REF: NS/INC/90 13749/ KINF302

From: Desis Shi 8377 Vir Regnt Adj 2xxx		<u>A</u> 3	SSIGNMENT	2		1- 1	
Truck / Trailer or Make: To / dq / Riv oc / 798 AIC: Insufal / Std / NI / NA Sp.Reading 3 0 9651 T/Redio: Insufal / Std / NI / NA Sp.Reading 3 0 9651 T/Redio: Insufal / Std / NI / NA Sp.Reading 3 0 9651 T/Redio: Insufal / Std / NI / NA Sp.Reading 3 0 9651 T/Redio: Insufal / Std / NI / NA Sp.Reading 3 0 9651 T/Redio: Insufal / Std / NI / NA Eng/No: C/No: C/No: To / cg / Redio: Insufal / Std / NI / NA Eng/No: C/No: To / cg / Fr / Poor / Burnt Steering: Inor / Jammed / Leaked / Burnt or Brake: Inorer / Jammed / Leaked / Burnt or Modi: Nii / S/Rim / STd / Rim or Tyre Size; F: 195/ Sor Ros Redio: Nii / S/Rim / STd / Rim or Tyre Size; F: 195/ Sor Ros Redio: Nii / S/Rim / STd / Rim or Tyre Size; F: 195/ Sor Ros Redio: Nii / S/Rim / STd / Rim or Tyre Size; F: 195/ Sor Ros Redio: Nii / S/Rim / STd / Rim or Tyre Size; F: 195/ Sor Ros Redio: Nii / S/Rim / STd / Rim or Tyre Size; F: 195/ Sor Ros Redio: Nii / S/Rim / STd / Rim or Tyre Size; F: 195/ Sor Ros Redio: Nii / S/Rim / STd / Rim or Tyre Size; F: 195/ Sor Ros LIBal. Tyre Redio: Nii / Size / Rim / Ribal. Tyre Thruck / Trailer or Make: Tord q firm oc / 195 / Std / Ni / Ni Sp.Reading 3 0 9651 T/Redio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Sp.Reading 3 0 9651 Tredio: Insufal / Std / Ni / Ni Std / Std / Ni	From:	Date:	Veh No:	SH	8377 T	Yr Regn: Ay	21+
To Irap edit Vehicle No: at Workship mis of Insured: SJN 96355 Policy No. 503.133301-02 (IL 01/301) Claims No. Make of Veh: (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 Rport: Consistent?: Yes or No Lum Sum: % 3 Val.: Yes or No Lum Sum: CA / REV / REP. / 24 HRS Dete: Person Contacted: Date / Time Action / Instruction SH 36355 - Mh N/C 1923 247	Estimated Cost:		Type: M.Car/	M.Cycle i Bus	/ Van / Lorry /	TØ/ Prime Mover	1
To Insped Vehicle Not: at Workstyn m/s of Insured: SDN 96355 Policy No. 5081373201-0> (ILIDI/2011) Ctaims No. HT 10563333-002 Sum In sured: 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 Acident Rport: Consistent?: Yes or No. Lum Sum: % 3 Val.: Yes or No. Lum Sum: % 3 Val.: Yes or No. CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Date: Person Contacted: Date / Time Action / Instruction Make: Topda Ricus / 148 Colour Bl. A.C. Insued / Std / NI/ NA Bl. A.C. Insued / Std / NI/ NA Boy / Str / Poor / Burnt Steering: Inor@ / Jammed / Leaked / Burnt or Brake: Inor@ / Jammed / Leaked / Burnt or Modi: Nii / SiRim / STE/AIRim or Tyre Size; F: / 95/ 6 - Res BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or / A / A / A / A / A / A / A / A / A /	ODITPIWSITE	PRESIOD RESIEVA I INVIMV	Truck /	Trailer or			
at Workshop m/s of Insued: SJN 913-55 Policy No. 5081 1373-20-1			Make:	Toyo	la Pric	0.0 /	798
Insured: SON 96365 Policy No. 5081 133201-02 (ILIOI/2019) Claims No. MT / 1056 3333 - 002 Sum Insured: Excess: (Cilent'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 Rport: Consistent?: Yes or No. GIA / PR Seen: Consistent?: Yes or No. Est. Repairs: days Res.: Yes or No. CSA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN/OUT Date: Person Contacted: Vehicle: IN/OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction	at Workshop m/s		Colour	B	Le A	√C: Insu G d/St	ANI/NA
Policy No. 5081.73301-00 (ILIOI/2011) Claims No. MT 1056333-002 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 Acident Rport: Consistent?: Yes or No. Est. Repairs: days Res.: Yes or No. CA / REV / REP. / 24 HRS Date / Time Action / Instruction Date / Date	of		Sp.Reading	3096	51	/Radio: Insu d d / St	AN/IN/b
