

Tanfield

REF:

NS/INL 19009847/11sd302

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / ☒ WS / TP / RS / OD / RS / LVA / RV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of: _____
 Insured: **GB 9 8461P**
 Policy No: **5096096539-01** **22/10/18**
 Claim No: **MT/1049873-001** **24/11/19**
 Claim Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____



(Policy Condition)
 Remarks: The veh had commenced its repair at the time of inspection.

Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 CIA / PR Seen: _____ Consistent? Yes or No
 Est. Repairs: _____ days Res. Yes or No
 Lump Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: **SHA569SL** **2017** **Aug**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Toyota Prius Hybrid** **1798**
 Color: **Blue** Insured / Std / HI / NA
 Exp. Reading: **287207** O/Radio: Insured / Std / HI / NA
 Eng No: _____
 Ch No: **STD KB3 F4003563238**
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: Included / Jammed / Leaked / Burnt or
 Brake: ☒ In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD AIRin or
 Tyre Size: **145/65 R15**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSH / PIR / SUMI /
 TOYO / YOKO or **Westlake**
 Front: _____ Rear: _____
 R/Bal: **6** mm R/Bal: **6** mm
 L/Bal: **6** mm L/Bal: **6** mm
 D.O.A: _____ D.O.A: **3/6/17 @ 450p**
 Survey held at: **Confat Layan**
 Des. of Damages: FR / Rear / ☒ O/R / HS / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time: **18/6**
 Action / Instruction: **SHA 569SL x**
GB 9 8461P x
Email Ching
(\$ 311.12

WOR 81157.16, 3 days
Ret - 21%)

20/6/2019

Date/Time, File Page to? **21/06/19**
 1) **Typist**
 Date/Time, File Return to?
 2)

Days Of Repair: **3**
 Resurvey No. of Trip: **1**

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

Survey Fee:	160
Transportation	
3 + PS, SI	
Photos	
Others	
TOTAL	160

Report Format: **C**
 Lump Sum (A.B.E) **1,157.16**

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/05/2019 09:55"/>
Vehicle No.(For Motor)	<input type="text" value="GBG8461P"/>	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"/>	5096096539-01		BUDGETCARS PTE. LTD.	201618239Z	GCV	Comprehensive	GBG8461P	GBG8461P	22/11/2018	21/11/2019

Continue

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305300357

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

(R)
(P)

(O)

COUNT CARD NO.

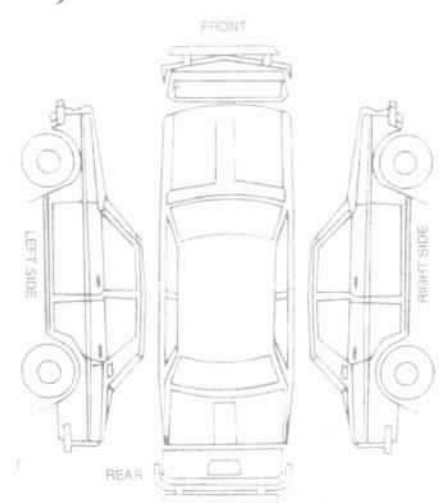
REGN NO.:	SHA5695L	MILEAGE
MAKE :	TOYOTA	FUEL E.....1/2.....F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 03.06.2019 09:00
YR OF MANUF	30.08.2017	TARGET DATE
CHASSIS CODE	JTDKB3FU003563238	COMPLETION DATE/TIME:

Accident Date: 30.05.2019
NATURE: 3P 30.05.2019

JOB DESCRIPTION

Chaos

S/NO	LABOR CODE	DESCRIPTION
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SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedge Slip

Exit Pass

e No.: SHA5695L CHIANG

Vehicle No.: SHA5695L

of Service Advisor

Signature/Date

Name of Service Advisor _____

Date _____

returned to Service Reception upon collection

To be kept by Security Guard

TP Claims against NTUC Income: Follow-Through Survey

Date : 20/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1049873-001	COMFORT TRANSPORTATION PTE LTD	SHA 5695L	GBG 8461P	30/5/2019	\$ 1,468.28	\$ 1,157.16
2	MT/1049874-001	COMFORT TRANSPORTATION PTE LTD	SHD 3005B	YL 6351M	17/6/2019	\$ 2,505.04	\$ 1,700.00
3	MT/0972422-002	SMRT BUSES LTD	SG 5762P	GBF 8878B	02/12/2017	\$ 7,521.76	\$ 6,481.76
4	MT/1045696-002	SMRT TAXIS PTE LTD	SHB 598L	FX 9725K	21/5/2019	\$ 4,876.70	\$ 1,942.93

