

108/11/23

Surveyor: Kalvin

REF:

NS/INC18019055 / K14bn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop / m/s _____

of _____

Insured: FBH 9848X

Policy No: _____

Claims No: MT/1016472-001

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 Report: _____ 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: SH 6190C Yr Regn: 28 Sep 2017

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

Truck / Trailer or

Make: Bzeta Plus c.c. 1700Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 163569 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: J70KBJFY603564228Gen. Cond: Good / Fair / Poor / BurntSteering: In order / 6 / Jammed / Leaked / Burnt orBrake: In order / 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD Al / Rim orTyre 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. 19/10/18 D.O.I. 19/10/18Survey held at CDHE (Loyang)

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

o/s Rear

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

Date / Time Action / Instruction

SH 6190C - CS / FCL16002799 / Fqhd1

FBH 9848X - X

22/10/18 Claim PIP \$1018.43 / 2 Pys (Red: 477.89, 31%)

RECEIVED 22 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report☒ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I: (\$ 1018.43)Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS \$ _____

Photos

Others

TOTAL

160

10/19/2018

Insurance Particulars Enquiry By Agents Detail

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
FBH9848X	19 Oct 2018 / 08:20:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous

OK

5H61970C

TP Claims against NTUC Income: Follow-Through Survey

Date : 22/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1016472-001	COMFORT TRANSPORTATION PTE LTD	SH 6190C	FBH 9848X	19/10/2018	8:20	\$ 1,496.32
2	MT/1016477-001	COMFORT TRANSPORTATION PTE LTD	SHD 3251G	SIK 3499Z	12/10/2018	6:05	\$ 2,127.12

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	19/10/2018 10:40
Date Of Accident	19/10/2018 08:20
Exact Location Of Accident	SLIP RD FROM DRIVE 8 TWDS TPE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6190C
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	TAN LYE SOON STEPHEN
NRIC No	S1431248Z
Date Of Birth	30/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	27/08/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85954168
Fax Number	
Contact Number	
Email Address	STEPHENTAN@HOTMAIL.SG

Address	BLK 512 PASIR RIS STREET 52 #13-119
Postcode	510512
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	WET

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: ; 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

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	FBH9848X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	NOT SURE

No. Of Passenger (Including Driver)

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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:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

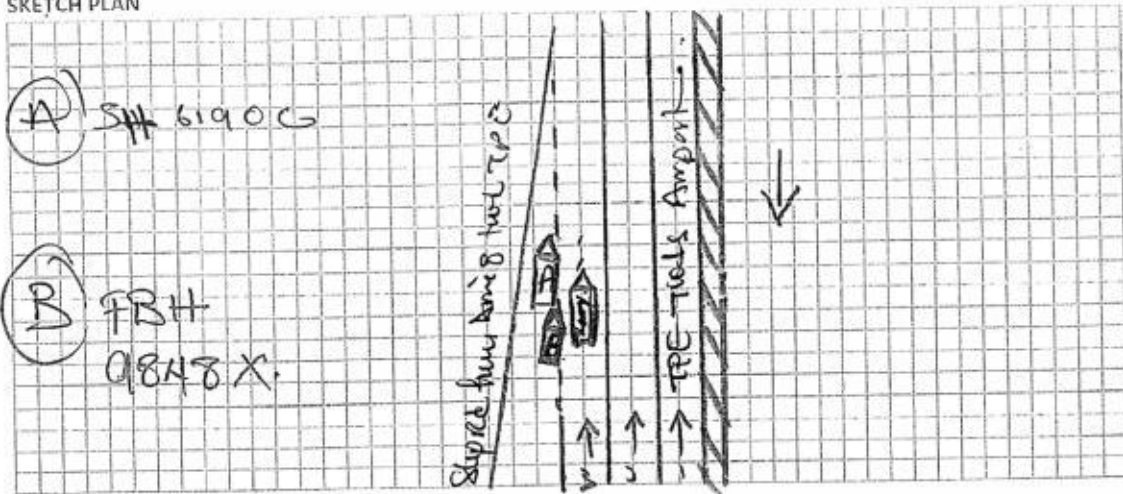
[Signature] 19/10

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/10/18 at about 8.20am I vehicle A was driving along from slip road towards TPE/PIC. I vehicle A slowly filter to the right at the same time I'm giving way to the vehicles on the right. Suddenly, I also noticed in my rearview mirror, I saw a motorbike was too close to my rear I slowly driving forward, suddenly I noticed vehicle B trying to overtake from my rear trying to squeeze in between my vehicle A and a big truck, and he hit my rear right and out of balance and dropped in front of the truck. Luckily, the truck E-brake I stopped my vehicle and went to assist him asking him whether he is ok and he told me is okay, while I suggest to call for an ambulance. He rejected it. We then got him from the floor and told me to private settlement with him, at his own workshop at Kaki Bukit. While also admitted it is his fault. He gave me his hp number and asked me to arranged to his workshop for repairs. After that he called up asking me to report incident.

