

Surveyor: Kaim

REF: NS/INC19002693/K1d3n2

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OO/TP/WS/TP RES/OD RES/EVA/INV/MV  
To Inspected Vehicle No: \_\_\_\_\_  
at Workshop mis \_\_\_\_\_  
of \_\_\_\_\_  
Insured: SGW 2882D  
Policy No: 5099400320 (30/3/18-30/4/19)  
Claims No: MT/1031254-002  
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: \_\_\_\_\_  
IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SH 7181Y Yr Regn: 2<sup>nd</sup> Jan 2017  
Type: M. Car / M. Cycle / Bus / Van / Lorry / T. / Prime Mover /  
Truck / Trailer or  
Make: Toyota Prius cc 1748  
Colour: Blue A/C: Insured Std / NI / NA  
Sp. Reading: 183522 T/Radio: Insured Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: JTDK83F4303560513  
Gen. Cond: Good / 6 / Poor / Burnt  
Steering: In order / 6 / Jammed / Leaked / Burnt or  
Brake: In order / 6 / Jammed / Leaked / Burnt or  
Modi: Nil / S/Rim / 6 / ST / Rim or  
Tyre Size: F: 195/65R15  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Wella  
Front Rear  
R/Bal. 7 mm R/Bal. 7 mm  
L/Bal. 7 mm L/Bal. 7 mm  
D.O.A. 9/2/19 D.O.I. 12/2/19  
Survey held at C D G E (Loyang)  
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or  
Front o/s  
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SH 7181Y-CC3/III 1507497/716d1 DUA: 11/10/15 Inc
	SGW 2882D-CC3/Ax A1300246/H/hf3c3 DUA: 1/2/13 PIR
18/2/19	Check PIR \$400/2 Rps. (Red: 1621.50, 00%)
RECEIVED 21 FEB 2019	

Date/Time, File Pass to?

1) 2012 Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum

TP

400

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ Site Insp (\$)  
☐ Interview (\$)  
☐ Tech. Insp (\$)  
☐ West end (\$)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

160

My Desktop

Notice of Loss

## Policy Query

Policy No.

Date of Accident

09/02/2019 17:26

Vehicle No.(For Motor)

SGW2882D

Certificate Number

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"/>	5099400320		TAN HOW KOON	S14828678	GPC	drivo PREMIUM	SGW2882D	SGW2882D	30/03/2018	30/04/2019

Continue

# TP Claims against NTUC Income: Follow-Through Survey

Date 19/2/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1031465-002	COMFORT TRANSPORTATION PTE LTD	SHA 7323Y	SJS 3321K
2	MT/1018247-002	SMRT BUSES LTD	SMB 5073S	SJN 7756P
3	MT/1031666-002	COMFORT TRANSPORTATION PTE LTD	SHD 7299T	SGN 3392S
4	MT/1028475-002	SMRT BUSES LTD	SG 5752T	GBB 7829X
5	MT/1026811-002	SMRT TAXIS PTE LTD	SHB 452Z	SCL 4054U
6	MT/1030640-002	COMFORT TRANSPORTATION PTE LTD	SHA 7852L	SJM 3601J
7	MT/1031254-002	COMFORT TRANSPORTATION PTE LTD	SH 7181Y	SGW 2882D
8	MT/1031376-002	CITYCAB PTE LTD	SHC 7931G	SBU 8888T

## 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 08:59
Date Of Accident	09/02/2019 16:15
Exact Location Of Accident	THE BLUE CONDO BASEMENT CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7181Y
<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 YONG CHIN
NRIC No	S1512200E
Date Of Birth	26/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97812213
Fax Number	
Contact Number	
Email Address	JOHNSONTAN209@HOTMAIL.COM

Address	BLK 26 CHAI CHEE ROAD #03-409
Postcode	460026
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

PLS REFER TO ATTACHED / Type Of Accident: 3P REVERSE

#### 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	SGW2882D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POON MEI YEE NATHALIE
NRIC/Passport Number	S2632009G
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT REAR
No. Of Passenger (Including Driver)	

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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.

