

108/11/13

Surveyor: Kelvin

REF: NS/IN(19013751) / KIS 322

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: FBB 8114T

Policy No. 5109312286 (04/09/2019-02/03/2020)

Claims No. MT/1056989-001

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: SH 8413Y Yr Regn: 15 Jan 2017

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

Truck / Trailer or

Make: Toyota Prius C.C. 1798

Colour: B/c A/C: Insured / Std / NI / NA

Sp. Reading: 29 28.8 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FY203558518

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/C or

Tyre Size: F: 195/65 R15

R: _____

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

TOYO / YOKO or Davanti

Front Rear

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

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

D.O.A. 30/7/19 D.O.I. 5/8/19

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

SH 8413Y - X

FBB 8114T - <

ENC

4/1

8/8/19 Contacted 4/5 \$900 / 2 Pys. (Red = 1026-93 53%)

RECEIVED 19 AUG 2019

Date/Time, File Pass to?

19/08/19

1) Typist

Date/Time, File Return to?

☐ : Preli. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

Site Fee:

13 + 28 = 41

160

\$900/- 4/5

eBaoTech

GeneralClaim

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="radio"/>	5109312286		TAN XIANG-LING, GASTON (CHEN XIANGLIN)	S7929607D	GMC	Third Party	FB88114T	FB88114T	04/05/2019	02/08/2020

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.
1	MT/1056558-002	CITYCAB PTE LTD	SHB 3939S	SLT 7212L
2	MT/1056989-001	COMFORT TRANSPORTATION PTE LTD	SH 8413Y	FB8 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
5	MT/1056761-002	COMFORT TRANSPORTATION PTE LTD	SHA 5963M	SLG 4115Y
6	MT/1056993-001	COMFORT TRANSPORTATION PTE LTD	SHD 3367G	SMM7300R
7	MT/1056333-002	COMFORT TRANSPORTATION PTE LTD	SH8377T	SJN 9635S

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	01/08/2019 07:26
Date Of Accident	30/07/2019 17:30
Exact Location Of Accident	COLLYER QUAY TOWARDS FINLAYSON GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8413Y
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	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAN WEE BENG
NRIC No	S1340243D
Date Of Birth	29/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	11/01/1979
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98289485
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	929 09-125 HOUGANG STREET 91
Postcode	530929
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?	
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: : 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

see attach.

Attachment(s)

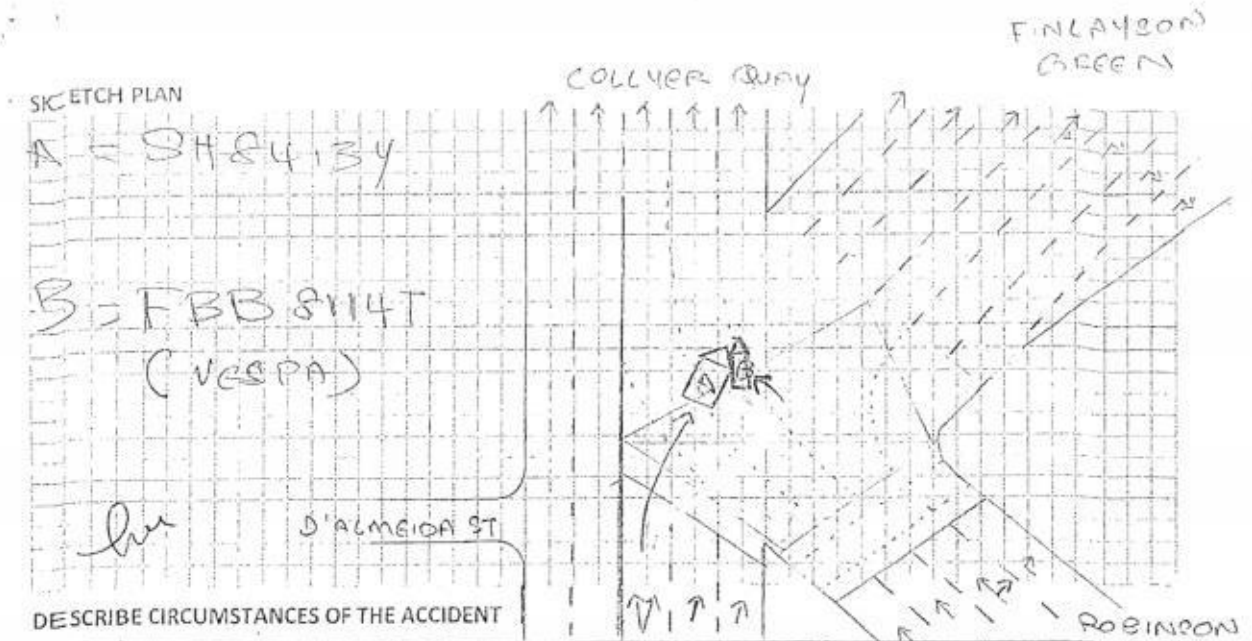
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBB8114T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