Claims No. MT 1056333-002 Sum In Sued: Excess: Steering: Inorder J Jammed / Leaked / Burnt or Brake: Inorder I Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STEA/Rim or Tyre Size: F: 195/6-R/S (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: Bl. or Market Value: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Est. Repairs: days Res.: Yes or No Lum Surn: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time	Insured: S3/	N96355	Eng/No:	•			
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Sum In Sured: 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 Rport: 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: Date / Time	Claims No.	MT/1056333-002	Gen. Cond: G	Good I Fair I Po	oor i Burnt		
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(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Des. of Damages: Frt / Rear / O/S / N/S /	(Client's Recor	rd)			,	irnt or	
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IDAC Accident Rport: Consistent?: Yes or No R/Bal. J mm R/Bal. J mm L/Bal. J mm	repair	r at the time of inspection.	TOYO/YO	OKO or		Varonti	
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 Date / Time Action / Instruction Action / Instruction Action / Instruction SH 8347 - CC3 / TM1 1900 6174 / LISCHAP Description CRes Consistent? CRed Properties Prop	Bal. or Market V	Value:	Front		•	Rear	
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 Date / Time Action / Instruction SH 3517 - C3 / TM1 1906117 / LISCARY DOB - C4 / O4 / DOB SIN 96355 - WAI INC 130231321 2014 - 24 121 2018 PM Red 982-61 42%	IDAC Accident	Rport: Consistent? : Yes or No	R/Bal.	7	mm	R/Bal.	mm .
Lum Sum: % 3 Val.: Yes or No Survey held at Des. of Damages: Frt Rear O/S N/S U/C Rooftop or Rear of S. The U/C Chassis frame Body Structure affected due to collision. Date Time Action Instruction SH 83747 - CC3 TM1 19006177 L150/3nr DOA-04/04/2017 Zecangles P/P \$ 1316-93/24 ROA-24/12/2018 ROA-24/	GIA / PR See	en: Consistent? : Yes or Nov	L/Bal. *	7	mm		
CA / REV / REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rev of s. The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction SH 83777 - CC3 / TM1 19006117 / LISCABAY DOA - 04/04/2017 ZWC SIN 96355 - WAI INC 180231321/24 DOA - 24/12/2018 P/P 8/8/19 Cultural P/P \$ 1316.93/24 DOA - 24/12/2018 P/P 8/8/19 Cultural P/P \$ 1316.93/24 DOA - 24/12/2018 P/P	Est. Repairs:	days Res.: Yes or No	D.O.A. 2	18/19	- 0	. / .	9 .
Vehicle: IN/OUT	Lum Sum:	% 3 Val.: Yes or No	Survey held	i at	CP	FE (Loyen)	2
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.	CA / PEV	I REP I 24 HPS	Des. of Dar	mages: Frt / F	Rear / O/S /	N/S / U/C / Roofto	op or
Date / Time Action / Instruction SH 83777 - (C3 / TM1 19006117/ E150/30x DOA-04/04/2017 ZNC SIN 96355 - NAI INC 130231321/24 DOA-24/12/2018 P/1 8/8/19 Cultural P/P\$1316-93/20/20. (Red 982-61 42%)		Vehicle: IN			Ken	0/3.	
SH 8377 - (C3/TMI 19006117/ EISCH3NV DOA-04/04/2017 ZNC SIN 96355- NAI INC 18023122/24 ROA-24/12/2018 P11 8/8/19 Cohrad PIP\$1316.93/ 2/71. (Red 982-61 42%)	Date:	Person Contacted:	The U/O	C / Chassis fr	ame / Body	Structure affected of	ue to collision.
8/8/19 Cohrad PIP\$1316.93/20/21. (Red 982-61 42%)	Date / Time		1/Firding	0.00-0	4/04/201	Two	
8/8/19 Cohons PIP\$1316.93/2Pys. (Red 982-61 42%)					-1		
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P/P \$1316-93		P/P \$1316-17					1/. ()

