

Surveyor: Kalvin

REF:

NS/INC 19006839 / KLSd352

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHB 8868E

Policy No. _____

Claims No. MT/1040324-002

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 Rpt: _____ 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: SHD 7103A Yr Regn: 11 Nov, 2016

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

Truck / Trailer or

Make: Toyota Prius c.c. 1700

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 269603 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3F4107537053

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 13/4/19

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 15/4/19

Survey held at

CDHE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or

o/s B/L

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

Date / Time	Action / Instruction
	No policy found.
	SHD 7103A - CS3 / 111 / 19004575 / Gvd3-1 DOA-11/3/2019
	SHB 8868E - X
29/4/19	Kalvin confirmed Insured is under NTUC
	Amount 45 \$ 750 / 20%.
	C \$ 455.00 Red - 38%) RECEIVED: 30 APR 2019

Date/Time, File Pass to?

30/04/19

1) Typist

Date/Time, File Return to?

2) _____

Report Format:

Lump Sum / L.B.I: \$ 750/- L/S

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

COMFORTDELGRO

Date/Time: 15.04.2019 15:34

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305287268

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

/MS

7010045

CUSTOMER NO.

383 SIN MING DRIVE

ADDRESS

Singapore SINGAPORE 575717

65508755

(R)

(P)

(O)

COUNT CARD NO.

REGN NO.

SHD7103A

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)15.04.2019 12:20

DATE/TIME IN

YR OF MANU

11.11.2016

TARGET DATE

CHASSIS CODE

JTDKB3FU103537053

COMPLETION DATE/TIME

JOB DESCRIPTION

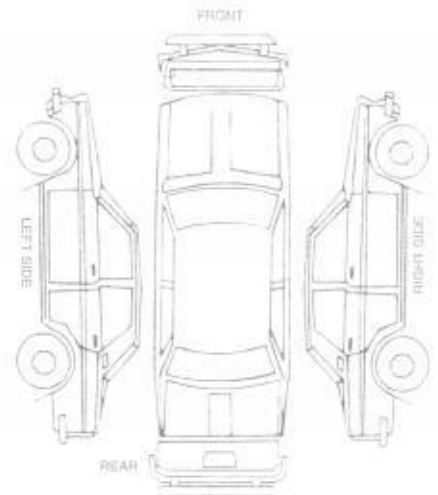
Accident Date: 13.04.2019

NATURE: 3P 13.04.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip:

BY:

DATE:

Vehicle No.:

SHD7103A

LKE

Exit Pass

Vehicle No.:

SHD7103A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1009890-002	SMRT BUSES	SG 5773H	SJX 8235S	2/9/2018
2	MT/1040324-002	COMFORT TRANSPORTATION PTE LTD	SHD 7103A	SHB 8868E	13/4/2019
3	MT/1040700-002	COMFORT TRANSPORTATION PTE LTD	SHA 1271C	FBD 4873B	14/4/2019
4	MT/1040463-002	COMFORT TRANSPORTATION PTE LTD	SHD 4354L	SJX 3780S	16/4/2019
5	MT/1041520-002	COMFORT TRANSPORTATION PTE LTD	SHD 3193R	SJP 4115Z	23/4/2019
6	MT/1040848-002	CITYCAB	SHC 968Y	SJV 7501R	17/4/2019
7	MT/1041199-002	COMFORT TRANSPORTATION PTE LTD	SHA 5630Z	SJP 9605T	18/4/2019

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	15/04/2019 13:43
Date Of Accident	13/04/2019 23:50
Exact Location Of Accident	ALONG UPP BUKIT TIMAH RD BEFORE TEKKA LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7103A
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 HYBRID 4G
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	KOH SAY KOK (XU SHIGUO)
NRIC No	S7800269G
Date Of Birth	08/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	06/10/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96995503
Fax Number	
Contact Number	
Email Address	CUTIE_DINOSAUR@YAHOO.COM

Address	BLK 559 JURONG WEST STREET 42 #04-501
Postcode	640559
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	SIDE SWIPE
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?	YES
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

REFER 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	SHB8868E
Vehicle Make/Model/Colour	PREMIER TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOH SAY KOK (XU SHIGUO)
Approximate Age	
Injuries Sustain	NECK SPRAINED
Injured person in which vehicle?	SHD7103A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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



