

Surveyor: Kalvin

REF: NS/INC 14010456/K14d3 n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: PC66493

Policy No: 5096482142-01 (18/10/2013)

Claims No: MT/1048935-02

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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 2456E Yr Regn: 14 Sep 2016

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

Truck / Trailer or

Make: Toyota Prius C.C. 1700

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

Sp. Reading: 474721 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU103529339

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 Daretti

Front _____ Rear _____

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

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

D.O.A. 11/6/19 D.O.I. 12/6/19

Survey held at CPHE (Loyang)

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

Rear o/s.

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

Date / Time	Action / Instruction
	SHA 2456E - CC3 / AIG / 8006291 / K14b392 RCA - 03/04/2018 INC
	PC 66493 - X L12
14/6/19	Confirmed 45 \$1650 / 24%. Cred \$ 666.65, 22%
	RECEIVED 10 JUN 2019

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

1) 08/6/2019 ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : ... (\$)

Survey Fee:

Transportation:

\$ = RS. \$

Photos

Notes

160

Report Form

78
1650

TP Claims against NTUC Income: Follow-Through Survey

Date : 14/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1043566-004	SMRT TAXIS PTE LTD	SHB 306M	SMA 4201B	08/05/2019	10:40	\$ 8,260.30
2	MT/1049036-001	COMFORT TRANSPORTATION PTE LTD	SHD 3604Y	PC 3697P	30/05/2019	18:30	\$ 1,502.40
3	MT/1047126-002	COMFORT TRANSPORTATION PTE LTD	SHD 7286E	SLS 8336L	31/05/2019	14:45	\$ 1,896.12
4	MT/1048935-002	COMFORT TRANSPORTATION PTE LTD	SHA 2456E	PC 6649J	11/06/2019	16:05	\$ 2,316.65
5	MT/1047949-002	CITYCAB PTE LTD	SHC 7964L	SGM 2112X	02/06/2019	22:30	\$ 1,520.00
6	MT/1048179-002	COMFORT TRANSPORTATION PTE LTD	SHD 6523C	GT 5718S	07/06/2019	13:00	\$ 2,099.08

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5096482142-01		COMMUTER-PLUS TRAVEL PTE. LTD.	201734502D	GFT	Comprehensive	PC66493	PC66493	18/10/2018	

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	12/06/2019 10:07
Date Of Accident	11/06/2019 16:05
Exact Location Of Accident	T JUNCTION OF DRAYCOTT RD AND STEVENS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2456E
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	SOH KOK SENG
NRIC No	S1428751E
Date Of Birth	01/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	17/01/1980
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97530523
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 220 HOUGANG STREET 21 #08-50
Postcode	530220
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?	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	PC6649J
Vehicle Make/Model/Colour	PRIVATE BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MOHAMMED KHAIRUL BIN ADNAN
NRIC/Passport Number	S8513736J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SOH KOK SENG
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHA2456E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

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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.
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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

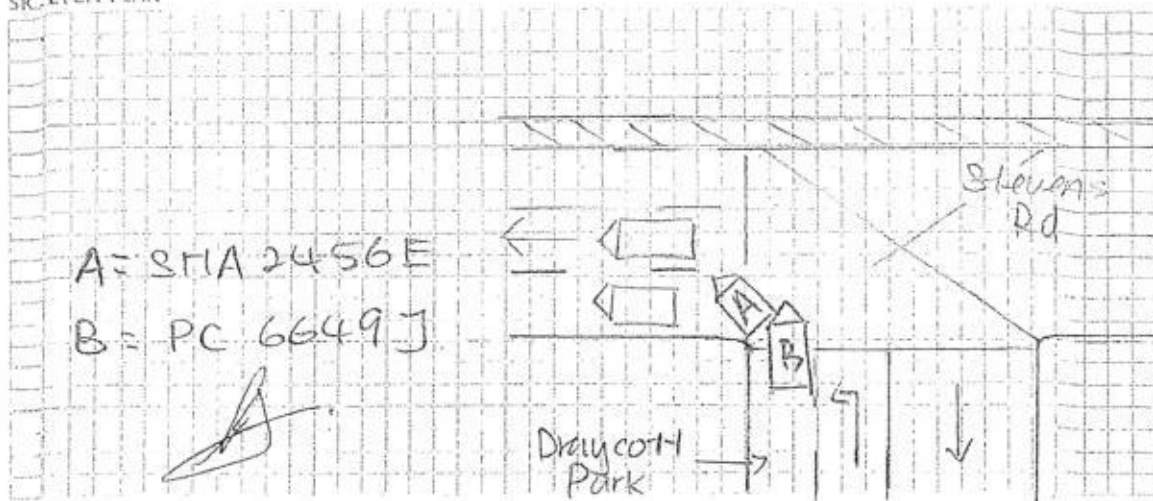
Policyholder's Signature
Date & Time:

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

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

[Signature]
Lok V...
12/6/17

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/6/19 at about 16:05 hrs, I was driving at above said location without pax. I entered Stevens road and my taxi comes to stop due to traffic jammed. Suddenly Veh B came out from minor road it front left portion collided onto the rear right portion of my stationary taxi. Scene photo and video footage to support my claims. I felt pain on my neck.

DECLARATION

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

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

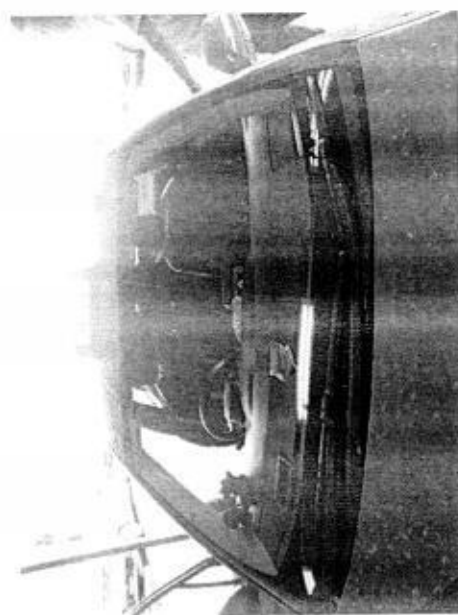
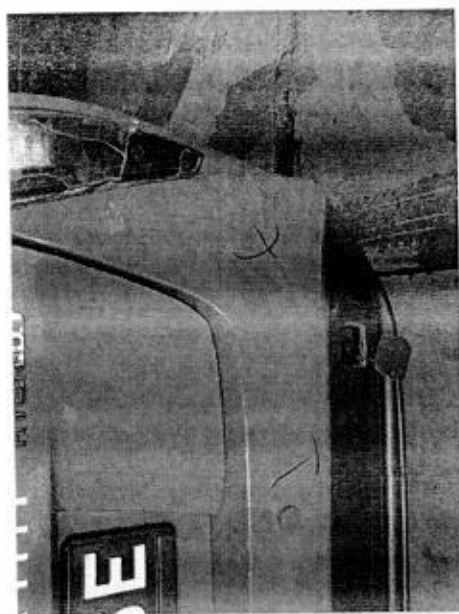
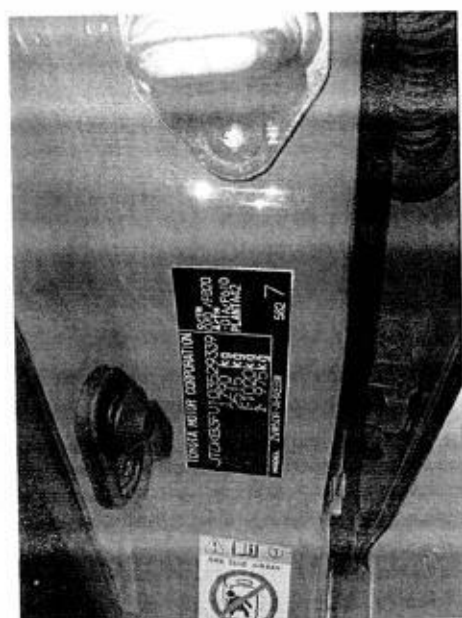
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

Loke Wei Yeng

12/6/19



COMFORT XTRA

DATE/TIME: 12.06.2019 11:10

Page 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305302703

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

REGN NO: SHA2456E

MILEAGE

V/M/S 7010045

MAKE: TOYOTA

FUEL

CUSTOMER NO. 383 SIN MING DRIVE

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

ADDRESS: Singapore SINGAPORE 575717

MODEL PRIUS HYBRID(G4)12.06.2019 17:25

65508755

YR OF MANU 14.09.2016

TARGET DATE

(R)

(P)

Handwritten signature

CHASSIS CODE JTDEKB3FU103529339

COMPLETION DATE/TIME

SCOUNT CARD NO.

