

(08/11/13)

Singer: Kolvin

REF: NS/IN/19013900/K1983n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **GBG 6433**Policy No. **5094364098-01 (28/09/2018-27/09/2019)**Claims No. **MT/1056863-022**

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: **2** 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 9234R** Yr Regt: **23 Aug 2017**Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: **Toyota Prius** o.s. **1798**Colour: **Blue** A/C: Ins~~ed~~ / Std / NI / NASp. Reading: **220015** T/Radio: Ins~~ed~~ / Std / NI / NA

Eng/No: _____

C/No: **JTOKB3FY603567258**Gen. Cond: Good / ~~F~~ / Poor / BurntSteering: Inorder / ~~J~~ Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD ~~A~~ Rim orTyre Size: F: **195/65R15**

R: _____

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

TOYO / YOKO or **Duranton**Front **7** mm Rear **7** mmR/Bal. **7** mm L/Bal. **7** mmD.O.A. **6/8/19** D.O.I. **7/8/19**Survey held at **CPGE (Loyang)**

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

0/5 Rn

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

Date / Time Action / Instruction

SH 9234 R-CC3 / ID 18008118 / Gth 452

DOA - 30/04/2018 **IN**

GBG 64333-NA / TMI 18003114 & 4

DOA - 14/02/2018 **P/P**14/8/19 **Letter 1 R/P \$ 1113.28 / 2 Rn. (Red \$ 1951.57, 64%)**

RECEIVED 15 AUG 2019

Date/Time, File Pass to?

☐

Preli. Report

11/15/8 **turning**☐

Final Report

Date/Time, File Return to?

Days Of Repair: **2**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

And Fee:

☐

She/Pass

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 14/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1057309-002	COMFORT TRANSPORTATION PTE LTD	SHC 8632M	SLT 902A	06/08/2019	14:40	\$ 1,452.40
2	MT/1056863-002	COMFORT TRANSPORTATION PTE LTD	SH 9234R	GBG 6433J	06/08/2019	11:20	\$ 3,064.85
3	MT/1054877-002	SMRT TAXIS PTE LTD	SHC 4384E	SMG 7822H	24/07/2019	12:30	\$ 10,378.40

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 checked="" type="radio"/>	5094364098-01		KLEENMATIC SERVICES	S2950768D	GCV	Preferred Workshop Plan	GBG6433J	GBG6433J	28/09/2018	27/09/2019

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	06/08/2019 13:48
Date Of Accident	06/08/2019 11:20
Exact Location Of Accident	UPP CROSS STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9234R
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	SOH RICHARD
NRIC No	S1708198E
Date Of Birth	15/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1985
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97811187
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	309 06-185 SHUNFU ROAD
Postcode	570309
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: : 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.

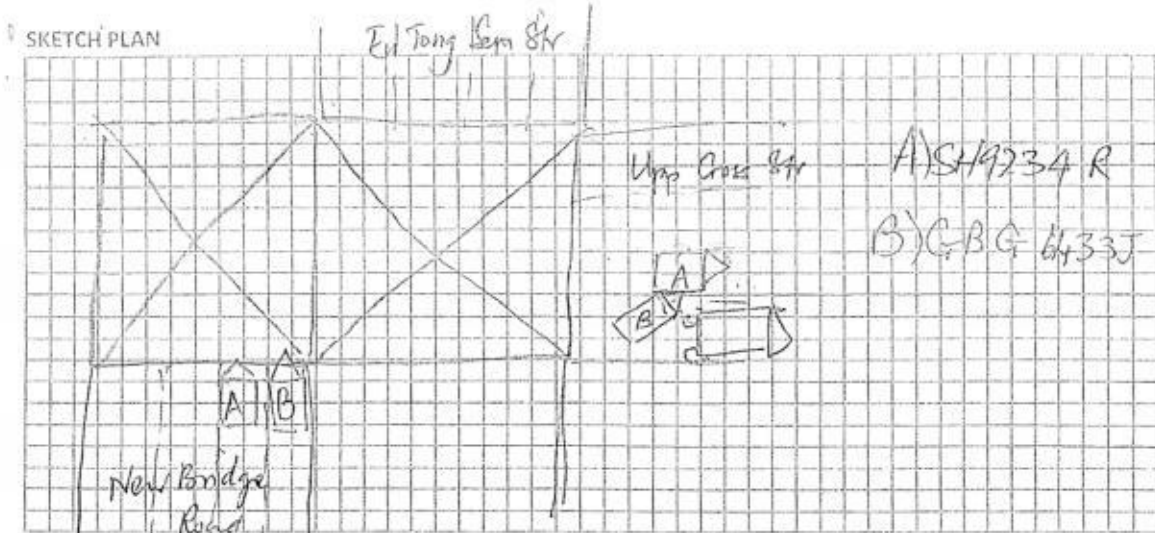
Attachment(s)

