

Surveyor: NA 2

REF: NS/INC19002411/N4352

LVE

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHJ 78174

Policy No. 5100785970 (17/5/18 - 26/6/19)

C/dens No. MT/1031104-002

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

Est. or Market Value: _____

UDAC Accident Report: _____ Consistent? : Yes or No

GI/PR Sect: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % J Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN/OUT

Veh No: SHA 91302 Yr Regn: 22 JUN 2017

Type: M.Car / M.Cycle / BUS / Van / Lorry / ~~Taxi~~ Prime Mover /

Truck / Trailer or

Make: TOYOTA PRINS HYBRID cc. 1,798

Colour: YELLOW A/C: Insured / Std / NI / NA

Sp. Reading: 284,589 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDCB3FU303559099

Gen. Cond: Good / Fair / Poor / Burnt

Steering: border / Jammed / Leaked / Burnt or

Brake: border / Jammed / Leaked / Burnt or

Mod: Nil / SIRIm / STD / VRIm or

Tyre Size: F: 195/65 R15

R: 11

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

TOYO / YOKO or WESTLAKE

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 7/2/19 U.O.I. 8/2/19

Survey held at CDGE LOYANG

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

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

Date / Time Action / Instruction

SHA 91302 - NS/INC16023328/H/Hbn2

DUR: 3/12/2016

SHJ 78174 - X

8/3/19 FINALIZED PART BY PART REPAIR \$1,596.02 / 2 DAYS
(Red: 942.63, 37%)

RECEIVED 08 MAR 2019

Date/Time, File Pass to?

1) 8/3 TYPIST

: Prelim Report
: Final Report

Date/Time, File Return to?

2) _____

Report Format: TP

Lump Sum / I/B: (\$ 1596.02)

Days Of Repair: 2

Resurvey No. of Trip: 2

*Survey Fee:
Transportation:

Add Fee: : Site Insp (\$ _____) S + RS _____ \$
: Interview (\$ _____) Photos
: Tech. Invo (\$ _____) Others
: Weekend (\$ _____)

TOTAL

Denise Tay (LKKAuto)

From: MTCL@income.com.sg
Sent: Friday, 8 March 2019 3:00 PM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify. Find out more at Income.com.sg/careers



From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Friday, 8 March 2019 11:16 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 08/03/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1031104-002	COMFORT DELGRO	SHA 9130Z	SLJ 7817U	07/02/2019	00:30	2538.65	1596.02

Best Regards,

Denise Tay | Case Handler

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/02/2019 17:19"/>
Vehicle No.(For Motor)	<input type="text" value="SLJ7817U"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5100785970		OSEAS PTE LTD	201712940C	GPC	drivo PREMIUM	SLJ7817U	SLJ7817U	17/05/2018	26/06/2019

Continue

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305266551

Date : 25.02.2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHA9130Z

Date of Accident : 07.02.2019

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

1. The repair job shall bill to: NTUC --- SLJ7817U
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$1,076.02</u>
(b) Labour Charges	<u>\$520.00</u>
Total for Part-By-Part Repair Cost	<u>\$1,596.02</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$0.00</u>
Final Lumpsum Repair cost	<u>\$0.00</u>

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 : 

Signature : 

Name : LIM KWOK ENG

Name : NAZ LKK

Tel : 62148355

Date : 8/3/19

Fax : 65468156

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:

9210 6796

Date/Time: 08.02.2019 14:28 Page : 1

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: 3896491 JC NO.: 305266551

OMER IS CITYCAB PTE LTD OMER NO. 7010070 LESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (C) (P)	REGN NO:	SHA9130Z	MILEAGE
	MAKE:	TOYOTA	FUEL E.....1/2.....F
	MODEL:	PRIUS HYBRID(G4)	DATE/TIME IN 07.02.2019 00:30
	YR OF MANU.	22.06.2017	TARGET DATE
	CHASSIS CODE	JTDKB3FU303559099	COMPLETION DATE/TIME:

NTUC

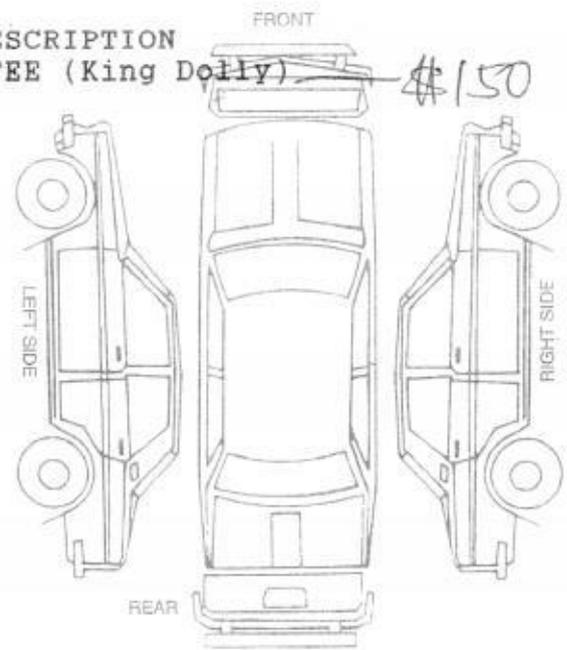
QUANTITY CARD NO.

JOB DESCRIPTION

Accident Date: 07.02.2019
 NATURE: 3P 07.02.2019/B-

S/NO	LABOR CODE
000010	23-01

DESCRIPTION
 TOWING FEE (King Dolly) *\$150*



BOOKED & PASSED OUT BY: _____

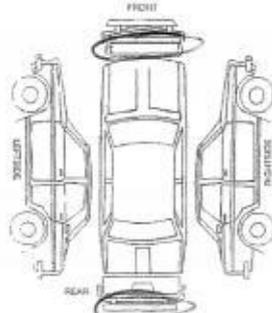
 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Receipt/ Acknowledgement Slip
 No.: **SHA9130Z** **LKE**
 Signature/Date: *Naz*
 Returned to Service Reception upon collection

Exit Pass
 Vehicle No.: **SHA9130Z**
 Name of Service Advisor _____ Date _____
 To be kept by Security Guard



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition		
<p>1. Date: <u>8/2/19</u> Time Received: <u>0105</u></p> <p>2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Mohamed</u> Contact No. : <u>98451731</u> Vehicle No. : <u>SMK9186Z</u> Make / Model / Colour : <u>Toyota Prius</u> Email :</p>	<p>3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)</p>	<p>4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up</p>
<p>7. Location: <u>Braddell Rd</u></p>	<p>5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery</p>	<p>6. Parts Replaced/Remarks:</p>
<p>9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:</p>	<p>8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi</p>	
<p>10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E</p>	<p>11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested</p>	 <p># : Cracked X : Dented / : Scratched O : Missing</p> <p style="text-align: center;"><u>[Signature]</u> Signature of Customer</p>
Job Attended		
<p>12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING Name of Driver : <u>Berni Teong</u> Vehicle No. : <u>7W7337</u> Time Dispatch : <u>0145</u> Time of Arrival : <u>0156</u> Time Completed : <u>0230</u></p>		

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
 b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
 c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

8/2/19 Date 0150 Time [Signature] Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard _____
Date & Time of Arrival _____
Signature of Attending Staff/Guard

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	08/02/2019 08:34
Date Of Accident	07/02/2019 00:30
Exact Location Of Accident	CTE TWDS SLE SLIP RD TO BRADDELL RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9130Z
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	MOHAMED FIRDAUS BIN MOHAMED SOUWARI
NRIC No	S8426680I
Date Of Birth	29/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98451731
Fax Number	
Contact Number	
E-Mail Address	MOHAMED_FIRDAUS@HOTMAIL.SG

Address BLK 79 BEDOK NORTH ROAD
#02-248

Postcode 460079

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 (including own vehicle) involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

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) 5

Passenger 1 NAME: : -
GENDER: : MALE

Passenger 2 NAME: : -
GENDER: : MALE

Passenger 3 NAME: : -
GENDER: : FEMALE

Passenger 4 NAME: : -
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20190207/2007

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

Vehicle Registration Number	SLJ7817U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEVIN GOH LI SHEN
NRIC/Passport Number	S9541816C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMED FIRDAUS BIN MOHAMED SOUWARI
Approximate Age	
Injuries Sustain	NECK AND SHOULDER
Injured person in which vehicle?	SHA9130Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN(PAX-MALE)
Approximate Age	
Injuries Sustain	GIDDINESS
Injured person in which vehicle?	SHA9130Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	UNKNOWN(PAX-MALE)
Approximate Age	
Injuries Sustain	GIDDINESS
Injured person in which vehicle?	SHA9130Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	UNKNOWN(PAX-FEMALE)
Approximate Age	
Injuries Sustain	GIDDINESS
Injured person in which vehicle?	SHA9130Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	