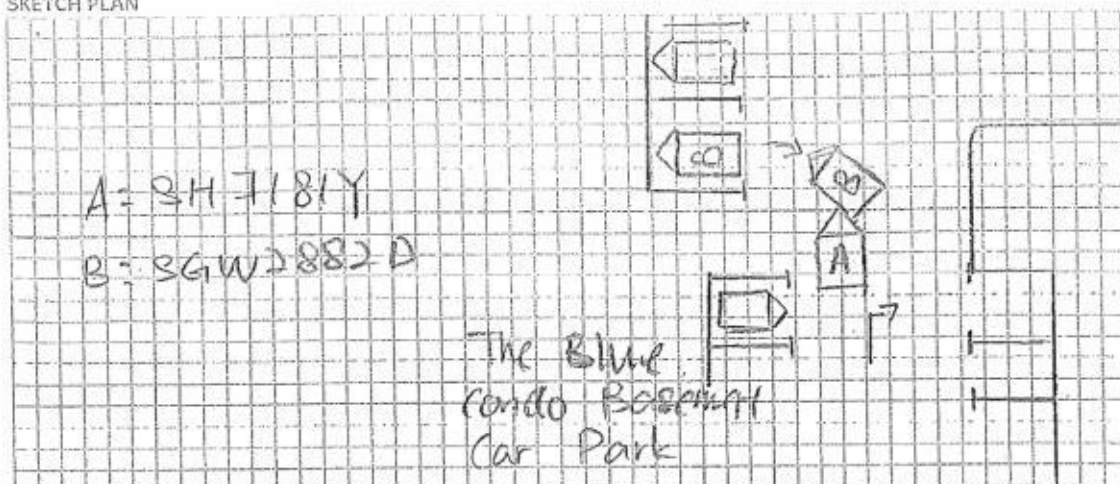
COMFORT TRANSPORTATION PTE LTD  
CO REG NO 190703821R

Policyholder's Signature  
Date & Time:

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

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/2/19 at about 16:15 hrs, I Veh A stopped at above said location for my passengers alighting.

Shortly Veh B reversed out from a car park spot and it left rear portion hit and grazed onto the front right portion of my stationary taxi. Thereafter I stepped out to take photo and exchanged particulars.

No injury reported in this accident.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 199203821R