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	GBG6433J
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	LEFT FRT

No. Of Passenger (Including Driver)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/8/19 at about 1120hrs while I veh A was making a right turn and was already in the lane 2, Veh B from the lane 1 filtered left into my lane and collected onto the right rear portion of my vehicle when he saw a parked truck in the lane 1.

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:

SP Mgoorthy
CSO
6/8/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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)

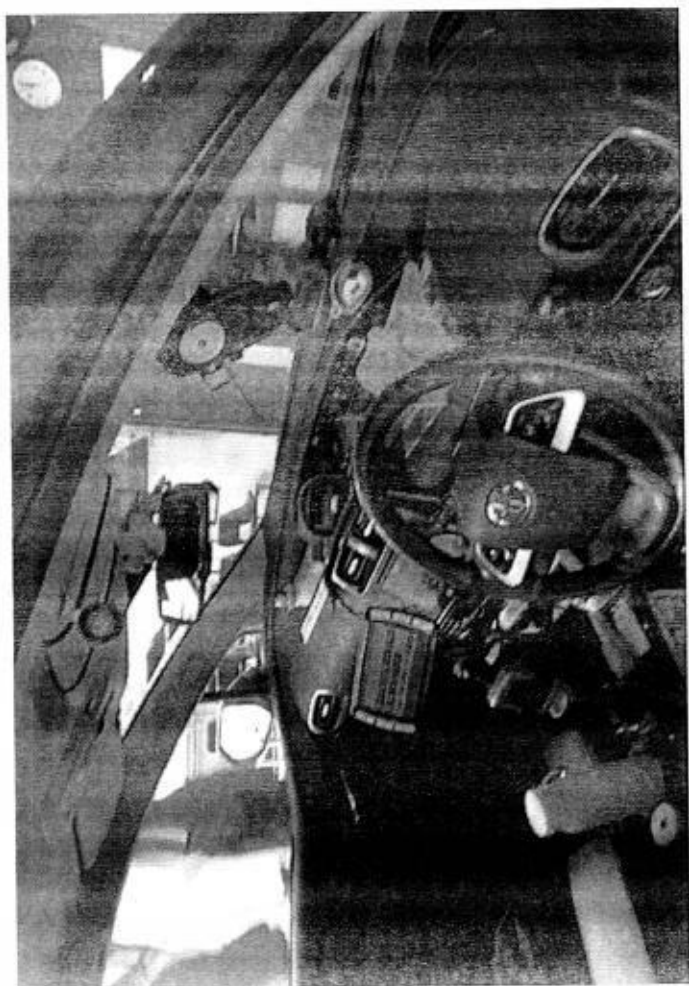
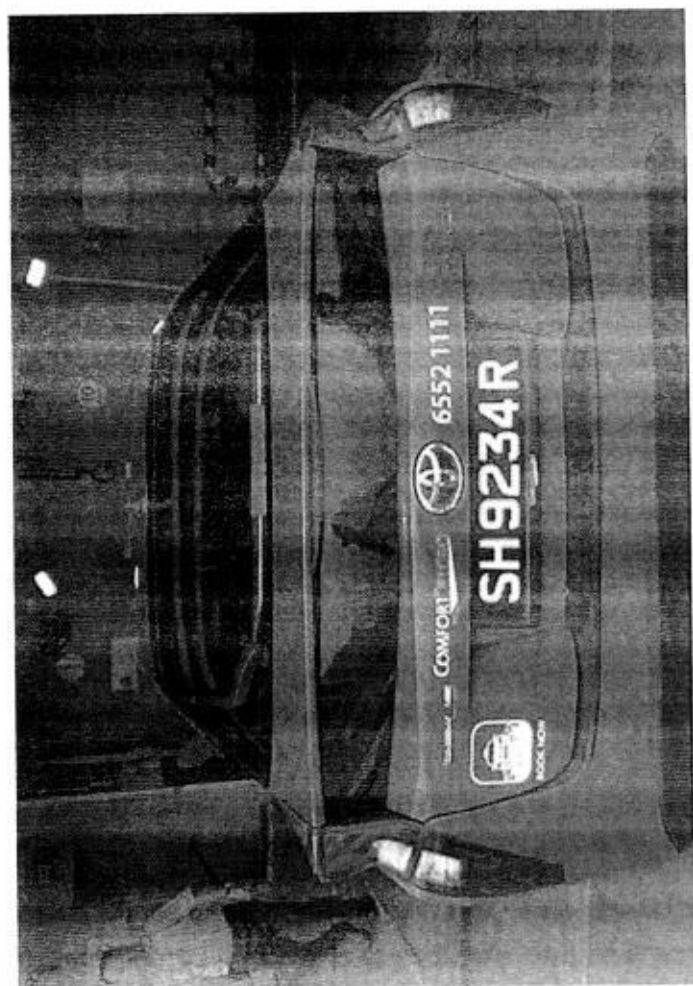
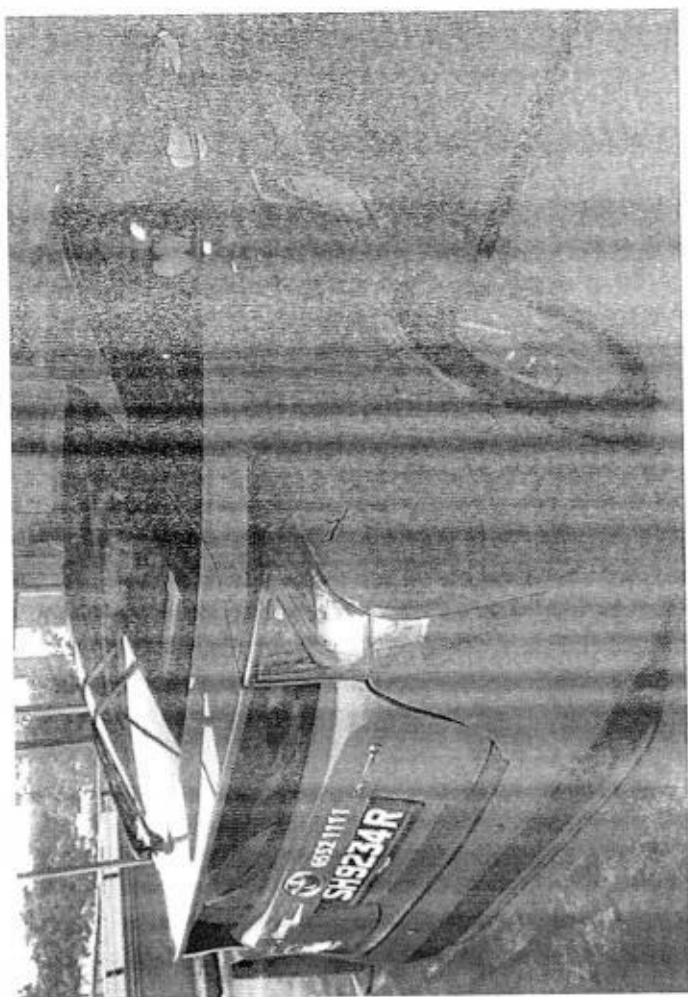
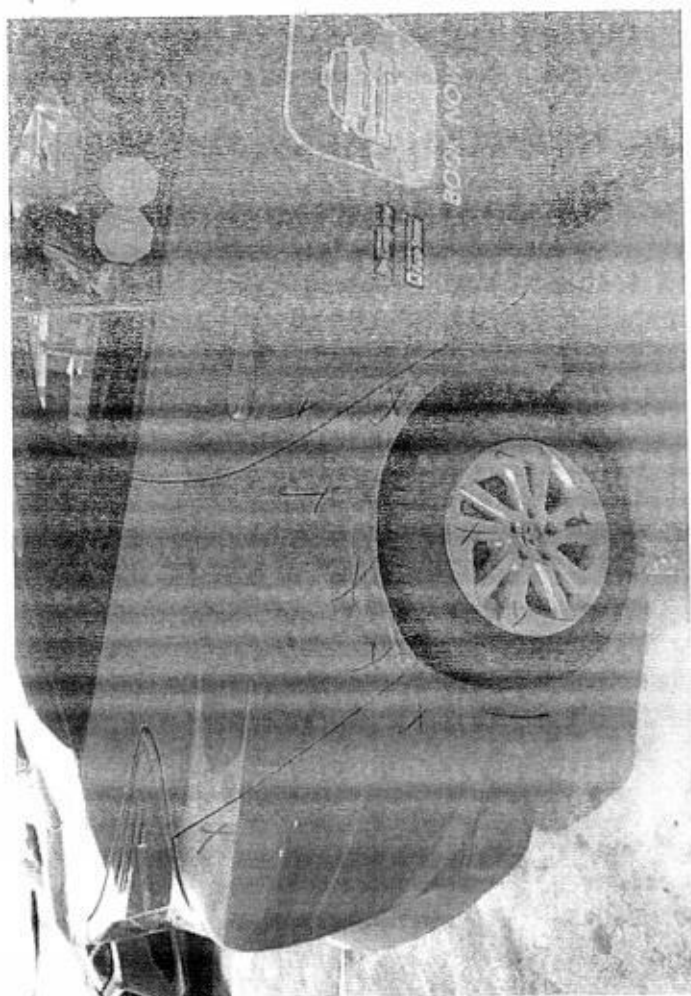
I understand, acknowledge, agree and consent that:

- (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.

GENERAL INSURANCE ASSOCIATION OF SINGAPORE (GIA)
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.:



Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3943773

JC NO.: 305323051

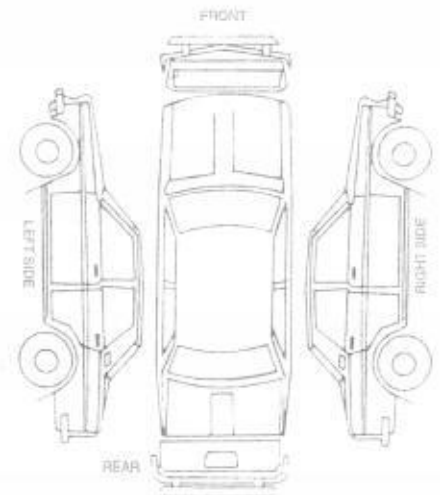
CUSTOMER	REGN NO: SH 9234R	MILEAGE
3/MS	MAKE: TOYOTA	FUEL
CUSTOMER NO. 7010045	MODEL: PRIUS HYBRID(G4)	DATE/TIME IN 06.08.2019 12:00
ADDRESS 383 SIN MING DRIVE	YR OF MANUF 23.08.2017	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE JTDKB3FU603563454	COMPLETION DATE/TIME
65508755		

