

Surveyor: Kelvin

REF: NS/INC 19017560 / K19f3n2

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Insp ed Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: PC1120A

Policy No. \_\_\_\_\_

Claims No. MT/1065379-02

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: 2 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: SH 7102B Yr Regn: 23 Aug, 2017

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 3285381 T/Radio: Insured / Std / NI / NA

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

C/No: JTDKB3FM003563420

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / 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 7 Rear 7

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

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

D.O.A. 3/10/19 D.O.I. 4/10/19

Survey held at C/DGE (Loyang)

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

1/5 Front

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

Date / Time	Action / Instruction
	NO policy
	SH 7102B - CC4 / III 19016231 / E963 2019 - 08/09/2019
	PC1120A - CC4 / EQI 17009125 / P63XX 2017 - 07/10/2017
10/10/17	Est 4583000 / 2 Pys: (Red \$ 2860.76, 49%)

RECEIVED 1 : OCT 2019

Date/Time, File Pass to?  : Prel. Report

1) 11/10/17  : Final Report

Date/Time, File Return to?

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

Days Of Repair: 2

Resurvey No. of Trip: 1

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

: Interview (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS, SI

Photos

160

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 10/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1065708-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 3754C	SMG 6777L	6/10/2019	17:35	\$ 2,281.92
2	MT/1065379-002	COMFORTDELGRO ENGINEERING PTE LTD	SH 7102B	PC 1120A	03/10/2019	20:30	\$ 5,860.26
3	MT/1065680-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 1109D	GY 6241S	3/10/2019	9:45	\$ 4,389.62
4	MT/1065208-002	COMFORTDELGRO ENGINEERING PTE LTD	SH 7639U	SKA 2845E	2/10/2019	20:00	\$ 13,443.33
5	MT/1065969-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 7670J	SLF 1734K	5/10/2019	19:50	\$ 7,235.00
6	MT/1066450 -001	COMFORTDELGRO ENGINEERING PTE LTD	SH 8891A	SJC 5888M	5/10/2019	14:15	\$ 1,242.40

## 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 willful 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	04/10/2019 11:20
Date Of Accident	03/10/2019 20:30
Exact Location Of Accident	ALONG NORTH BRIDGE ROAD OUTSIDE FUNAN MALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7102B
<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	NG CHONG TECK VINCENT
NRIC No	S1565595Z
Date Of Birth	09/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	27/01/1987
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96332483
Fax Number	
Contact Number	
EMail Address	VINCENT_91062@YAHOO.COM.SG

Address	BK 637 WOODLANDS RING ROAD #08-75
Postcode	730637
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)	1

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC1120A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
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**


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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.

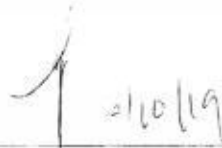
**8. Consent under the Personal Data Protection Act (PDPA)**

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.

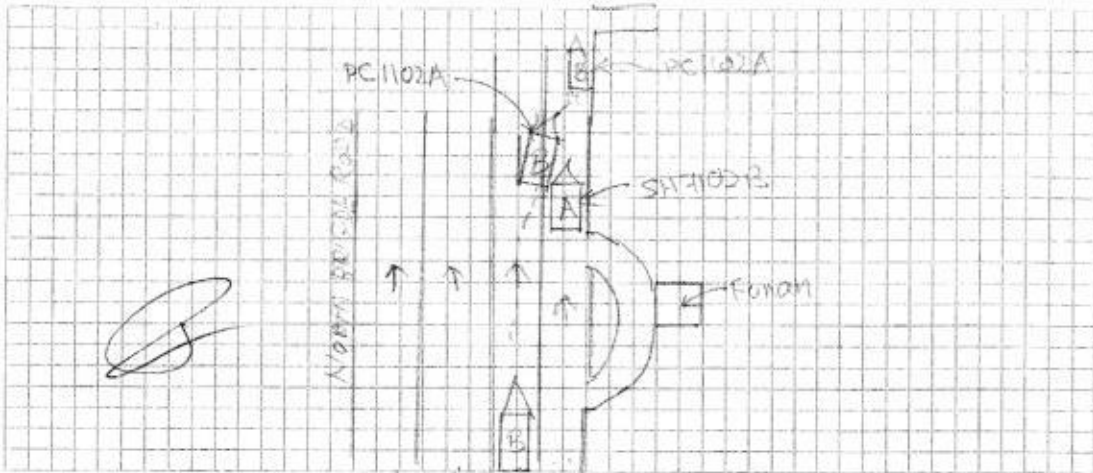
COMEGRY TRANSPORTATION PTE LTD  
 No. 1101, 110, 109, 108, 107, 106, 105, 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94, 93, 92, 91, 90, 89, 88, 87, 86, 85, 84, 83, 82, 81, 80, 79, 78, 77, 76, 75, 74, 73, 72, 71, 70, 69, 68, 67, 66, 65, 64, 63, 62, 61, 60, 59, 58, 57, 56, 55, 54, 53, 52, 51, 50, 49, 48, 47, 46, 45, 44, 43, 42, 41, 40, 39, 38, 37, 36, 35, 34, 33, 32, 31, 30, 29, 28, 27, 26, 25, 24, 23, 22, 21, 20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 0

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

  
 Reporting Centre Personnel's Signature  
 Name: **Loke Wei Yeng**  
 NRIC/IN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/10/19 about 8:30am I was driving along North Bridge Road on the first right lane. Suddenly a vehicle PC1102A ~~from my left~~ slide into my over taking my vehicle from the left side and hit my vehicle SH7102B.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 189703821P