DECLARATION

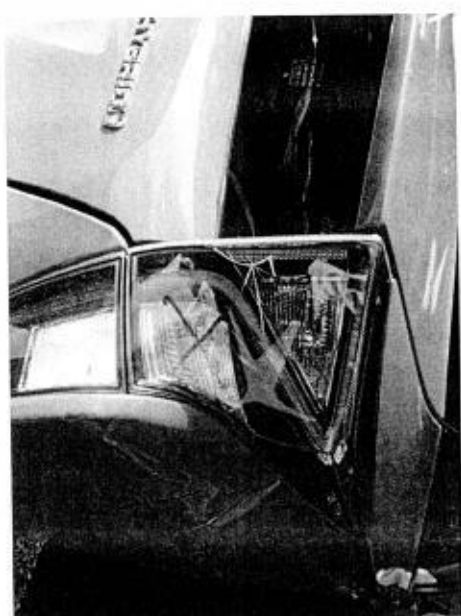
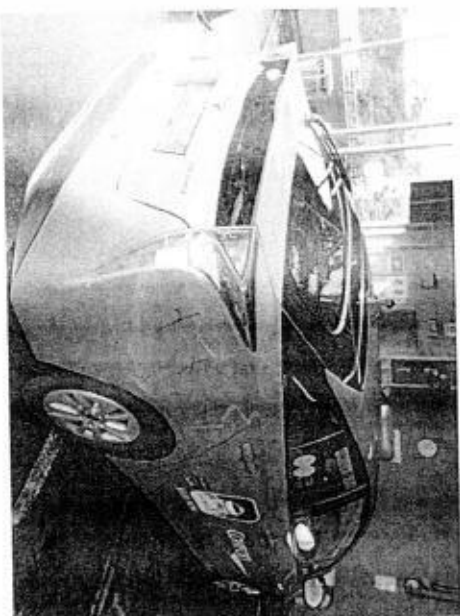
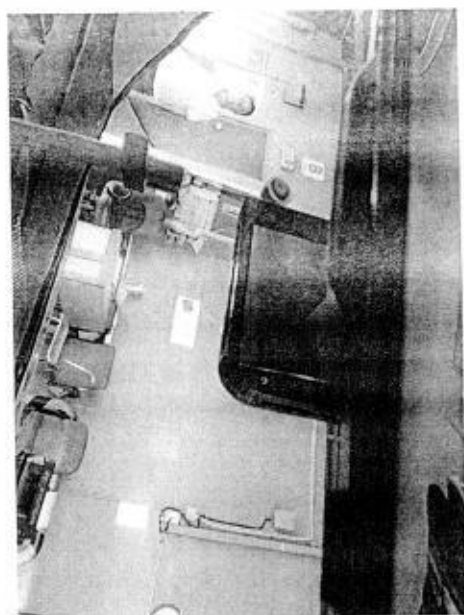
I/We declare the foregoing particulars are true in every respect.

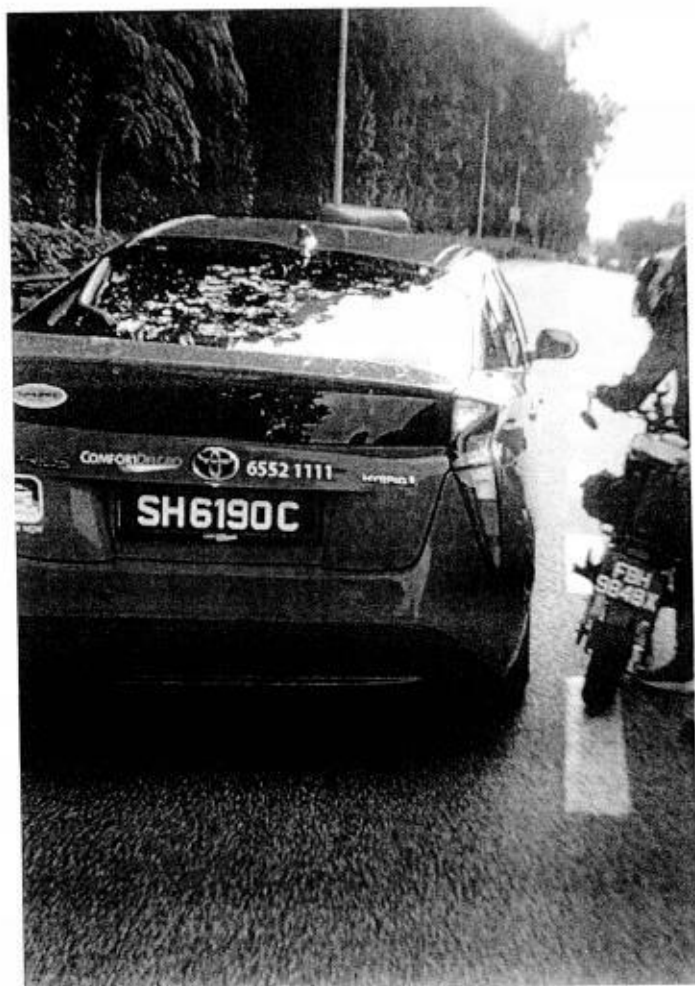
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303321R

