

NS/INC19002428/NSd32

REF:

REF:

INC

LKE

Surveyor: NA2

## ASSIGNMENT

Front: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SLG1936PPolicy No. 5084359870-02 (23/9/18-22/9/19)Claims No. MT/1030935-002

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

Bal. or Market Value: \_\_\_\_\_

IUAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

CIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 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: 51A953J Yr Regn: 23 AUG 2017Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIUS HYBRID C.C. 1798Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 241,587 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB3FU503563591Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 195/65 R15R: 11

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

TOYO / YOKO or

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 2/2/19 D.O.I. 7/2/19Survey held at CDGT WYANZDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

INC P/P

Date / Time Action / Instruction

51A953J - C4 / JTDKB3FU503563591 / Kea32/5/2018SLG1936P-X26/12/19 FINALIZED. PART BY PART REPAIR \$844.45 / 2 DAYS.  
( \$880.68 Red - 51% )

RECEIVED 28 FEB 2019

Date/Time, File Pass to?

28/02/191) Tyres  
Date/Time, File Return to?

2)

☐ : Prelim Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Survey Fee: 160

Transportation:

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

TOTAL

Report Format :

Lump Sum / I.B.I.: (\$ 844.45 P/P)160

Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084359870-02		LUBER SERVICES	53318916X	GCV	Comprehensive	SLG1936P	SLG1936P	23/09/2018	22/09/2019

TP Claims against NTUC Income: Follow-Through Survey

Date: 26/02/2019

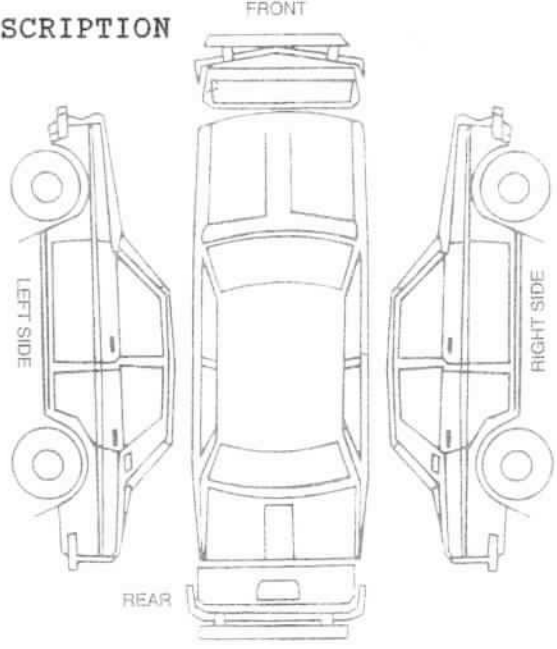
S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1033917-001	COMFORT TRANSPORTATION PTE LTD	SHA 4662M	SLM 616M
2	MT/1031342-002	COMFORT TRANSPORTATION PTE LTD	SHC 8050S	SDS 6306G
3	MT/1030935-002	COMFORT TRANSPORTATION PTE LTD	SHA 4753J	SLG 1936P
4	MT/1030694-002	COMFORT TRANSPORTATION PTE LTD	SHB 4375L	SJK 3388K
5	MT/1031360-002	COMFORT TRANSPORTATION PTE LTD	SHC 3695P	SGJ 7315K
6	MT/1030298-002	COMFORT TRANSPORTATION PTE LTD	SHB 4193U	FBK 8120C
7	MT/1033590-002	COMFORT TRANSPORTATION PTE LTD	SHD 6745D	SGG 4505P

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305266158
DMER		REGN NO.: SHA4753J	MILEAGE
S COMFORT TRANSPORTATION PTE LTD		MAKE: TOYOTA	FUEL
DMER NO. 7010045		MODEL: PRIUS HYBRID(G4)	E.....1/2.....F
ESS 383 SIN MING DRIVE		YR OF MANU. 23.08.2017	DATE/TIME IN 03.02.2019 11:25
Singapore SINGAPORE 575717		CHASSIS CODE JTDKB3FU503563591	TARGET DATE
65508755 (R) (O)			COMPLETION DATE/TIME:
(P)			
UNT CARD NO.			