TP Claims against NTUC Income: Follow-Through Survey

Date 08/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
-	MT/1056558-002	CITYCAB PTE LTD	SHB 3939S	SLT 7212L
2	MT/1056989-001	COMFORT TRANSPORTATION PTE LTD	SH 8413Y	FBB 8114T
3	MT/1055818-002	COMFORT TRANSPORTATION PTE LTD	SHB 6163T	SJZ 1362T
4	MT/1056469-002	COMFORT TRANSPORTATION PTE LTD	SHC 8595L	SLT 223B
2	MT/1056761-002	COMFORT TRANSPORTATION PTE LTD	SHA 5963M	SLG 4115Y
9	MT/1056993-001	COMFORT TRANSPORTATION PTE LTD	SHD 3367G	SMM7300R
7	MT/1056333-002	COMFORT TRANSPORTATION PTE LTD	SH8377T	SJN 9635S

eBaoTech								SeneralC	laim		
Hello, NAC_PAYA_UBI_80	0601				and the same of th		· Change La	nguage	Change P	assword	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date of	Accident	02/0	8/2019 14:06	i j	
	Vehicle	No.(For Motor)	SJN9635	S		Certifica	te Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087773201- 02		VIVO KARZ RENTAL	53354186K	GFT	drivo CLASSIC	SJN9635S	SJN9635S	16/01/2019	
					Cor	ntinue					

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 witholding 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.

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					800			-

Date Of Report 03/08/2019 09:02 Date Of Accident 02/08/2019 17:50

Exact Location Of Accident SLE TWDS WOODLANDS

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SH8377T Vehicle Registration Number

Insured/Policyholder

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

Co Reg No 199303821R

FLEETSAFETY@CDGTAXI.COM.SG Email Address

Mobile Phone No

Alternative Phone No OFFICE-65508768

Vehicle Particulars

TOYOTA Manufacturer

PRIUS HYBRID 4G Model

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?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category TAXI

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number D-18088936MFSH

Cover Note Number

Driver

Name of Driver MANOGARAN S/O GNANA S

NRIC No S2009933Z Date Of Birth 07/12/1952 Occupation OUTDOOR 01/03/1978 Date Of Driving Pass

41 YEARS AND 5 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-97414752

Fax Number

Contact Number

SIVA BILABILA@HOTMAIL,COM EMail Address

Address

BLK 28 BALAM ROAD

#17-29

Postcode

370028

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)

2

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

2

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

. -

Passenger 1

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 Vehicle Make/Model/Colour

SJN9635S

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN LAI HUAT

NRIC/Passport Number

S1197764B

Contact Number

96364825

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

MANOGARAN S/O GNANA S

Approximate Age

Injuries Sustain

RIGHT LEG

Injured person in which vehicle?

SH8377T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

Sketch Plan Pg. 1

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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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:

Jackson Heng

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARIAC SkatchPlanForm V3

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON 2 Any 2019 @ 1750 hms. I wert A Wood drying along the above location schragust Subderly welt: infront E-brake I wert A Comot Manage to Stop. Subderly welt B from the record to the A Recy: out the point of accident wert A forms a Rhale pare sont myree. COMFORT TRANSPORTATION PTE LITE OR REG NO. 199303821R Divers Signature Divers Signatur		
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON 3 Any 2019 @ 1750 hms. I wert A Wood driving along the above location Stringent Subderly Welt. infront E-brake I con A Cornect manage to Stop. Subderly Welt & from the recor list welt A Perry a Riale PAR wat myrab. DECLARATION We declare the foregoing particulars are true in every respect. COMPORT TRANSPORTATION PTE LTD CO REG NO. 199303821R OSO Reporting Centre Personnel's Signature Driver's Stimature Driver's Stimature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature	SKETCH PLAN	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON 3 Any 2019 @ 1750 lms. I wert A Wood driving along the above location Stringent Sutderly Welt. infrant E. brake I con A Cornect Manage to Edop. Sudderly Welt & form the rear lat well A Perry a Reale park wont impress. Jerry a Reale park wont impress. Addison Hang Co OREG NO. 1993038218 Policyholder's Signature Driver's Strature Driver's Strature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature		
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CO REG NO. 199303821R NCAS CSO Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature	I/We declare the foregoing particulars are true in every respect.	
CO REG NO. 199303821R NCAS CSO Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature	COMFORT TRANSPORTATION PTE LTD	Jackson Hann
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	가는 사용하게 되었다. 그는 사용이 바로 보다	Reporting Centre Personnel's Signature

