

JOB DESCRIPTION

Accident Date: 17.08.2018
 NATURE: 3P 17.08.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Job No.:
 Vehicle No.: **SHA3850T**

Exit Pass

Vehicle No.: **SHA3850T**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection.

To be kept by Security Guard

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

JOB NO : 305202728
 REGN NO : SHA3850T
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 07.09.2017
 DATE/TIME IN : 21.08.2018 10:00
 ACCIDENT DATE : 17.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0810-G PRIG4 MLDG ASSY BODY ROCK 1 576.00 25.00 432.00

SUB-TOTAL : 432.00

JOB NATURE

0000 L PANEL BEATING 400.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

0002 20-204 REMOVE/REFIX UPHOLSTERY ASST REPAIR 50.00

SUB-TOTAL : 850.00

TOTAL : 1,282.00

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305202728
Date : 28/08/18

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHA3850T 17/08/2018

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

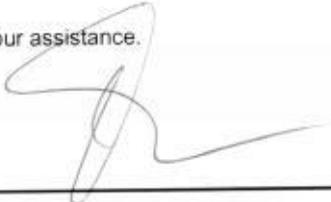
1. The repair job shall bill to: NTUC FBK1449B
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | <u>\$432.00</u> |
| (b) Labour Charges | <u>\$850.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$1,282.00</u> |
| (c) Lumpsum Repair (if applicable) | _____ |
| Total for Lumpsum repair cost after Less: | _____ |
| Final Lumpsum Repair cost | _____ |

3. Estimated normal period for repairs: 3 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kalvin
Date : 29/8/18

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:



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/INC18015270/K1tbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 03-09-2018
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBK 1449B	Veh. Inspected	SHA 3850T
Policy No.	5097771773	Coverage (\$)	0.00
Claim No.	MT/1008095-002	Excess (\$)	0.00
Assign From		Assign Date	21/08/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU503563879	Colour	BLUE
Odometer	140613	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 O/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	17/08/2018	Inspection Date	21/08/2018
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:	3 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. SHA 3850T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR FENDER,RH	TO REPAIR SEE LABOUR	817.50	-
1	ROCKER PANEL GARNISH	CRACKED	576.00	576.00
	LESS 25% DISCOUNT		-348.37	-144.00
			1,045.13	432.00
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER,RH.		1,000.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
			1,700.00	850.00
	GRAND TOTAL		2,745.13	1,282.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,282.00

Report Ref No. NS/INC18015270/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.