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.:

↑  
4/10/19  
Loke Ww Yeng



A member of COMFORTDELGRO

Date/Time: 04.10.2019 13:12 Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

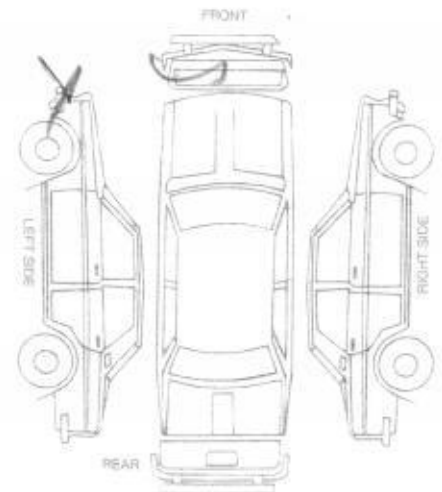
JC NO.: 305338724

CUSTOMER R/MS CUSTOMER NO. ADDRESS L. (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	
	REGN NO.:	SH 7102B .
	MAKE :	TOYOTA
	MODEL	PRIUS HYBRID(G4)
	YR OF MANU.	23.08.2017
	CHASSIS CODE	JTDKB3FU003563420
SCOUNT CARD NO.		MILEAGE FUEL E.....1/2.....F DATE/TIME IN 04.10.2019 09:35 TARGET DATE COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 03.10.2019  
 NATURE: 3P 03.10.2019

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 7102B      CHIANG

Vehicle No.: SH 7102B

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



REPAIR ESTIMATE

VEHICLE NO : SH 7102B

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
LAMP ASSY, FOG, LH <i>X ne</i>			\$ 920.00
FRONT BUMPER COVER <i>- ca</i>			\$ 499.90
FRONT BUMPER SIDE RETAINER, LH <i>Xm</i>			\$ 77.00
COVER, FRONT BUMPER HOLE, LH <i>- wiring</i>			\$ 28.38
UNIT ASSY, HEADLAMP, LH (LED) <i>- head</i>			\$ 3,455.00
FENDER SUB-ASSY, FRONT LH <i>X rpr</i>			\$ 945.30
FRONT FENDER SHIELD, LH <i>X sm</i>			\$ 196.60
FRONT FENDER SHIELD CLIP <i>X "</i>			\$ 38.00
FRONT FENDER HYBRID EMBLEM, LH <i>- ne</i>			\$ 53.50
SUB TOTAL			\$ 6,213.68
LESS 25%			\$ 1,553.42
DISCOUNTED TOTAL			\$ 4,660.26
LABOUR CHARGE			<i>320</i>
Panel Beating			\$ <del>600.00</del>
Spray Painting Charge			\$ <i>400</i> <del>500.00</del>
Wiring Charge			\$ <i>20</i> <del>50.00</del>
Tuff Kote			\$ <i>"</i> <del>X 50.00</del>
TOTAL LABOUR			\$ 1,200.00
ESTIMATE TOTAL			\$ 5,860.26

*Kalin (CICK)*  
*[Signature]*  
*4/10/19 1520L*  
*2 Pr-*  
*L/S*  
*After Repair photo*

I hereby certify  
 that the above  
 estimate is based on a visual survey  
 of the vehicle and is issued on a  
 "best estimate" basis.  
 I am a duly qualified and  
 licensed Motor Surveyor of the  
 Motor Vehicle Surveyors Company.

Acknowledged by the insured:  
 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.

Our Job Ref No : 305338724

Date : 09/10/19

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

**FINALIZATION FORM**

To : LKK

Fax :

Attn : KALVIN

: SH7102B

03/10/19

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

1. The repair job shall bill to: NTUC PC1120A

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** \$3,000.00

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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : Kalvin

Date : 10/10/19

**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/INC19017560/K1qf3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	
Date: 14-10-2019	
Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>	
Insured Veh. PC 1120A	Veh. Inspected SH 7102B
Policy No.	Coverage (\$) 0.00
Claim No. MT/1065379-002	Excess (\$) 0.00
Assign From	Assign Date 04/10/2019
<b>2. Vehicle Particulars &amp; Condition</b>	
Make & Model TOYOTA PRIUS	c.c 1798
Engine No. HIDDEN	Year of Reg. 2017
Chassis No. JTDKB3FU003563420	Colour BLUE
Odometer 328381	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 03/10/2019	Inspection Date 04/10/2019
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:	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 7102B

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
1	FRONT BUMPER SIDE RETAINER, LH	SERVICEABLE	77.00	-
1	COVER, FRONT BUMPER HOLE, LH	MISSING	28.38	28.38
1	UNIT ASSY, HEADLAMP, LH (LED)	GRAZED	3,455.00	3,455.00
1	FENDER SUB-ASSY, FRONT LH	TO REPAIR SEE LABOUR	945.30	-
1	FRONT FENDER SHIELD, LH	SERVICEABLE	196.60	-
1	FRONT FENDER SHIELD CLIP	NOT NECESSARY	38.00	-
1	FRONT FENDER HYBRID EMBLEM, LH	NECESSARY	53.50	53.50
	LESS 25% DISCOUNT		-1,553.42	-1,009.20
			4,660.26	3,027.58
<b>LABOUR</b>				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF FENDER SUB-ASSY, FRONT LH.		600.00	320.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,200.00	740.00
<b>GRAND TOTAL</b>			<b>5,860.26</b>	<b>3,767.58</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>3,000.00</b>

Report Ref No. NS/INC19017560/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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