Girreyn: Kalvin REF:	e 2 = [K1 w2 w2
4 [ 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1	SSIGNMENT
FOL	
Estimate@Cost:	Ven No: SHA 47/95 Yr Regn: 70 lec ,2016
	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxs / Prime Mover /
OD ITPUS ITP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Insped Vehicle No:	Make: Toyota Prin, c.c 1798.
at Workshop m/s	Colour S/M AVC: Insur@d/Std/NI/NA
of	Sp.Reading 5 + 3 + 3 5 T/Radio: Insu@d / Std / NI / NA
Insured: SJR 7693 R	Eng/No:
Policy No. 518 +19360 (10/05/2019 - 12/07/2020)	C/No: J10KB3F4403539775
Claims No. MT 1059135-002	Gen, Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inocder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD G/Rim or
**	Tyre Size; F: /95/65R15
(Policy Condition)	R:/ ~~
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOIYOKO or //aventi
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 4 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 22/8/19 D.O.I. 22/8/19
Lum Sum: % 3 Val.: Yes or No	Survey held at CPGE (Loyans)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
STR 7673R X !	Inc
SHA HAIRJ : CS FCIROLHES KISTER	A
28/8/19 Contract 6/5 \$2500/ 26	7. (Red 1784.75, 429)
DESCRIPTION OF	HG 2019
RECEIVED 7 0 6	00 23.3
Date/Time, File Pass to?	
. Freii. Report	Days Of Repair: 2
1) : Final Report	Resurvey No. of Trip: 1 Survey Fee:
Date/Time, File Return to?	Transportation:
2) >8 8 - typist Add Fe	
203	Interview (\$ ) Photos
12. (a) 13. (b) 14. (c) 14. (c	160

TP Claims against NTUC Income: Follow-Through Survey

Date: 28/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No. Date of Accident	Date of Accident	"	Estimate
н	MT/1058784-002	COMFORT TRANSPORTATION PTE LTD	SHC2223A	SJR9200S	21/08/2019	\$	2,251.93
2	MT/1058925-002	CITYCAB PTE LTD	SHA233U	SKV8847A	21/08/2019	\$	2,602.64
3	MT/1059829-001	COMFORT TRANSPORTATION PTE LTD	SHD3625L	SJH5186D	22/08/2019	s	1,933.85
4	MT/1059135-002	COMFORT TRANSPORTATION PTE LTD	SHA4719J	SJR7693R	22/08/2019	\$	4,284.75
2	MT/1058712-002	COMFORT TRANSPORTATION PTE LTD	SH7169J	SHC6321Z	20/08/2019	\$	9,545.63
9	MT/1059834-001	COMFORT TRANSPORTATION PTE LTD	SHC1574T	SLE3769C	23/08/2019	S	2,011.18

Claim received from LKK Auto

eBacTech							4410.20			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Lass	Policy N	lo.				Date o	f Accident	1	2/08/2019 (	08:29	
	Vehicle	No.(For Motor)	SJR769	3R		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109419360		TAN HOE PENG	513434D8E	GPC	drivo CLASSIC	SJR7693R	SJR7693R	10/05/2019	12/07/2020
					C	ontinue					

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number EMail Address

- 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.

aruresaru.	
	ACCIDENT STATEMENT
Date Of Report	22/08/2019 13:51
Date Of Accident	22/08/2019 11:50
Exact Location Of Accident	ALONG SUNTEC TOWER 5 DRIVEWAY
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA4719J
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	

Cover Note Number		
Driver		
Name of Driver	HO SHOK CHION	
NRIC No	S6844443H	
Date Of Birth	21/11/1968	
Occupation	OUTDOOR	
Date Of Driving Pass	08/12/1988	
Driving Experience	30 YEARS AND 8 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-83861166	
Fax Number		

NOEMAIL

Address

BLK 811B CHOA CHU KANG AVE 7 #14-607

Postcode

682811

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 - OPENING DOOR OF VEHICLE

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)

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

PLS REFER TO ATTACHED / Type Of Accident : 3P PAX OPEN DOOR

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

SJR7693R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TAN HOE PENG

NRIC/Passport Number

S1343408E

Contact Number

87518244

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

RIGHT REAR DOOR

No. Of Passenger (Including Driver)

### 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.
- 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
- 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
- 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
- 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.

