

108/11/13

Surveyor: Kalvin

REF:

NS/INC19017480/K26F302

## 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: PC1517PPolicy No. 5107762199 (26/02/2019-26/02/2020)Claims No. MT/1065352-002

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 Rpt: \_\_\_\_\_ 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: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA4441J Yr Regn: 14 Sep, 2016

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

Truck / Trailer or

Make: Toyota Prius C.C. 1700Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 573466 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDK B3F45035 29425

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: NII / S/Rim / STD/Rim or

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or Davanti

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 2/10/19 D.O.I. 3/10/19Survey held at C/DHE (Loyang)

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

n/s front

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

Date / Time Action / Instruction

PC1517P : X ZNRSHA 4441J : CC4/ASM180103cc/K26F302 DCA: 03/06/2018 Li7/10/19 Calculated 1/5 \$2600/ 3 Rep. (Red: 3724.50, 50%)

RECEIVED 09 OCT 2019

Date/Time, File Pass to?

☐ : Prel. Report1) 9/10 Typist☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 3Resurvey No. of Trip: ✓Survey Fee: 160

Transportation: \_\_\_\_\_

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

Photos \_\_\_\_\_

160

## Denise Tay (LKKAuto)

**From:** MTCL@income.com.sg  
**Sent:** Monday, 7 October 2019 5:08 PM  
**To:** Denise Tay (LKKAuto)  
**Subject:** FW: REQUEST CLAIM NUMBER

Hi

All claim created.

With Regards

**Azlin Rani**  
Senior Administrator, Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



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Find out more at [income.com.sg/careers](http://income.com.sg/careers)

in with you

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**From:** Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]  
**Sent:** Monday, 7 October 2019 10:21 AM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 07/10/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1065297-002	Comfort Delgro	SH 9609T	SJS 8367X	2/10/2019	09:35	2,044.26	881
2	MT/1065352-002	Comfort Delgro	SHA 4441J	PC 1517P	02/10/2019	13:50	6374.50	2650
3	MT/1065308-002	Comfort Delgro	SHA 1533Y	PA 7701U	2/10/2019	18:45	4,111.52	2000
4	MT/1064826-002	SMART BUSES	SMB 1386R	SLX 5360J	27/09/2019	08:05	2215.7	450

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/10/2019 08:40"/>
Vehicle No.(For Motor)	<input type="text" value="PC1517P"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107762199		SMART-TECH TRANSPORTATION PTE LTD	201112565C	GBS	Comprehensive	PC1517P	PC1517P	26/02/2019	25/02/2020

Team: ARC Repair TP(CLS0)1

**JOB CARD**

Sales Order:

JC NO.: 305338290

OMER

S

OMER NO.

ESS

(R)

(P)

UNT CARD NO.

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

(O)

REGN NO.: SHA4441J

MILEAGE

MAKE: TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)02.10.2019 15:10

YR OF MANU

14.09.2016

TARGET DATE

CHASSIS CODE

JTDKB3FU503529425

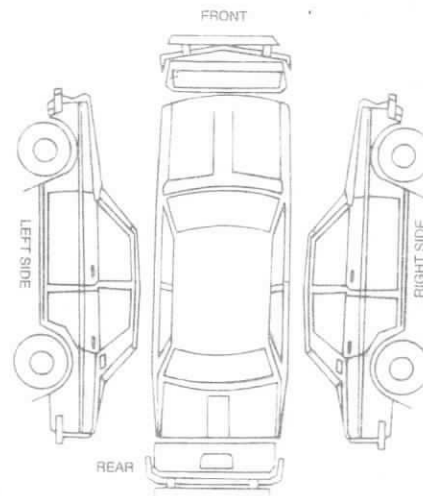
COMPLETION DATE/TIME:

Accident Date: 02.10.2019

NATURE: 3P 02.10.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

lgement Slip

Exit Pass

SHA4441J

CHIANG

Vehicle No.:

SHA4441J

ervice Advisor

Signature/Date

Name of Service Advisor

Date

ned to Service Reception upon collection

To be kept by Security Guard

## 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	02/10/2019 17:11
Date Of Accident	02/10/2019 13:50
Exact Location Of Accident	SERANGOON RD TWDS UPP SERANGOON
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4441J
<b>Insured/Policyholder</b>	
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	LOW KWONG YEW
NRIC No	S1298279H
Date Of Birth	08/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	04/02/1977
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90084612
Fax Number	
Contact Number	
EMail Address	SUNYEW88@GMAIL.COM

Address	BLK 232 TAMPINES STREET 21 #05-639
Postcode	521232
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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

#### 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	PC1517P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ROSLAN BIN ATAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT REAR

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 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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