PC

DECLARATION

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

OMFORT TRANSPORTATION PTE LTD
CD REG NO. 198003321R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Olivia Wendy

Reporting Centre Personnel's Signature
Name:

5 4 1111 2010

On the 30/07/2019 @ about 17:30hrs, I was along Collyer Quay towards Finlayson Green
direction.

01 male passenger on board my taxi. No injury at the point of accident.

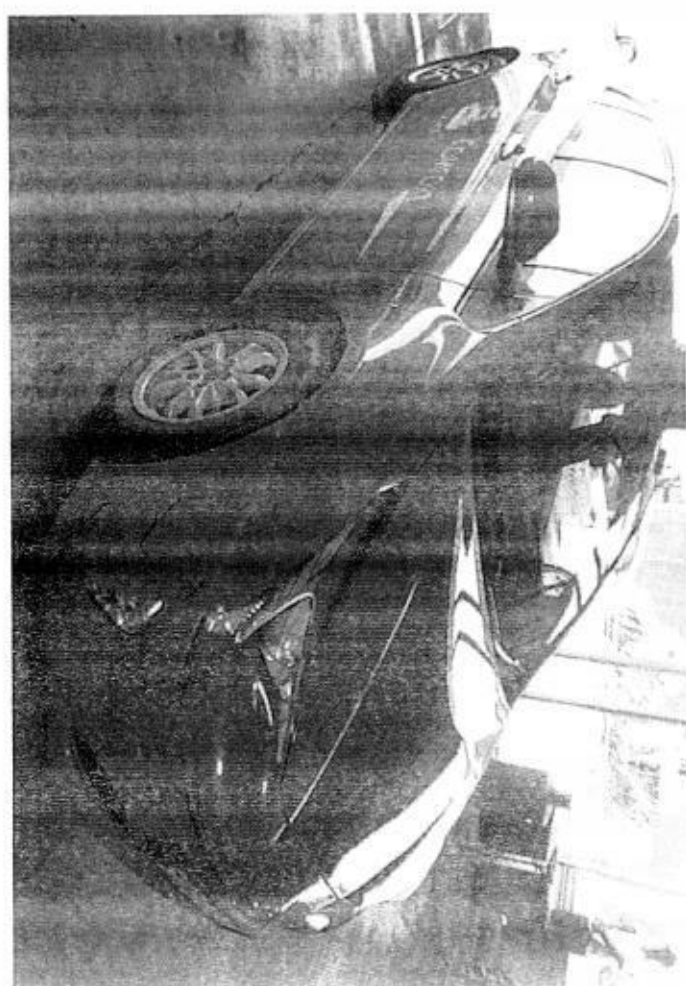
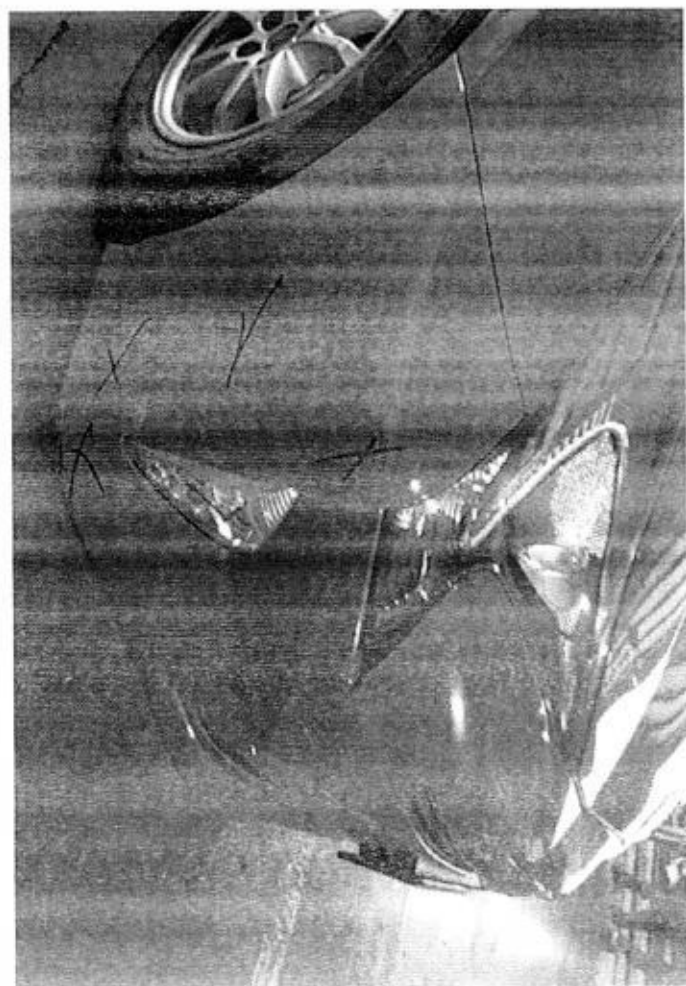
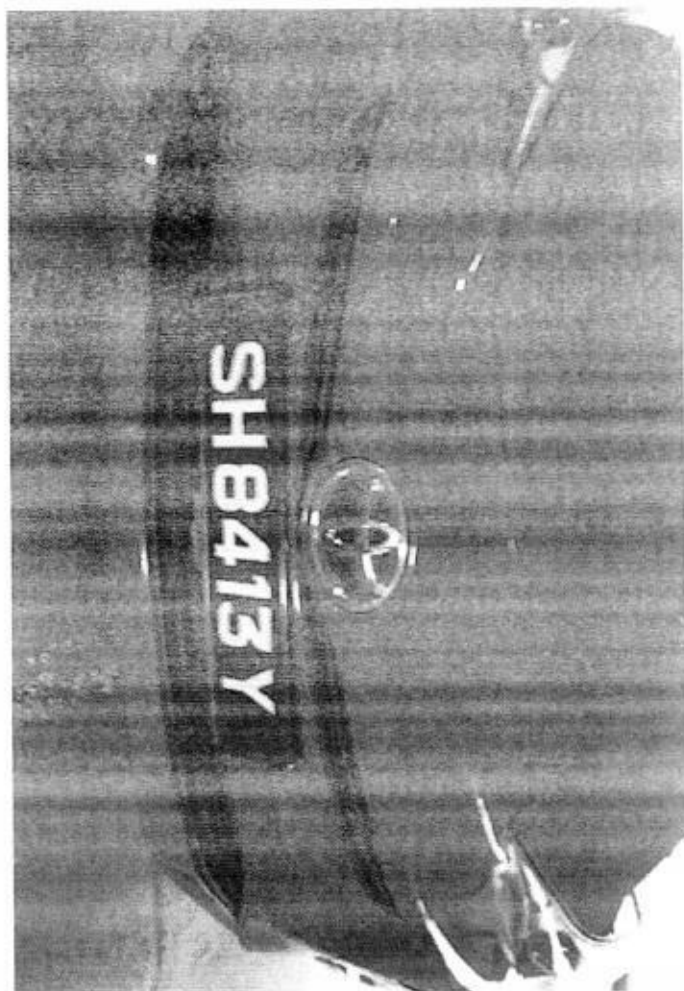
I/We declare the foregoing particulars are true in every respect.