Date & Time:

GIARMC StetchPlanForm V3

NRIC/FIN No.:

Page 5 of 14



COMFORTULE

Date Time: 03.08.2019 10 11

Paire

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305322136
TOMER		Ē	REGN NO. SH 8377T	MILEAGE
MS	MFORT TRANSPORTATION PTE 7010045	LTD	MAKE: TOYOTA	FUELF
Si Si	3 SIN MING DRIVE ngapore SINGAPORE 575717		MODEL PRIUS HYBRID(G4)0	2.08.2019 19:45
(R) 6.5	508755		YR OF MANU. 08. 2017	TARGET DATE
COUNT CARD N	0.		CHASSIS CODE JTDKB3FU003563093	COMPLETION DATE/TIME:

JOB DESCRIPTION

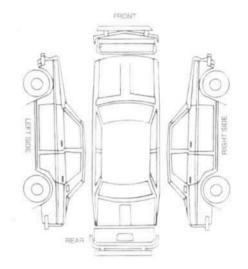
Accident Date: 02.08.2019

NATURE: 3P 02.08.19

S/NO

LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:		5	
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
swledgement Slip		Exit Pass	
:: o.: le No.: SH 8377T	LIMTS	Vehicle No.: SH 8377T	
e of Service Advisor	Signature/Date	Name of Service Advisor	Date
returned to Service Reception upon collect	ction	To be kept by Security Guard	



member of COMFORTDELGRO





JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Date: \(\text{ S = 1.9} \) Time Received: \(\text{ PMS} \) S. Vehicle Type: \(\text{ Fixed Baths} \) Fixate \(Fixed Baths				N-10-0-1
Name of Customer SPARK Kakis Private Taxi (ICTPLCCPL) King Dolly King Dolly Flat Bed Crane-up Contact No. START T S. Nature of Service: STK (Boon Lay) Crane-up STK (Boon Lay) STK (Boon Lay) STK (Boon Lay) Stranger Service: Jumpstart Recovery Stranger Service: Jumpstart Recovery Stranger Service: S	lob Requisition			The state of the s
Make / Model / Colour: PFCUS Jumpstart Recovery Change Tyre / Battery S. Vehicle Tow - In Workshop: Smoky Exhaust Starting Problem Loss Power Sanoko Komoco (UBI / Leng Kee) Cycle & Carriage (PD) Return Taxi Starting Problem Loss Power Return Taxi Cycle & Carriage (PD) Cycle & Carriage (PD) Return Taxi Cycle & Carriage (PD) Return Taxi Cycle & Carriage (PD) Cycle & Carriage (PD)	Name of Customer : W Max	Private Taxi (CTP	L/CCPL)	Normal Tow King Dolly Flat Bed
Smoky Exhaust Smoky Exhaust Steering Faulty Steering Fault	Make/Model/Colour: PERUS	Jumpstari Recovery	t	6. Parts Replaced/Remarks:
Fuel Level : F 1/4 1/2 3/4 E	Preferred Workshop: Braddell Loyang Sin Ming Sungei Kadut Senoko Komoco (UBI /	Pandan Ubi	Smoky Overhea Brake F Starting (PD) Accider	Exhaust
Name of Driver Vehicle No. Time Dispatch Time Of Attending Staff/Guard Name of Attending Staff/Guard Name of Attending Staff/Guard PARS STATE TOWING #: Cracked X: Denter /: Scatched O: Missin #: Cracked X: Denter #: Cracked X: Denter /: Scatched O: Missin #: Cracked X: Denter #: Cracked X: Den	Fuel Level : F 1.		OK Faulty	Phoni
Customer Acknowledgement a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark couper cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care TM will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care TM . Date Time Signature of Customer Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard	Name of Driver : Service No. :	-4×1), II (1) (2) (3) (1) (1) (1) (2) (3) (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	/: Scatched O: Missing
Customer Acknowledgement a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark couper cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™. PRES	Cash Invoice Details (if applicable)			THE RESERVE AND A SECOND
Date Time Signature of Customer 14. WORKSHOP Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard	cash cards, spectacles, pen, etc. b. I understand that any items left behind are at	my own risk and SPARK Car Care™ will not	be held liable for such loss	ses.
Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard	Date		Signa	ature of Customer
BOOKER AND			-	
ALIETAMENIE A	Name of Attending Staff/Guard	Date & Time of Arrival	Signature	of Attending Staff/Guard CUSTOMER'S CO

