

Surveyor: Kelvin

REF:

NS/INC18021650/Hlgb n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

Insured: SJT 4065m

Policy No: 5102487904 230718 - 220719

Claims No: MY/1024551-001

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: _____

ADAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 7 days Res.: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time: _____ Action / Instruction

SH 62065 - NS/INC13001635/Hlgb

SJT 4065m - NJA/IL3100011452/jl

18/12/18 Chul P4 \$860.95 / 24hrs

Chul P4 \$860.95 / 24hrs

RECEIVED 20 DEC 2018

Veh No:

SH 62065

Yr Regn: 10 Aug 2017

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

Truck / Trailer or

Make:

Toyota Prius

cc 1798

Colour:

Blk

A/C: Insured / Std / Nil / NA

Sp. Reading

141624

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

J70K03F430356304

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 195/65R15

R:

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

TOYO / YOKO or

Wet Ueo

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

15/12/18

D.O.I.

17/12/18

Survey held at

CDGE (Loyang)

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

Rear o/s.

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

Date/Time, File Pass to?

☐

: Prel. Report

11/12/18 Chul P4

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format:

TP

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

860.95

160

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	<input type="text" value="15/12/2018 11:09"/>
Vehicle No.(For Motor)	<input type="text" value="SJT4065M"/>	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 checked="" type="radio"/>	5102487904		CAR41 PTE. LTD.	201541640H	GPC	drive CLASSIC	SJT4065M	SJT4065M	23/07/2018	22/07/2019

TP Claims against NTUC Income: Follow-Through Survey

20.12.2018

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/1023742-002	COMFORT TRANSPORTATION PTE LTD	SHA 5947K	CB 5118R	12/12/2018	15:30	\$3,089.20	\$2,800.08
2	MT/1023784-002	COMFORT TRANSPORTATION PTE LTD	SHA 7209U	PC 1427R	12/12/2018	06:00	\$1,740.88	\$400.00
3	MT/1023043-002	COMFORT TRANSPORTATION PTE LTD	SHC 8080E	SJN 7699X	5/12/2018	15:40	\$10,766.00	\$6,400.00
4	MT/1024548-001	COMFORT TRANSPORTATION PTE LTD	SHA 7923R	SGR 9161G	11/12/2018	14:55	\$1,505.00	\$1,000.00
5	MT/1023028-002	COMFORT TRANSPORTATION PTE LTD	SHC 2765C	YP 1158S	7/12/2018	20:40	\$9,964.20	\$5,400.00
6	MT/1024551-001	COMFORT TRANSPORTATION PTE LTD	SH 6206S	SJT 4065M	15/12/2018	10:05	\$2,044.23	\$860.95
7	MT/1024552-001	COMFORT TRANSPORTATION PTE LTD	SHC 2967L	SJZ 8581G	14/12/2018	9:30	\$1,580.32	\$900.00
8	MT/1023443-002	COMFORT TRANSPORTATION PTE LTD	SHD 7164Z	SLK 9402P	11/12/2018	8:30	\$1,903.36	\$850.00
9	MT/1021314-002	SMRT TAXIS PTE LTD	SHB 1764S	SHD 1031M	26/11/2018	5:50	\$2,982.26	\$1,050.00

Claim received from LKK

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	16/12/2018 06:54
Date Of Accident	15/12/2018 10:05
Exact Location Of Accident	BLK 539 BEDOK NORTH ST 3 OPEN SPACE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6206S
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	LENG CHIN LEE
NRIC No	S0212348G
Date Of Birth	15/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1976
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97554317
Fax Number	
Contact Number	
Email Address	EDMUNDLENG@HOTMAIL.COM

Address	2 #05-280 CHAI CHEE ROAD
Postcode	461002
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	
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

SEE ATTACH.

