

05/11/13

Surveyor: Kalvin

REF:

NS/INC18018246/Klsbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SGJ 8130UPolicy No. 0084652447-62 280518Claims No. MT/1015178-001

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 1333Y Yr Regn: 19/11/2017

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

Truck / Trailer or

Make: Toyota Pris c.c. 1796Colour: Blk A/C: Ins Ad / Std / Nil / NASp. Reading: 143950 T/Radio: Ins Ad / Std / Nil / NA

Eng/No: _____

C/No: JTDKBB3F4403560567Gen. Cond: Good / P / Poor / BurntSteering: In Order / Jammed / Leaked / Burnt orBrake: In Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/B or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 8/10/18 D.O.I. 8/10/18Survey held at (DHE (Loyang))

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

O/S Front

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SHC 1333Y - NS/INC11010694/Filbn

Date: 03062011

INC

SGJ 8130U - X

PIP

10/10/18 Confirmed PIP \$1034.15 / 2 days

11/10/18 Confirmed PIP \$1,034.15 @ 2 days with Kalvin.

(\$2,977.45 Red - 74%)

RECEIVED 11 OCT 2010

Date/Time, File Pass to?

11/10/18

☐ : Prel. Report1) Typist☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I: (\$ 1,034.15 PIP)

160

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084652447-02		SJ MOTOR ENTERPRISE	52838801X	GFT	Third Party	SGJ8130U	SGJ8130U	28/05/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1015177-001	CITYCAB PTE LTD	SHC 723L	GV 3791G
2	MT/1015178-001	COMFORT TRANSPORTATION PTE LTD	SHC 1333Y	SGJ 8130U
3	MT/1014417-002	COMFORT TRANSPORTATION PTE LTD	SHA 3242Z	SLK 5081H
4	MT/1014910-002	COMFORT TRANSPORTATION PTE LTD	SHC 8770Y	SHD 1759Y
5	MT/1014705-002	COMFORT TRANSPORTATION PTE LTD	SHB 6388L	SKM 2919M

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 liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. 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	08/10/2018 14:48
Date Of Accident	08/10/2018 09:15
Exact Location Of Accident	MOUNT ELIZABETH NOVENA HOSPITAL IRRAWADDY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1333Y
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 HYBRID 4G

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	MOHD IBRAHIM B A RAHMAN
NRIC No	S1172108G
Date Of Birth	14/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1976
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91700795
Fax Number	
Contact Number	
Email Address	IBRAHIM5690@GMAIL.COM

Address	BLK 711 BEDOK RESERVOIR ROAD #02-3114
Postcode	470711
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	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 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

REFER ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

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	SGJ8130U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROSLAN BIN MORDIPI
NRIC/Passport Number	S7138286I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH REAR
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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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:

W. N. N. 8/10

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

Sketch Plan Pg. 2

SKETCH PLAN

(A) SHC 1383 Y.

(B) SGT 81304

Mount Elizabeth
Nevana
Medical Centre
Drop off - Lobby



Mount Elizabeth
Nevana Hospital
Irrawaddy Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 8 Oct 2018 @ 09.15 hr. I

veh A drop passenger at the above

location. car just move. suddenly

veh B dash in front of veh A. I

see A damage on right front.

no passenger in veh. A at the

point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 129303021R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

J. Nant 8/10



8/10/2018 15:51

VEHICLE NO : SHC 1333Y

MAKE

MODEL : TOYOTA PRIUS

NTuc

MODEL	TOYOTA PRIUS	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
		FRONT BUMPER COVER <i>Deformed</i>			\$ 499.90
		BRACKET, FRONT BUMPER SIDE, RH <i>Ken</i>			\$ 82.30
		UNIT ASSY. HEADLAMP, RH (LED) <i>Ken</i>			\$ 3,455.00
		<i>Front Fender (RH) x 149.00</i>			\$ 4,037.20
		<i>Front Fender Emblem</i>			\$ 807.44
		SUB TOTAL			\$ 3,229.76
		LESS 20% DISCOUNTED TOTAL			\$ 52.30
		LABOUR CHARGE			2.00
		Panel Beating			\$ 220.00
		Spray Painting Charge-Bumper/Fender			\$ 440.00
		Wiring Charge			\$ 30.00
		Tuff Kote			\$ 50.00
		TOTAL LABOUR			\$ 740.00
		ESTIMATE TOTAL			\$ 3,969.76
					4,011.60

Kalvin LKK

8/10/18 1600h

2 Days

PIP

Before Paint photo

LKK Auto Care Center is an authorized repairer of the vehicle.