JOB DESCRIPTION

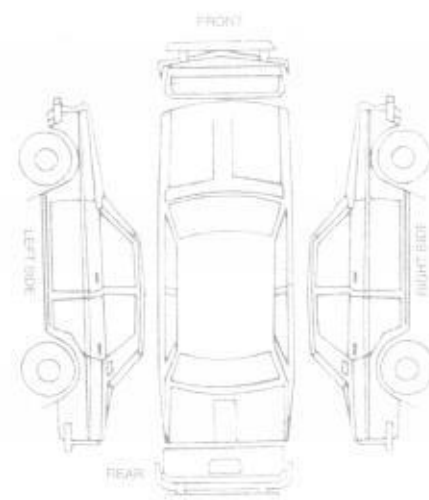
Accident Date: 11.06.2019

NATURE: 3P 11.06.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA2456E CHIANG

Vehicle No.: SHA2456E

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

COMFORT DELCRO

Date/Time: 12.06.2019 11:10

Page: 1 of 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO: 305302703

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

VMS

7010045

CUSTOMER NO

383 SIN MING DRIVE

ADDRESS

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

COUNT CARD NO.

REGN NO:

SHA2456E

MILEAGE

MAKE:

TOYOTA

FUEL

E 1/2 F

MODEL

PRIUS HYBRID(G4)12.06.2019 17:25

DATE/TIME IN

YR OF MANU

14.09.2016

TARGET DATE

CHASSIS CODE

JTDKB3FU103529339

COMPLETION DATE/TIME

JOB DESCRIPTION

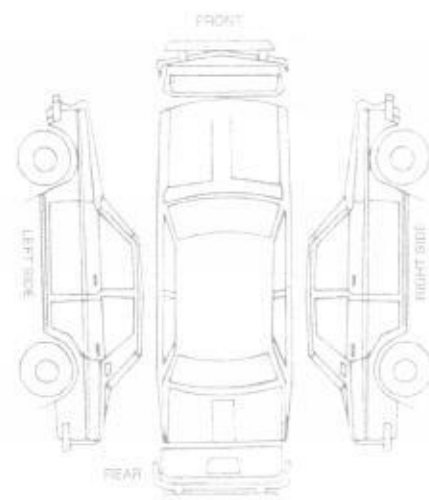
Accident Date: 11.06.2019

NATURE: 3P 11.06.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

By:

To:

File No.:

SHA2456E

CHIANG

Vehicle No.:

SHA2456E

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

REPAIR ESTIMATE

12/6/2019 13:29

MODEL : TOYOTA PRIUS

Acknowledged by Repairer: _____
 Signature: _____
 Date: _____

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 : 305302703
Date : 13/06/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA2456E

Fax :

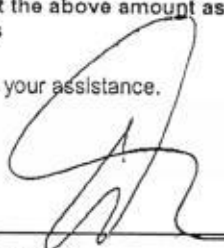
11/06/19

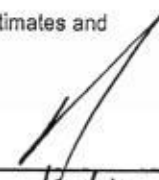
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

- Z The repair job shall bill to: NTUC PC6649J
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 \$1,650.00

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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kalvin
Date : 14/6/19

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		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/INC19010456/K1qd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 19-06-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	PC 6649J	Veh. Inspected	SHA 2456E	
Policy No.	5096482142-01	Coverage (\$)	0.00	
Claim No.	MT/1048935-002	Excess (\$)	0.00	
Assign From		Assign Date	12/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JTDKB3FU103529339	Colour	BLUE	
Odometer	474721	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 REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	11/06/2019	Inspection Date	12/06/2019	
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:		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. SHA 2456E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CRACKED	458.60	458.60
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER TOWING COVER	CUT	82.70	82.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	TAIL LAMP ASSY (UPPER) (RH)	CRACKED	557.90	557.90
1	TAIL LAMP ASSY (LOWER) (RH)	CRACKED	548.40	548.40
	LESS 25% DISCOUNT		-555.55	-555.55
			1,666.65	1,666.65
<u>LABOUR</u>				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.		50.00	20.00
			650.00	420.00
GRAND TOTAL			2,316.65	2,086.65
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,650.00

Report Ref No. NS/INC19010456/K1qd3n2

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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