

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC18015576/K1q6

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: CLN 8500EPolicy No. 5057161560-05 07032018Claims No. MT/1008766-02

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: 7 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: SH 6352 C Yr Regn: 604 / 217

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Blue A/C: Insu 6d / Std / NI / NASp. Reading: 156305 T/Radio: Insu 6d / Std / NI / NA

Eng/No: _____

C/No: JTDKB3F4703565A8Gen. Cond: Good 6 / Fair / Poor / BurntSteering: In order 6 / Jammed / Leaked / Burnt orBrake: In order 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / SD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Wentla

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 24/8/8 D.O.I. 27/8/8Survey held at CHE (Loyang)

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

N/P Front

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

Date / Time Action / Instruction

SH 6352C - 08/11/13 00374 / H1993W2DA: DI-12-13 INCSLN 8500E - XPIP28/8/8 Libert PIP 5771-98 / 2 Pys. cited \$2981.43, 79%

RECEIVED 29 AUG 2018

Date/Time, File Pass to?

☐ : Prel. Report1) 29/8 14:54☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Photos

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I. (\$ _____)

721.98



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/INC18015576/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-08-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLN 8500E	Veh. Inspected	SH 6352C
Policy No.	5057161560-05	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/08/2018

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	24/08/2018	Inspection Date	27/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. General Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1007545-002	COMFORT TRANSPORTATION PTE LTD	SHA 2203T	SKH 3938C
2	NOT OI	COMFORT TRANSPORTATION PTE LTD	SHA 1619J	SLR 4251D
3	MT/1009195-001	COMFORT TRANSPORTATION PTE LTD	SHD 4401J	SLL 3978D
4	MT/1008766-002	COMFORT TRANSPORTATION PTE LTD	SH 6352C	SLN 8500E
5	MT/1006596-002	CITYCAB PTE LTD	SHB 3552Z	SKS 9852T

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/08/2018 17:51"/>
Vehicle No.(For Motor)	<input type="text" value="SLN8500E"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5057161560-05		K & V CAR RENTAL PTE LTD	199201997H	GFT	drivo PREMIUM	SLN8500E	SLN8500E	07/03/2018	

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	27/08/2018 08:49
Date Of Accident	24/08/2018 20:45
Exact Location Of Accident	UPP PICKERING ST X NEW BRIDGE RD/EU TONG SEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6352C
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	FOONG KEONG FATT
NRIC No	S1737088Z
Date Of Birth	15/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	05/07/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87006033
Fax Number	
Contact Number	
EMail Address	DEREKFOONG6033@GMAIL.COM

Address	BLK 195 KIM KEAT AVENUE #11-378
Postcode	310195
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?	YES
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

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	SLN8500E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	FOONG KEONG FATT
------	------------------

Approximate Age	52
Injuries Sustain	FELT PAIN ON NECK
Injured person in which vehicle?	SH6352C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

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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.

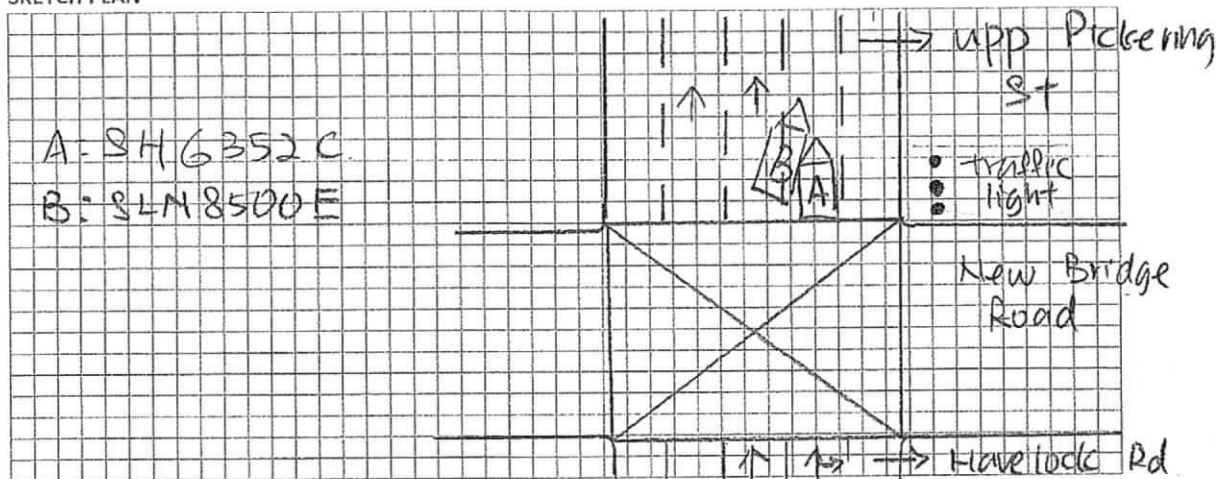
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/8/18 at about 20:45 hrs, I was across above said location as traffic light at my favour.