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	31/05/2019 11:49
Date Of Accident	30/05/2019 07:40
Exact Location Of Accident	WOODLANDS AVE 3 TO BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5695L
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	
Cover Note Number	

Driver

Name of Driver	MOHAMMAD HANAFIAH BIN HAMDAN @
NRIC No	S1307445C
Date Of Birth	12/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97852864
Fax Number	
Contact Number	
EEmail Address	ZAL95KEWL@GMAIL.COM

Address	776 #09-56 WOODLANDS CRESCENT
Postcode	730776
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)	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	GBG8461P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/5/19 at about 07:40 hrs, I was driving at above said location with a female pax onboard. Suddenly I felt an impact from right hand side. Veh B encroached into my lane and it front left portion hit & grazed onto the right portion of my taxi. Both of us then alighted to take photo. No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

CO-REG-NC-188200021R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Loke Wai Yeng

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

31/5/19

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

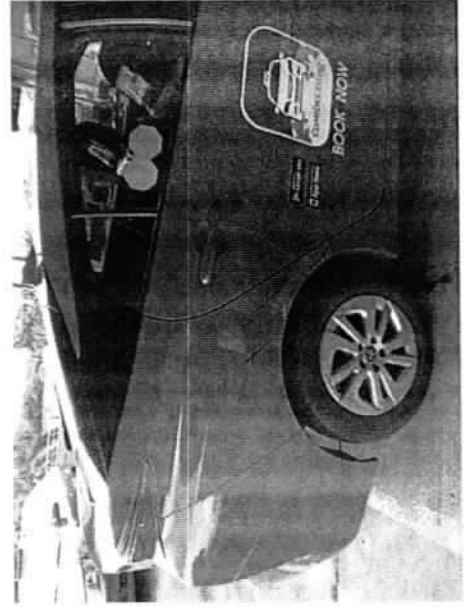
Policyholder's Signature
Date & Time:

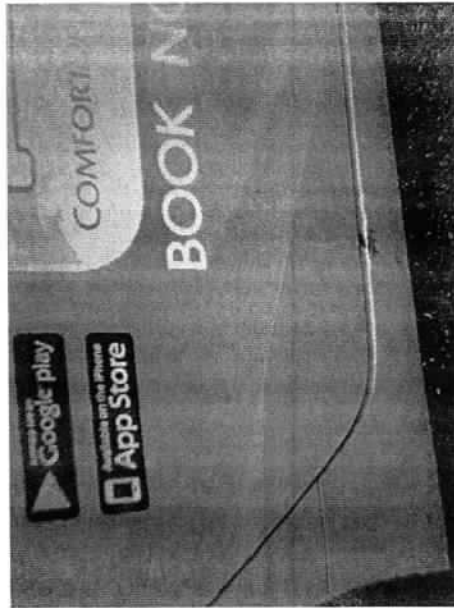
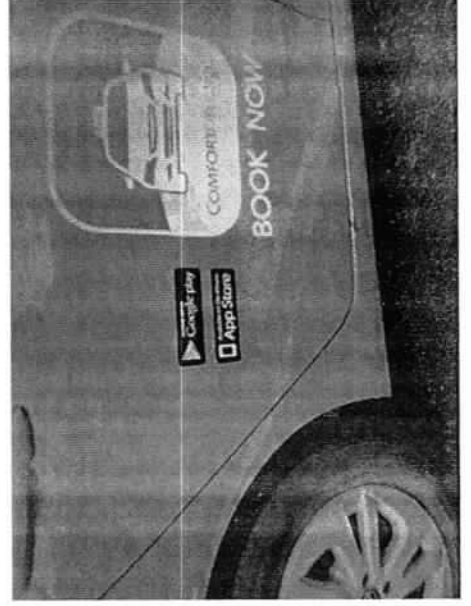
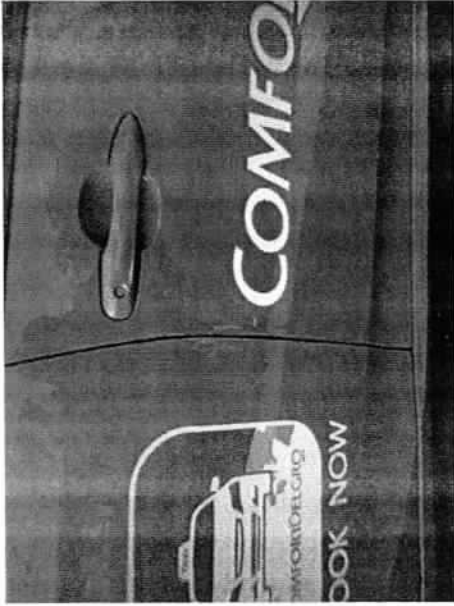
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Loke Wei Yeng