NTUC

Accident Date: 02.02.2019  
NATURE: 3P 02.02.2019/B

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

BOOKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

pledgement Slip	Exit Pass
No.: SHA4753J LKE	Vehicle No.: SHA4753J
Signature/Date	Name of Service Advisor
Signature/Date	Date
turned to Service Reception upon collection	To be kept by Security 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	04/02/2019 11:07
Date Of Accident	02/02/2019 15:30
Exact Location Of Accident	STILL RD S TOWARDS E COAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4753J
<b>Insured/Policyholder</b>	
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	TAN ENG WEE
NRIC No	S7421027I
Date Of Birth	10/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	10/10/2000
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83838256
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 622A PUNGGOL CENTRAL #08-256
Postcode	821622
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?	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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	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 / Number of Passengers: 01 MALE , 02 FEMALE & 02 CHILDRED

#### 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	SLG1936P
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

# **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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG NO 199303821R

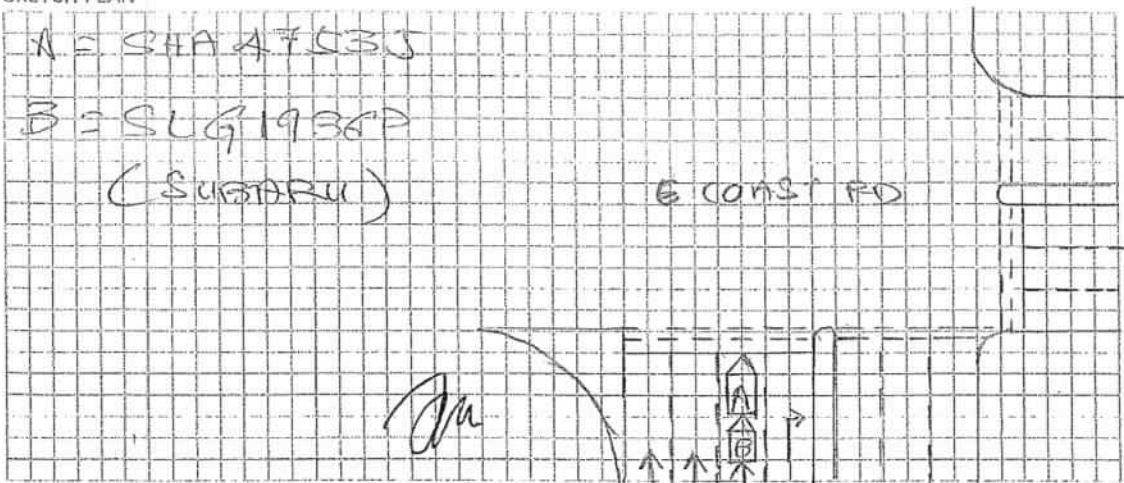
Policyholder's Signature  
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 03 FEB 2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

statement as per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 192203321R

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

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

03 FEB 2019

Describe Circumstances of the Accident.
On the 02/02/2019 @ about 15:30hrs, I was driving along Still Rd S towards E Coast Rd
Direction.
I stop at the traffic light junction waiting for the green light.
Suddenly there's an impact from behind my taxi and found out a vehicle SLG1936P had
collided onto my rear portion of my taxi.
01 male ,02 female & 02 children passenger on board my taxi.
No injury reported at the point of accident.

