

(08/11/13)

Surveyor: Kalvin

REF: *

NS/INC 19014822 / K1st302

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: SJR 92005Policy No 5110406020 (25/07/2019 - 17/07/2020)Claims No. MT/1058784 - 002

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: SHC 2223A Yr Regn: 6 Dec, 2018Type: M.Car / M.Cycle / Bus / Van / Lorry / TD / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 92388 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTORB31F-4803077678Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 195/65 R15

R: _____

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

TOYO / YOKO or DavantiFront 8 mmR/Bal. 8 mmL/Bal. 8 mmD.O.A. 21/8/19 D.O.I. 21/8/19Survey held at C/DGE (Layang)

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

Rear n/s.

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

Date / Time	Action / Instruction
	STR 92005: X
	SHC 2223A: NS/INC 1901449/K1st3 D.O.A. 21/08/2019
27/8/19	Under P/P \$1327.03 / 2 Pys.
	C \$ 924.90 Red - 41% ?

Date/Time, File Pass to?

02/08/19

1)

Typ: 4

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

Photos

\$ 1,327.03 P/P

160

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

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"/>	5110406020		MCDONALD LOW HOONG CHIONG	S2161745H	GPC	drive CLASSIC	SJ92005	SJR92005	25/07/2019	17/07/2020

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	Estimate
1	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	\$ 1,933.85
4	MT/1059135-002	COMFORT TRANSPORTATION PTE LTD	SHA4719J	SJR7693R	22/08/2019	\$ 4,284.75
5	MT/1058712-002	COMFORT TRANSPORTATION PTE LTD	SH7169J	SHC6321Z	20/08/2019	\$ 9,545.63
6	MT/1059834-001	COMFORT TRANSPORTATION PTE LTD	SHC1574T	SLE3769C	23/08/2019	\$ 2,011.18

Claim received from LKK Auto

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	21/08/2019 16:08
Date Of Accident	21/08/2019 13:25
Exact Location Of Accident	CTE TWDS PIE BEFORE UPP SERANGOON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2223A
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	SIM BAK SENG
NRIC No	S0193798G
Date Of Birth	08/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	27/06/1970
Driving Experience	49 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96470376
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 543 HOUGANG AVENUE 8 #02-1275
Postcode	530543
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?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

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

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	SJR9200S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MCDONALD LOW HOONG CHIONG
NRIC/Passport Number	S2161745H

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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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. 199303021R

Policyholder's Signature
Date & Time:

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

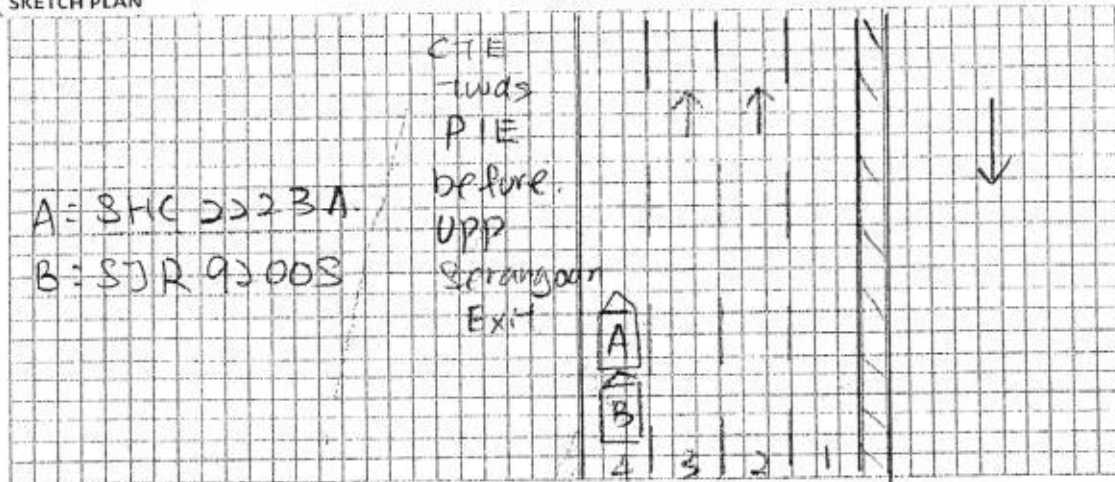
Reporting Centre Personnel's Signature
Name: Loke Wei Yung
NRIC/FIN No.:

GIA/RIAC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/8/19 at about 13:25 hrs, I was driving at above said location with 3 pax onboard. Shortly vehicle in front brake to stop and I follow suit. A split second later, I felt an impact from behind followed by a jerk. I went down to have a check and found veh B front portion collided onto the rear portion of my taxi. Subsequently my passengers boarded other cars left from scene no injury at the point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19930382112

Policyholder's Signature
Date & Time:

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

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

C:\JSPAC\SketchPlanForm_V3

Date/Time: 22.08.2019 08:19

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305326537

OWNER

COMFORT TRANSPORTATION PTE LTD

AS 7010045

OWNER NO. 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65508755

(R) (Q)

(P)

OUNT CARD NO.

REGN NO: SHC2223A

MILEAGE

MAKE: TOYOTA

FUEL

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

MODEL PRIUS HYBRID(G4)21.08.2019 14:35

YR OF MANU 06.12.2018

TARGET DATE

CHASSIS CODE JTDKB3FU803077678

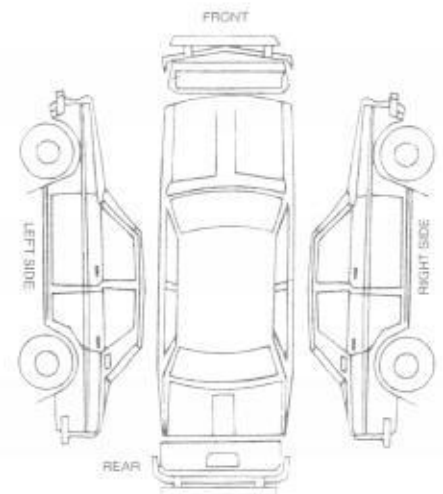
COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 21.08.2019

NATURE: 3P 21.08.19

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Settlement Slip

Exit Pass

No.: SHC2223A

LIMITS

Vehicle No.: SHC2223A

Signature/Date

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Service Advisor

COMFORTDELGRO ENGINEERING PTE LTD

Date: 22.08.2019

REPAIR ESTIMATE

Time: 08:49:56

Page: 1

NTUC-CP(P)
LKK-Kalvin

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305326537
 REGN NO : SHC2223A
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 06.12.2018
 DATE/TIME IN : 21.08.2019 14:35
 ACCIDENT DATE : 21.08.2019

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	-	Refund
0002	04-01-0302-2287-G	REAR BUMPER CENTER-GUARD	1	552.60	25.00	414.45	-	Refund
0003	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50	-	Refund
0004	04-01-0302-2270-G	TAILGATE (HYBRID S)	1	52.40	25.00	39.30	X	"
0005	04-01-0302-2271-G	TAILGATE (PRIUS)	1	60.80	25.00	45.60	X	"
0006	28-01-0302-2015-A	TAILGATE COMFORTDELGRO	1	30.00	10.00	27.00	X	"
0007	28-01-0302-0006-A	TAILGATE 65521111	1	30.00	10.00	27.00	X	"
0008	28-01-9999-2025-A	TAILGATE APPS STICKER	1	40.00	10.00	36.00	X	"
0009	09-01-0302-2005-A	REVERSE SENSOR	1	135.70	10.00	122.13	-	Refund

SUB-TOTAL : 1,071.93

JOB NATURE

0000 PB PANEL BEATING
 0001 SP SPRAYPAINT CHARGE

~~560.00~~ 200
~~500.00~~ 200

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 22.08.2019

Time: 08:49:56

Page: 2

NTUC-CIP

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305326537
REGN NO : SHC2223A
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 06.12.2018
DATE/TIME IN : 21.08.2019 14:3
ACCIDENT DATE : 21.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 L R/I REVERSE SENSOR

