

(08/11/13)

Surveyor: Kelvin

REF:

NS/INC18018318/Klgbn2

ASSIGNMENT

From: _____ Date: _____

Estimate/Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop no/s: _____

of _____

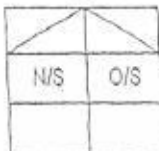
Insured: SJP 6707CPolicy No. 5095049081-01 10032018Claims No. MT/1015044-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 1 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: SH 6352C Yr Regt: 6 Oct 2017Type: M/Car / M/Cycle / Bus / Van / Lorry / ~~Truck~~ / Prime Mover /Truck / Trailer or 1798Make: Toyota Prius c.c. 1698Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 177115 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: JTDKBJF4703565178Gen. Cond: Good / ~~Fair~~ / Poor / BurntSteering: Ign / Jammed / Leaked / Burnt orBrake: Ind / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: _____

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

TOYO / YOKO or WestlakeFront 7 mm Rear 7 mmR/Bal. 7 mm L/Bal. 7 mmD.O.A. 9/10/18 D.O.I. 9/10/18Survey held at CDHE (Loyang)

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

O/S Lg Mmr

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

Date / Time Action / Instruction

SH 6352C - NS/INC18018318/Klgbn2 DATE: 24/08/18 INCSJP 6707C - NA/INC18005974/Klgbn2 DATE: 02/09/18 P/P15/10/18 Letter P/P \$1249 / 10y. Ured \$476.84, 28/10

RECEIVED 15 OCT 2018

Date/Time, File Pass to?

11/10/18 Indra

Date/Time, File Return to?

2)

Report Format: TPLump Sum / I.B.I: (\$ 1249)Days Of Repair: 1Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

160

TP Claims against NTUC Income: Follow-Through Survey

Date: 15/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1004956-003	SMRT TAXIS PTE LTD	SHB 382S	GBB 9700U	27/07/2018	13:00	\$ 14,096.60
2	MT/1015044-002	COMFORT TRANSPORTATION PTE LTD	SH 6352C	SJP 6707C	09/10/2018	12:05	\$ 1,725.84

eBaoTech

General Claim

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	08/10/2018 17:54							
Vehicle No. (For Motor)	<input type="text" value="SJP6707C"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095049081-01		EXCEL MOTORING	53180222A	GFT	Third Party	SJP6707C	SJP6707C	10/03/2018	
<input type="button" value="Continue"/>										

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	09/10/2018 13:41
Date Of Accident	09/10/2018 12:05
Exact Location Of Accident	TERMINAL 3 TAXI QUEUE
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	LIM TIONG GUAN
NRIC No	S1563772B
Date Of Birth	25/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90045024
Fax Number	
Contact Number	
Email Address	CRYSTALHWEE@YAHOO.COM.SG

Address	BLK 23 TOA PAYOH EAST #11-219
Postcode	310023
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?	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

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	SJP6707C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOY KAH HAY
NRIC/Passport Number	S1279699D
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT WING MIRROR
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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. 199303321R

Policyholder's Signature
Date & Time:

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

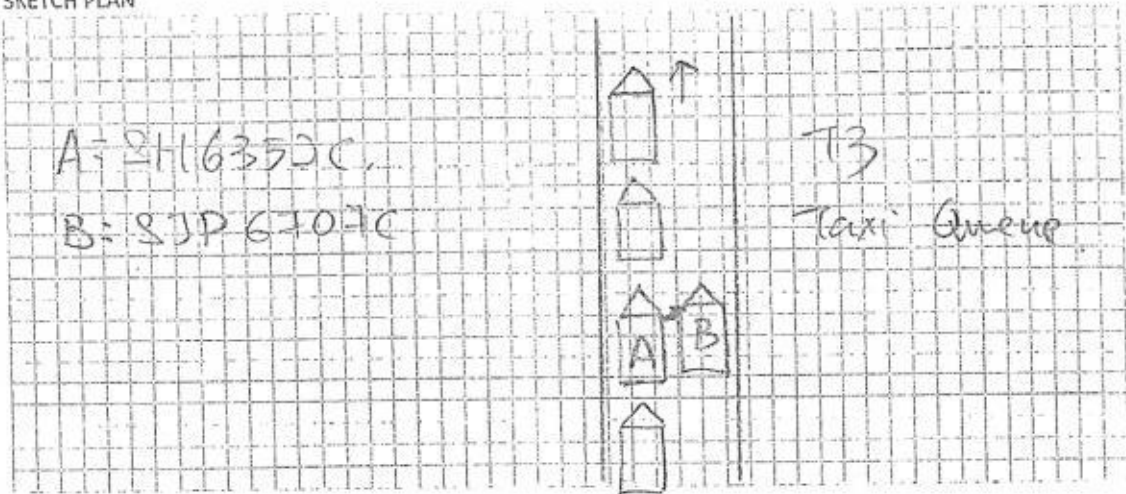
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IMC SketchPlanForm_V3



1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/10/18 at about 12:05 hrs, my taxi stopped at Terminal 3 taxi queue. Suddenly Veh B coming from right hand side in speedy manner and it left wing mirror hit onto my taxi right wing thus damaging it. Veh B continue drive off after collision. I quickly follow the car upon seeing this. Eventually both of us come to stop at arrival hall taxi stand. No injury reported in this accident.