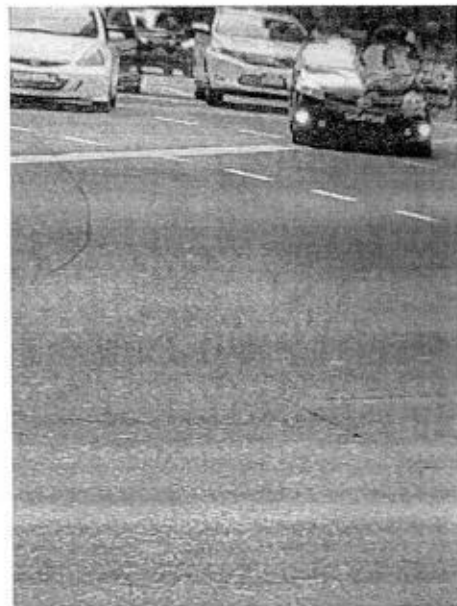
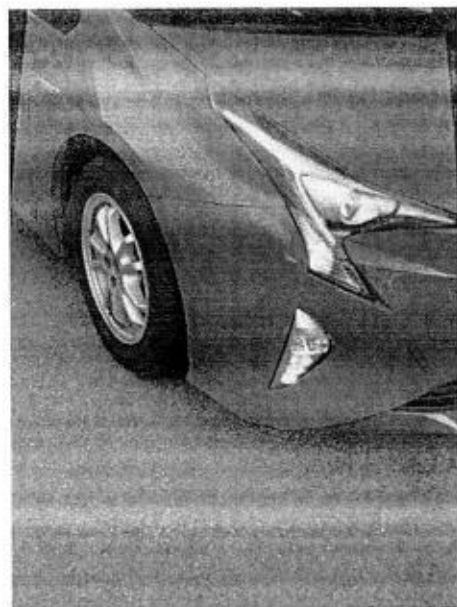
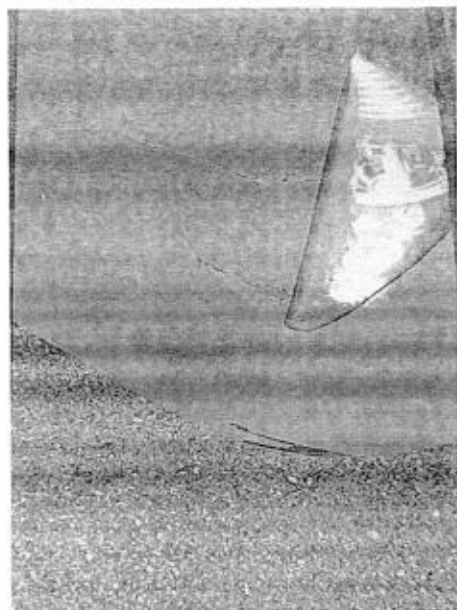
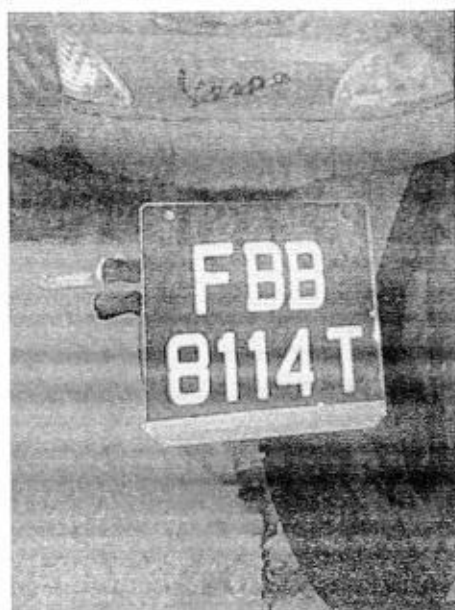
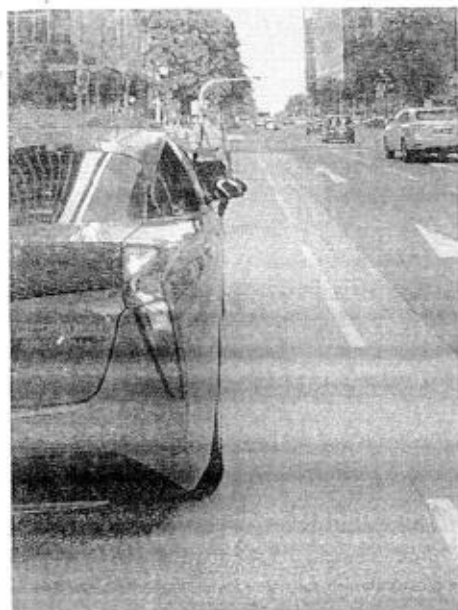
Policyholder's Signature/Date &
Time

