

Surveyor: Kalvin

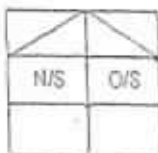
REF: NS/INC 190064031/KHd3n2

ASSIGNMENT

From: _____ Date: _____
 Estimated test: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/INV
 To Inspected Vehicle No: _____
 at Workshop no: _____
 of: _____
 Insured: _____
 Policy No: 5103395423 (02/11/2018 -)
 Claims No: MT/1039503-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vth: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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 Surv: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN/OUT

Veh No: SHA 2607L Yr Regn: 7 Jan, 2019
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius cc 1798
 Colour: Blue A/C: Ins 6 / Std / NI / NA
 Sp. Reading: 31903 T/Radio: Ins 6 / Std / NI / NA
 Eng/No: _____
 C/No: JTDKRB3F4903077799
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: Ins 6 / Jammed / Leaked / Burnt or
 Brake: Ins 6 / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD 6 / Rim or
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
 TOYO / Y 6 or _____
 Front 8 mm Rear 8 mm
 R/Bal. 8 mm R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. 8 mm
 D.O.A. 8/4/19 D.O.I. 9/4/19
 Survey held at CDHE (Loyang)
 Des. of Damages: Frl / Rear / O/S / N/S / UIC / Roof/Top or
Rear

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

Date / Time	Action / Instruction
	SHA 2607L - NS/INC 190064031/H1K3 DOA - 21/11/2012 IMC
	SPH 60194 - CS3111 190064031/TICd3 DOA - 08/04/2019 P/P
15/4/19	Chand P/P \$1566.13 / 2 Dgs. (Red 4x8.10'. 23%)
RECEIVED 16 APR 2019	

Delay Time, File Pass to?

☐ : Prell. Report
☒ : Final Report

11/04 Typist

Delay Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Feet:

Transportation:

5 - RS - 31

Add Feet: ☐ Site Insp: 15

160

1566.13

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="08/04/2019 14:49"/>
Vehicle No.(For Motor)	<input type="text" value="SFH6018Y"/>	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"/>	5103395423		TOY CAR	52083907A	GFT	Third Party	SFH6018Y	SFH6018Y	02/11/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date : 15/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1039503-002	COMFORT TRANSPORTATION PTE LTD	SHA 2607L	SFH 6018Y	8/4/2019
2	MT/1037163-002	COMFORT TRANSPORTATION PTE LTD	SHC 8114S	SKS 7095A	23/3/2019
3	MT/1039404-002	COMFORT TRANSPORTATION PTE LTD	SHB 4150T	FBC 1381D	6/4/2019
4	MT/1039734-002	CITYCAB PTE LTD	SHC 7954R	SKL 4032M	11/4/2019
5	MT/1040229-001	COMFORT TRANSPORTATION PTE LTD	SHC 1972C	FBD 5744J	8/4/2019
6	MT/1040234-001	COMFORT TRANSPORTATION PTE LTD	SHD 6667X	SHD 2183B	8/4/2019
7	MT/1039489-002	COMFORT TRANSPORTATION PTE LTD	SHA 6342Z	SJR 7841E	8/4/2019

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	09/04/2019 10:37
Date Of Accident	08/04/2019 18:00
Exact Location Of Accident	ALONG MARINA BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2607L
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LIAW ENG HOE (LIAO YONGHE)
NRIC No	S7639210B
Date Of Birth	15/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1999
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94762143
Fax Number	
Contact Number	
Email Address	ENGHOE15@HOTMAIL.COM

Address	BLK 608 ANG MO KIO AVENUE 5 #06-2781
Postcode	560608
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	CHAIN COLLISION
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	3
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

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	SFH6018Y
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	REAR AND FRT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH8082T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
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: 199103521K

Policyholder's Signature
Date & Time:

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

9/4/2019 09 APR 2019

Olivia Vesioy

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

09 APR 2019

CLAIMAC SketchPlanForm_V2

SKETCH PLAN

MARINA BLVD

A = SHA 2607 L

B = SFH 60184
(HONDA) ~~JK~~

C = SH 8082 T
(TOYOTA)
CONVERT TAXI



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

COMFORT TRANSPORTATION, INC.
CO. REG. NO. 109205521E

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1/4/2019

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 09 APR 2019
NRIC/FIN No.:


Describe Circumstances of the Accident.
On the 08/04/2019 @ about 18:00hrs, I was driving along Marina Blvd direction.
The front vehicle slow down and braked so I slow down and braked as well. Then there's an
impact from behind my taxi. I stepped out and found vehicle SFH6018Y had collided onto
my rear portion of my taxi.
There's another vehicle SH8082T Comfort Taxi involved in this chain collision .
No passenger on board my taxi and no injury reported at the point of accident.