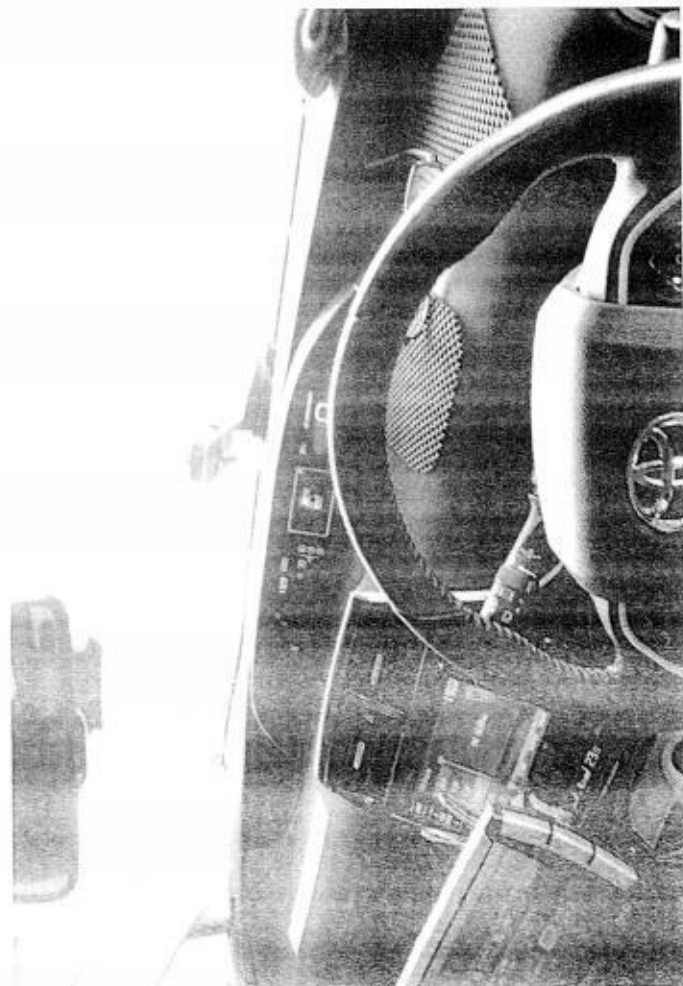
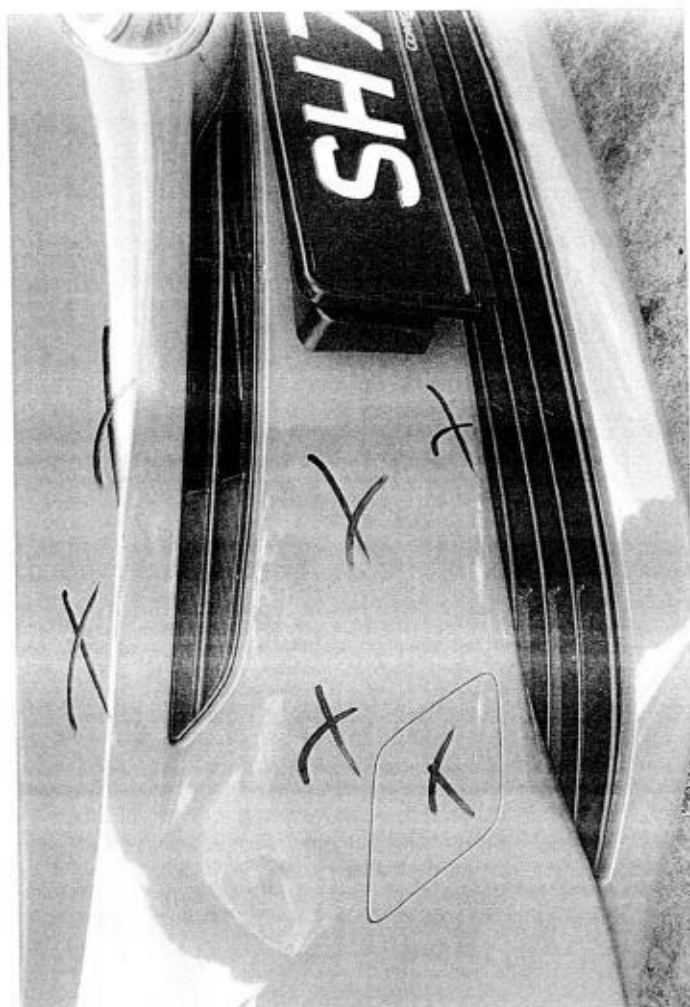
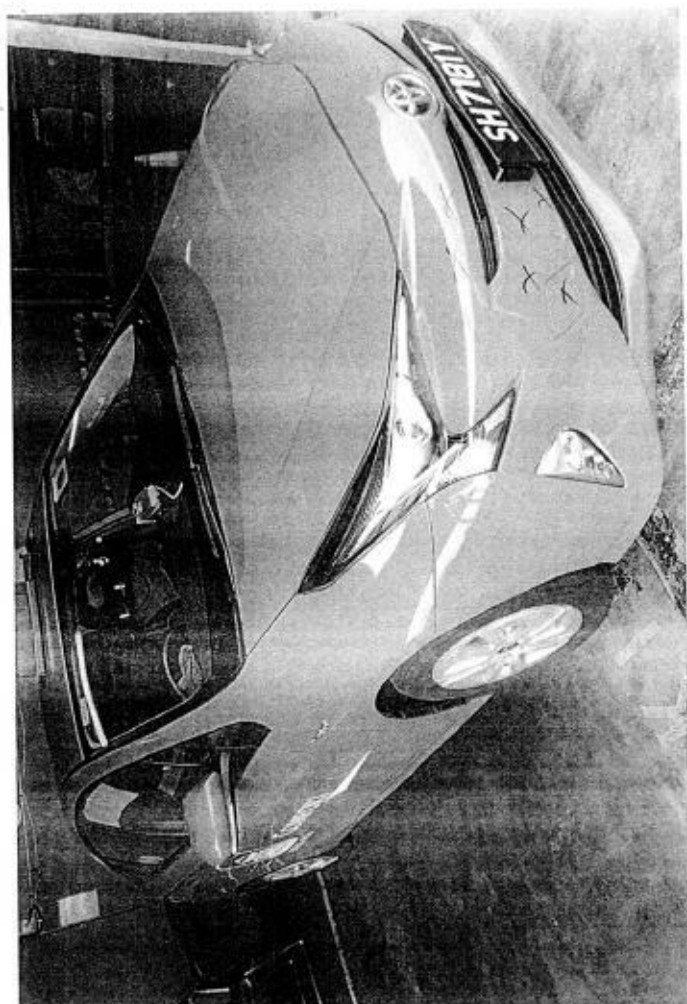
Policyholder's Signature  
Date & Time:

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

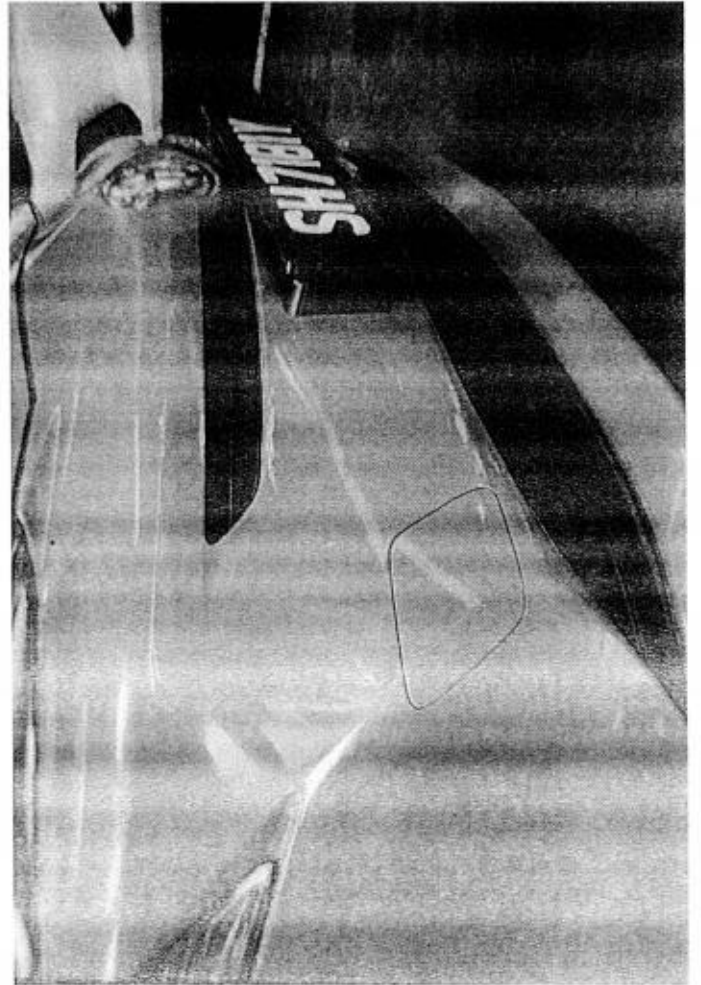
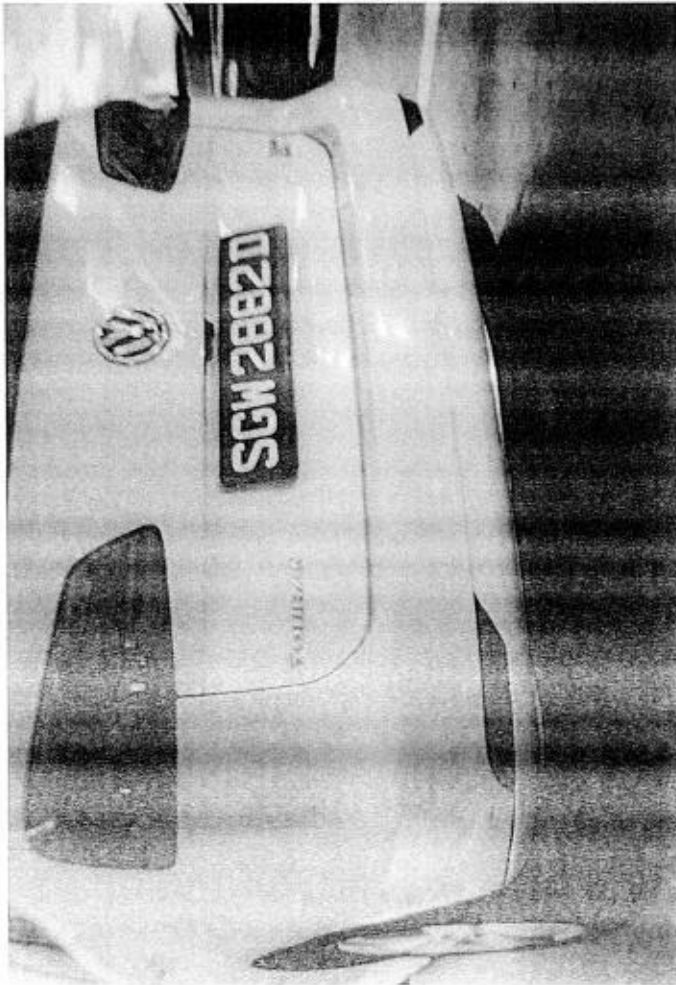
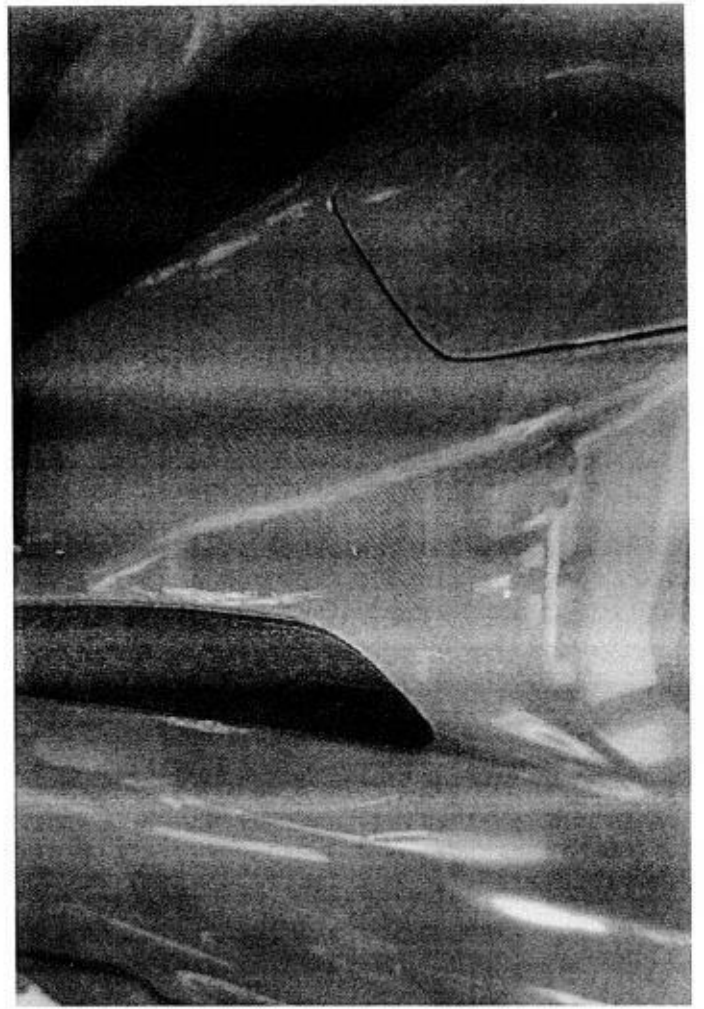
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

10/2/19









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  
REPAIR ESTIMATE

Date: 13.02.2019  
Time: 18:23:35  
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 : 305267562  
REGN NO : SH 7181Y  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 29.06.2017  
DATE/TIME IN : 11.02.2019 14:45  
ACCIDENT DATE : 09.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 L	SPRAY PAINTING CHARGE	200.00

