

NS/INC19009959 / K1d3s2

SHD 3647Z 7 Oct 2016

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop n/s

of

Insured: SHC 6164K

Policy No.

Claims No. MT / 1047623 - 002

Sum Insured:

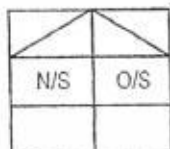
Excess:

(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 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

Vehicle: IN / OUT

Date: Person Contacted:

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

Truck / Trailer or

Make:

Toyota Prius

C.C. 1798

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

246400

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKBJF4802521492

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 / Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Deventi

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

3/6/19

D.O.I.

4/6/19

Survey held at

CPHE (Loyang)

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

O/S Front

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

Date / Time

Action / Instruction

No policy found

SHD 3647Z - NS/INC18002856 / K1d3s2

DOA: 10/2/2018

SHC 6164K - X

10/6/19

Chm 2 45 \$3200 / 3 Dgs. (Red: 1197.23 / 270%)

RECEIVED 11 JUN 2019

Date/Time, File Pass to?



: Preli. Report

1) 11/6 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Report Format: Tp

Lump Sum / I.B.I: (\$ 3200)

TP Claims against NTUC Income: Follow-Through Survey

Date : 10/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
	MT/1048360-001	CITYCAB PTE LTD	SHB 3993J	SHC 6715X	3/6/2019	5:00	\$ 3,306.00
	MT/1047453-003	COMFORT DELGRO TRANSPORTATION	SHA 2694J	SCJ 909R	1/6/2019	16:30	\$ 1,394.48
	MT/1047628-002	COMFORT DELGRO TRANSPORTATION	SGD 3647Z	SHC 6164K	3/6/2019	14:00	\$ 4,397.23

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	03/06/2019 16:36
Date Of Accident	03/06/2019 14:00
Exact Location Of Accident	TANAH MERAH FERRY TERMINAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3647Z
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	VINCENT LEE JIA HON
NRIC No	S7835978A
Date Of Birth	28/11/1978
Occupation	OUTDOOR
Date Of Driving Pass	10/02/1999
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90259871
Fax Number	
Contact Number	
Email Address	VINCENTLEEJH@YMAIL.COM

Address	236 06-1006 YISHUN RING ROAD
Postcode	760236
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	RAINING
Road Surface	WET

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)	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

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	SHC6164K
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	LEFT REAR
No. Of Passenger (Including Driver)	

SKETCH PLAN

SKETCH PLAN

A - S4036472

B - S406164K
(KIA)
SILVER BAR

TANJAN
MERAH
FERRY
TERMINAL

The sketch plan is drawn on a grid background. It shows a small building with a cross on its roof, labeled 'A' and 'B'. A road or path leads from the bottom towards the building. The river is labeled 'TANJAN MERAH' and 'FERRY TERMINAL'. There are some arrows and lines indicating directions or boundaries.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

STATEMENT NO. _____

STATEMENT NO. 99 FOR ATTACHED.

DECLARATION

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

IMPORT TRANSPORTATION PTE LTD
CO REG NO. 199303821R

Policyholder's Signature
Date & Time:

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

Orvia Wendy

Reporting Centre Personnel's Signature
Name: 03 JUN 2019
NRIC/FIN No.:

Describe Circumstances of the Accident.

On the 03/06/2019 at about 14:15hrs, I was driving out from Tanah Merah Ferry Terminal.

As I was driving suddenly the Silver Cab of SHC6164K encroached onto my lane and collided onto my right front portion of my taxi.

No passengers on my board my taxi.

No injury reported at the point of accident.

Declaration

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

Policyholder's Signature/Date & Driver's Signature (if driver is not the policyholder)/Date
Time CO REG. NO 199303321R& Time

Olivia Wendy

Witnessed by Reporting
Centre Personnel

03 JUN 2019

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305300761

Date : 07/06/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD3647Z

Date of Accident : 03-Jun-19

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

1. The repair job shall bill to: NTUC --- **SILVERCAB**
SHC6164K

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: 20%

\$3,200.00

Final Lumpsum Repair cost

\$3,200.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 10/6/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 03.06.2019

