

Bureau: KGMN

REF: NS/INC19007486/Klv302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: YP 251L

Policy No. 5086 340454-02 (24/11/18-23/11/19)

Claims No. MT/1041880-002

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: _____

IDAG 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 7218B Yr Regn: 7 Oct 2016

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798

Colour: Blue A/C: Ins 0 / Std / NI / NA

Sp. Reading: 312807 T/Radio: Ins 0 / Std / NI / NA

Eng/No: _____

JTOKB3F4603530597

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 Went/4

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 25/4/19 D.O.I. 26/4/19

Survey held at CPDE (Loyang)

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

Rear o/s

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

Date / Time	Action / Instruction
	SH 7218B - NS/INC15003089 / Rlvbu2 DUA:15/2/19 INC
	YP 251L - X 45
30/4/19	Continued c/s \$950/ 2 Dags. (Red 1181.76, 559)

RECEIVED 03 MAY 2019

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: 1

Survey Fee:

Date/Time, File Return to?

Transportation:

3/5 - typist

Add Fee: ☐ : Site Insp

3 + PS \$1

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1042643-001	COMFORT TRANSPORTATION PTE LTD	SHD 6530G	GBD 5668X	27/4/2019
2	MT/1042160-002	COMFORT TRANSPORTATION PTE LTD	SHD 3134L	SLS 2664D	26/4/2019
3	MT/1035653-002	SMRT TAXIS	SHB 5819S	FE 5980R	9/3/2019
4	MT/1042102-002	COMFORT TRANSPORTATION PTE LTD	SH 8788R	SHB 8608P	27/4/2019
5	MT/1041880-002	COMFORT TRANSPORTATION PTE LTD	SH 7218B	YP 251L	25/4/2019
6	MT/1041969-002	COMFORT TRANSPORTATION PTE LTD	SHA 1749S	SKS 3400D	26/4/2019
7	MT/1042207-002	COMFORT TRANSPORTATION PTE LTD	SH 7982C	SFF 9629A	26/4/2019

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="25/04/2019 15:51"/>
Vehicle No. (For Motor)	<input type="text" value="YP251L"/>	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 checked="" type="radio"/>	5086340459-02		CAPE ENGINEERING CONSTRUCTION PTE LTD	199900431D	GCV	Comprehensive	YP251L	YP251L	24/11/2018	23/11/2019

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	26/04/2019 14:05
Date Of Accident	25/04/2019 17:50
Exact Location Of Accident	TOH GUAN RD EAST TWDS TOH GUAN RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7218B
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	ONG CHUAN SENG
NRIC No	S2593327C
Date Of Birth	26/10/1956
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1982
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86209737
Fax Number	
Contact Number	
Email Address	OCSENG56@HOTMAIL.COM

Address	259 08-361 BUKIT BATOK EAST AVENUE 4
Postcode	650259
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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)

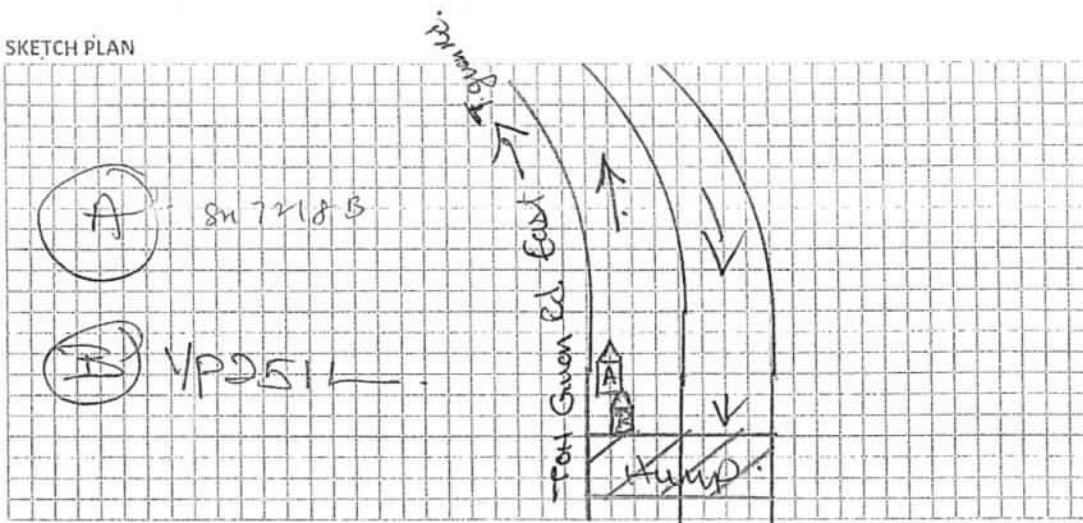
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP251L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUTHUKRISHAN VAIRAVAH
NRIC/Passport Number	G7726735U
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on. 25 April, 2019 @ 17:50 hr.