COMPORT TRANSPORTATION 19TE CO. REG. NO. 190303621H

Policyholder's Signature Date & Time:

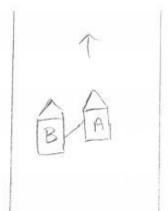
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: 7.7 ABB 7019

# Sketch Plan Pg. 2

SKETCH PLAN



A- SHA 4719J B- SJR 7693R

Along Suntec Tower 5 Driveway

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22.08.2019 @ 1150hrs I was travelling along Suntec Tower 5 Driveway	with one male
Passenger onboard.	
Passenger Passenger	
As I was travelling straight suudenly veh(B) SJR 7693R opened his door a	nd hit onto my
vehicle left portion.	
As it took place too fast I could not take evasive action to prevent the acc	ident.
have company video and photos at scene to support my claims .	
Veh(B) SJR 7693R MR Tan Hoe Peng HP:8751 8244	
TARATION	

dWe declare the foregoing particulars are true in every respect. GO. REG. NO. 199303821R

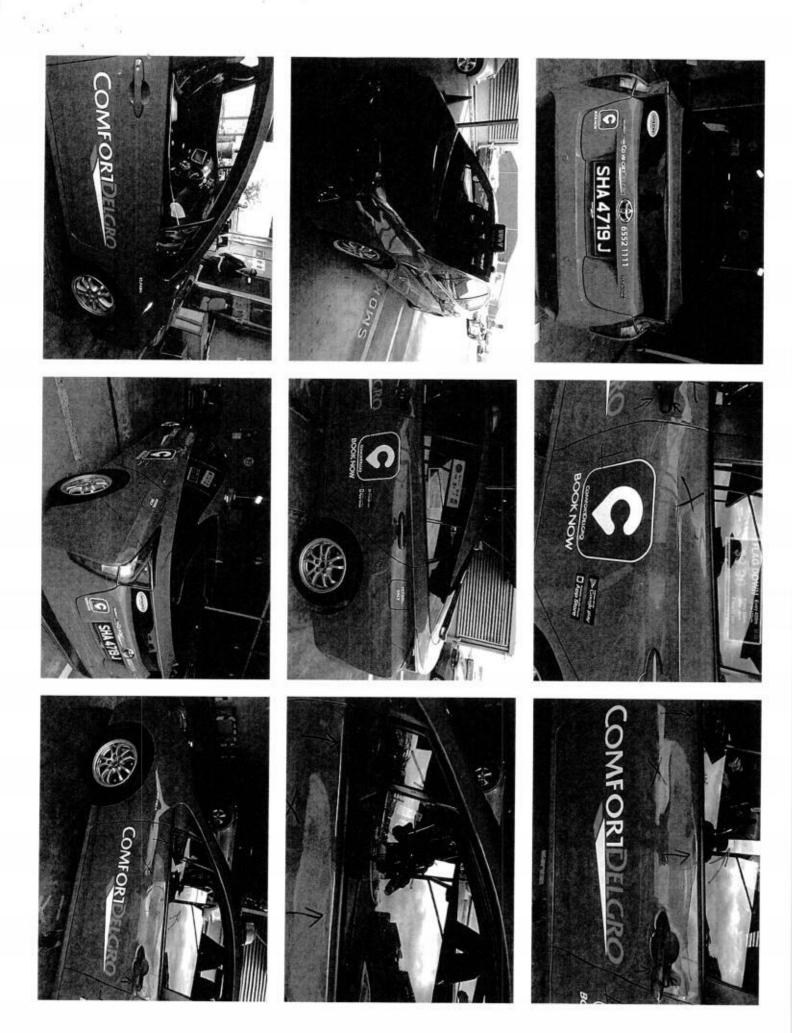
Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time: 22.08.2019@1330HRS NRIC/FIN No.:

Reporting Centre Personnel's Signature





# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

# ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainling + 65 6363 6280 Facsimile + 65 6280 9755

Workshops 59 Loyang Drive Singapore 508868 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 309288

24 Seripko Loop Singapore 758156 7 Sunger Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 758732

Date/Time: 22.08.2019 14:27 Page: 1

JOB CARD JC NO.: 305326669 ARC Repair TP(CLSO)1 Sales Order: REGN NO.: SHA4719J MILEAGE TOMER COMFORT TRANSPORTATION PTE LTD MAKE: FUEL TOYOTA 7010045 E.....1/2... TOMER NO. 383 SIN MING DRIVE PRIUS HYBRID(G4)22.08.2019 12:35 MODEL Singapore SINGAPORE 575717 65508755 YR OF MANU 30.12.2016 TARGET DATE (0) (R) (P) CHASSIS CODE JTDKB3FU403539735 COMPLETION DATE/TIME. COUNT CARD NO.

