

INSURANCE

Tangible

REI

NS/INC19009836/719d302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD (11) / WS / TP RES / OD RUS / LVA / RV / MV

To inspect Vehicle No: _____

at Workshop no: _____

at _____

Insured: **SLS 6557D**

Policy No: **5098029821-01** **171119**

Claim No: **NT/1047536-02**

Sum Insured: _____

(Client's Record)

Make of Veh: _____

(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

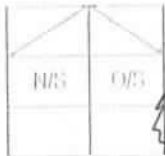
GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **2** days Res. Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS **wp**

Date: _____ Person Contacted: _____



Veh No: **SH6/36K.** To Equip: **2019 May**

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

Truck / Trailer or _____

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

Colour: **Blue** **ABC** Insured / STD / HI / NA

Exp. Reading: **7144** **1798** Insured / STD / HI / NA

Eng No: _____

C/Nr: **JTDKR3F4 00380 512**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Good** / Jammed / Leaked / Burnt or

Brake: **Good** / Jammed / Leaked / Burnt or

Mod: **Nil** / SRim / STD ARim or

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

R: _____

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

TOYO / YOKO or _____

Front: _____ Rear: _____

R/Ral: **6** mm R/Ral: **6** mm

L/Ral: **6** mm L/Ral: **6** mm

D.O.A: _____ D.O.I: **3/6/19 03pm**

Survey held at: **Comfort Lodge**

Des. of Damages: **Fit / Rear / O/S / HS / U/C / Rooftop** or

o/s Rear

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

Date / Time: _____ Action / Instruction: _____

SH 6136K x

SLS 6557D CS/SMO19009836/1K123 06R.75/4/19

Final fig @ 893.27 Cred \$ 793.37, 47%

RECEIVED 08 JUL 2019

Date/Time, File Pass to? ☐ : Prelim. Report

08/7/19 ☐ : Final Report

Date/Time, File Return to? _____

Report Format: **7P**

Lump Sum / L.B.E (\$) **893.27**

Days Of Repair: **2**

Resurvey No. of Trip: **1**

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

Survey Fee: **160**

Transportation: **50**

Photos: **50**

Others: **50**

TOTAL: **160**

TP Claims against NTUC Income: Follow-Through Survey

Date : 04/07/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1050650-002	CITYCAB PTE LTD	SHC 7824H	SMD 9711Y	25/06/2019	17:00	\$ 4,250.32
2	MT/1051565-002	COMFORT TRANSPORTATION PTE LTD	SHD 3402M	SJR 2677X	28/06/2019	9:00	\$ 2,903.12
3	MT/1047536-002	COMFORT TRANSPORTATION PTE LTD	SH 6136K	SLS 6557D	31/05/2019	21:15	\$ 1,686.64

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="31/05/2019 11:40"/>
Vehicle No.(For Motor)	<input type="text" value="SLS6557D"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098029821-01		COSMO AUTOMOBILES RENTAL PTE LTD	201719129M	GFT	drive CLASSIC	SLS6557D	SLS6557D	17/01/2019	

Continue

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	01/06/2019 09:14
Date Of Accident	31/05/2019 21:15
Exact Location Of Accident	SOUTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6136K
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	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	CHOO SOONG HENG
NRIC No	S6920956D
Date Of Birth	16/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83548069
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 66 CIRCUIT ROAD #07-319
Postcode	370066
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?	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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	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

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	SLS6557D
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

FONG YU SHENG JANON

NRIC/Passport Number

S9340268E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

LH FRONT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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.

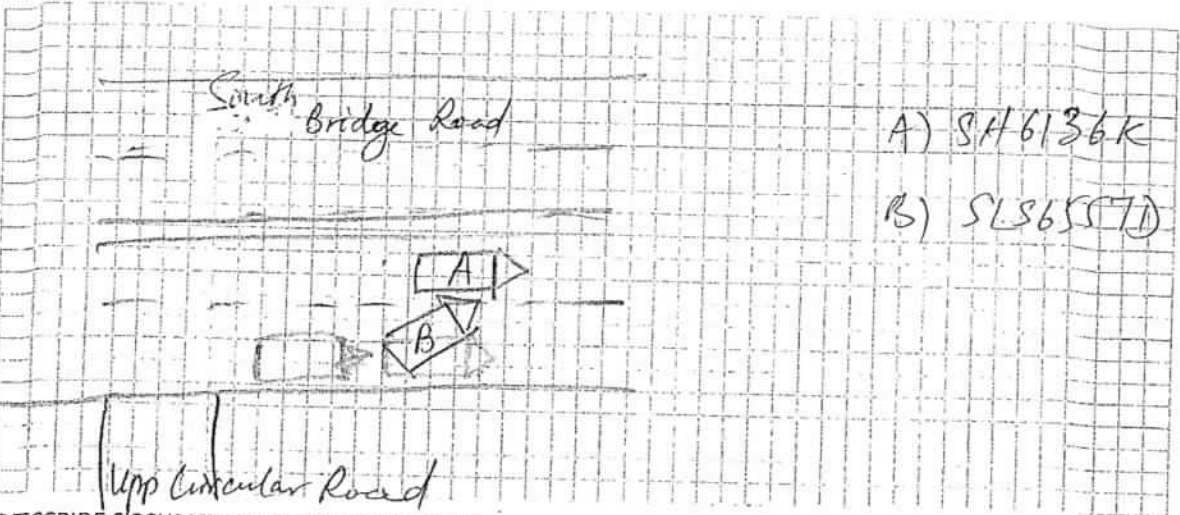
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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 31/5/19 at about 2115hrs when I Veh A was travelling straight ahead. Veh B that was parked at the extreme right side of the road, suddenly filtered left and collided onto the right rear portion of my moving vehicle.