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SH 8377T

MAKE

· TOYOTA PPILIS

NTUC-(PP)

5/8/2019

LKK-Kalvin

MODEL	: TOYOTA PRIUS		LKK-K	alvin	
	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	REAR BUMPER			\$ 458.60	
	REAR BUMPER RE-INFORCEMENT			\$ 318.80	
	REAR BUMPER UNDER COVER /			\$ 552.60	
	REAR BUMPER SIDE RETAINER,RH			\$ 112.70	
	REAR BUMPER UNDER SIDE COVER (RH)			\$ 232.00	
	REAR BUMPER CLIPS			\$ 22.00	
	SEAL, REAR BUMPER SIDE, RH X			\$ 148.40	
				\$ 82.70	
	Towing Core - 14 SUB TOTAL			\$ 1,845.10	
	LESS 25%			\$ 461.28	
	DISCOUNTED TOTAL	1			
	DISCOUNTED TOTAL			\$ 1,383.83	
	100				
	REAR BUMPER REVERSE SENSOR		notify	\$ 135.70	NETT
	REAR BUMPER RUBBER MAT	Cons	itants hence	\$ \ 50.00	NETT
	LTKK	onairer of	itants hence notify the tollowing: relater spray painting ged part(s) duting resurvey aged part(s) duting resurvey aged part(s) duting resurvey	\	
	I tue	19d un-	ALEX PURING	\$ 185.70	
	\ •P	Direction of the second	AGA STATE OF THE PARTY OF THE P	on party	
		No illegal mo	ney is on a "Nau- ney is on a "Nau- dification(s) is allowed diffication(s) must be resurred and ary tem(s) must be resurred and ary tem(s) must be resurred and and and and and and and and and an	Johnson	
	10 1: 1100	Supplied to	lingi opp	\	
	(Inh 1049	12 2001	ged by Repairer		
	Ca Ini 1000g	Acknowled			
	1 APOUR CHARGE // 5/8/19	Signature:	4		
		Daire	,	200	
	Panel Beating 7. A			\$ 350.00	
	Spray Painting Charge			\$ 250.00	200
	Wiring Charge			\$ 50.00	+12
	Remove/Refix Reverse Sensor	Pary	ol L	\$ 80,00	3.
			7.0.		
	Vehicle Towed In TOTAL LABOUR			\$ 730.00	
	ESTIMATE TOTAL			\$ 2,299.53	
				521	
				236 .55	

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

305322136 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 Date 07/08/19 FINALIZATION FORM Fax: LKK To KALVIN ANG Attn : SH 8377T Date of Accident : 02-Aug-19 Vehicle Reg No. The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-NTUC ---SJN9635S 1. The repair job shall bill to: 2. The finalized amount shall be: \$886.92 Spare Parts after List discount (a) \$430.00 (b) Labour Charges \$1,316.92 Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) (c.) Total for Lumpsum repair cost after Less: 20% Final Lumpsum Repair cost Estimated normal period for repairs: 2 working days. 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you 4. within 7 working days Thank you for your assistance. We confirm the estimates and 5. finalized amount Signature Signature: KALVIN : LIMTS Name Name 62148398 Date Tel 65468156 Fax For Official Use Only

	Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. R	Rental Rate P/Day		YES		
2. L	oss of Income Paid		NO		
3. S	Survey Fees				
4. L	TA Search Fee	\$7.49			
	Nedical Fees (on behalf f driver, if applicable)				
6 C	Overrun				

Remarks:					



VEHICLE	(E)	SH 8377T	TYPE OF CLAI	M :	TP
MODEL	:	TOYOTA PRIUS	SURVEY BY	;	KALVIN
JOB NO		305322136	DATE		05/08/19

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

DESCRIPTION	QTY	ESTIMATE \$	REMARKS
REAR BUMPER TOW COVER	1	82.70	
* Last Entry *			
_			
	REAR BUMPER TOW COVER	REAR BUMPER TOW COVER 1	DESCRIPTION QTY \$ REAR BUMPER TOW COVER 1 82.70

