

bel.

INC NS/ INC 1962271 / Gf302

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: Comfort layout
 of: _____
 Insured: PC1802 R
 Policy No: 5072620337-04 (28-03-2019-27/03/2020)
 Claims No: MT/107382-8-002
 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: 2 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 4500Y 11 Regn: 20 Sep 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover
 Truck / Trailer or Toyota
 Make: Hyundai Prion cc 1798
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 529033 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FU 203530922
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: 11 / S/Rim / STD A/Rim or
 Tyre Size: F: 195 / 65 R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or DAVANTI
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 02-12-19
 Survey held at w/s 10:50
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S 8+
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 4500Y - (C3/TM2 190148/8/ KH302 Rpt - 21/03/2019
	PC 1802 R - (C6/T 19017277/ Gf302 Rpt - 29/09/2018
	<u>lump sum \$6507- (Red. 1979.60; 75%)</u>

Date/Time: File Pass to? ☐ : Preli. Report

11/12 Typist ☒ : Final Report

Date/Time: File Return to?

31

Report F. Name

0 6507-

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp: \$

☐ Interview: \$

☐ Tech Insp: \$

☐ Valuation: \$

Survey Fee

Transportation

Fuel

Phone

Other

Total

160

160

eBaoTech

Hello, NAC_PAYA_UBI_800601

My Desktop
Notice of Loss

GeneralClaim

Change Language Change Password Log Out

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/11/2019 11:01"/>
Vehicle No.(For Motor)	<input type="text" value="PC1802R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072620837-04		SHINE TOURIST TRANSPORT SERVICE	53241499C	GBS	Third Party, Fire & Theft	PC1802R	PC1802R	28/08/2019	27/08/2020

TP Claims against NTUC Income: Follow-Through Survey

Date: 10/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1074211-002	COMFORT TRANSPORTATION PTE LTD	SHA 3942L	SGL 6985Y
2	MT/1074160-002	CITYCAB PTE LTD	SHC 572E	SMK 1929C
3	MT/1073828-002	COMFORT TRANSPORTATION PTE LTD	SHA 4500Y	PC 1802R

A member of COMFORTDELGRO

Date/Time: 30.11.2019 13:12 Page : 1

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305358231
TOMER MS TOMER NO. 7010045 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O) (R) (P)		REGN NO.: SHA4500Y	MILEAGE
		MAKE: TOYOTA	FUEL E.....1/2.....F
		MODEL PRIUS HYBRID(G4)	DATE/TIME IN 30.11.2019 10:40
		YR OF MANU 20.09.2016	TARGET DATE
		CHASSIS CODE JTDKB3FU203530922	COMPLETION DATE/TIME:

JOB DESCRIPTION		
Accident Date: 29.11.2019 NATURE: 3P 29.11.2019		
S/NO	LABOR CODE	DESCRIPTION
	NTUC - Left Front	
	LKR/RAM-	



CKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
No.: SHA4500Y	LARRY	Vehicle No.: SHA4500Y	
Signature/Date		Date	
Name of Service Advisor		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305358231
Date : 30. Nov. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : GUO QIANG

Vehicle Reg No. : SHA4500Y

Date of Accident: 29. Nov. 2019

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

1. The repair job shall bill to: NTUC PC1802R

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

\$650.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Guo Qiang

Name : Guo Qiang

Date : 10/12/19

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				
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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	30/11/2019 11:43
Date Of Accident	29/11/2019 22:15
Exact Location Of Accident	AIRPORT BLVD TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4500Y
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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	YAM SOK CHING
NRIC No	S1119722A
Date Of Birth	24/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82005247
Fax Number	
Contact Number	
EMail Address	DOLLYYAM@GMAIL.COM

Address	BLK 31 MARINE CRESCENT #07-141
Postcode	440031
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

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	PC1802R
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

RH REAR

No. Of Passenger (Including Driver)

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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:

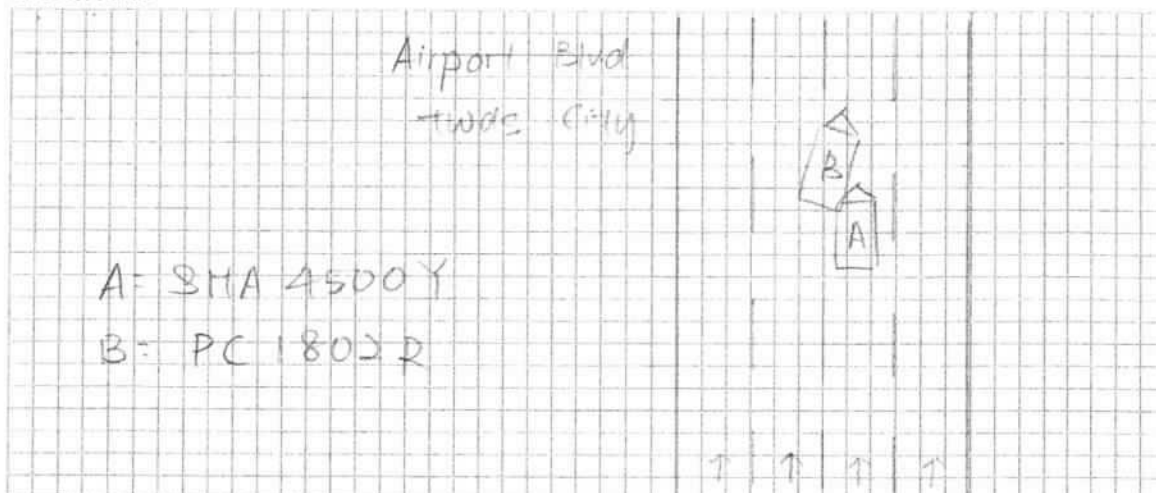
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/11/19 at about 22:15 hrs, I VEH A
 was driving at above said location with a male
 passenger onboard. Traffic very heavy and slow
 moving. VEH B cut into my lane from left hand
 side and it's right rear portion hit & grazed
 onto the front left portion of my taxi.
 Scene photo taken to support my claims.
 No injury reported.

DECLARATION

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

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.:

SGARMC SketchPlanForm_V23

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SHA4500Y

Make / Model
TOYOTA / PRIUS HYBRID 1.8 CVT

Vehicle Type :

H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1 :

Air-Con (Taxi)

Vehicle Scheme :

Taxi (Company)

Chassis No. :

JTDKB3FU203530922

Propellant :

Petrol-Electric

Engine No. :

2ZRR926405

Motor No. :

3JMR926405

Engine Capacity :

1798 cc

Power Rating :

53.0 kW

Maximum Power Output :

90.0 kW (120 bhp)

REPAIR ESTIMATE*

DATE: 2. Dec. 2019

DOA: 29. Nov. 2019

NTUC

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on "Without Prejudice" basis
- No illegal modification is allowed
- Supplemental item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

02/12/19

784.88

req. 650



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/INC19021271/Gtf3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-12-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 1802R	Veh. Inspected	SHA 4500Y
Policy No.	5072620837-04	Coverage (\$)	0.00
Claim No.	MT/1073828-002	Excess (\$)	0.00
Assign From		Assign Date	02/12/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU203530922	Colour	BLUE
Odometer	529033	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	DAVANTI	6 mm
L/H Front Tyre	195/65 R15	DAVANTI	6 mm
R/H Rear Tyre	195/65 R15	DAVANTI	6 mm
L/H Rear Tyre	195/65 R15	DAVANTI	6 mm

4. Description of Damages

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

5. General Information

Accident Date	29/11/2019	Inspection Date	02/12/2019
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
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National Assessment Centre Services

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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 4500Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	490.50	-
10	FRONT BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	FRONT BUMPER SIDE RETAINER LH	NOT NECESSARY	82.30	-
1	FRONT BUMPER BRACKET LH	NOT NECESSARY	29.60	-
1	FENDER SUB-ASSY FRT LH	TO REPAIR SEE LABOUR	945.30	-
1	FENDER FRONT HYBRID EMBLEM LH	NECESSARY	86.50	86.50
1	FENDER FRONT SHIELD LH	NOT NECESSARY	196.60	-
	LESS 25% DISCOUNT		-463.20	-21.63
			1,389.60	64.87
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FENDER SUB-ASSY FRT LH.		640.00	320.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,240.00	720.00
GRAND TOTAL			2,629.60	784.87
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				650.00

Report Ref No. NS/INC19021271/Gtf3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

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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