

(08/11/13)

Gurre: KalvinREF: NS/INCI 9017699/Kyd302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SMJ7512LPolicy No. 5108044663 (19/3/19-18/3/2020)Claims No. MT/1065904-002

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: SHC 26772 Yr Regn: 9 Jan, 2019

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 9/1/41 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3F4903077995Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or GarantiFront 9 mm Rear 9 mmR/Bal. 9 mm L/Bal. 9 mmL/Bal. 9 mmD.O.A. 6/10/19 D.O.I. 7/10/19Survey held at C/DHE (Loyang)

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

Rear o/s

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

Date / Time	Action / Instruction
	<u>SHC 26772-CC3/A1418009200/K1ub392</u> DOA: <u>17/5/2018</u> Inc
	<u>SMJ 7512L-X</u> P/P
<u>10/10/19</u>	<u>Labors P/P \$1012.98 / 2 days. (Red \$739.65, 42%)</u>

RECEIVED 16 OCT 2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

16/10/19 TypistP/P = \$1012-98Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)Survey Fee: 160

Transportation: _____

S + RS, SI

Photos

160

[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/10/2019 13:53"/>
Vehicle No.(For Motor)	<input type="text" value="SMJ7512L"/>	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 checked="" type="radio"/>	5108044663		PEH KWEE MUI	S1395541G	GPC	drivo CLASSIC	SMJ7512L	SMJ7512L	19/03/2019	18/03/2020

TP Claims against NTUC Income: Follow-Through Survey

Date 16/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1063621-002	SMRT AUTOMOTIVE SERVICES PTE LTD	SHD6334G	SJX4301K
2	MT/1065904-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC2677Z	SMJ7512L
3	MT/1066242-002	COMFORTDELGRO ENGINEERING PTE LTD	SH8467S	SJS1635T
4	MT/1066009-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 2222M	PC 2758D

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	07/10/2019 13:48
Date Of Accident	06/10/2019 16:45
Exact Location Of Accident	SLIP RD FROM ANG MO KIO AVE 5 TO YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2677Z
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 HYBRID 4G

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	

Driver

Name of Driver	LING CHEE HONG
NRIC No	S1361959Z
Date Of Birth	13/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	26/10/1977
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97733716
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 321 YISHUN CENTRAL #03-309
Postcode	760321
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?	YES
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)	3
Passenger 1	NAME: ; - GENDER: ; MALE
Passenger 2	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

REFER 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	SMJ7512L
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEH KWEE MUI
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LING CHEE HONG

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SHC2677Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

IMPORTANT NOTICE

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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.
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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.

COMBIO TRANSPORTATION PTE LTD
CO. REG. NO: 199403821R

Policyholder's Signature
Date & Time:

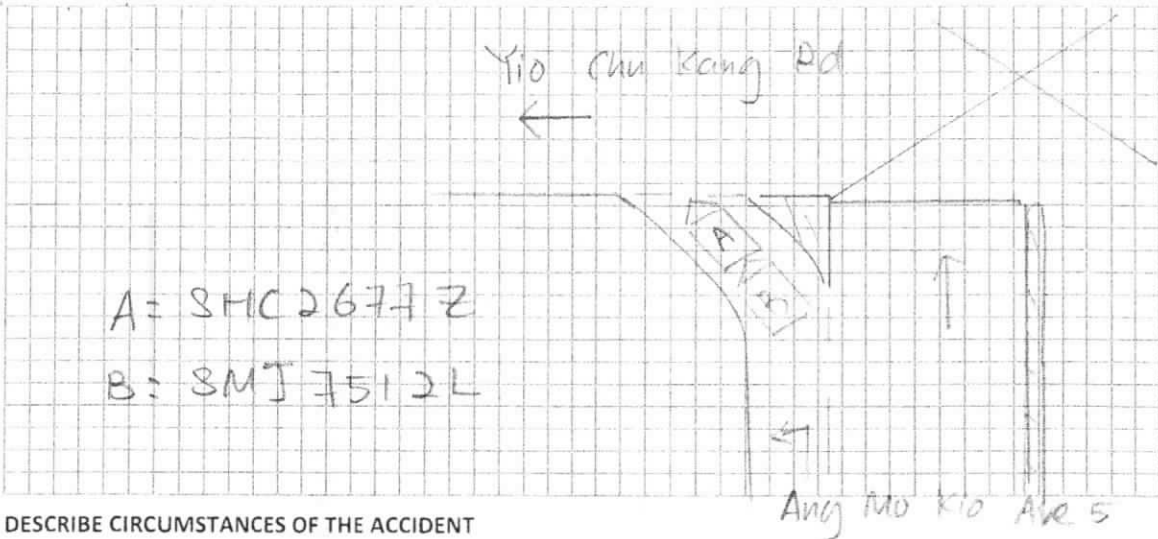
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

6199403821R_SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/10/19 at about 16:45 hrs, my taxi

