

Surveyor: Kelvin

REF:

NS/INC19003743/Kld3 n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insured Vehicle No: _____

at Workshop m/s _____

at _____

Insured: **GBH 8108E**

Policy No: **S104013902**

Claims No: **MT/1033351-002**

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: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

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

Loss Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time	Action / Instruction
28/2/19	Chk P/P \$649.50 / 2 Dr. INC
	SHC1383C-X
	GBH 8108E-X
	(91,002.55 GF Red. 61%)

RECEIVED 01 MAR 2019

Date/Time, File Pass to? **01/03/19**

1) **Typist** ☐ : Prel. Report ☒ : Final Report

Date/Time, File Return to? _____

2) _____

3) _____

4) _____

5) _____

649.50 P/P

Veh No: **SH C1383C** Yr Regn: **23 Aug 2017**

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

Truck / Trailer or

Make: **Toyota Prius** cc **1798**

Colour: **Blue** A/C: Insured / Std / HI / NA

Sp. Reading: **190963** T/Radio: Insured / Std / HI / NA

Eng/No: _____

C/No: **JTDKB3F4603563700**

Gen. Cond: Good / Fb / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD AirRim or

Tyre Size: F: **195/65R15**

R: _____

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

TOYO / YOKO or **Davanti**

Front: _____ Rear: _____

R/Bal: **6** mm R/Bal: **6** mm

L/Bal: **6** mm L/Bal: **6** mm

D.O.A. **25/2/19** D.O.I. **26/2/19**

Survey field at **C.D.G.E (Loyang)**

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roof/Top or

F.H.

The UIC / Chassis frame / Body Structure affected due to collision.

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp 15

☐ : Inter. Insp 5

☐ : Test. Insp 15

☐ : Test. Insp 15

☐ : Test. Insp 15

160

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/02/2019 15:50"/>							
Vehicle No.(For Motor)	<input type="text" value="GBH8108E"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104013902		FRESCO PTE LTD	201812478W	GCV	Preferred Workshop Plan	GBH8108E	GBH8108E	20/09/2018	24/09/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5104013902	Policyholder Name	FRESCO PTE LTD	Policyholder NRIC	201812478W
Certificate No.					
Address	BLK 25 #01-200 WHOLESALE CENTRE PASIR PANJANG WHOLESALE CENTRE SINGAPORE 110025				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/09/2018	Effective Date	20/09/2018 00:00	Expiry Date	24/09/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	WILLIAM'S AUTO PTE LTD	Agent Tel.	67632166	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 25 #01-200	Address 2	WHOLESALE CENTRE	Address 3	PASIR PANJANG WHOLESALE CE
Address 4	SINGAPORE 110025	Address Type	Singapore address	Post Code	110025
Unit No.		Related Policy Number	5104013902		

▶ Insured Object: GBH8108E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Income: Follow-Through Survey

Date : 01/03/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1033392-002	COMFORT TRANSPORTATION PTE LTD	SHD 6803U	SMC 1442G	23/2/2019	\$ 3,012.00	\$ 1,250.00
2	MT/1033751-002	COMFORT TRANSPORTATION PTE LTD	SHC 1383C	GBH 8108E	25/2/2019	\$ 1,652.05	\$ 649.50
3	MT/1033809-002	COMFORT TRANSPORTATION PTE LTD	SHD 6835C	SMA 8500L	25/2/2019	\$ 5,191.68	\$ 800.00
4	MT/1028107-002	SMRT TAXIS PTE LTD	SHB 234L	GBE 7509D	14/1/2019	\$ 3,801.50	\$ 750.00

Claim received from LKK Auto

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	26/02/2019 14:03
Date Of Accident	25/02/2019 15:50
Exact Location Of Accident	ENGGOR STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1383C
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	ASPAR BIN ANWAR
NRIC No	S0103245C
Date Of Birth	02/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1976
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82990705
Fax Number	
Contact Number	
Email Address	ASPAR53@GMAIL.COM

Address 819 #03-616 TAMPINES STREET 81
 Postcode 520819
 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 (TP reverse)
 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) 2
 Passenger 1 NAME: : -
 GENDER: : FEMALE