 Loke Wei Yeng

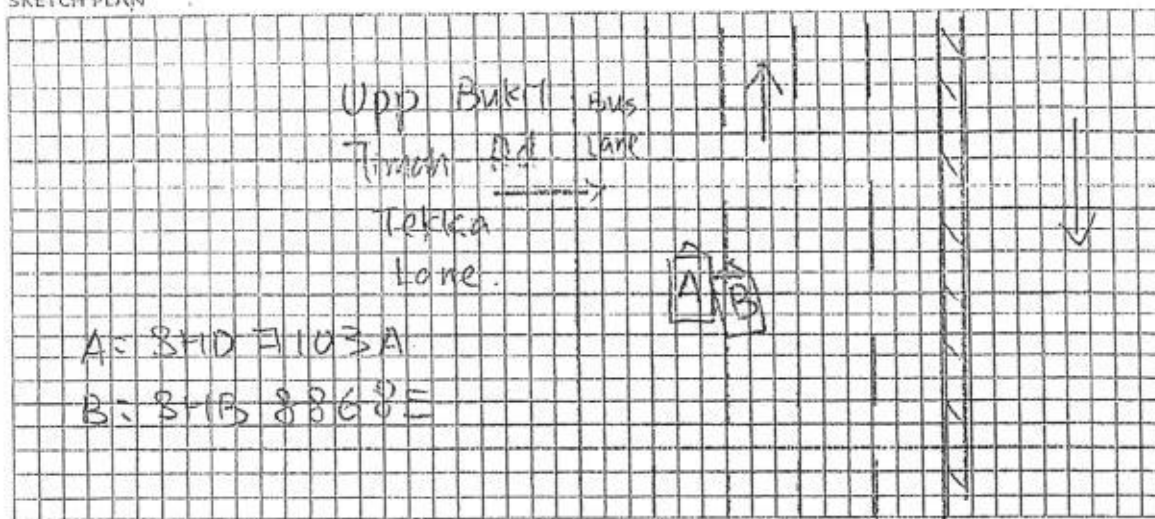
Policyholder's Signature
Date & Time:

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

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

15/4/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/4/19 at about 23:50 hrs, I was driving 8traing on second lane from left at above said location. Shortly I felt an impact from my taxi right hand side. I saw Veh B it encroached into my lane and it's front portion hit & grazed onto my taxi right centre portion. NO passenger in my taxi. I suffered neck sprained. I will consult doctor later on.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

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

Loke Yee Yeng
15/4/19



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SHD 7103A

15/4/2019 15:09

MAKE :

MODEL : TOYOTA PRIUS

like

NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
FRONT DOOR COMFORT LOGO, RH		-10%	\$ 75.00	NETT
REAR DOOR COMFORT & APPS STICKER, RH		-10%	\$ 80.00	NETT
Front Door (RH) x 1 pc			\$ 155.00	
Rear Door (RH) x 1 pc				
Rocker Panel (RH) x 1 pc				
LABOUR CHARGE			200	
Panel Beating-Repair Door			\$ 400.00	
Spray Painting Charge			\$	
Tuff Kote			\$ 50.00	
TOTAL LABOUR			\$ 1,050.00	
ESTIMATE TOTAL			\$ 1,205.00	
			1405	

Kala (Kala)

15/4/19 1546

2/5

L/s

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.

Date: 25.04.19

Fax:

Vehicle Reg No. SHD7103A CTPL

13.04.19

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/INC19006889/K1sd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 09-05-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 8868E	Veh. Inspected	SHD 7103A
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1040324-002	Excess (\$)	0.00
Assign From		Assign Date	15/04/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU103537053	Colour	BLUE
Odometer	269603	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	WEST LAKE	7 mm
L/H Front Tyre	195/65R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65R15	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	13/04/2019	Inspection Date	15/04/2019
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.
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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. SHD 7103A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT DOOR COMFORT LOGO,RH (N)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORT & APPS STICKER,RH (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-15.50
			155.00	139.50
SPECIAL NETT ITEMS				
1	FRONT DOOR (RH)(NPA)(SN)	TO REPAIR SEE LABOUR	-	-
1	REAR DOOR (RH)(NPA)(SN)	TO REPAIR SEE LABOUR	-	-
1	ROCKER PANEL GARNISH (NPA)(SN)	TO REPAIR SEE LABOUR	-	-
			-	-
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT DOOR (RH),REAR DOOR (RH) AND ROCKER PANEL GARNISH.		400.00	200.00
	SPRAY PAINTING CHARGE.		800.00	600.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,250.00	800.00
GRAND TOTAL			1,405.00	939.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				750.00

Report Ref No. NS/INC19006889/K1sd3s2

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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