120.00

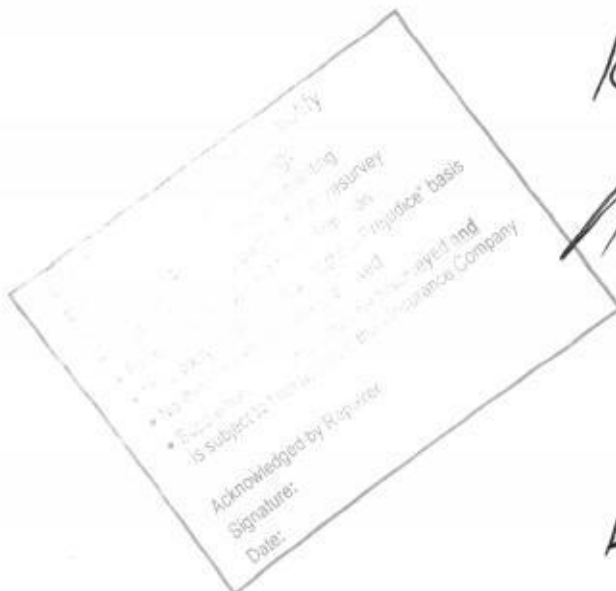
30

SUB-TOTAL : 1,180.00

TOTAL : 2,251.93

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



K. L. L. L.

22/8/19 1100 hrs

2 by 2

P/P

Before Paint & Lido

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305326537
REGN NO : SHC2223A
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 06.12.2018
DATE/TIME IN : 21.08.2019 14:35
ACCIDENT DATE : 21.08.2019

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 CENTER-GUARD	1	552.60	25.00	414.45
0003 04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50
0004 09-01-0302-2005-A	REVERSE SENSOR	1	135.70	10.00	122.13


SUB-TOTAL : 897.03

JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 L	R/I REVERSE SENSOR	30.00

SUB-TOTAL : 430.00

TOTAL : 1,327.03


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

Our Job Ref No : 305326537

Date : 26/08/19

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

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC2223A

Date of Accident : 21-Aug-19

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

1. The repair job shall bill to: NTUC --- SJR9200S

2. The finalized amount shall be:

(a) Spare Parts after List discount \$897.03

(b) Labour Charges \$430.00

Total for Part-By-Part Repair Cost \$1,327.03

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 27/8/19

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/INC19014822/K1sf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-09-2019
189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 9200S	Veh. Inspected	SHC 2223A
Policy No.	5110406020	Coverage (\$)	0.00
Claim No.	MT/1058784-002	Excess (\$)	0.00
Assign From		Assign Date	22/08/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	JTDKB3FU803077678	Colour	BLUE
Odometer	92388	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	8 mm
L/H Front Tyre	195/65 R15	DAVANTI	8 mm
R/H Rear Tyre	195/65 R15	DAVANTI	8 mm
L/H Rear Tyre	195/65 R15	DAVANTI	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	21/08/2019	Inspection Date	22/08/2019
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. SHC 2223A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER CENTER-GUARD	CUT	552.60	552.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	TAILGATE (HYBRID S)	NOT NECESSARY	52.40	-
1	TAILGATE (PRIUS)	NOT NECESSARY	60.80	-
	LESS 25% DISCOUNT		-286.60	-258.30
			859.80	774.90
NETT ITEMS				
1	TAILGATE COMFORTDELGRO (N)	NOT NECESSARY	30.00	-
1	TAILGATE 65521111 (N)	NOT NECESSARY	30.00	-
1	TAILGATE APPS STICKER (N)	NOT NECESSARY	40.00	-
1	REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-23.57	-13.57
			212.13	122.13
LABOUR				
	PANEL BEATING.		560.00	200.00
	SPRAYPAINT CHARGE.		500.00	200.00
	R/I REVERSE SENSOR.		120.00	30.00
			1,180.00	430.00
GRAND TOTAL			2,251.93	1,327.03
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,327.03

Report Ref No. NS/INC19014822/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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