Declaration

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

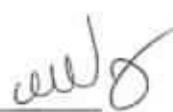
COMFORT TR-TRANSPORTATION PTE. LTD.
CO. REG. NO. 199703521R

Policyholder's Signature/Date &
Time



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

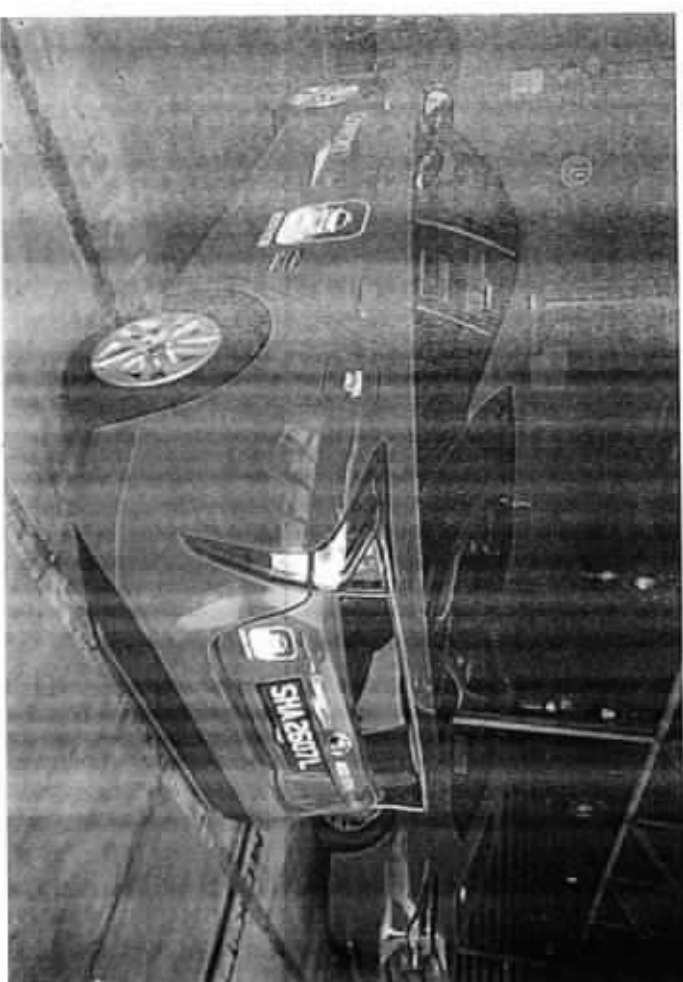
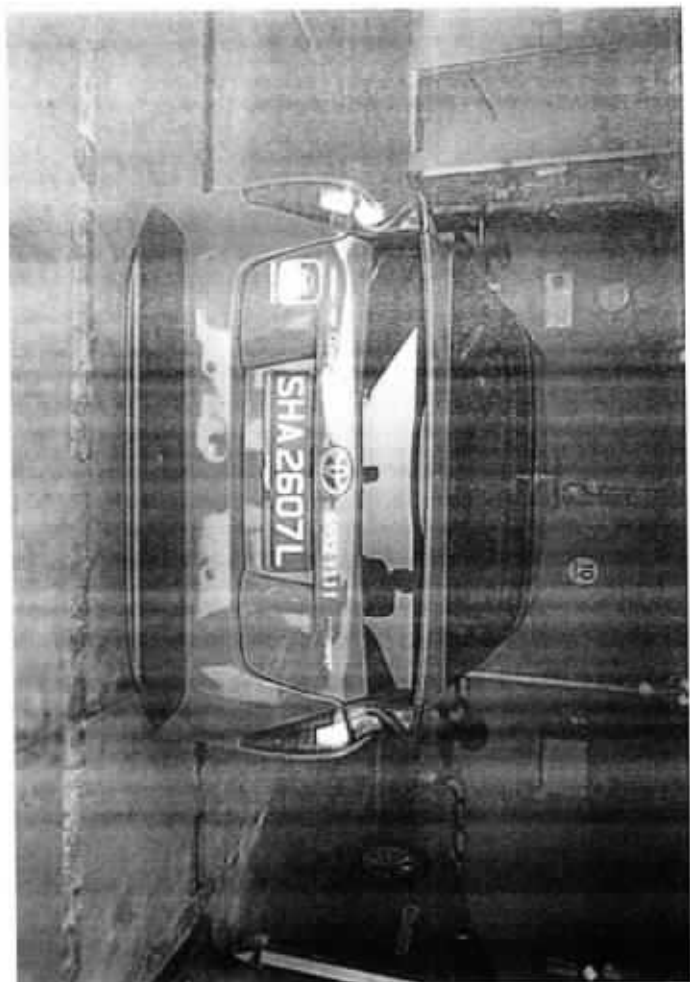
Olivia Wendy