Veh A comes to stop at give way line to

check traffic. Suddenly Veh B came from

behind collided onto the rear portion of my

taxi. Scene photo taken. I have neck pain

after the accident, will consult doctor if it still

persist. A couple passengers onboard my taxi.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature
Date & Time:

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

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

STAMP: SketchPlanForm_03

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305339508

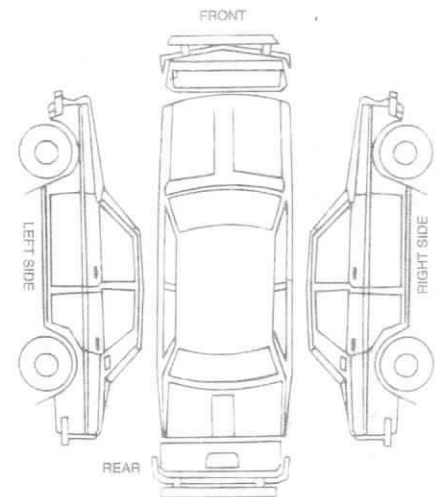
OMER	REGN NO.: SHC2677Z	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL
OMER NO. 7010045	MODEL PRIUS HYBRID(G4)	E.....1/2.....F
ESS 383 SIN MING DRIVE	DATE/TIME IN 07.10.2019 11:30	
65508755	YR OF MANU 09.01.2019	TARGET DATE
(R) (O)	CHASSIS CODE JTDKB3FU903077995	COMPLETION DATE/TIME:
(P)		
UNT CARD NO.		

JOB DESCRIPTION

Accident Date: 06.10.2019

NATURE: 3P 06.10.19

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHC2677Z

JU NTUC LKK

Vehicle No.:

SHC2677Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO: SHC 2677Z

7/10/2019 15:18

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER <i>x repair</i>			\$ 458.60	
REAR BUMPER UNDER COVER <i>- ct</i>			\$ 552.60	
REAR BUMPER TOWING COVER <i>- un</i>			\$ 82.70	
REAR BUMPER CLIPS <i>-</i>			\$ 22.00	
SUB TOTAL			\$ 1,115.90	
LESS 25%			\$ 278.98	
DISCOUNTED TOTAL			\$ 836.93	
REAR BUMPER REVERSE SENSOR <i>X</i>			\$ 135.70	NETT
REAR BUMPER RUBBER MAT <i>X</i>			\$ 50.00	NETT
			\$ 185.70	
LABOUR CHARGE				
Panel Beating			\$ 350.00 <i>320</i>	
Spray Painting Charge			\$ 250.00 <i>200</i>	
Wiring Charge			\$ 50.00 <i>X</i>	
Remove/Refix Reverse Sensor			\$ 80.00 <i>X</i>	
TOTAL LABOUR			\$ 730.00	
ESTIMATE TOTAL			\$ 1,752.63	

*Kaluz 10/10/19**7/10/19 15:55**2 Days**PIP**After Repair photo*

• To be used for insurance claim only
 • Part of the vehicle must be surveyed
 • No additional charges will be incurred
 • Supplemental damages must be surveyed and
 is subject to final approval from insurance Company
 Acknowledged by Repairer
 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.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305339508

Date : 09/10/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC2677Z

305333809 06/10/19

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

1. The repair job shall bill to: NTUC --- SMJ7512L
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$492.98
 - (b) Labour Charges ### \$520.00
 - Total for Part-By-Part Repair Cost \$1,012.98**
###
 - (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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Calvin

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 09.10.2019

REPAIR ESTIMATE

Time: 16:15:09

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 : 305339508
REGN NO : SHC2677Z
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 09.01.2019
DATE/TIME IN : 07.10.2019 11:30
ACCIDENT DATE : 06.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0002 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0003 04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	82.70	25.00	62.02

SUB-TOTAL : 492.97

JOB NATURE

0000 PB	PANEL BEATING	320.00
0001 SP	SPRAYPAINT CHARGE	200.00

SUB-TOTAL : 520.00

TOTAL : 1,012.97

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :


**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/INC19017699/K1yd3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 22-10-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SMJ 7512L	Veh. Inspected	SHC 2677Z	
Policy No.	5108044663	Coverage (\$)	0.00	
Claim No.	MT/1065904-002	Excess (\$)	0.00	
Assign From		Assign Date	07/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	JTDKB3FU903077995	Colour	BLUE	
Odometer	91141	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	DAVANTI	9 mm	
L/H Front Tyre	195/65 R15	DAVANTI	9 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	9 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/10/2019	Inspection Date	07/10/2019	
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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2677Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER TOWING COVER	CRACKED	82.70	82.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 25% DISCONT		-278.97	-164.32
			836.93	492.98
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			185.70	-
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	320.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			730.00	520.00
	GRAND TOTAL		1,752.63	1,012.98
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,012.98

Report Ref No. NS/INC19017699/K1yd3e2

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.