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.:





REPAIR ESTIMATE

VEHICLE NO : SH 6190C

19/10/2018 11:46

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
TAIL LAMP ASSY (UPPER) (RH) ✓ <i>one</i>			\$ 557.90
<i>Ren Bumper X repair</i>			
<i>Ren Fender (RH) X repair</i>			
SUB TOTAL			\$ 557.90
LESS 20% <i>25%</i>			\$ 111.58
DISCOUNTED TOTAL			\$ 446.32
LABOUR CHARGE			
Panel Beating			\$ 400 200
Spray Painting Charge-Fender/Bumper			\$ 600.00
Tuff Kote			\$ 50.00 17
TOTAL LABOUR			\$ 1,050.00
ESTIMATE TOTAL			\$ 1,496.32

Kalin *12/11/18*
19/10/18 1305hr
2 Pys
PIP
After Repair photo

LKK Auto Consultants hereby certify the Repairer of the following:

- To resurvey before and after painting
- To display damaged parts for survey
- Parts prices are subject to a "Fair Price" basis
- Third party survey is on a "Fair Price" basis
- No illegal trade practices are involved
- Supplementary work must be surveyed 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.

member of COMFORTDELGRO

Date/Time: 19.10.2018 11:20

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305227880

JMER
COMFORT TRANSPORTATION PTE LTD
7010045
JMER NO:
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO.:	SH 6190C	MILEAGE
MAKE :	TOYOTA	FUEL E.....1/2.....F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 19.10.2018 09:05
YR OF MANU	28.09.2017	TARGET DATE
CHASSIS CODE	JTDKB3FU603564328	COMPLETION DATE/TIME:

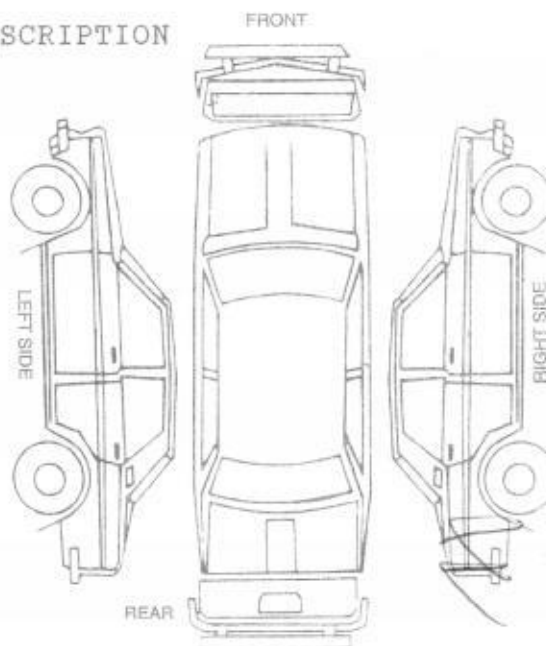
UNIT CARD NO.

JOB DESCRIPTION

Accident Date: 19.10.2018
NATURE: 3P 19.10.18

S/NO LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SH 6190C JU NTUC

Vehicle No.: SH 6190C

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 20.10.2018

Time: 11:51:10

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 : 305227880
REGN NO : SH 6190C
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 28.09.2017
DATE/TIME IN : 19.10.2018 09:05
ACCIDENT DATE : 19.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0585-G PRIG4 LENS & BODY RR COMB 1 557.90 25.00 418.42

SUB-TOTAL : 418.42

JOB NATURE

0000 L PANEL BEATING- REAR 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

SUB-TOTAL : 600.00

TOTAL : 1,018.42

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305227880
Date : 20/10/2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SH 6190C
Fax :
Date of Accident : 19/10/2018

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

1. The repair job shall bill to: NTUC --- SBH9848X
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$418.42
 - (b) Labour Charges ### \$600.00
 - Total for Part-By-Part Repair Cost \$1,018.42
 - (c) Lumpsum Repair (if applicable) N
 - 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 : 22/10/18

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/INC18019055/K1tbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 26-10-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FBH 9848X	Veh. Inspected	SH 6190C	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1016472-001	Excess (\$)	0.00	
Assign From		Assign Date	19/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU603564328	Colour	BLUE	
Odometer	163569	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	19/10/2018	Inspection Date	19/10/2018	
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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6190C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	TAIL LAMP ASSY (UPPER)(RH)	CRACKED	557.90	557.90
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-111.58	-
	LESS 25% DISCOUNT		-	-139.47
			446.32	418.43
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR FENDER (RH).		400.00	200.00
	SPRAY PAINTING CHARGE-FENDER/BUMPER.		600.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,050.00	600.00
	GRAND TOTAL		1,496.32	1,018.43
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,018.43

Report Ref No. NS/INC18019055/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.