Postcode

DETAILS OF INJURED PERSON 5

Name	UNKNOWN(PAX-FEMALE)
Approximate Age	
Injuries Sustain	GIDDINESS
Injured person in which vehicle?	SHA9130Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

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. 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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07.02.2019@1645HRS

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

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190207/2007

1 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20190207/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2019 03:46	Vide Report No.:	Station Diary No.: 8
--	------------------	-------------------------

Informant's Particulars			
Name of Informant: MOHAMED FIRDAUS BIN MOHAMED SOUWARI		Address: APT BLK 79 BEDOK NORTH ROAD #02-248 SINGAPORE 460079	
ID Type / ID No.: NRIC NO / S8426680I		Contact No.: Home/Office: Mobile: 9845 1731	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 29/08/1984	Type of Informant: Driver
Race: Boyanese		Language:	Institution / School Name:
Occupation: CAB DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/02/2019 00:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BRADDELL ROAD LORNIE ROAD filter lane from CTE.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9130Z	Car	TOYOTA	PRIUS	Yellow	Slightly Damaged	4
SLJ7817U	Car	VOLKSWAGO N		Black	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190207/2007

2 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20190207/2007

CONTINUATION OF REPORT

Driver			
Name	MOHAMED FIRDAUS BIN MOHAMED SOUWARI	ID No.	S84266801
Related Vehicle	SHA9130Z (Car)	Contact No.	9845 1731
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Niven	ID No.	S9541816C
Related Vehicle	SLJ7817U (Car)	Contact No.	8428 4939
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/02/2019 at 12.30 am, I was driving SHA 9130 Z (Yellow Toyota Prius, Comfort Delgo) at on the left lane of a 02 lanes filter lane at Braddell Road towards Lornie Road from CTE.

I was joining the main road and was giving way to oncoming SBS bus. Suddenly, I felt a hard impact from the rear of my vehicle. I stopped vehicle and the driver of the rear SLJ 7817 U (Black, Volkswagen) came forward. I came out and spoke to him.

There are 04 passengers (all adults) in my vehicle and was conveyed to Tan Tock Seng hospital in ambulance. They complained of giddiness, however, there were no visible injuries.

There is a front in-car camera installed in my vehicle.

The rear bumper sustained a dent and the other party has a front dented bumper.

Traffic Police arrived at scene and was informed to lodge a Police report using reference, E/20190207/0008 under IO Shahrul, Tel: 6547 6904.



SINGAPORE
POLICE FORCE



T/20190207/2007

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

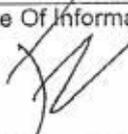
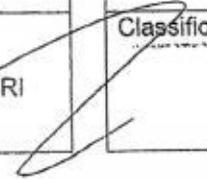
3 of 3
Report No. T/20190207/2007