I, VEH A slow down and stop

Suddenly VEH B from the rear hit

veh A ~~front~~ rear right: at the

Point of accident VEH A was a

male passenger injured.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303321R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

C. Nair 26/4

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:

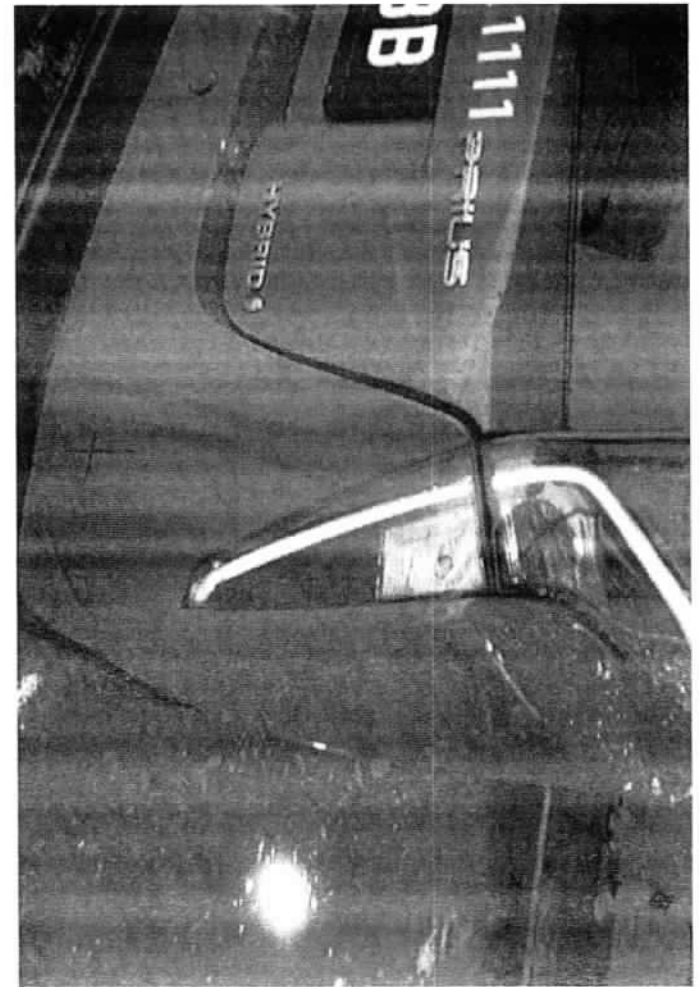
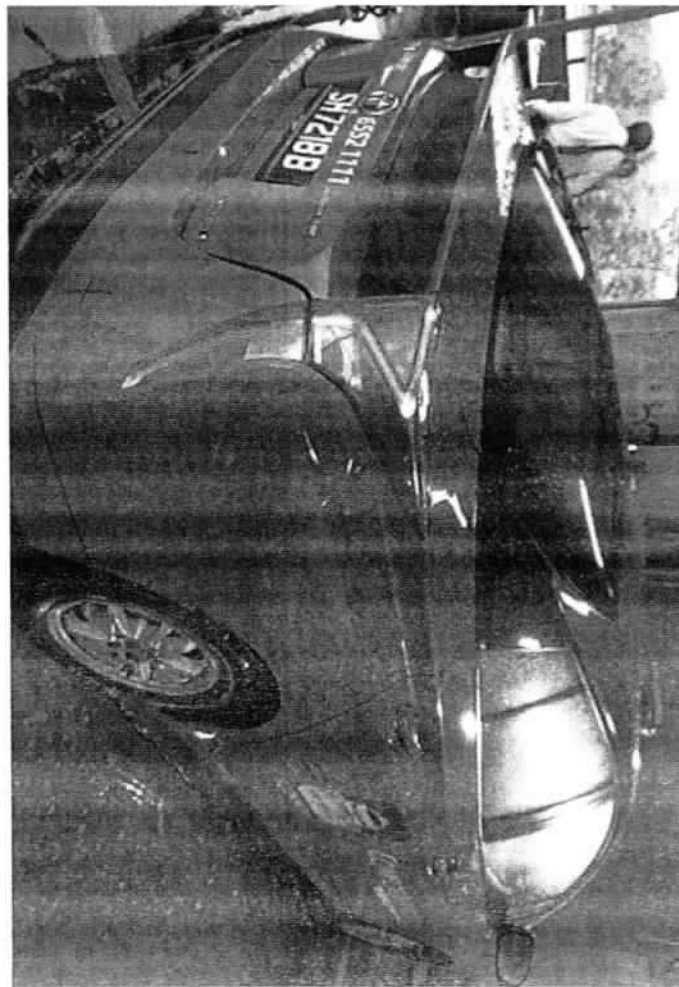
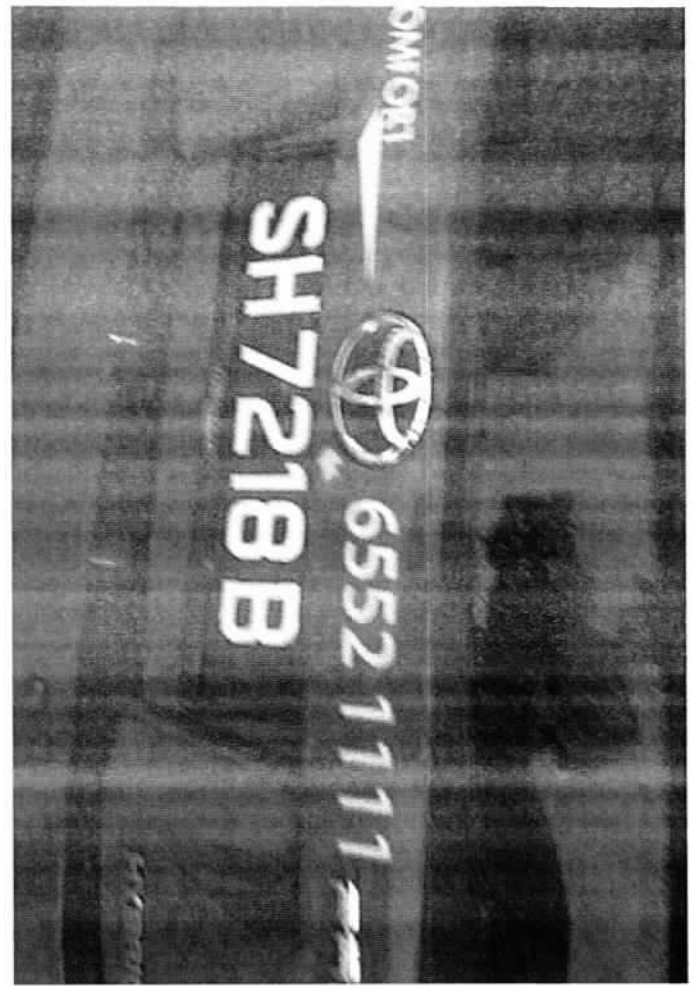
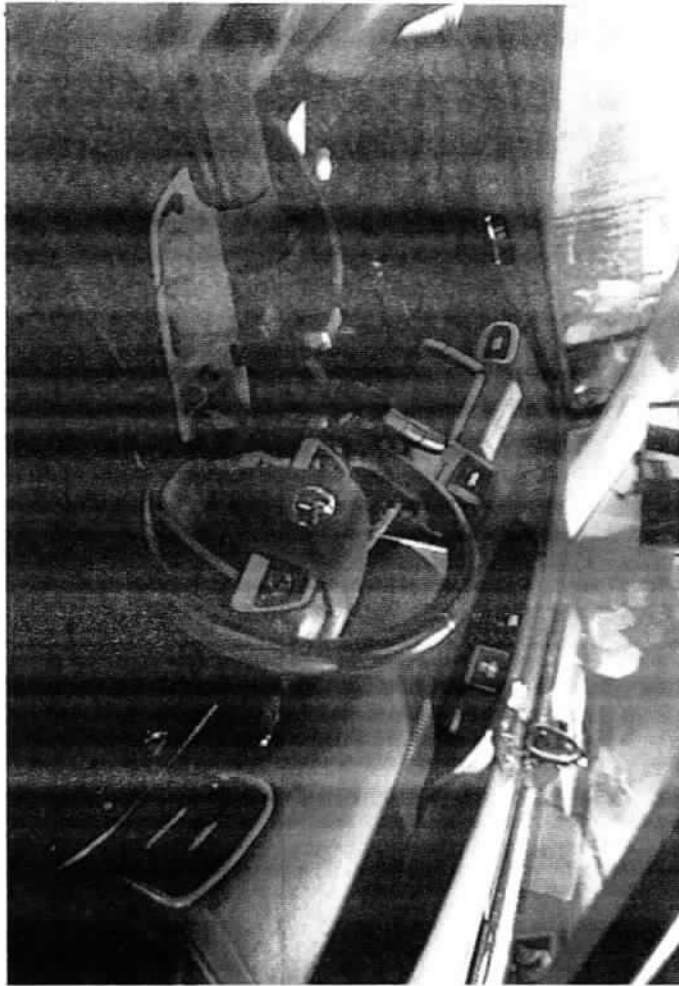
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