**Declaration**

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 193203321R

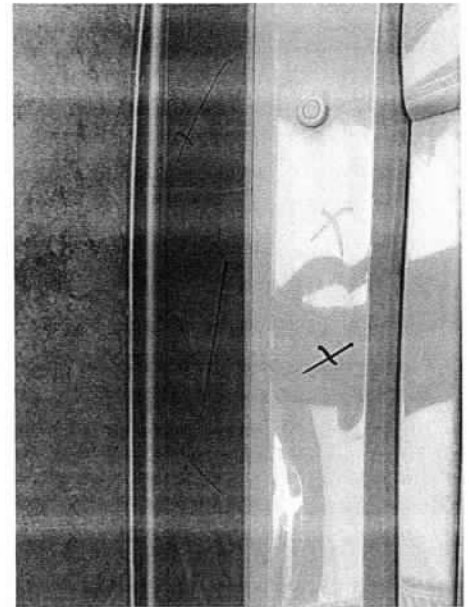
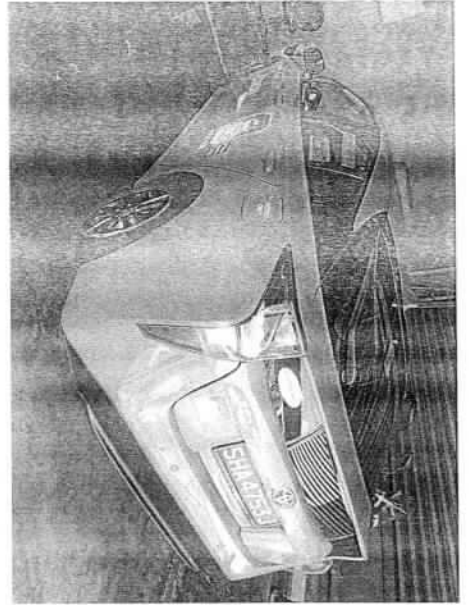
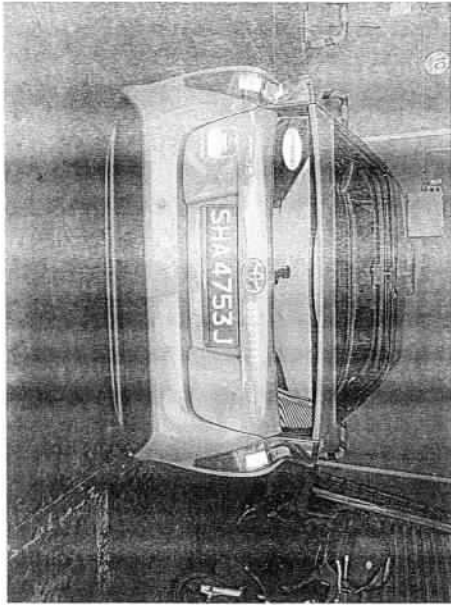
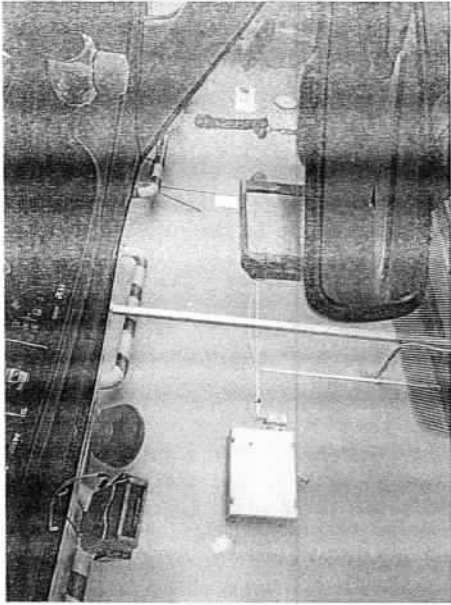
Policyholder's Signature/Date &  
Time

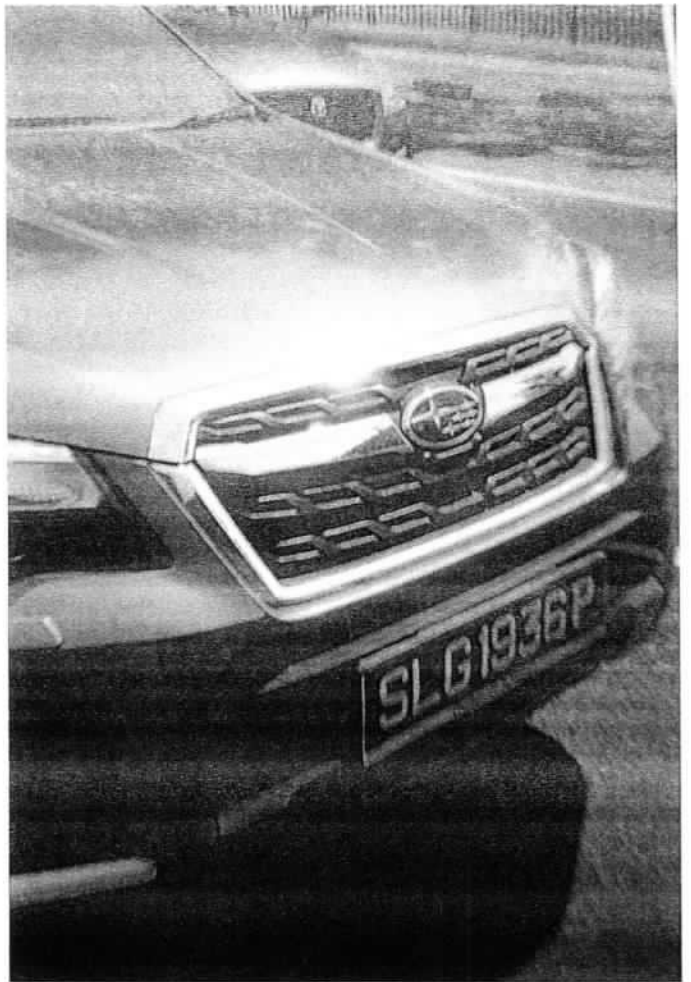
Driver's Signature(If driver is not the policyholder)/Date  
& Time