COMFORTDELGRO ENGINEERING PTE LTD

Date: 06.08.2019 Time: 16:14:53

REPAIR ESTIMATE

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

: 305322136

REGN NO

: SH 8377T

MILEAGE MAKE

: 0000000000

MODEL

: TOYOTA : PRIUS HYBRID(G4)

DATE OF REGN

: 10.08.2017

DATE/TIME IN : 02.08.2019 19:45

ACCIDENT DATE : 02.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G REAR BUMPER 1 458.60 25.00 343.95

0002 04-01-0302-2287-G REAR BUMPER UNDER COVER 1 552.60 25.00 414.45

0003 04-01-0302-2267-G REAR BUMPER CLIPS 10 22.00 25.00 16.50

0004 04-01-0302-2286-G REAR BUMPER TOW COVER 1 82.70 25.00 62.02

50.00

0005 04-01-0302-1150-A REAR BUMPER MAT 1 50.00

SUB-TOTAL : 886.92

JOB NATURE

0000 PB PANEL BEATING

200.00

0001 SP SPRAYPAINT CHARGE

200.00

0002 L R/I REVERSE SENSOR

30.00

0003 23-01

TOWING FEE

0.00

SUB-TOTAL: 430.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 06.08.2019 Time: 16:14:53

REPAIR ESTIMATE

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305322136

REGN NO

: SH 8377T : 0000000000

MILEAGE MAKE

: TOYOTA

MODEL

: PRIUS HYBRID(C

DATE OF REGN : 10.08.2017 DATE/TIME IN : 02.08.2019 19:45

ACCIDENT DATE : 02.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,316.92

MVA NAME & SIGNATURE

DATE:

SURVEYOR NAME & SIGNATURE

DATE:

AUTHORISED: YES / NO



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



NITLI	C INCOME INSUE	PANCE CO OPERATIVE LTD	Ref:	NS/INC1001374	0/K1vf3e2		
	NTUC INCOME INSURANCE CO-OPERATIVE LTD		NOI.	ef: NS/INC19013749/K1yf3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date:	16-08-2019				
			Code:	INC4			
1.		Policy Particulars	:- THIR	D PARTY CLAIM			
	Insured Veh.	SJN 9635S	Veh. II	nspected	SH 8377T		
	Policy No.	5087773201-02	Cover	age (\$)	0.00		
	Claim No.	MT/1056333-002	Exces	s (\$)	0.00		
	Assign From		Assign Date		05/08/2019		
2.		Vehicle Parti	culars 8	Condition			
	Make & Model	TOYOTA PRIUS	c.c		1798		
	Engine No.	HIDDEN	Year o	f Reg.	2017		
	Chassis No.	JTDKB3FU003563093	Colour		BLUE		
	Odometer	309651	Steering		IN ORDER		
	Brakes	IN ORDER	Modification		STANDARD ALLOY RIM		
	General	FAIR					
3.		Conditi	ons of	Tyres			
		Size	Make		Balance		
	R/H Front Tyre	195/65 R15	DAVAN	ITI	7 mm		
	L/H Front Tyre	195/65 R15	DAVAN	ITI	7 mm		
	R/H Rear Tyre	195/65 R15	DAVAN	ITI	7 mm		
	L/H Rear Tyre	195/65 R15	DAVAN	ITI	7 mm		
4.		Description	on of Da	amages			
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	AR O/S	PORTION.			
	DAMAGES SEE D	ETAILS.					
5.		Genera	Inform	ation			
	Accident Date	02/08/2019	Inspec	ction Date	05/08/2019		
	Survey held at COMFORTDELGRO ENGINEERING PTE LTD						
	59 LOYANG DRIVE SINGAPORE 508969						
5a.		R	emarks	机等系统 东京	三世界 利 西北北京		
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W					
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



ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8377T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SIDE RETAINER, RH	SERVICEABLE	112.70	-
1	REAR BUMPER UNDER SIDE COVER (RH)	TO REPAIR SEE LABOUR	232.00	
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	SEAL, REAR BUMPER SIDE, RH	SERVICEABLE	148.40	-
1	TOWING COVER	CUT	82.70	82.70
	LESS 25% DISCOUNT		-481.95	-278.97
			1,445.85	836.93
	SPECIAL NETT ITEMS			
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	:-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER UNDER SIDE COVER (RH).		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			730.00	430.00
	GRAND TOTAL		2,361.55	1,316.93

1,316.93

Report Ref No. NS/INC19013749/K1yf3e2

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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