REPAIR ESTIMATE

Time: 17:46:50

Page: 1

HWC-4S
LKK-

P TS

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

JOB NO : 305300761
 REGN NO : SHD3647Z
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 07.10.2016
 DATE/TIME IN : 03.06.2019 14:10
 ACCIDENT DATE : 03.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-A	FRONT BUMPER	1	490.50	25.00	367.87	-	in
0002 04-01-0302-0573-G	FRT FENDER RH	1	933.10	25.00	699.82	-	in
0003 04-01-0302-2915-G	HEADLAMP RH	1	2,530.10	25.00	1,897.57	-	in
0004 04-01-0302-2297-G	FRT FENDER (HYBRID) RH	1	53.50	25.00	40.12	-	in
0005 03-01-0302-2057-G	FRT WHEEL CAP RH	1	175.80	25.00	131.85	-	in

SUB-TOTAL : 3,137.23

JOB NATURE

0000 PB	PANEL BEATING	560.00	800
0001 SP	SPRAYPAINT CHARGE	500.00	800
0002 17-01	CHECK ALL LIGHTING	40.00	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	40.00	20
0004 L	WHEEL ALIGNMENT	120.00	10

SUB-TOTAL : 1,260.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC

Date: 03.06.2019

Time: 17:46:50

Page: 2

TS

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

JOB NO : 305300761
REGN NO : SHD3647Z
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 07.10.2016
DATE/TIME IN : 03.06.2019 14:10
ACCIDENT DATE : 03.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Comfs

MVA NAME & SIGNATURE
DATE :

TOTAL : 4,397.285

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Ka hua 16/6/17

4/6/17 12205

3 Pys

4/5

After Repair p 4



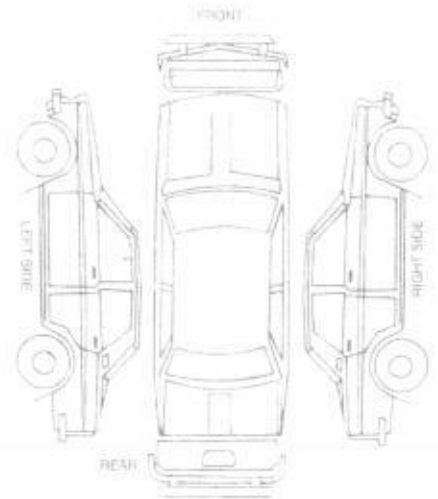
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305300761

OMER	COMFORT TRANSPORTATION PTE LTD	REGN NO:	SHD3647Z	MILEAGE
S	7010045	MAKE:	TOYOTA	FUEL
OMER NO	383 SIN MING DRIVE	MODEL	PRIUS HYBRID(G4)	E. 1/2 F.
ESS	Singapore SINGAPORE 575717	DATE TIME IN	03.06.2019 14:10	
(R)	65508755	YR OF MANU	07.10.2016	TARGET DATE
(P)		CHASSIS CODE	JTDKB3FU803531492	COMPLETION DATE/TIME:
JUNT CARD NO:				

Accident Date: 03.06.2019
NATURE: 3P 03.06.19/C

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

idgement Slip	Exit Pass
o.: SHD3647Z LIMTS	Vehicle No.: SHD3647Z
Service Advisor	Name of Service Advisor
Signature/Date	Date
igned to Service Reception upon collection	To be kept by Security Guard



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/INC19009959/K1td3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 14-06-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 6164K	Veh. Inspected	SHD 3647Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1047628-002	Excess (\$)	0.00	
Assign From		Assign Date	04/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JTDKB3FU803531492	Colour	BLUE	
Odometer	246400	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	DAVANTI	7 mm	
L/H Front Tyre	195/65 R15	DAVANTI	7 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	03/06/2019	Inspection Date	04/06/2019	
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. SHD 3647Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	CRACKED	490.50	490.50
1	FRT FENDER RH	BUCKLED	933.10	933.10
1	HEADLAMP RH	GRAZED	2,530.10	2,530.10
1	FRT FENDER (HYBRID) RH	NECESSARY	53.50	53.50
1	FRT WHEEL CAP RH	GRAZED	175.80	175.80
	LESS 25% DISCOUNT		-1,045.75	-1,045.75
			3,137.25	3,137.25
LABOUR				
	PANEL BEATING.		560.00	400.00
	SPRAYPAINT CHARGE.		500.00	400.00
	CHECK ALL LIGHTING.		40.00	30.00
	TUFF COAT ON AFFECTED PARTS.		40.00	20.00
	WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,260.00	850.00
GRAND TOTAL			4,397.25	3,987.25
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,200.00

Report Ref No. NS/INC19009959/K1td3s2

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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