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

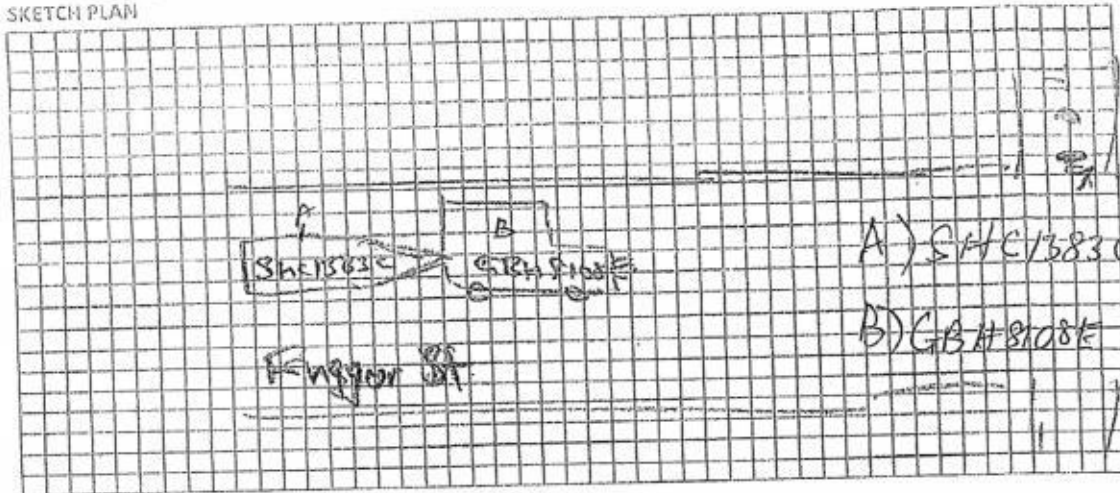
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH8108E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver CHENG JUN
 NRIC/Passport Number G2627630L
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage NO DAMAGE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25/2/19, I have pickup a lady Passenger from Clementine Road (Taxi-stand) for destination to ABI Building, Keppel Road. Travelling was smooth and upon prior to arrive the destination and at the straight road at Enggor St there was queue of line up of vehicle awaiting for at the junction of Enggor St. and Tanjong Pagar Road.

While waiting for the red-light to turn green, suddenly a lorry Reg. No. GBH8108E (White Box lorry) reversed and hit my front part (Taxi: SHC1383C).

Immediately photos were taken and exchange of particulars. No injury had happened and my taxi (SHC1383C) was still having a female passenger along the accident occurred.

DECLARATION

I declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

S R McOrthy
CSO

26/2/19

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.

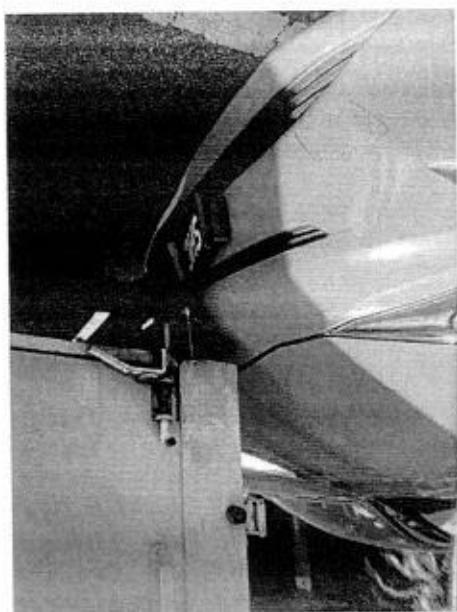
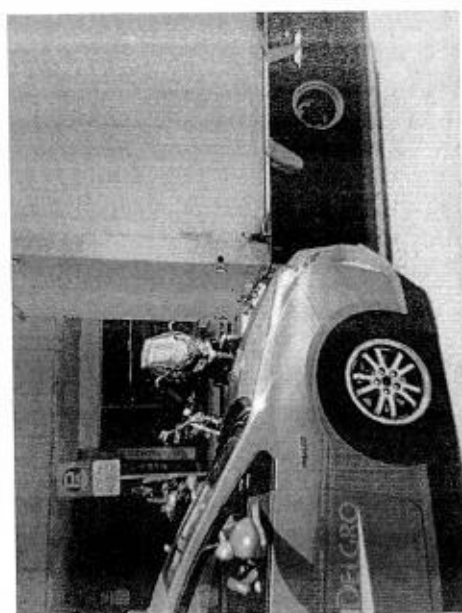
COMFORT TRANSPORTATION PTE LTD
CO REG. NO 199303821R

Policyholder's Signature
Date & Time:

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

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





REPAIR ESTIMATE

26/2/2019 15:20

VEHICLE NO : SHC 1383C

MAKE :