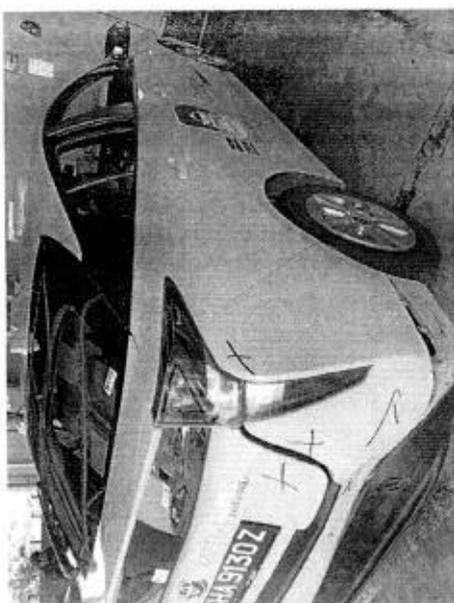
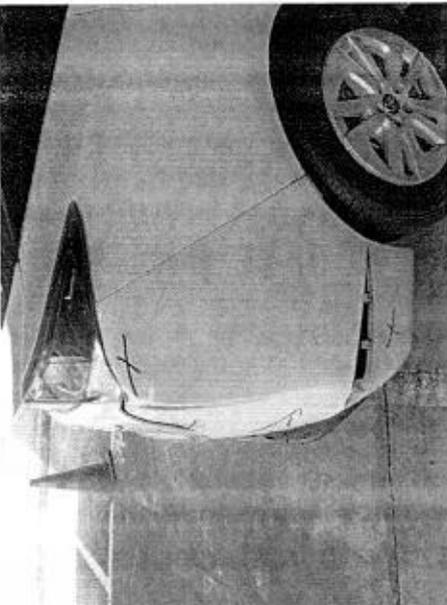
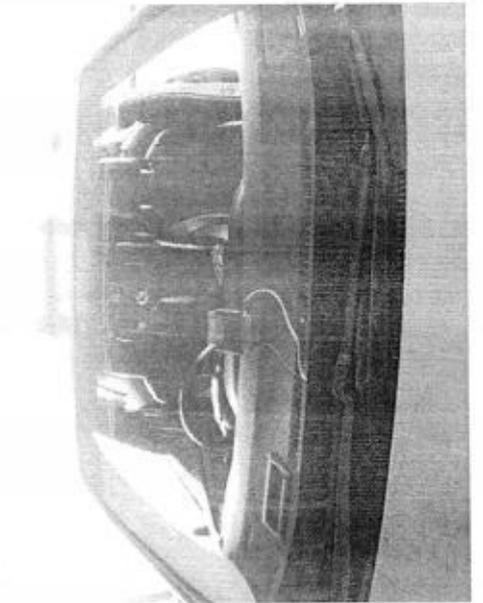
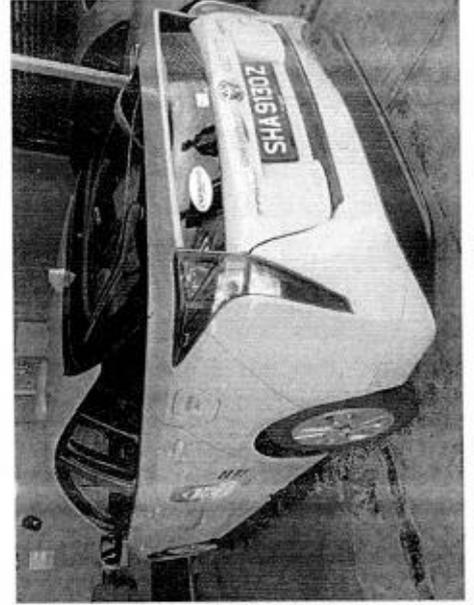
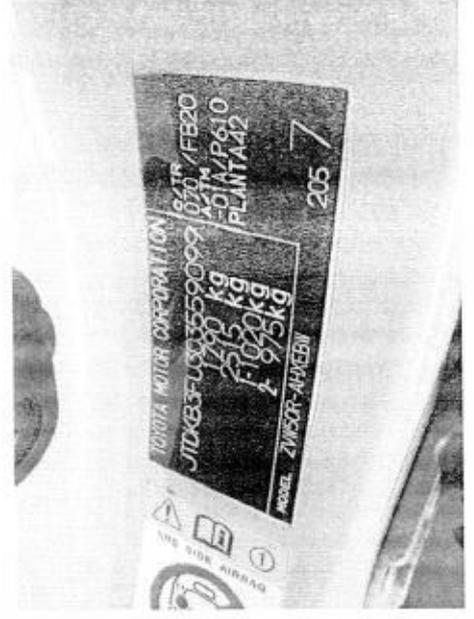
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 CHONG WENG KIAT, TERENCE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2019 03:46
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case: 
Authentication Stamp NP168	



CITY CAB PTE LTD
REPAIR ESTIMATE

VEHICLE NO : SHA 9130Z

MAKE :

MODEL : TOYOTA PRIUS

8/2/2019 14:50

LKK/Naz phy P
LCC NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER			\$ 458.60
REAR BUMPER RE-INFORCEMENT			\$ 318.80
REAR BUMPER UNDER COVER			\$ 552.60
REAR BUMPER SIDE RETAINER			\$ 112.70
REAR BUMPER TOWING COVER			\$ 82.70
REAR BUMPER CLIPS			\$ 22.00
RETAINER, REAR BUMPER, SIDE, LH			\$ 94.80
SEAL, REAR BUMPER SIDE, LH			\$ 148.40
SUB TOTAL			\$ 1,790.60
LESS 25%			\$ 447.65
DISCOUNTED TOTAL			\$ 1,342.95
REAR BUMPER REVERSE SENSOR			\$ 135.70
REAR BUMPER RUBBER MAT			\$ 50.00
			\$ 185.70
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 <p>Acknowledged by Repairer Signature: Date:</p> </div>			
LABOUR CHARGE			
Panel Beating			\$ 400.00
Spray Painting Charge			\$ 300.00
Wiring Charge			\$ 30.00
Tuff Kote			\$ 50.00
Towing Charge			\$ 150.00
Remove/Refix Reverse Sensor			\$ 80.00
TOTAL LABOUR			\$ 1,010.00
ESTIMATE TOTAL			\$ 2,538.65