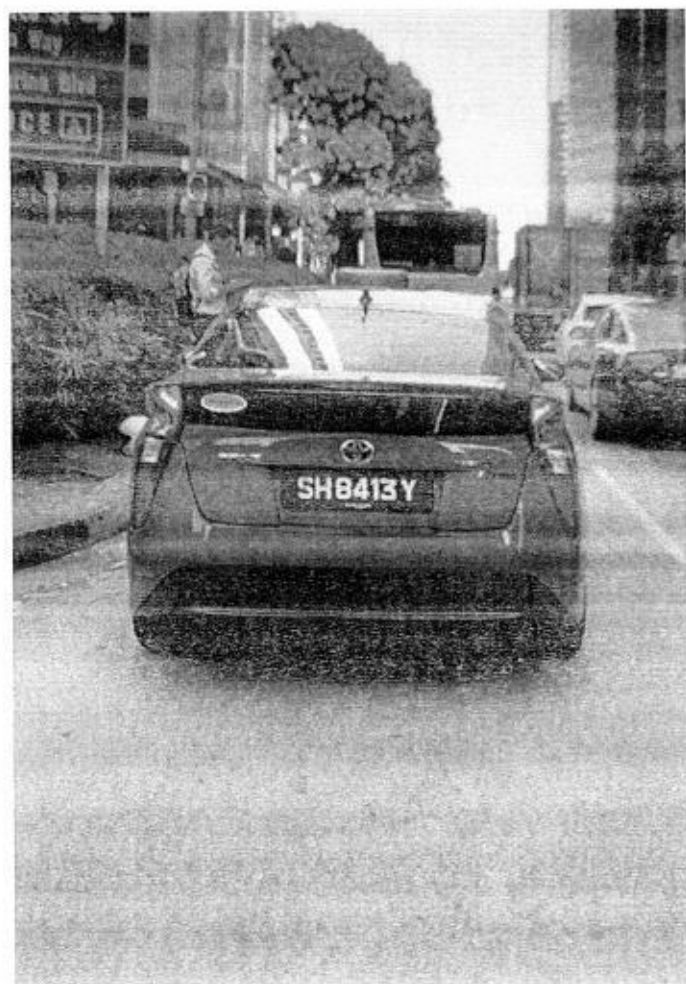
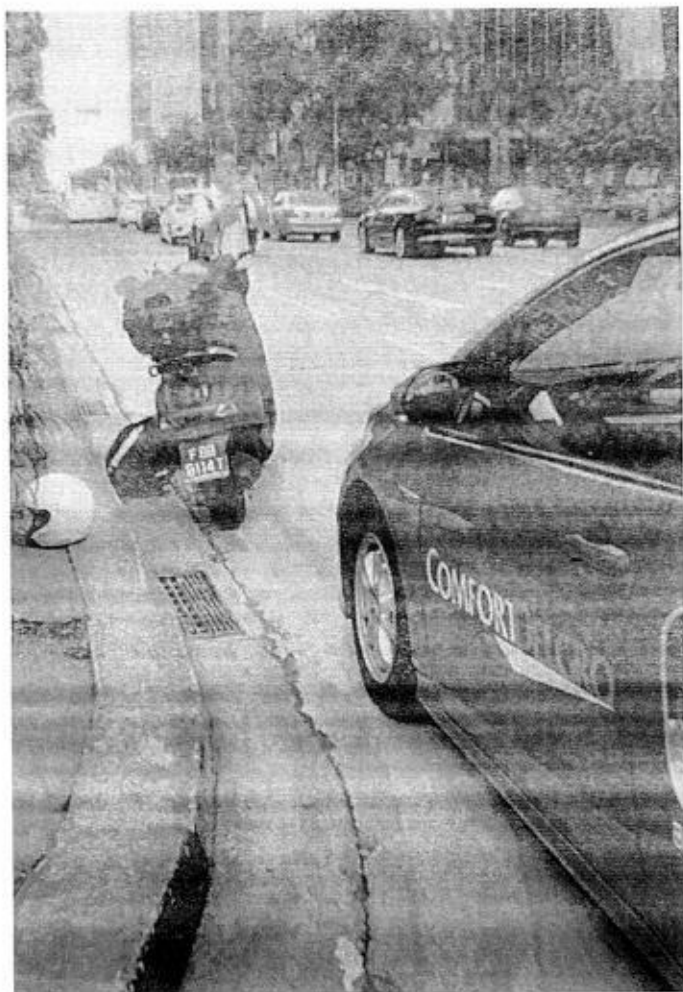
Driver's Signature(If driver is not the policyholder)/Date
& Time