31/5/19





REPAIR ESTIMATE


VEHICLE NO: SHA 5695L

3/6/2019 10:43

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR WHEEL HUB CAP ,RH		cut ✓	\$ 177.70
			\$ 177.70
SUB TOTAL			\$ 177.70
LESS 25%			\$ 44.43
DISCOUNTED TOTAL			\$ 133.28
LABOUR CHARGE			
Panel Beating			\$ 200.00
Spray Painting Charge-Fender x 2 & Door			\$ 600 900.00
Rear Wheel Alignment			\$ 60 80.00
			\$ 1,180.00
TOTAL LABOUR			\$ 1,180.00
ESTIMATE TOTAL			\$ 1,313.28
			1468.28


 10/6/19
 Tanjun 97495749
 WP
 3/6/19 @ 450pm
 Repair after repair
 part by part
 03 days
 sur @ lkkauto.com.

LKK Auto Consult certify
 the Repairer of:
 • To resurvey the vehicle
 • To display damage during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "VIA" basis
 • No illegal modifications is allowed
 • Supplementary items to the resurvey
 is subject to final approval from the insurance company

Acknowledged by Repairer

Signature:

Date:

1477.16

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.

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

JOB NO : 305300357
REGN NO : SHA5695L
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 30.08.2017
DATE/TIME IN : 03.06.2019 09:00
ACCIDENT DATE : 30.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 03-01-0302-2057-G PRIG4 CAP WHEEL 1 177.70 20.00 142.16

0002 28-01-0103-2013-A I40V3 APP LOGO REAR DOOR 1 80.00 2.00- 80.00 *nu* *A*

0003 28-01-0103-0003-A (I40)FRT DOOR LOGO SONATA 1 75.00 0.20 75.00 *nu* *A*

SUB-TOTAL : 297.16

JOB NATURE

0000 PB PANEL BEATING 200.00

0001 SP SPRAYPAINT CHARGE 600.00

0002 20-08 *Rear*
ADJUST ~~FRONT~~ WHEEL ALIGNMENT 60.00

SUB-TOTAL : 860.00

TOTAL : 1,157.16

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :



VEHICLE 1 SHA7533H

LKK

305300357

TYPE OF C: TP

SURVEY B': TAUFIKH

DATE : 30/05/2019

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

[illegible]

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305300357
Date : 06/03/19

FINALIZATION FORM

To : LKK
Attn : TAUFIKH
Vehicle Reg No. : SHA5695L 30/05/2019

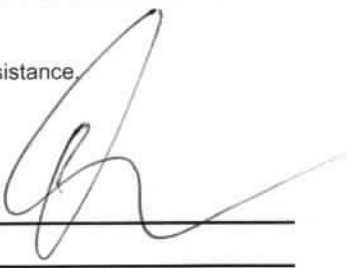
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

- Z The repair job shall bill to: NTUC GBG8461P
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | \$297.16 |
| (b) Labour Charges | \$860.00 |
| Total for Part-By-Part Repair Cost | \$1,157.16 |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: | |
| Final Lumpsum Repair cost | |

3. Estimated normal period for repairs: 3 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name :
Date :

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/INC19009842/T1sd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 26-06-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBG 8461P	Veh. Inspected	SHA 5695L
Policy No.	5096096539-01	Coverage (\$)	0.00
Claim No.	MT/1049873-001	Excess (\$)	0.00
Assign From		Assign Date	03/06/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS HYBRID	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU003563238	Colour	BLUE
Odometer	287207	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	WEST LAKE	6 mm
L/H Front Tyre	195/65 R15	WEST LAKE	6 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	30/05/2019	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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 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 5695L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR WHEEL HUB CAP, RH	CUT	177.70	177.70
	LESS 20% DISCOUNT		-35.54	-35.54
			142.16	142.16
<u>SPECIAL NETT ITEMS</u>				
1	I40V3 APP LOGO LOGO REAR DOOR (SN)	NECESSARY	80.00	80.00
1	(I40) FRT DOOR LOGO SONATA (SN)	NECESSARY	75.00	75.00
			155.00	155.00
<u>LABOUR</u>				
	PANEL BEATING.		200.00	200.00
	SPRAY PAINTING CHARGE - FENDER X 2 & DOOR.		900.00	600.00
	REAR WHEEL ALIGNMENT.		80.00	60.00
			1,180.00	860.00
GRAND TOTAL			1,477.16	1,157.16
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,157.16

Report Ref No. NS/INC19009842/T1sd3e2

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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