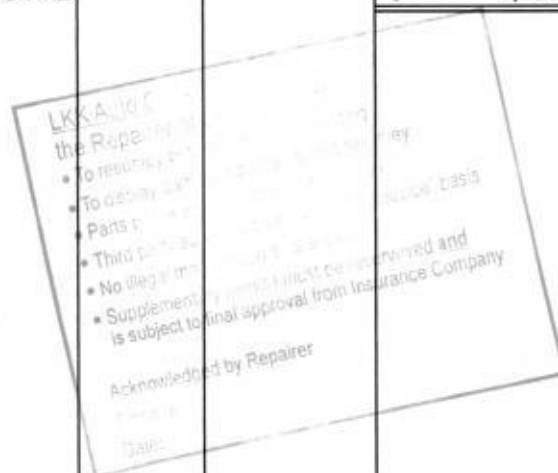
MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT BUMPER COVER <i>x repair</i>			\$ 499.90
FRONT BUMPER CLIPS <i>x 22</i>			\$ 22.00
FRONT BUMPER SIDE RETAINER <i>x 524</i>		\$ 77.00	\$ 154.00
FRONT FENDER HYBRID EMBLEM, RH <i>x 42</i>			\$ 53.50
<i>Front Bumper x repair</i>			
SUB TOTAL			\$ 729.40
LESS 25%			\$ 182.35
DISCOUNTED TOTAL			\$ 547.05
FRONT NO. PLATE <i>Def -62</i>			\$ 25.00
FRONT NO PLATE TRIM COVER <i>cm -62</i>			\$ 30.00
			\$ 55.00
LABOUR CHARGE			
Panel Beating- Repair Fender			\$ 400.00 <i>200</i>
Spray Painting Charge			\$ 600.00 <i>400</i>
Tuff Kote			\$ 50.00 <i>x 24</i>
TOTAL LABOUR			\$ 1,050.00
ESTIMATE TOTAL			\$ 1,652.05

NETT

NETT

Kalvin 10/11/19
26/2/19 1600h
2 By,
P'P
After Repair 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.

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305272434

OWNER

IS COMFORT TRANSPORTATION PTE LTD

OWNER NO. 7010045

LESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(P) 65508755

(O)

(P)

JOINT CARD NO.

REGN NO.:

SHC1383C

MILEAGE

MAKE :

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)26.02.2019 11:00

DATE/TIME IN

YR OF MANU.

23.08.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU603563700

COMPLETION DATE/TIME

JOB DESCRIPTION

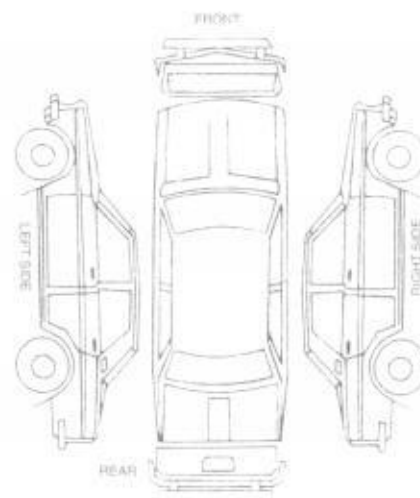
Accident Date: 25.02.2019

NATURE: 3P 25.02.19 -

S/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SHC1383C

JU NTUC LKK

Vehicle No.:

SHC1383C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 27.02.2019

Time: 16:17:43

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 : 305272434
REGN NO : SHC1383C
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 23.08.2017
DATE/TIME IN : 26.02.2019 11:00
ACCIDENT DATE : 25.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS NO PLATE(S)WITH CASING 1 N 55.00 10.00 49.50

SUB-TOTAL : 49.50

JOB NATURE

0000 PB PANEL BEATING 200.00

0001 SP SPRAYPAINT CHARGE 400.00

SUB-TOTAL : 600.00

TOTAL : 649.50

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305272434
Date : 27/02/2019

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
: SHC1383C Date of Accident : 25.02.19


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


1. The repair job shall bill to: NTUC --- GBH8108H
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		<u>\$49.50</u>
(b) Labour Charges	###	<u>\$600.00</u>
Total for Part-By-Part Repair Cost		<u>\$649.50</u>
N		
(c.) Lumpsum Repair (If applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		<u> </u>
Final Lumpsum Repair cost		<u> </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 : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kahi
Date : 27/2/19

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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19003743/K1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 04-03-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBH 8108E	Veh. Inspected	SHC 1383C
Policy No.	5104013902	Coverage (\$)	0.00
Claim No.	MT/1033751-002	Excess (\$)	0.00
Assign From		Assign Date	26/02/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU603563700	Colour	BLUE
Odometer	190963	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	DAVANTI	6 mm
L/H Rear Tyre	195/65 R15	DAVANTI	6 mm

4. Description of Damages

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

5. General Information

Accident Date	25/02/2019	Inspection Date	26/02/2019
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. SHC 1383C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	499.90	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
2	FRONT BUMPER SIDE RETAINER @\$77.00	SERVICEABLE	154.00	-
1	FRONT FENDER HYBRID EMBLEM,RH	NOT NECESSARY	53.50	-
1	FRONT BONNET (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 25% DISCOUNT		-182.35	-
			547.05	-
NETT ITEMS				
1	FRONT NO PLATE (N)	BENT	25.00	25.00
1	FRONT NO PLATE TRIM COVER (N)	CRACKED	30.00	30.00
	LESS 10% DISCOUNT		-	-5.50
			55.00	49.50
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT BONNET.		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,050.00	600.00
GRAND TOTAL			1,652.05	649.50
RECOMMENDED COST OF REPAIRS (CONFIRMED)				649.50

Report Ref No. NS/INC19003743/K1sd3n2

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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