Olivia Wendy

Witnessed by Reporting  
Centre Personnel

03 FEB 2019





## REPAIR ESTIMATE

MAKE :

**MODEL : TOYOTA PRIUS**

7/2/2019 9:48

**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.

Our Job Ref No : 305266158  
Date : 15.02.19

## COMFORTDELGRO ENGINEERING

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



### FINALIZATION FORM

To : LKK  
Attn : Mr NAZ  
Vehicle Reg No. SHA4753J CTPL

Fax :

04.07.18

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

1. The repair job shall bill to: NTUC --- SLG1936P
  2. The finalized amount shall be:
    - (a) Spare Parts after List discount \$414.45
    - (b) Labour Charges \$430.00
    - Total for Part-By-Part Repair Cost \$844.45**
    - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%  
**Final Lumpsum Repair cost**
  3. Estimated normal period for repairs: 2 working days.
  4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
  5. Thank you for your assistance.
- We confirm the estimates and finalized amount
- Signature :  Signature :   
Name : LIM KWOK ENG Name : NAZ LKK  
Tel : 62148316 Date : 26/2/19  
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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

pby p

7/2/2019 9:48

H.Ce

NTU C

	UNIT PRICE
--	------------

NA2 LICK  
7/2/19 1755  
P1P  
2 DAYS  
AF THE REAR PHOTO

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: 15.02.2019

REPAIR ESTIMATE

Time: 11:51:30

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 : 305266158  
REGN NO : SHA4753J  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 23.08.2017  
DATE/TIME IN : 03.02.2019 11:25  
ACCIDENT DATE : 02.02.2019

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 / 50

SUB-TOTAL : 414.45

JOB NATURE

0000 L PANEL BEATING 200.00 ✓

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00 ✓

0002 20-22 REMOVE/REFIX REVERSE SENSOR 30.00 ✓

SUB-TOTAL : 430.00

TOTAL : 844.45

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :



## 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/INC19002428/Nsd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 01-03-2019



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLG 1936P	Veh. Inspected	SHA 4753J
Policy No.	5084359870-02	Coverage (\$)	0.00
Claim No.	MT/1030935-002	Excess (\$)	0.00
Assign From		Assign Date	07/02/2019

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS HYBRID	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU503563591	Colour	BLUE
Odometer	241587	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	5 mm
L/H Front Tyre	195/65 R15	WEST LAKE	5 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	5 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	5 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	02/02/2019	Inspection Date	07/02/2019
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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. SHA 4753J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER SIDE RETAINER	NOT NECESSARY	112.70	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR BUMPER UNDER COVER	SCRATCHED	552.60	552.60
	LESS 25% DISCOUNT		-286.47	-138.15
			859.43	414.45
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
	<b><u>LABOUR</u></b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OR REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	REMOVE / REFIT REVERSE SENSOR.		30.00	30.00
			730.00	430.00
	<b>GRAND TOTAL</b>		<b>1,725.13</b>	<b>844.45</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>844.45</b>

Report Ref No. NS/INC19002428/Nsd3e2

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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