JOB DESCRIPTION

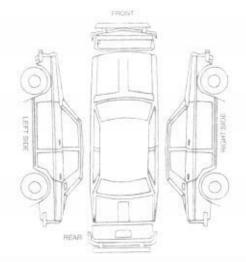
Accident Date: 22.08.2019

NATURE: 3P 22.08.2019

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:			
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
vledgement Slip	Exit Pas	5	
No.: SHA4719J CHI	ANG	No.: SHA4719	9J
of Service Advisor	Signature/Date Name of	Service Advisor	Date
turned to Service Reception upon collection	FOR MODEL CO. CONTROL OF	pt by Security Guard	

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SHA 4719J

22/8/2019 13:06

Morae Nom

UNT
1,264.00
378.90
780.00
,390.10
3,813.00
953.25
2,859.75
75.00
80.00
155.00
200
350.00
700.00
₹ 50.00
50.00
120:00
,270.00
,284.75
- 1
1

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

ENGINEERING 305326669 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 27/08/19 Date 59 Loyang Drive Singapore 508969 Fax: 6546 8156 FINALIZATION FORM LKK Fax: KALVIN Attn Vehicle Reg No. : SHA4719J 22/08/2019 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-Z The repair job shall bill to: NTUC **SJR7693R** 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 \$2,500.00 3. Estimated normal period for repairs: 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: Signature: Name CHIANG Name Tel : 62148314 Date Fax : 65468156 For Official Use Only Document Confirm By Item Attached Amount Remarks (Signature) Yes or No Rental Rate P/Day YES 2. Loss of Income Paid N Survey Fees 4. LTA Search Fee 7.49 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:	Ref: NS/INC19014820/K1vf3n2			
		D UNION HOUSESINGAPORE	Date:	03-09-2019 INC4			
1.		Policy Particulars	:- THIR	D PARTY CLAIM	DESCRIPTION OF THE PARTY.		
4	Insured Veh.	SJR 7693R		nspected	SHA 4719J		
	Policy No.	5109419360	Cover	age (\$)	0.00		
	Claim No.	MT/1059135-002	Exces	s (\$)	0.00		
	Assign From		Assig	n Date	22/08/2019		
2.		Vehicle Parti	culars &	& Condition			
	Make & Model	TOYOTA PRIUS	c.c		1798		
	Engine No.	HIDDEN	Year o	of Reg.	2016		
	Chassis No.	JTDKB3FU403539735	Colou	r	BLUE		
	Odometer	548735	Steeri	ng	IN ORDER		
	Brakes	IN ORDER	Modif	ication	STANDARD ALLOY RIM		
	General	FAIR					
3.		Condit	ions of	Tyres			
	-	Size	Make		Balance		
	R/H Front Tyre	195/65 R15	DAVAN	NTI	7 mm		
	L/H Front Tyre	195/65 R15	DAVAN	NTI	7 mm		
	R/H Rear Tyre	195/65 R15	DAVAN	NTI	7 mm		
	L/H Rear Tyre	195/65 R15	DAVAN	NTI	7 mm		
4.		Descripti	on of D	amages			
	THE VEHICLE SU	STAINED DAMAGES AT THE NA	S BODY.	数 			
5.			l Inform	nation			
	Accident Date	22/08/2019	Inspe	ction Date	22/08/2019		
	Survey held at	COMFORTDELGRO ENGINEE	RING PT	ELTD			
		59 LOYANG DRIVE SINGAPORE 508969					
5a.		R	emarks		STANCE OF THE PARTY.		
		ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V					
5b.		Estimate	Days o	f Repair			
	ESTIMATED NOR	MAL 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





# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4719J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	PANEL SUB-ASSY,FRONT DOOR,LH	BUCKLED	1,264.00	1,264.00
1	FRONT DOOR OUTER HANDLE (LH)	CRACKED	378.90	378.90
1	GLASS,SUB-ASSY,FRONT DOOR,LH	TO REPAIR SEE LABOUR	780.00	0.000 mass
1	MIRROR ASSY,OUTER REAR VIEW,LH	BROKEN	1,390.10	1,390.10
1	REAR DOOR (LH)(NPA)	TO REPAIR SEE LABOUR	-	13
	LESS 25% DISCOUNT		-953.25	-758.25
			2,859.75	2,274.75
	SPECIAL NETT ITEMS			
1	FRONT DOOR COMFORT LOGO (SN)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORT & APPS STICKER (SN)	NECESSARY	80.00	80.00
			155.00	155.00
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF GLASS,SUB-ASSY,FRONT DOOR,LH AND REAR DOOR (LH).		350.00	200.00
	SPRAY PAINTING CHARGE.		700.00	450.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR.		120.00	50.00
			1,270.00	720.00
	GRAND TOTAL		4,284.75	3,149.75
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,500.00

Report Ref No. NS/INC19014820/K1vf3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

(CONFIRMED)

The

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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