

Surveyor: NA2 REF: INC IS

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: SLM 616M
 Policy No. 5099600017 (20/4/18-19/4/19)
 Claims No. M/1033917-001
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN/OUT

N/S	O/S
X	X

Veh No: SLA 4662M Yr Regn: 30 MAY 2017
 Type: M.Car / M.Cycle / BUS / Van / Lorry / (Taxi) / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA PRIMS HYBRID c.c. 1798
 Colour: BLUE A/C: (Insured) / Std / NI / NA
 Sp. Reading: 220,013 T/Radiop: (Insured) / Std / NI / NA
 Eng/No: _____ C/No: JTOKB3Fu703557419
 Gen. Cond: Good / (Fair) / Poor / Burnt
 Steering: (In order) / Jammed / Leaked / Burnt or
 Brake: (In order) / Jammed / Leaked / Burnt or
 Mod: NII / S/Rlm / STD A/Rlm or
 Tyre Size: F: 195 165 R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or DAVANTIC (P), WESTLAKES (S)

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>10/2/19</u>	D.O.A. <u>4/2/19</u>

 Survey held at COGE COYANG
 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
	<u>SLA 4662M - CCA/III/6024527/Tly9392</u> DoA: <u>29/11/2016</u>
	<u>SLM 616M - NS/INC1900441/D03</u> DoA: <u>21/11/19</u>
<u>26/2/19</u>	<u>FINALIZED. PART BY PART REPAIR \$1,494.00 (2 DAY)</u> <u>(Red \$600.73, 29%)</u>

RECEIVED 28 FEB 2019

[Signature]
27/2/2019

Date/Time, File Pass to? : Preli Report
 1) 25/2/19 : Final Report
 Date/Time, File Return to? _____
 2) _____
 Report Format: TP
 Lump Sum / I.B.I: (\$) 1494
 Days Of Repair: 2
 Resurvey No. of Trip: 2 Survey Fee: 160
 Transportation: _____
 Add Fee: : Site Insp (\$ _____) S + RS _____
 : Interview (\$ _____) Photos _____
 : Tech. Invs (\$ _____) Others _____
 : Weekend (\$ _____)
 TOTAL 160

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="10/02/2019 19:25"/>
Vehicle No.(For Motor)	<input type="text" value="SLM616M"/>	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"/>	5099600017		TAN MENG LIANG	S8032021C	GPC	drivo CLASSIC	SLM616M	SLM616M	20/04/2018	19/04/2019

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	11/02/2019 10:33
Date Of Accident	10/02/2019 12:55
Exact Location Of Accident	ALONG KIM TIAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4662M
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	SONG HWEE TIN
NRIC No	S1356007B
Date Of Birth	17/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97216607
Fax Number	
Contact Number	
EEmail Address	JUDYSONG59@GMAIL.COM

Address	208A 03-17 TAMPINES AVE 2
Postcode	521208
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)	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	SLM616M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN MENG LIANG
NRIC/Passport Number	S8032021C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/2/19 at about 12:55 hrs, 1 veh
 A driving at above said location.
 Shortly veh in front braked to stopped
 and I doing so stopped prior yellow box.
 Suddenly veh B came from behind collided
 onto the rear portion of my stationary taxi.
 No passenger in my taxi. No injury at
 the point of accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 COMFORT TRANSPORTATION PTE. LTD.
 CO. REG. NO. 198303821R

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)

Reporting Centre Personnel's Signature
 Name: 11/2/19

Loke Wei Yiong

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:


Loke Woi Yiong
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 11/2/19

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

NTUC - CP (P)

IB

VEHICLE NO : SHA 4662M

11/2/2019

MAKE :

MODEL : TOYOTA PRIUS

LKK -

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER			\$ 458.60
REAR BUMPER UNDER COVER			\$ 552.60
REAR BUMPER SIDE RETAINER			\$ 112.70
REAR BUMPER CLIPS			\$ 22.00
SUB TOTAL			\$ 1,145.90
LESS 25% DISCOUNTED TOTAL			\$ 859.43
REAR BUMPER REVERSE SENSOR			\$ 135.70
REAR BUMPER RUBBER MAT			\$ 50.00
			\$ 185.70
LABOUR CHARGE			
Panel Beating			\$ 400.00
Spray Painting Charge			\$ 300.00
Wiring Charge			\$ 30.00
Remove/Refix Reverse Sensor			\$ 80.00
TOTAL LABOUR			\$ 810.00
ESTIMATE TOTAL			\$ 1,855.13

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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:

[Signature]
14/2/19

NA 2 LKK
11/2/19 1650
PIF
2 DAYS
CHECK ITEMS PHOTOS
BEFORE PAINT PHOTOS

✓CEL
✓CEL
?XS
✓NF

✓SVL
✓NF

200
200
p/n
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.

2014.23

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305267001
Date : 14/02/19

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : NAZ
Vehicle Reg No. : SHA4662M Date of Accident : 10-Feb-19

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

1. The repair job shall bill to: NTUC --- SLM 616M
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$1,064.00
(b) Labour Charges	\$430.00
Total for Part-By-Part Repair Cost	\$1,494.00
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	_____
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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : NAZ LKK
Date : 26/2/19

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:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 13.02.2019
Time: 10:22:12
Page: 1 | 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305267001
REGN NO : SHA4662M
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 30.05.2017
DATE/TIME IN : 11.02.2019 08:25
ACCIDENT DATE : 10.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	REAR BUMPER	1	458.60	25.00	343.95	/CRK
0002	04-01-0302-2287-G	REAR BUMPER UNDER COVER	1	552.60	25.00	414.45	/CRK
0003	04-01-0302-2288-G	REAR BUMPER REINFORCEMENT	1	318.80	25.00	239.10	/BT
0004	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50	/NEC.
0005	04-01-0103-1150-A	REAR BUMPER MAT	1	50.00	25.00	50.00	/NEC.
							SUB-TOTAL : 1,064.00

JOB NATURE

0000	L	PANEL BEATING				200.00	
0001	23-502	SPRAYPAINT ON AFFECTED AREA				200.00	
0002	L	R/I REVERSE SENSOR				30.00	
							SUB-TOTAL : 430.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 13.02.2019

Time: 10:22:12

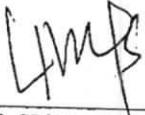
Page: 2/2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305267001
REGN NO : SHA4662M
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 30.05.2017
DATE/TIME IN : 11.02.2019 08:25
ACCIDENT DATE : 10.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT



TOTAL : 1,494.00

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : 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/INC19002590/Nqd3e2			
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. SLM 616M	Veh. Inspected SHA 4662M		
Policy No. 5099600017	Coverage (\$) 0.00		
Claim No. MT/1033917-001	Excess (\$) 0.00		
Assign From	Assign Date 11/02/2019		
2. Vehicle Particulars & Condition			
Make & Model TOYOTA PRIUS HYBRID	c.c 1798		
Engine No. HIDDEN	Year of Reg. 2017		
Chassis No. JTDKB3FU703557419	Colour BLUE		
Odometer 220013	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	DAVANTI	6 mm
L/H Front Tyre	195/65 R15	DAVANTI	6 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 10/02/2019	Inspection Date 11/02/2019		
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

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. SHA 4662M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CRACKED	458.60	458.60
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
1	REAR BUMPER REINFORCEMENT	BENT	318.80	318.80
	LESS 25% DISCOUNT		-366.17	-338.00
			1,098.53	1,014.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<u>LABOUR</u>				
	PANEL BEATING.		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			2,094.23	1,494.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,494.00

Report Ref No. NS/INC19002590/Nqd3e2

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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