NAZ LKK
8/2/19 1540
PIP
2 DAYS
CHECK ITEMS PHOTO
BEFORE PAINT PHOTO

[Signature]
12/2/19

LKK
P-3T
DFF
P-150
DFF
NFC
P-150
P-150
XSVU
NFC
200
200
XSVU
40
X
30

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.

CITY CAB PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SHA 9130Z

MAKE :

MODEL : TOYOTA PRIUS

CKK/NAZ
8/2/2019 14:50
L/ce

phys P
NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
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REAR BUMPER UNDER COVER			\$ 552.60
REAR BUMPER SIDE RETAINER		X SVL	\$ 112.70
REAR BUMPER TOWING COVER			\$ 82.70
REAR BUMPER CLIPS			\$ 22.00
RETAINER, REAR BUMPER, SIDE, LH		X SVL	\$ 94.80
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NAZ LKK
8/2/19 1540
PIP
2 DAYS
BPP CHECK ITEMS PHOTO
BEFORE PAINT PHOTO

CKK
? V
DEF
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DEF
NEC
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?
XSVL
NEC
200
200
XNW
40
X
30

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 PTE LTD

Date: 26.02.2019

REPAIR ESTIMATE

Time: 19:05:21

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305266551
 REGN NO : SHA9130Z
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 22.06.2017
 DATE/TIME IN : 07.02.2019 00:30
 ACCIDENT DATE : 07.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1 L	458.60	25.00	343.95
0002	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1 L	552.60	25.00	414.45
0003	04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1 L	82.70	25.00	62.02
0004	04-01-0302-2267-G	PRIVC BUMPER PIECE	1 L	22.00	25.00	16.50
0005	04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1 L	318.80	25.00	239.10
0006	04-01-0302-2267-G	PRIVC BUMPER PIECE	9	19.80	25.00	14.85

SUB-TOTAL : 1090.87

JOB NATURE

0000 L	REAR BUMPER MAT	50.00
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	40.00
0004 L	RENEW/REFIX REVERSE SENSOR	30.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 26.02.2019

REPAIR ESTIMATE

Time: 19:05:21

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
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65551188

JOB NO : 305266551
REGN NO : SHA9130Z
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 22.06.2017
DATE/TIME IN : 07.02.2019 00:30
ACCIDENT DATE : 07.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 520.00

TOTAL : 1,596.02

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO



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/INC19002411/Ntd3s2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 11-03-2019
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLJ 7817U	Veh. Inspected	SHA 9130Z
Policy No.	5100785970	Coverage (\$)	0.00
Claim No.	MT/1031104-002	Excess (\$)	0.00
Assign From		Assign Date	08/02/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS HYBRID	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU303559099	Colour	YELLOW
Odometer	284589	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	WEST LAKE	6 mm
L/H Front Tyre	195/65R15	WEST LAKE	6 mm
R/H Rear Tyre	195/65R15	WEST LAKE	6 mm
L/H Rear Tyre	195/65R15	WEST LAKE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	07/02/2019	Inspection Date	08/02/2019
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

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9130Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CRACKED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	BENT	318.80	318.80
1	REAR BUMPER UNDER COVER	DEFORMED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER TOWING COVER	DEFORMED	82.70	82.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER, REAR BUMPER, SIDE, LH	SERVICEABLE	94.80	-
1	SEAL, REAR BUMPER SIDE, LH	SERVICEABLE	148.40	-
	LESS 25% DISCOUNT		-447.65	-358.68
			1,342.95	1,076.02
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	40.00
	TOWING CHARGE.		150.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			1,010.00	470.00
GRAND TOTAL			2,538.65	1,596.02
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,596.02

Report Ref No. NS/INC19002411/Ntd3s2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

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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