Witnessed by Reporting
Centre Personnel

09 APR 2019

09 APR 2019





19 10:30
Phy P
NTUC

Ka/wh 1004
N 9/4/19 1400L
2 hrs
P/P
Before Part photo

COMFORTDELGRO

Date/Time: 09.04.2019 13:23 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JO NO. 305285871

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

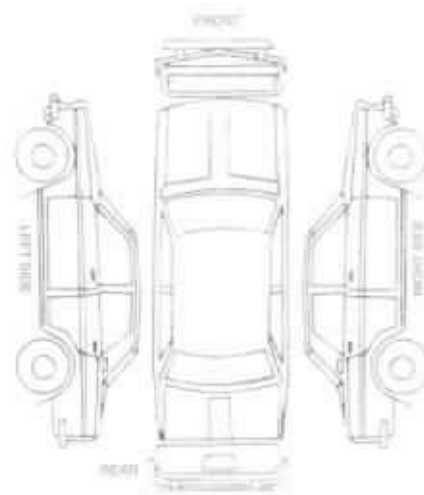
REGN NO.	SHA2607L	MILEAGE
MAKE	TOYOTA	FUEL
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN
YR OF MANUF	07.01.2019	TARGET DATE
CHASSIS CODE	JTDKB3FU903077799	COMPLETION DATE/TIME

NTUC

JOB DESCRIPTION

Accident Date: 08.04.2019
NATURE: 3P 08.04.2019

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature/Date

Exit Pass

No. SHA2607L

LKE

Vehicle No.:

SHA2607L

Signature/Date

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: 12.04.2019
Time: 17:47:34
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 : 305285871
REGN NO : SHA2607L
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 07.01.2019
DATE/TIME IN : 09.04.2019 08:10
ACCIDENT DATE : 08.04.2019

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	04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50
0004	09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1 N	135.70	10.00	122.13
0005	04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1 L	318.80	25.00	239.10

SUB-TOTAL : 1,136.13

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

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 12.04.2019

Time: 17:47:34

Page: 2

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

JOB NO : 305285871
REGN NO : SHA2607L
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 07.01.2019
DATE/TIME IN : 09.04.2019 08:10
ACCIDENT DATE : 08.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,566.13

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No 305285871

Date 13.04.19

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508089
Fax: 6546 8156

FINALIZATION FORM

To LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA2607L CTPL

08.04.19

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

1. The repair job shall bill to: NTUC SFH6018Y
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,136.13
 - (b) Labour Charges \$430.00
 - Total for Part-By-Part Repair Cost** \$1,566.13
 - (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 : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Kalvin

Date : 15/4/19

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:


**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/INC19006403/K1td3n2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
Date: 17-04-2019			
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SFH 6018Y	Veh. Inspected	SHA 2607L
Policy No.	5103395423	Coverage (\$)	0.00
Claim No.	MT/1039503-002	Excess (\$)	0.00
Assign From		Assign Date	09/04/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU903077799	Colour	BLUE
Odometer	31903	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	YOKOHAMA	8 mm
L/H Front Tyre	195/65 R15	YOKOHAMA	8 mm
R/H Rear Tyre	195/65 R15	YOKOHAMA	8 mm
L/H Rear Tyre	195/65 R15	YOKOHAMA	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	08/04/2019	Inspection Date	09/04/2019
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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2607L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	BENT	318.80	318.80
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
	LESS 25% DISCOUNT		-366.17	-338.00
			1,098.53	1,014.00
NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSES ENSOR.		80.00	30.00
			810.00	430.00
GRAND TOTAL			2,044.23	1,566.13
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,566.13

Report Ref No. NS/INC19006403/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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.