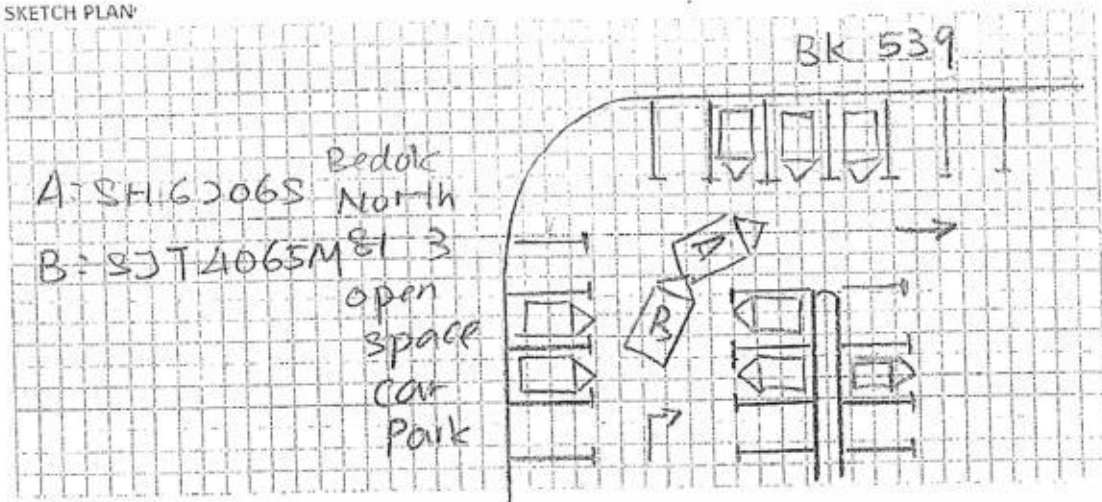
Attachment(s)

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	SJT4065M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/12/18 at about 10:05 hrs, I stopped my taxi aside to drop off my passenger. Then I proceed to moving forward, suddenly I sense a collision from my rear right. Hence I slowed down and stopped my taxi, again I felt an impact from my taxi behind. I stepped out to have a check and found Veh B it front portion collided onto the rear right portion of my taxi.

No passenger in my taxi at the point time.

No injury reported in this accident

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Loke Yai Yiong

Reporting Centre Personnel's Signature

Name:

Sketch Plan Pg. 2

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.
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. The 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 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.