SUB-TOTAL : 400.00

TOTAL : 400.00

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305267562

Date : 13. Feb. 2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH7181Y

Date of Accident: 9. Feb. 2019

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

1. The repair job shall bill to: NTUC SGW2882D

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

\$400.00

Total for Part-By-Part Repair Cost

\$400.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 18/2/19

## 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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

A member of COMFORTDELGRO

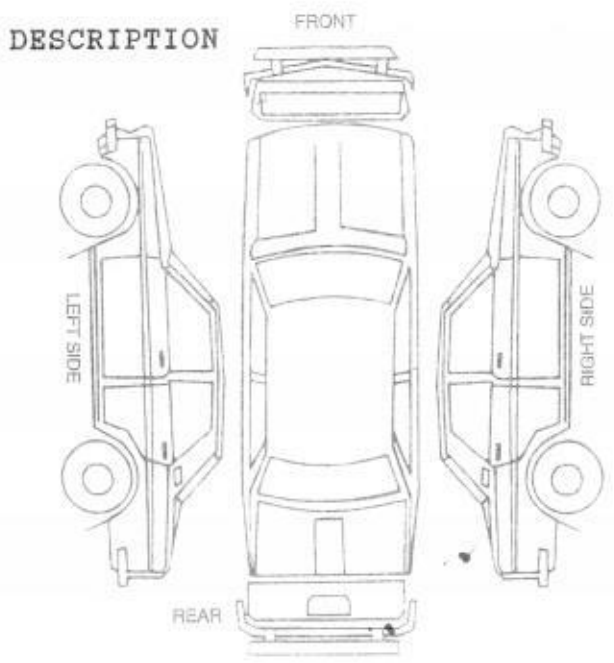
Date/Time: 11.02.2019 17:44 Page : 1

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305267562
Customer:	COMFORT TRANSPORTATION PTE LTD	REGN NO.:	SH 7181Y	MILEAGE
Customer NO.:	7010045	MAKE:	TOYOTA	FUEL
Address:	383 SIN MING DRIVE	MODEL:	PRIUS HYBRID(G4)	DATE/TIME IN
	Singapore SINGAPORE 575717	YR OF MANU.:	29.06.2017	TARGET DATE
	65508755 (O)	CHASSIS CODE:	JTDKB3FU303560513	COMPLETION DATE/TIME:
Count Card No.:				

JOB DESCRIPTION

Accident Date: 09.02.2019  
NATURE: 3P 09.02.2019

S/NO LABOR CODE  
NTUC - Front Right  
LKR/



HECKED & PASSED OUT BY:

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SH 7181Y	Vehicle No.: SH 7181Y
Signature/Date: Larry Ng	Name of Service Advisor
Signature/Date:	Date
Signature/Date:	To be kept by Security Guard



## 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/INC19002693/K1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556

Date: 20-02-2019



Code: INC4

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

Insured Veh.	SGW 2882D	Veh. Inspected	SH 7181Y
Policy No.	5099400320	Coverage (\$)	0.00
Claim No.	MT/1031254-002	Excess (\$)	0.00
Assign From		Assign Date	12/02/2019

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU303560513	Colour	BLUE
Odometer	183522	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 FRONT O/S PORTION. DAMAGES SEE DETAILS.
---------------------------------------------------------------------------------

### 5. General Information

Accident Date	09/02/2019	Inspection Date	12/02/2019
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. SH 7181Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	499.90	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	696.40	-
1	FRONT BUMPER REINFORCEMENT ABSORBER	SERVICEABLE	115.70	-
1	FRONT BUMPER SPONGE	SERVICEABLE	78.80	-
1	FRONT BUMPER LOWER GRILLE	SERVICEABLE	166.90	-
1	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
2	FRONT BUMPER SIDE RETAINER @\$77.00	SERVICEABLE	154.00	-
1	COVER, FRONT BUMPER HOLE, RH	TO REPAIR SEE LABOUR	28.38	-
	LESS 25% DISCOUNT		-440.52	-
			1,321.56	-
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND COVER, FRONT BUMPER HOLE, RH.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	400.00
<b>GRAND TOTAL</b>			<b>2,021.56</b>	<b>400.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>400.00</b>

Report Ref No. NS/INC19002693/K1td3n2

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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