Witnessed by Reporting
Centre Personnel

Page 5 of 21







COMFORT

Date Time: 05.08.2019 10:33 Page: 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JO NO.: 305322369

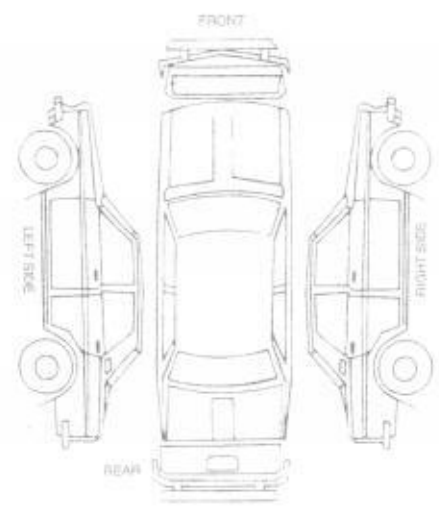
OWNER	COMFORT TRANSPORTATION PTE LTD	REGN NO.	SH 8413Y	MILEAGE
ISS	7010045	MAKE	TOYOTA	FUEL
OWNER NO.	383 SIN MING DRIVE	MODEL	PRIUS HYBRID(G4)	E.....1/2.....F
RESS	Singapore SINGAPORE 575717	DATE/TIME IN	05.08.2019 09:35	
(R)	65508755	YR OF MANU	15.06.2017	TARGET DATE
(P)		CHASSIS CODE	JTDKB3FU203558588	COMPLETION DATE/TIME:

NTUC

Accident Date: 30.07.2019
NATURE: 3P 30.07.2019/C

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SH 8413Y LKE

Vehicle No.: SH 8413Y

Signature/Date Name of Service Advisor Date

Returned to Service Reception upon collection To be kept by Security Guard

REPAIR ESTIMATE

5/8/2019 11:24

VEHICLE NO : SH 8413Y

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
LAMP ASSY, FOG, RH <i>cut</i>			\$ 920.00
FRONT BUMPER COVER <i>x rep air</i>			\$ 499.90
FRONT BUMPER CLIPS <i>x 11</i>			\$ 22.00
FRONT BUMPER SIDE RETAINER <i>x sec</i>		\$ 77.00	\$ 154.00
SUB TOTAL			\$ 1,595.90
LESS 25%			\$ 398.98
DISCOUNTED TOTAL			\$ 1,196.93
LABOUR CHARGE			
Panel Beating			\$ 400.00 <i>200</i>
Spray Painting Charge			\$ 300.00 <i>200</i>
Wiring Charge			\$ 30.00 <i>30</i>
TOTAL LABOUR			\$ 730.00
ESTIMATE TOTAL			\$ 1,926.93

Kalin 14021

5/8/19 1230Lr.

2K75

4/5

After Repair p Lto.

LKR Auto Consultancy has notified the Repairer of the damage to the vehicle and the following conditions apply:

- To recovery damaged parts during recovery
- Parts must be supplied on a "like for like" basis
- Third party survey must be conducted
- No illegal modifications
- Supplies must be provided on a "like for like" basis
- is subject to approval from the insurance company

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305322369

Date : 07.08.19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SH8413Y CTPL

30.07.19

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

1. The repair job shall bill to: NTUC FBB8114T

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%

\$900.00

Final Lumpsum Repair cost

\$900.00

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Calvin

Date : 8/8/19

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:



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/INC19013751/K1sf3n2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-08-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBB 8114T	Veh. Inspected	SH 8413Y
Policy No.	5109312286	Coverage (\$)	0.00
Claim No.	MT/1056989-001	Excess (\$)	0.00
Assign From		Assign Date	05/08/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU203558588	Colour	BLUE
Odometer	292808	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

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	30/07/2019	Inspection Date	05/08/2019
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 8413Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	LAMP ASSY, FOG, RH	CUT	920.00	920.00
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	499.90	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
2	FRONT BUMPER SIDE RETAINER @\$77.00	SERVICEABLE	154.00	-
	LESS 25% DISCOUNT		-398.98	-230.00
			1,196.92	690.00
<u>LABOUR</u>				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		30.00	30.00
			730.00	430.00
GRAND TOTAL			1,926.92	1,120.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC19013751/K1sf3n2

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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