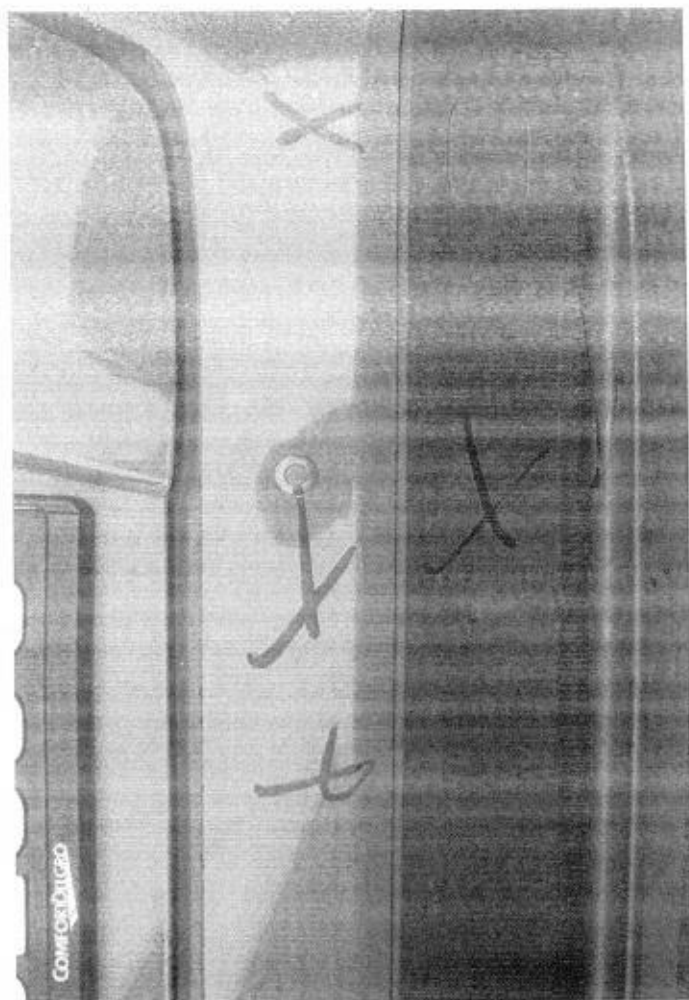
Loke Yeh Yiong

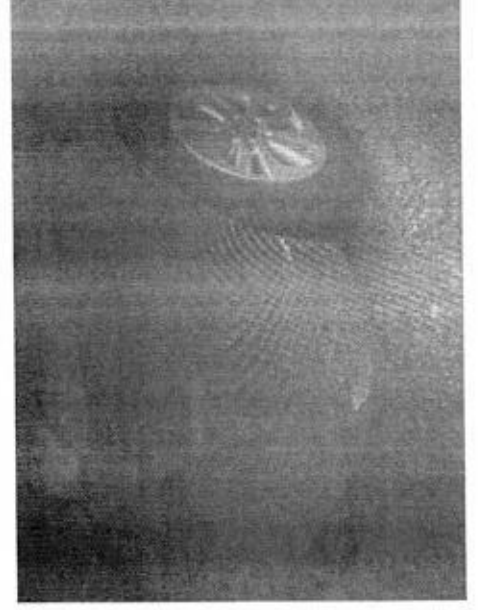
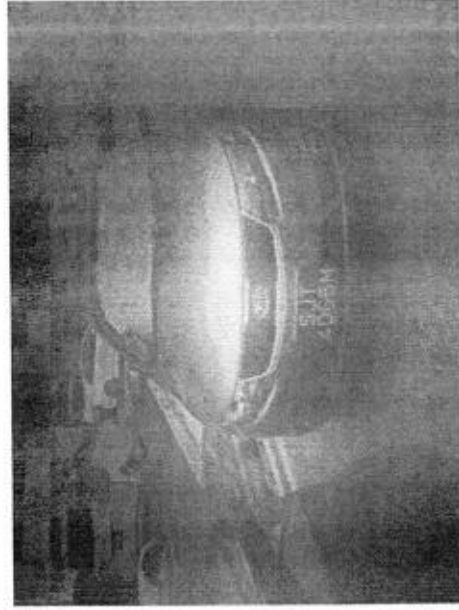
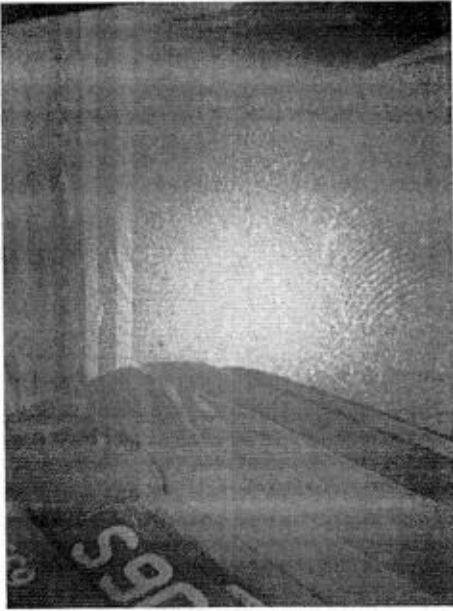
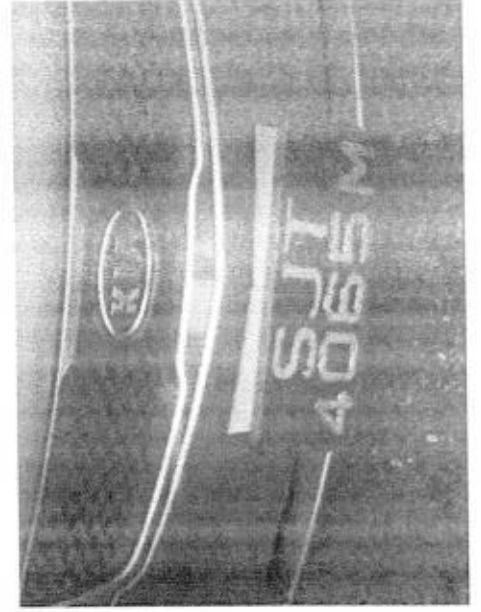
COMFORT TRANSPORTATION PTE LTD
REG. NO. 199303821B

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 15/12/18
NRIC/FIN No.:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SH 6206S

17/12/2018 9:37

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>X repair</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>X su</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>— 1m</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>X su</i>			\$ 112.70
REAR BUMPER CLIPS <i>— su</i>			\$ 22.00
SUB TOTAL			\$ 1,464.70
LESS 25%			\$ 366.18
DISCOUNTED TOTAL			\$ 1,098.53
REAR BUMPER REVERSE SENSOR <i>X su</i>			\$ 135.70
LABOUR CHARGE			
Panel Beating			\$ 400.00 ²⁰⁰
Spray Painting Charge			\$ 300.00 ²⁰⁰
Wiring Charge			\$ 30.00 ¹¹
Remove/Refix Reverse Sensor			\$ 80.00 ³⁰
TOTAL LABOUR			\$ 810.00
ESTIMATE TOTAL			\$ 2,044.23