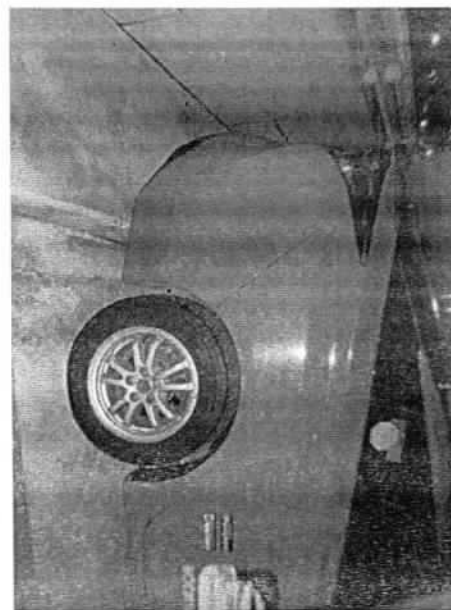
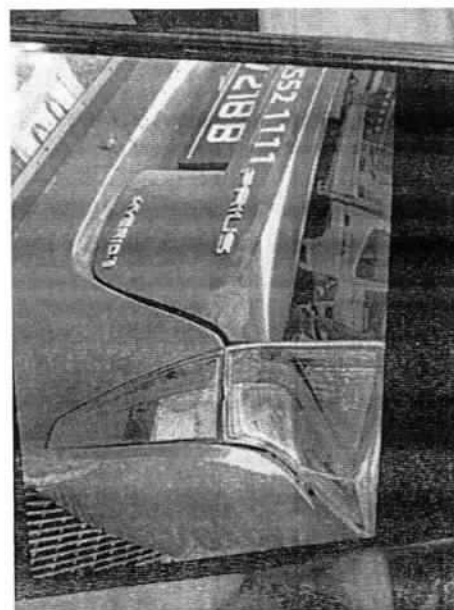
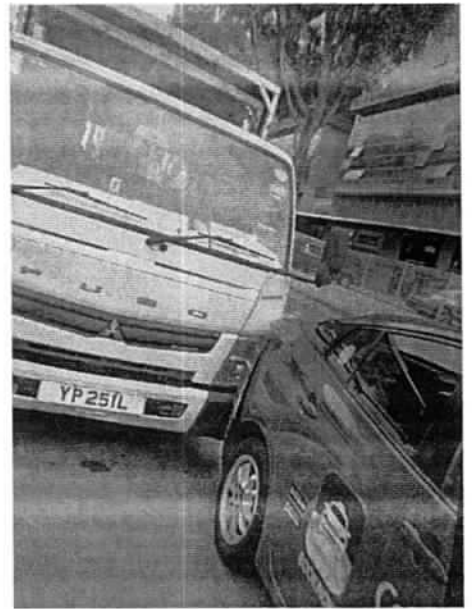
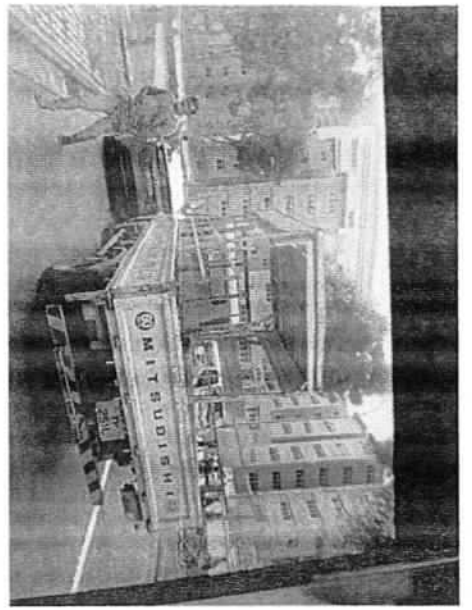
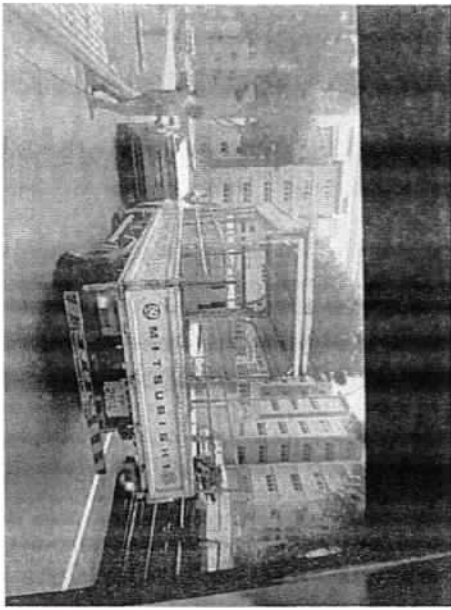
COMFORT TRANSPORTATION PTE LTD
CO. REG NO 199303521R