When I was entered opposite junction, suddenly Veh B encroached into my path in speedy manner from my left hand side. Due to this cause, Veh B it right rear portion hit and grazed onto the left front portion of my taxi.

NO passenger in my taxi. I felt pain on neck after accident, will consult doctor later on

DECLARATION

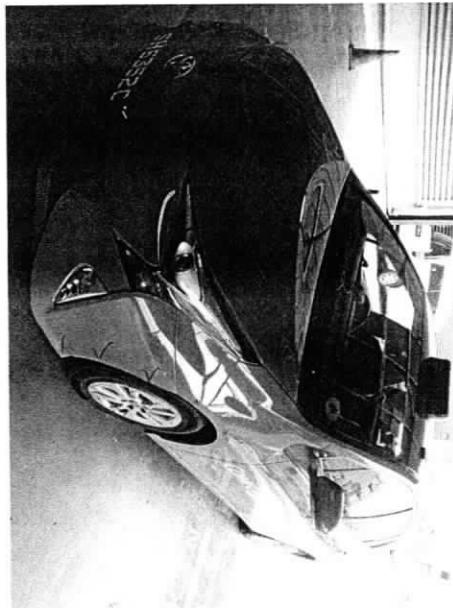
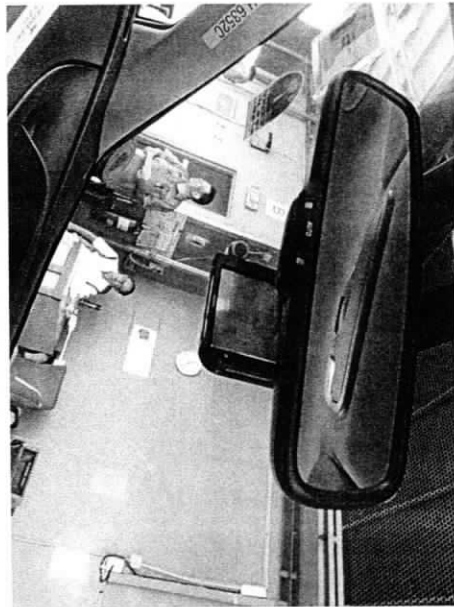
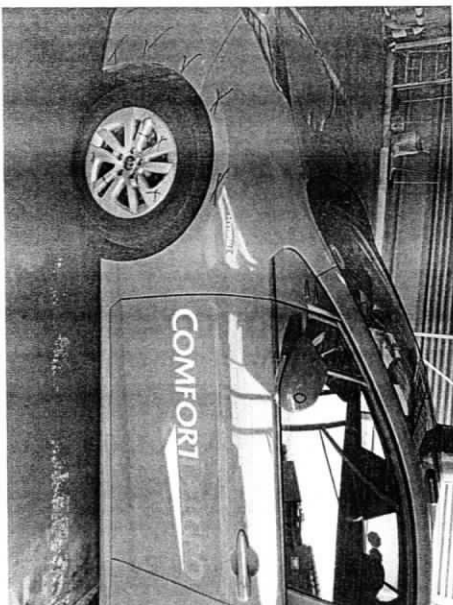
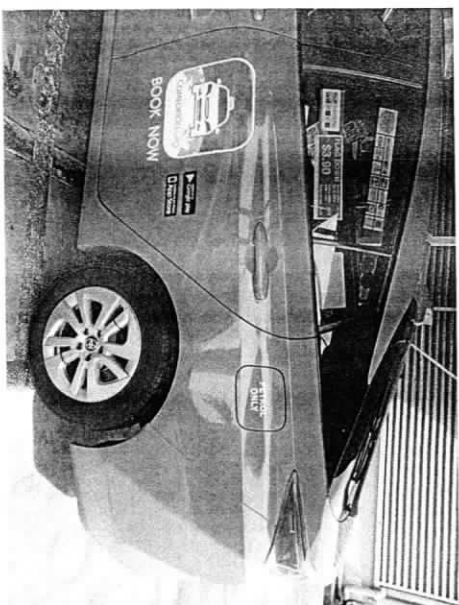
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303321R

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(CLS0)1 JOB CARD Sales Order: JC NO.: 305204549