- To resurvey before and after the repair.
- To display damage report and survey.
- Parts prices are subject to change without notice.
- Third party survey is done "Without prejudice" basis.
- No illegal modification is allowed.
- Supplementary work must be approved and is subject to final approval from Insurance Company.

Acknowledged by Repairer

Signature: _____

Date: _____

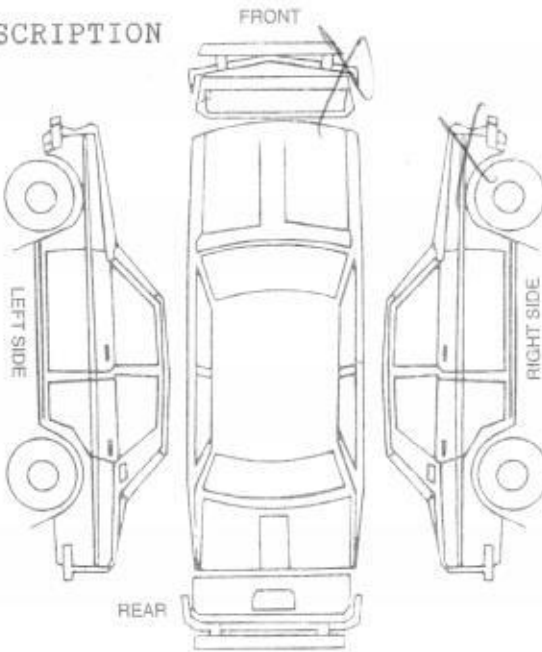
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305223290

OMER	REGN NO.: SHC1333Y	MILEAGE
3 COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL E.....1/2.....F
OMER NO. 7010045	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 08.10.2018 10:10
ESS 383 SIN MING DRIVE	YR OF MANU. 19.07.2017	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE JTDKB3FU403560567	COMPLETION DATE/TIME:
65508755 (R) (O)		
(P)		
UNT CARD NO.		

Accident Date: 08.10.2018
NATURE: 3P 08.10.18/C

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

KED & PASSED OUT BY: _____		CUSTOMER'S SIGNATURE _____	
SERVICE ADVISOR _____			
edgement Slip		Exit Pass	
No.: SHC1333Y	JU NTUC	Vehicle No.: SHC1333Y	
Service Advisor	Signature/Date	Name of Service Advisor	Date
turned 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 : 305223290
REGN NO : SHC1333Y
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 19.07.2017
DATE/TIME IN : 08.10.2018 10:10
ACCIDENT DATE : 08.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-G PRIG4 COVER FRONT BUMPER 1 499.90 25.00 374.92
0002 04-01-0302-2297-G PRIG4 EMBLEM SIDE PANEL (1 52.30 25.00 39.23

SUB-TOTAL : 414.15

JOB NATURE

0000 L PANEL BEATING- FRT. 200.00
0001 23-502 SPRAYPAINT ON AFFECTED AREA 400.00
0002 17-01 CHECK ALL LIGHTING 20.00

SUB-TOTAL : 620.00

TOTAL : 1,034.15

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305223290
Date : 10/10/18

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
: SHC1333Y Date of Accident : 08/10/18

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

- The repair job shall bill to: NTUC --- SGJ8130U
###
- The finalized amount shall be:
 - Spare Parts after List discount \$414.15
 - Labour Charges ### \$620.00
 - Total for Part-By-Part Repair Cost** **\$1,034.15**
- (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 : 10/10/18

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:

3P WISH TO DO MUTUAL SETTLEMENT




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/INC18018246/K1sbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 23-10-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGJ 8130U	Veh. Inspected	SHC 1333Y
Policy No.	5084652447-02	Coverage (\$)	0.00
Claim No.	MT/1015178-001	Excess (\$)	0.00
Assign From		Assign Date	08/10/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU403560567	Colour	BLUE
Odometer	143950	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 FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	08/10/2018	Inspection Date	08/10/2018
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. SHC 1333Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	DEFORMED	499.90	499.90
1	BRACKET,FRONT BUMPER SIDE,RH	SERVICEABLE	82.30	-
1	UNIT ASSY,HEADLAMP,RH (LED)	SERVICEABLE	3,455.00	-
1	FRONT FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT FENDER EMBLEM	NECESSARY	52.30	52.30
	LESS 20% DISCOUNT		-817.90	-
	LESS 25% DISCOUNT		-	-138.05
			3,271.60	414.15
	LABOUR			
	PANEL BEATING INCLUSIVE OF THE REPAIR OF FRONT FENDER (RH).		220.00	200.00
	SPRAY PAINTING CHARGE-BUMPER/FENDER.		440.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			740.00	620.00
	GRAND TOTAL		4,011.60	1,034.15
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,034.15

Report Ref No. NS/INC18018246/K1sbn2

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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