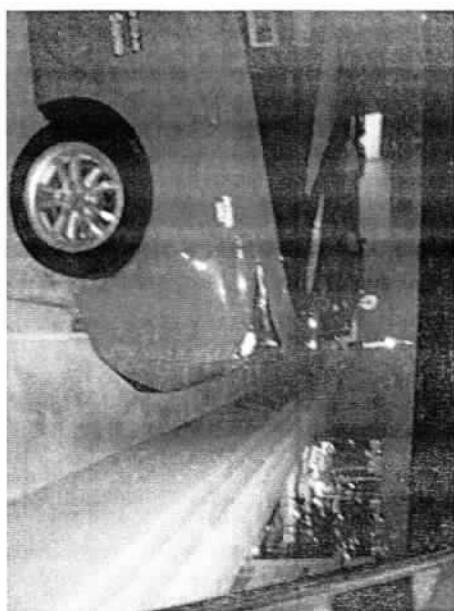
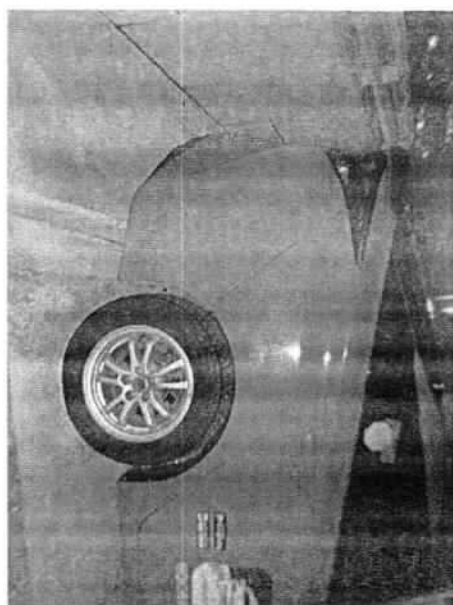
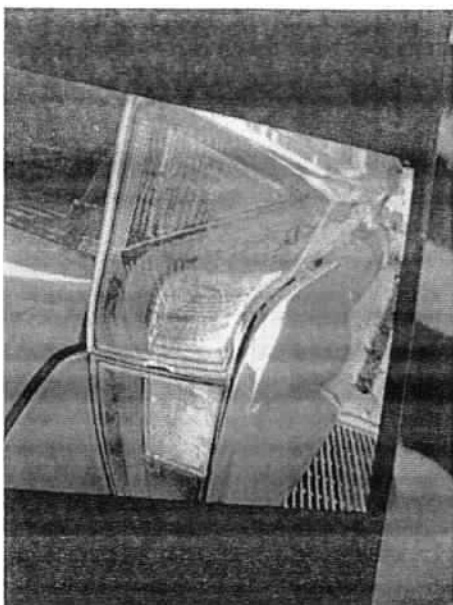
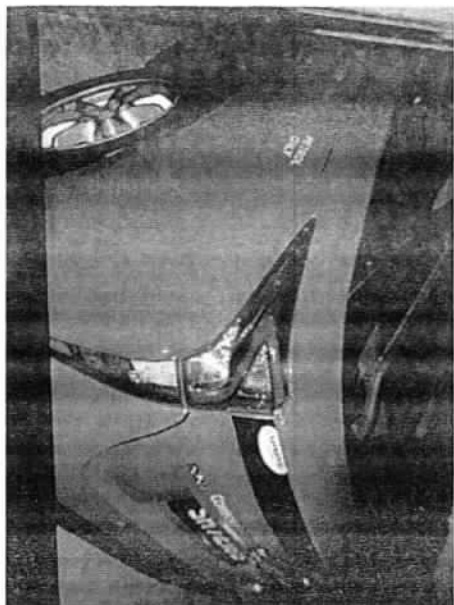
Policyholder's Signature
Date & Time:

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

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







COMFORTDELGRO

Date/Time: 26.04.2019 14:53 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

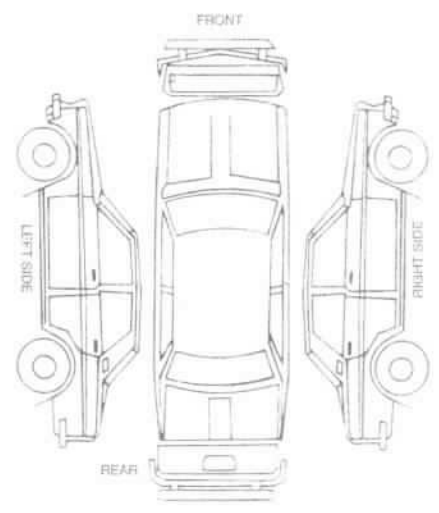
JC NO.: 305290537

STOMER	REGN NO.: SH 7218B	MILEAGE
/MS COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL
STOMER NO. 7010045	MODEL PRIUS HYBRID(G4)	E.....1/2.....F
DRESS 383 SIN MING DRIVE	DATE/TIME IN 25.04.2019 19:55	
Singapore SINGAPORE 575717	YR OF MANU. 07.10.2016	TARGET DATE
65508755 (R) (O)	CHASSIS CODE JTDKB3FU603530597	COMPLETION DATE/TIME:
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 25.04.2019
NATURE: 3P 25.04.2019

S/NO	LABOR CODE	DESCRIPTION
	NTUC - Rear Right	
	Lkr / Fahm -	



CHECKED & PASSED OUT BY:

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SH 7218B	Vehicle No.: SH 7218B
Signature/Date	Date
Signature/Date	Date
Signature/Date	Date

REPAIR ESTIMATE*

DATE: 26. Apr. 2019

DOA: 25. Apr. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper / Defend			\$458.60
10	Rear Bumper Clips / see		\$2.20	\$22.00
1	Rear Bumper Undercover X see			\$552.60
1	Rear Bumper Side Retainer - RH X see			\$112.70
1	Seal Rear Bumper Side - RH X see			\$148.40
	Rear RH upper taillamp / see			557.90
	SUB TOTAL			\$1,294.30
	LESS 20% 25%			\$258.86
	DISCOUNTED TOTAL			\$1,035.44
				\$-
				200
				\$300.00
				\$250.00
				\$100.00
				\$650.00
				\$1,685.44
				2131.76

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- These prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No lateral modification(s) is allowed
- Supplementary item(s) must be resurveyed
- Is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Kalvin LKK

26/4/19 1530h

2 Pys

Lis After Report photo

Larry Ng

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.

Our Job Ref No : 305290537

Date : 30. Apr. 2019

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 7218B

Date of Accident: 25. Apr. 2019

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

1. The repair job shall bill to: NTUC YP251L

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

\$950.00

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 : 30/4/19

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

Remarks:

[illegible]




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/INC19007486/K1vd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 10-05-2019	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	YP 251L	Veh. Inspected	SH 7218B
Policy No.	5086340459-02	Coverage (\$)	0.00
Claim No.	MT/1041880-002	Excess (\$)	0.00
Assign From		Assign Date	26/04/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU603530597	Colour	BLUE
Odometer	312807	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 REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	25/04/2019	Inspection Date	26/04/2019
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. SH 7218B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	458.60	458.60
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER UNDERCOVER	SERVICEABLE	552.60	-
1	REAR BUMPER SIDE RETAINER-RH	SERVICEABLE	112.70	-
1	SEAL REAR BUMPER SIDE-RH	SERVICEABLE	148.40	-
1	REAR RH UPPER TAILLAMP	CRACKED	557.90	557.90
	LESS 20% DISCOUNT		-370.44	-
	LESS 25% DISCOUNT		-	-259.63
			1,481.76	778.87
	<u>LABOUR</u>			
	PANEL BEATING.		300.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	REMOVE/REFIX REVERSE SENSOR.		100.00	30.00
			650.00	430.00
	GRAND TOTAL		2,131.76	1,208.87
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			950.00

Report Ref No. NS/INC19007486/K1vd3e2

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**

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.