DECLARATION

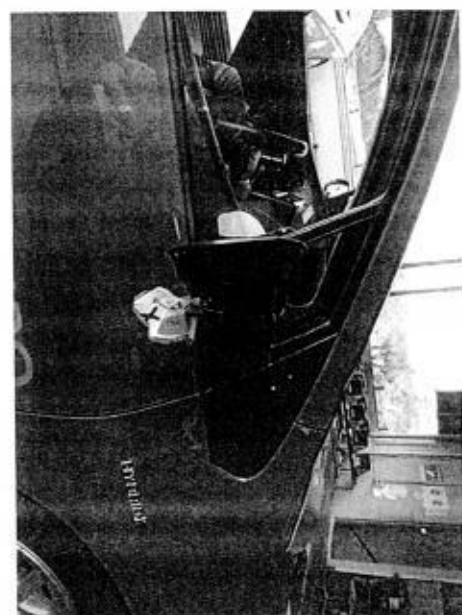
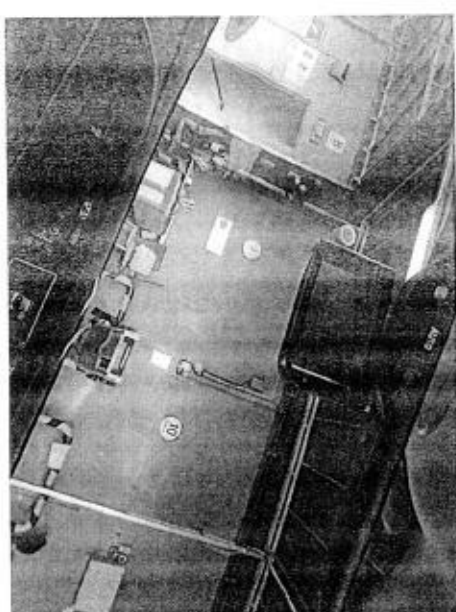
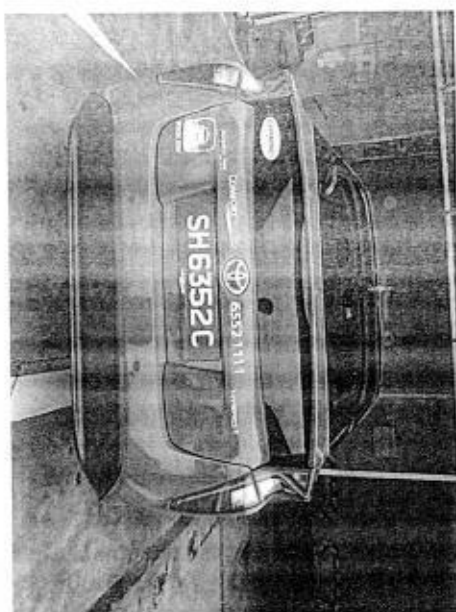
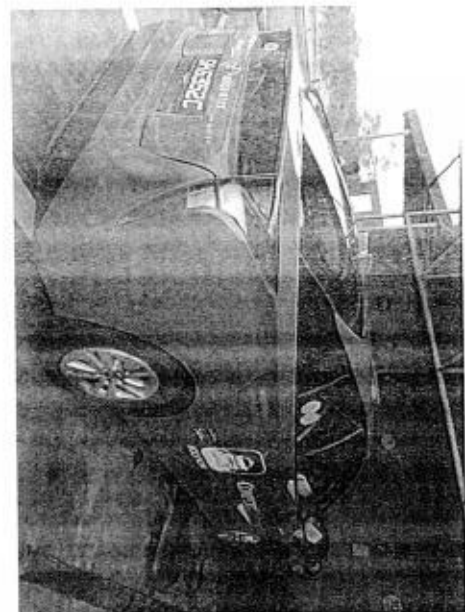
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 102000017

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.:



SJP 6707C

REPAIR ESTIMATE

9/10/2018 15:50

VEHICLE NO : SH 6352C

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
MIRROR ASSY, OUTER REAR VIEW, RH			\$ 1,390.10
COVER, OUTER MIRROR, RH			\$ 141.90
OUTER MIRROR, RH			\$ 212.80
SUB TOTAL			\$ 1,744.80
LESS 20%			\$ 348.96
DISCOUNTED TOTAL			\$ 1,395.84
LABOUR CHARGE			
Panel Beating			\$ 150.00
Spray Painting Charge			\$ 150.00
Wiring Charge			\$ 30.00
TOTAL LABOUR			\$ 330.00
ESTIMATE TOTAL			\$ 1,725.84