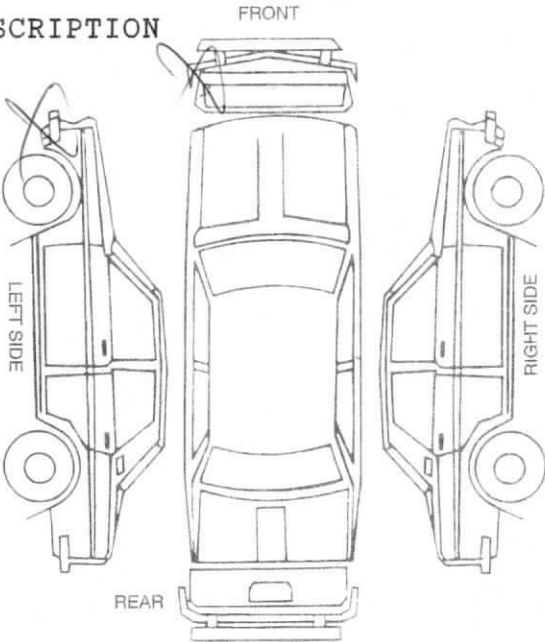
OWNER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SH 6352C	MILEAGE
3	7010045	MAKE: TOYOTA	FUEL
OWNER NO.	383 SIN MING DRIVE	MODEL	E.....1/2.....F
ESS	Singapore SINGAPORE 575717	25.08.2018 11:25	DATE/TIME IN
(R)	65508755	YR OF MANU	TARGET DATE
(P)	(O)	06.10.2017	
UNIT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		JTDKB3FU703565178	

JOB DESCRIPTION

Accident Date: 24.08.2018
NATURE: 3P 24.08.18

S/NO LABOR CODE

DESCRIPTION



WOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

Exit Pass

No.: SH 6352C JU NTUC LKK

Vehicle No.: SH 6352C

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

27/8/2018 10:29

VEHICLE NO : SH 6352C

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT BUMPER COVER <i>X Rep</i>			\$ 499.90
FRONT BUMPER CLIPS <i>X 14</i>			\$ 22.00
FRONT BUMPER SIDE RETAINER <i>X 500</i>			\$ 77.00
FENDER SUB-ASSY, FRONT LH <i>X Rep</i>			\$ 945.00
FRONT FENDER SHIELD <i>X 100</i>			\$ 196.60
FRONT FENDER HYBRID EMBLEM, LH <i>100</i>			\$ 53.50
FRONT WHEEL RIM, LH <i>X 100</i>			\$ 1,570.55
<i>Front wheel cover (LH) - 100</i>		<i>\$175.50</i>	
SUB TOTAL			\$ 3,364.55
LESS 25%			\$ 841.14
DISCOUNTED TOTAL			\$ 2,523.41
LABOUR CHARGE			
Panel Beating			\$ 560.00 <i>200</i>
Spray Painting Charge			\$ 500.00 <i>400</i>
Tuff Kote			\$ 50.00 <i>100</i>
FRT Wheel Alignment			\$ 120.00 <i>100</i>
TOTAL LABOUR			\$ 1,230.00
ESTIMATE TOTAL			\$ 3,753.41

Kalvin LKK
27/8/18 1100h
2 days
P/R
After Repair photo

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 part(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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305204549

Date : 28/08/2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SH 6352C

Date of Accident : 24/08/2018

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

1. The repair job shall bill to: NTUC --- SLN8500E
###

2. The finalized amount shall be:

(a) Spare Parts after List discount \$171.98

(b) Labour Charges ### \$600.00

Total for Part-By-Part Repair Cost \$771.98

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 2 working days

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : KALVIN

Date : 28/8/18

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:

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

JOB NO : 305204549
REGN NO : SH 6352C
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 06.10.2017
DATE/TIME IN : 25.08.2018 11:25
ACCIDENT DATE : 24.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2297-G PRIG4 EMBLEM SIDE PANEL (1 53.50 25.00 40.12

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

SUB-TOTAL : 171.97

JOB NATURE

0000 L PANEL BEATING- FRT. 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

SUB-TOTAL : 600.00

TOTAL : 771.97

MVA NAME & SIGNATURE
DATE :

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

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18015576/K1qbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 30-08-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLN 8500E	Veh. Inspected	SH 6352C
Policy No.	5057161560-05	Coverage (\$)	0.00
Claim No.	MT/1008766-002	Excess (\$)	0.00
Assign From		Assign Date	27/08/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU703565178	Colour	BLUE
Odometer	156305	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
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	24/08/2018	Inspection Date	27/08/2018
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:		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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6352C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	499.90	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
1	FRONT BUMPER SIDE RETAINER	SERVICEABLE	77.00	-
1	FENDER SUB-ASSY,FRONT LH	TO REPAIR SEE LABOUR	945.00	-
1	FRONT FENDER SHIELD	SERVICEABLE	196.60	-
1	FRONT FENDER HYBRID EMBLEM,LH	NECESSARY	53.50	53.50
1	FRONT WHEEL RIM,LH	SERVICEABLE	1,570.55	-
1	FRONT WHEEL COVER (LH)	GRAZED	175.80	175.80
	LESS 25% DISCOUNT		-885.09	-57.32
			2,655.26	171.98
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FENDER SUB-ASSY,FRONT LH.		560.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,230.00	600.00
	GRAND TOTAL		3,885.26	771.98
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			771.98

Report Ref No. NS/INC18015576/K1qbe2

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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