1/Calin (LKK)
17/12/18 11:20h
2 Rm
P11
After Repair p11

LKK Auto Consultants hereby 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:

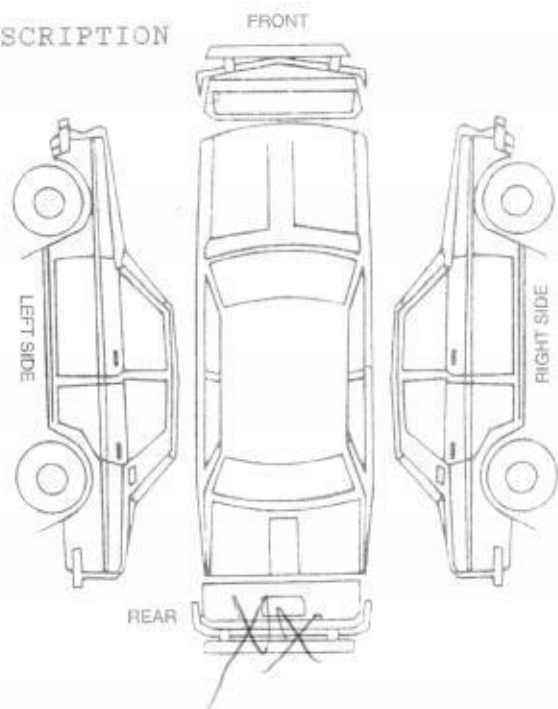
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.: 305251450

OMER	REGN NO.: SH 6206S	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL
7010045	MODEL PRIUS HYBRID(G4)	E.....1/2.....F
OMER NO. 383 SIN MING DRIVE	DATE/TIME IN 15.12.2018 10:35	
ESS Singapore SINGAPORE 575717	YR OF MANU 10.08.2017	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE JTDKB3FU303563041	COMPLETION DATE/TIME:
(P)		
JUNT CARD NO.		

Accident Date: 15.12.2018
NATURE: 3P 15.12.18

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
No.: SH 6206S	JU NTUC	Vehicle No.: SH 6206S	
_____ Service Advisor	_____ Signature/Date	_____ Name of Service Advisor	_____ Date
Returned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 18.12.2018
Time: 17:59:25
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 : 305251450
REGN NO : SH 6206S
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 10.08.2017
DATE/TIME IN : 15.12.2018 10:35
ACCIDENT DATE : 15.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2287-G PRIG4 GUARD-REAR BUMPER C 1 552.60 25.00 414.45
0002 04-01-0302-2267-G PRIVC BUMPER PIECE 10 22.00 25.00 16.50

SUB-TOTAL : 430.95

JOB NATURE

0000 L PANEL BEATING- REAR 200.00
0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00
0002 L REMOVE/REFIX REVERSE SENSOR 30.00

SUB-TOTAL : 430.00

TOTAL : 860.95

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 305251450
Date : 18/12/2018

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SH 6206S

Fax :

Date of Accident : 15/12/2018

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

- The repair job shall bill to: NTUC --- SJT4065M
###
- The finalized amount shall be:
 - Spare Parts after List discount \$430.95
 - Labour Charges ### \$430.00
 - Total for Part-By-Part Repair Cost \$860.95

N


 - 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 : Kaki
Date : 18/12/18

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	<u>\$7.49</u>			
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/INC18022650/K1qbn2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 21-12-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJT 4065M	Veh. Inspected	SH 6206S
Policy No.	5102487904	Coverage (\$)	0.00
Claim No.	MT/1024551-001	Excess (\$)	0.00
Assign From		Assign Date	17/12/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU303563041	Colour	BLUE
Odometer	141624	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 REAR O/S PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/12/2018	Inspection Date	17/12/2018
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 6206S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	CRACKED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 25% DISCOUNT		-366.17	-143.65
			1,098.53	430.95
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
GRAND TOTAL			2,044.23	860.95
RECOMMENDED COST OF REPAIRS (CONFIRMED)				860.95

Report Ref No. NS/INC18022650/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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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.