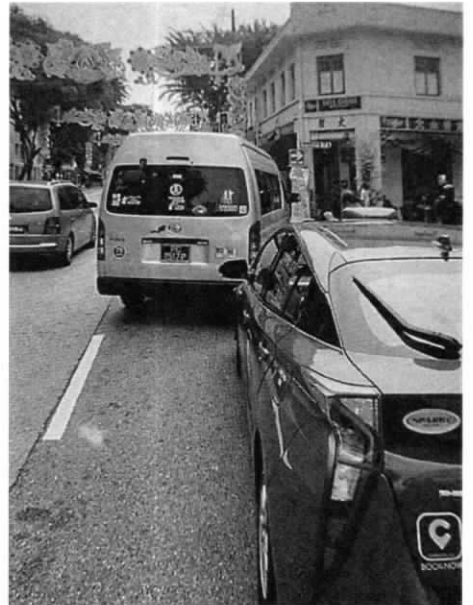
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/RIAC SketchPlanForm\_V3









REPAIR ESTIMATE

3/10/2019 9:49

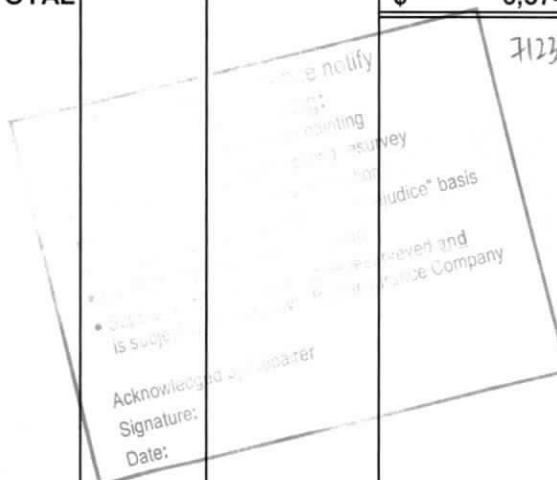
VEHICLE NO : SHA 4441J

MAKE :

MODEL : TOYOTA PRIUS

*Chiang* *None*

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
LAMP ASSY, FOG, LH <i>X</i> <i>see</i>			\$ 920.00
FRONT BUMPER COVER <i>/</i> <i>cm</i>			\$ 499.90
FRONT BUMPER CLIPS <i>/</i> <i>see</i>			\$ 22.00
FRONT BUMPER SIDE RETAINER <i>/</i> <i>cm</i>		\$ 77.00	\$ 154.00
UNIT ASSY, HEADLAMP, LH (LED) <i>/</i> <i>bracket</i>			\$ 3,455.00
FRONT WHEEL RIM (LH) <i>X</i> <i>see</i>			\$ 1,555.10
<i>Fender Front (LH) /</i> <i>bracket</i>		<i>\$945.30</i>	
<i>Emblem Fender (LH) /</i> <i>see</i>		<i>\$53.50</i>	
SUB TOTAL			\$ 6,606.00
LESS 25%			\$ 1,651.50
DISCOUNTED TOTAL			\$ 4,954.50
LABOUR CHARGE			<i>320</i>
Panel Beating			\$ <del>700.00</del>
Spray Painting Charge			\$ <del>400</del> <del>500.00</del>
Wiring Charge			\$ <del>30</del> <del>50.00</del>
Tuff Kote			\$ <del>20</del> <del>50.00</del>
FRT Wheel Alignment			\$ <del>20 X</del> <del>120.00</del>
TOTAL LABOUR			\$ 1,420.00
ESTIMATE TOTAL			\$ 6,374.50

*Kalvin 1000**3/10/19 1100-Lm**3 Days.**4/5**After Repair photo*

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.

[illegible]

Our Job Ref No : 305338290

Date : 04/10/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KENNETH KALVIN

: SHA4441J

02/10/19

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

Z The repair job shall bill to: NTUC PC1517P

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**

\$3 650.00

~~\$3,700.00~~

3. Estimated normal period for repairs: 3 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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : KALVIN

Date : 7/10/19

## 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		N		
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/INC19017480/K1tf3e2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 10-10-2019	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	PC 1517P	Veh. Inspected	SHA 4441J
Policy No.	5107762199	Coverage (\$)	0.00
Claim No.	MT/1065352-002	Excess (\$)	0.00
Assign From		Assign Date	03/10/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU503529425	Colour	BLUE
Odometer	573466	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	02/10/2019	Inspection Date	03/10/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 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. SHA 4441J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	LAMP ASSY,FOG,LH	SERVICEABLE	920.00	-
1	FRONT BUMPER COVER	CRACKED	499.90	499.90
10	FRONT BUMPER CLIPS	NECESSARY	22.00	22.00
2	FRONT BUMPER SIDE RETAINER @\$77.00	CRACKED (1 PC ONLY)	154.00	77.00
1	UNIT ASSY,HEADLAMP,LH (LED)	GRAZED	3,455.00	3,455.00
1	FRONT WHEEL RIM (LH)	SERVICEABLE	1,555.10	-
1	FRONT FENDER (LH)	BUCKLED	945.30	945.30
1	EMBLEM FENDER (LH)	NECESSARY	53.50	53.50
	LESS 25% DISCOUNT		-1,901.20	-1,263.18
			5,703.60	3,789.52
<b>LABOUR</b>				
	PANEL BEATING.		700.00	320.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,420.00	770.00
<b>GRAND TOTAL</b>			<b>7,123.60</b>	<b>4,559.52</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>2,650.00</b>

Report Ref No. NS/INC19017480/K1tf3e2

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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