DECLARATION

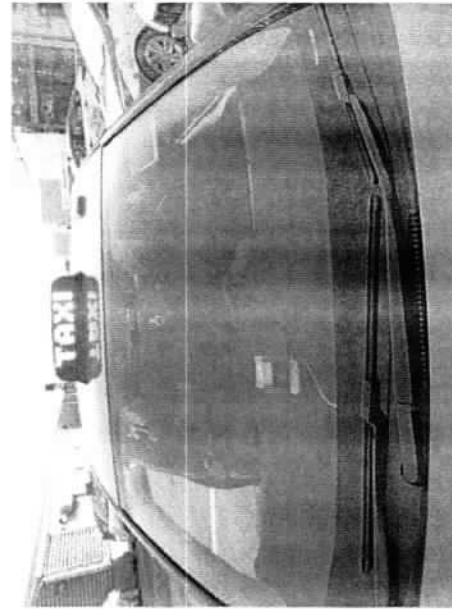
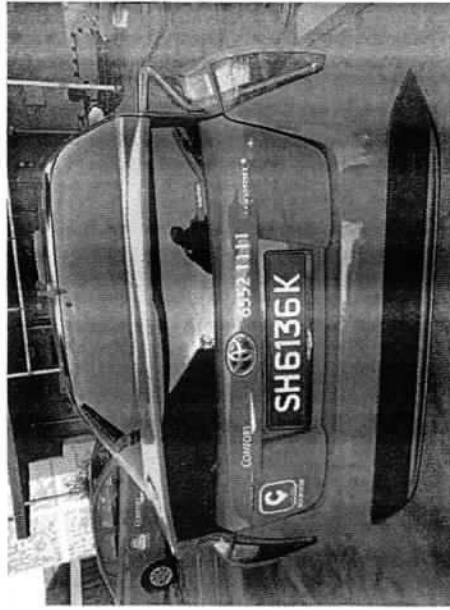
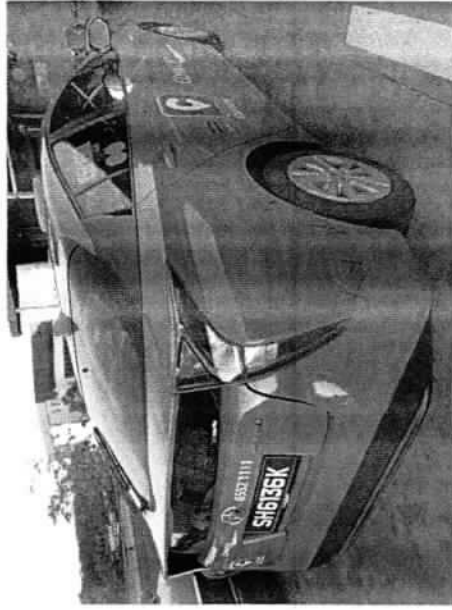
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SR Moorthy
CSO 1/6/19



COMFORT DELGRO

Date/Time: 01.06.2019 09:54

Page 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO: 305300065

OWNER: COMFORT TRANSPORTATION PTE LTD
S: 7010045
OWNER NO: 383 SIN MING DRIVE
ESS: Singapore SINGAPORE 575717
65508755

(R) (O)

(P)

UNIT CARD NO:

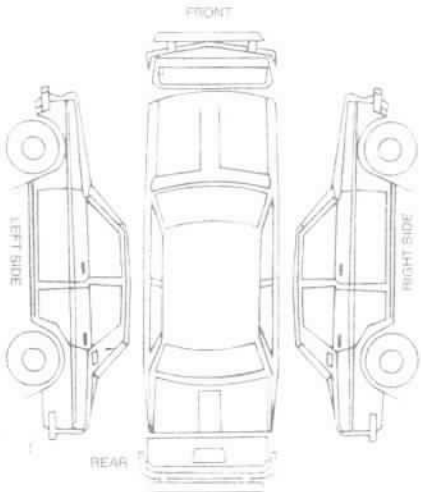
REGN NO:	SH 6136K	MILEAGE
MAKE:	TOYOTA	FUEL E.....1/2.....F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 01.06.2019 07:55
YR OF MANUF	15.05.2019	TARGET DATE
CHASSIS CODE	JTDKB3FU003080512	COMPLETION DATE/TIME:

Accident Date: 31.05.2019
NATURE: 3P 31.05.19

JOB DESCRIPTION

NTUA

S/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

Vehicle No.: SH 6136K FZ NTUA

Vehicle No.: SH 6136K

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

VEHICLE NO : SH 6136K

DATE: 01-06-19 9:34

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER			\$ Rx 458.60
REAR BUMPER CLIPS			\$ x 22.00
REAR WHEEL HUB CAP ,RH			\$ anti 177.70
SUB TOTAL			\$ 658.30
LESS 25%			\$ 131.66
DISCOUNTED TOTAL			\$ 526.64
LABOUR CHARGE			
Panel Beating			\$ 300 350.00
Spray Painting Charge			\$ 400 500.00
Wiring Charge			\$ ✓ 30.00
Remove/Refix Reverse Sensor			\$ 30 80.00
Front Chassis Alignment Charge			\$ X 200.00
TOTAL LABOUR			\$ 1,160.00
ESTIMATE TOTAL			\$ 1,686.64
			1653.73

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

Tan Jiah 97495749
- WP

3/6/19 3pm

Resurvey after repair

02 days

sure@lkkauto.com

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.

F-
P-
PO-
V-

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305300065
Date : 08.05.2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : TAUFIK

Vehicle Reg No. : SH 6136K

Date of Accident : 31.05.2019

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

1. The repair job shall bill to: NTUC --- SLS6557D

2. The finalized amount shall be:

(a) Spare Parts after List discount \$133.27

(b) Labour Charges \$760.00

Total for Part-By-Part Repair Cost \$893.27

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$0.00

Final Lumpsum Repair cost \$0.00

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 : 

Signature : _____

Name : FAUZY BIN MOKHTAR

Name : _____

Tel : 62148319

Date : _____

Fax : 65468156

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:

✓

DATE: 01-06-19 9:34

MODEL	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
TOTOTA PRIUS	REAR BUMPER			\$ Ro 458.60
	REAR BUMPER CLIPS			\$ m x 22.00
	REAR WHEEL HUB CAP ,RH			\$ autv 177.70
	SUB TOTAL			\$ 658.30
	LESS 25%			\$ 131.66
	DISCOUNTED TOTAL			\$ 526.64
				133.27.
	LABOUR CHARGE			
	Panel Beating			\$ 300 350.00
	Spray Painting Charge			\$ 400 500.00
	Wiring Charge			\$ ✓ 30.00
	Remove/Refix Reverse Sensor			\$ 30 80.00
	Front Chassis Alignment Charge			\$ mX 200.00
	TOTAL LABOUR			\$ 1,160.00
	ESTIMATE TOTAL			\$ 1,686.64
	Tanfikin 97495749 - wp' 3/6/19 @ 3pm Resurvey after repair o 2 days survelkanto.com.			760 \$ 895.27 # 2days

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

Date: 08.06.2019

REPAIR ESTIMATE

Time: 11:01:58

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 : 305300065
REGN NO : SH 6136K
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 15.05.2019
DATE/TIME IN : 01.06.2019 07:55
ACCIDENT DATE : 31.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 03-01-0302-2057-G PRIG4 CAP WHEEL 1 177.70 25.00 133.27

SUB-TOTAL : 133.27

JOB NATURE

0000 L PANEL BEATING 300.00

0001 L SPRAY PAINTING CHARGE 400.00

0002 L WIRING CHARGE 30.00

0003 L REMOVE/REFIX REVERSE SENSOR 30.00

SUB-TOTAL : 760.00

TOTAL : 893.27

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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/INC19009836/T1qd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 11-07-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLS 6557D	Veh. Inspected	SH 6136K
Policy No.	5098029821-01	Coverage (\$)	0.00
Claim No.	MT/1047536-002	Excess (\$)	0.00
Assign From		Assign Date	03/06/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU003080512	Colour	BLUE
Odometer	7144	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	GOODYEAR	6 mm
L/H Front Tyre	195/65 R15	GOODYEAR	6 mm
R/H Rear Tyre	195/65 R15	GOODYEAR	6 mm
L/H Rear Tyre	195/65 R15	GOODYEAR	6 mm

4. Description of Damages

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

5. General Information

Accident Date	31/05/2019	Inspection Date	03/06/2019
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 6136K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR WHEEL HUB CAP, RH	CUT	177.70	177.70
	LESS 25% DISCOUNT		-164.58	-44.43
			493.72	133.27
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		30.00	30.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
	FRONT CHASSIS ALIGNMENT CHARGE.	NOT NECESSARY	200.00	-
			1,160.00	760.00
GRAND TOTAL			1,653.72	893.27

RECOMMENDED COST OF REPAIRS (CONFIRMED)			893.27
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Report Ref No. NS/INC19009836/T1qd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

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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