Kahua LKK

9/10/18 1620 L

1 Day

PIP

Before Part photo


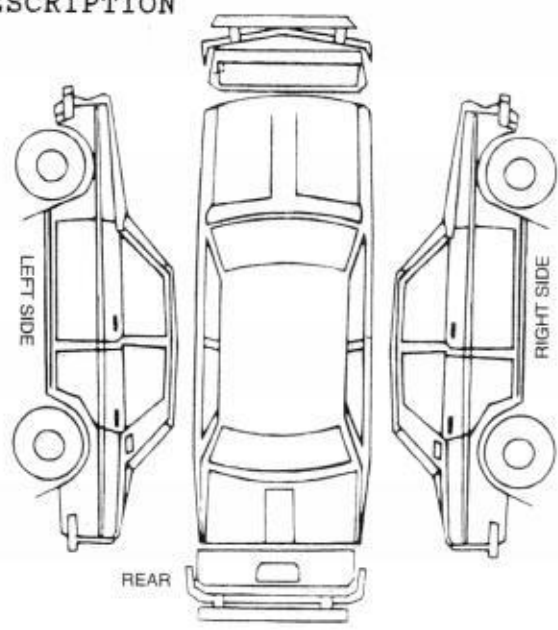
LKK Auto Consultants hence notify the Repairer of the following:

- 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 item(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.

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order: 3863482	JC NO.: 305223676
CUSTOMER MS CUSTOMER NO. RESS COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)		REGN NO.: SH 6352C MAKE: TOYOTA MODEL: PRIUS HYBRID(G4) YR OF MANU: 06.10.2017 CHASSIS CODE: JTDKB3FU703565178	MILEAGE FUEL E.....1/2.....F DATE/TIME IN: 09.10.2018 12:25 TARGET DATE COMPLETION DATE/TIME:
COUNT CARD NO.			

Accident Date: 09.10.2018 NATURE: 3P 09.10.18/B		JOB DESCRIPTION RIGHT WING MIRROR DESCRIPTION	NTUC
S/NO	LABOR CODE	FRONT	
			

RECEIVED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Identification Slip		Exit Pass	
o. SH 6352C FZ NTUC VAC		Vehicle No.: SH 6352C	
Signature/Date		Name of Service Advisor	
To be kept by Security Guard		Date	

COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.10.2018

REPAIR ESTIMATE

Time: 18:33:53

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 : 305223676
REGN NO : SH 6352C
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 06.10.2017
DATE/TIME IN : 09.10.2018 12:25
ACCIDENT DATE : 09.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0898-G PRIG4 COVER OUTER MIRROR 1 141.90 25.00 106.42
0002 04-01-0302-0594-G PRIG4 MIRROR ASSY OUTER R 1 1,390.10 25.00 1,042.57

SUB-TOTAL : 1,148.99

JOB NATURE

0000 L PANEL BEATING 50.00
0001 L SPRAY PAINTING CHARGE 50.00

SUB-TOTAL : 100.00

TOTAL : 1,248.99

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305223676
Date : 12.10.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SH 6352C

Fax :


Date of Accident : 09.10.2018


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

1. The repair job shall bill to: NTUC --- SJP6707C
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,149.00
 - (b) Labour Charges \$100.00
 - Total for Part-By-Part Repair Cost \$1,249.00
 - (c.) Lumpsum Repair (if applicable)
 - Total for Lumpsum repair cost after Less: 20% \$0.00
 - Final Lumpsum Repair cost \$0.00

3. Estimated normal period for repairs: 1 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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 15/10/18

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:



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/INC18018318/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 24-10-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJP 6707C	Veh. Inspected	SH 6352C
Policy No.	5095049081-01	Coverage (\$)	0.00
Claim No.	MT/1015044-002	Excess (\$)	0.00
Assign From		Assign Date	09/10/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU703565178	Colour	BLUE
Odometer	177115	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 WING MIRROR. DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/10/2018	Inspection Date	09/10/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	1 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. SH 6352C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	MIRROR ASSY, OUTER REAR VIEW, RH	CRACKED	1,390.10	1,390.10
1	COVER, OUTER MIRROR, LH	MISSING	141.90	141.90
1	OUTER MIRROR, RH	SERVICEABLE	212.80	-
	LESS 20% DISCOUNT		-348.96	-
	LESS 25% DISCOUNT		-	-383.00
			1,395.84	1,149.00
<u>LABOUR</u>				
	PANEL BEATING.	NOT NECESSARY	150.00	50.00
	SPRAY PAINTING CHARGE.		150.00	50.00
	WIRING CHARGE.		30.00	-
			330.00	100.00
GRAND TOTAL			1,725.84	1,249.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,249.00

Report Ref No. NS/INC18018318/K1qbn2

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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