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.08.2019
NATURE: 3P 06.08.2019

S/NO LABOR CODE DESCRIPTION

NTUC - Right Rear
LKE / Falmi -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

SH 9234R

LARRY

Vehicle No.:

SH 9234R

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*

DATE: 6. Aug. 2019

DOA: 6. Aug. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Fender – RH X Repair			\$836.70
1	Rear Bumper X Repair			\$458.60
10	Rear Bumper Clips X " "		\$2.20	\$22.00
1	Rear Wheel Cover – RH X Repair			\$177.70
	Rear Door (RH) X Repair			
	SUB TOTAL			\$1,495.00
	LESS 25%			\$120.15
	DISCOUNTED TOTAL			\$1,374.85
				1121.25
1	Rear Door 'APP' sticker – RH X " "			\$80.00
1	Rear Bumper Rubber Mat X " "			\$50.00
				\$130.00
	Acknowledged by Repairer:			
	Signature: Kabin (K.K.)			300
	Panel Beating			\$600.00
	Spray Painting Charge			\$750.00
	Remove/refix reverse sensor			\$80.00
	Tuff Kote			\$80.00
	Wiring Charge			\$50.00
	TOTAL LABOUR			\$1,560.00
	ESTIMATE TOTAL			\$3,064.85
				2811.25

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 PTE LTD

Date: 10.08.2019

REPAIR ESTIMATE

Time: 14:16:37

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 : 305323051
REGN NO : SH 9234R
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 23.08.2017
DATE/TIME IN : 06.08.2019 12:00
ACCIDENT DATE : 06.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 03-01-0302-2057-G PRIG4 CAP WHEEL 1 177.70 25.00 133.27

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

SUB-TOTAL : 213.27

JOB NATURE

0000 PB PANEL BEATING 300.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 600.00

SUB-TOTAL : 900.00

TOTAL : 1,113.27

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305323051

Date : 13. Aug. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 9234R

Date of Accident: 6. Aug. 2019

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

1. The repair job shall bill to: NTUC GBG6433J

2. The finalized amount shall be:

(a) Spare Parts after List discount \$213.28

(b) Labour Charges \$900.00

Total for Part-By-Part Repair Cost \$1,113.28

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost _____

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Calvin

Date : 14/8/19

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				
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/INC19013900/K1qf3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 16-08-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBG 6433J	Veh. Inspected	SH 9234R	
Policy No.	5094364098-01	Coverage (\$)	0.00	
Claim No.	MT/1056863-002	Excess (\$)	0.00	
Assign From		Assign Date	07/08/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU603563454	Colour	BLUE	
Odometer	220015	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	DURATURN	7 mm	
L/H Front Tyre	195/65 R15	DURATURN	7 mm	
R/H Rear Tyre	195/65 R15	DURATURN	7 mm	
L/H Rear Tyre	195/65 R15	DURATURN	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/08/2019	Inspection Date	07/08/2019	
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.				
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. SH 9234R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR FENDER-RH	TO REPAIR SEE LABOUR	836.70	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
10	REAR BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	REAR WHEEL COVER-RH	GRAZED	177.70	177.70
1	REAR DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 25% DISCOUNT		-373.75	-44.42
			1,121.25	133.28
<u>SPECIAL NETT ITEMS</u>				
1	REAR DOOR "APP" STICKER-RH (SN)	NECESSARY	80.00	80.00
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			130.00	80.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER-RH,REAR BUMPER AND REAR DOOR (RH).		600.00	300.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	TUFF KOTE.	NOT NECESSARY	80.00	-
	WIRING CHARGE.	NOT NECESSARY	50.00	-
			1,560.00	900.00
GRAND TOTAL			2,811.25	1,113.28
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,113.28

Report Ref No. NS/INC19013900/K1qf3n2

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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