

100-10 Ram

NS/INC 19021697 / Ftf302

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: SLD 141K
 Policy No. 5111275163 (27/07/2019-02/06/2020)
 Claims No. NT/1074726-002
 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: SHA 2230P Yr Regn: 29/06/2017
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius (GA) c.c. 1798
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 407401 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FU803561012
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195 / 65 R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or PAVANITI
 Front _____ Rear _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 6/12/19 D.O.I. 9/12/19
 Survey held at Comfortdelgro (Layan)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SLD 141K X</u>
	<u>SHA 2230P NS/INC 16007293/Hitch2 DOA: 7/04/2016</u>
	<u>L/S: \$4200/- (Red: 27/15 48: 39%)</u>
	<u>3 repair days</u>
	<u>confirm on 12/12/19</u>
	RECEIVED 12 DEC 2019

Date/Time, File Pass to?

☐

: Preli. Report

1) 12/12 Typist

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS. SI

Photos

Other:

160

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Next Insp (\$

Est. of Expense

1) 0

TP

4200/-

160

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1075394-001	COMFORT TRANSPORTATON PTE LTD	SHC 2469H	SJT 5730U
2	MT/1074777-002	COMFORT TRANSPORTATON PTE LTD	SH 6630A	SKM 6171B
3	MT/1075406-001	COMFORT TRANSPORTATON PTE LTD	SHC 8640P	SLA 1089R
4	MT/1074478-002	COMFORT TRANSPORTATON PTE LTD	SHC 1410H	SLQ 8451Y
5	MT/1075409-001	COMFORT TRANSPORTATON PTE LTD	SHC 1641H	GBA 7033E
6	MT/1074726-002	COMFORT TRANSPORTATON PTE LTD	SHA 2230P	SLD 1411C
7	MT/1075165-002	CITYCAB	SHC 970P	SKH 175G
8	MT/1075410-001	COMFORT TRANSPORTATON PTE LTD	SHC 3860D	SGL 2656Z

Our Job Ref No : 305359974

Date : 11/12/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHA2230P

06/12/19

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

1. The repair job shall bill to: NTUC

2. The finalized amount shall be:

(a) Spare Parts after List discount 0

(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 \$4,200.00

*Pic
Uploaded*

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 : Ram

Date : 12/12/12

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:

eBaoTech

GeneralClaim

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="06/12/2019 08:52"/>
Vehicle No.(For Motor)	<input type="text" value="SLD1411C"/>	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 checked="" type="radio"/>	5111275163		YEE KOK KIM	S6848384J	GPC	drivo CLASSIC	SLD1411C	SLD1411C	27/07/2019	02/06/2020
<input type="button" value="Continue"/>										

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	07/12/2019 11:21
Date Of Accident	06/12/2019 19:50
Exact Location Of Accident	EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2230P
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	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	LEE THIAM POH
NRIC No	S0155523E
Date Of Birth	11/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1978
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98166077
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	22 #02-534 CHAI CHEE ROAD
Postcode	461022
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 - OPENING DOOR OF VEHICLE
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?	
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

SEE ATTACH.

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	SLD1411C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEE KOK KIM
NRIC/Passport Number	
Contact Number	91258596
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT REAR DOOR
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

A - SHA 2230P
B - SLD 1411C



Along I12 Katong Taxi Stand

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06.12.2019 at about 19:50 hours I was travelling along I12 Katong Taxi Stand with no
Passenger onboard .
while travelling straight suddenly veh B (SLD 1411C) passenger open the door and collided
into my taxi A - Right Portion .
As it took place too fast I could not take evasive action to prevent the accident .
No injury in this accident .
I have company video and photos at scene to support my claims .
Veh B (SLD 1411C) - Mr Yee Kok Kim H/P : 9125 8596

DECLARATION

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

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07.12.2019
@ 09:30 hrs

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

SKETCH PLAN

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:

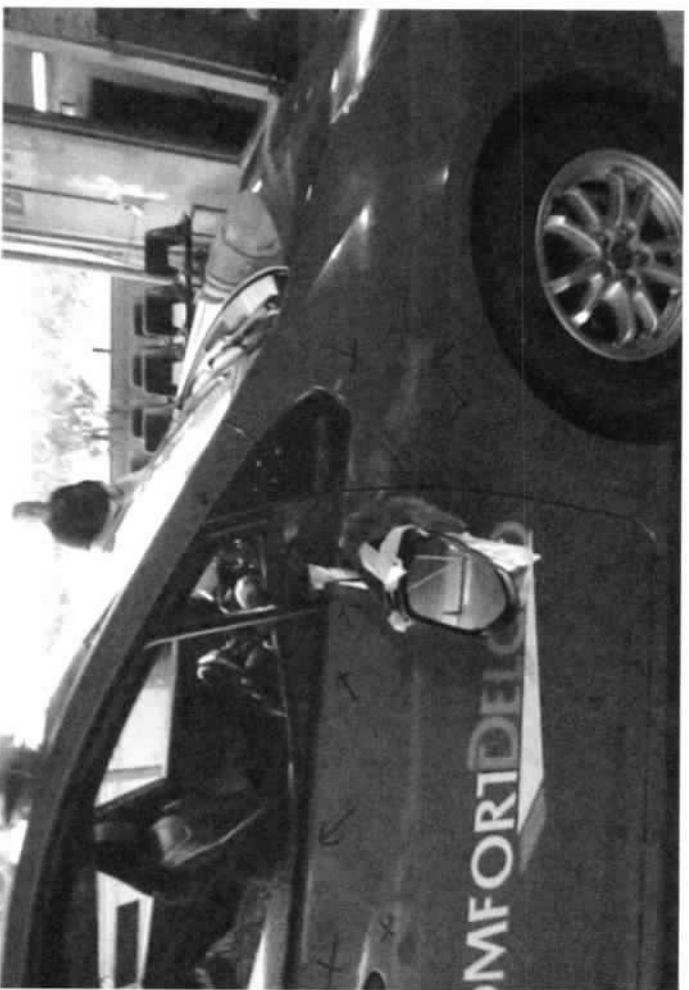
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

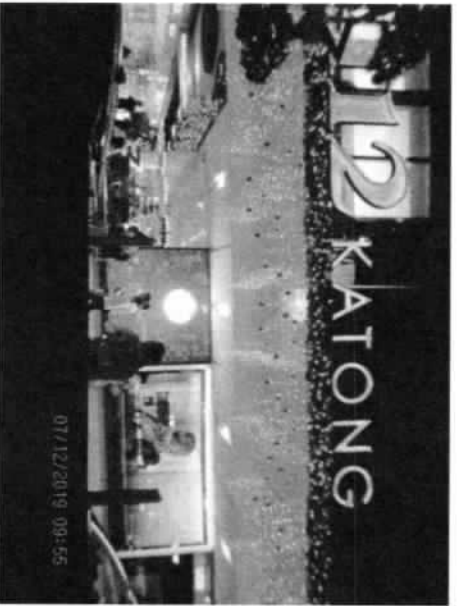
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07.12.2019
@ 09:30 hrs

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





Date/Time: 07.12.2019 12:05

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305359974

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO.:

SHA2230P

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4) 06.12.2019 21:45

DATE/TIME IN

YR OF MANU

29.06.2017

TARGET DATE

CHASSIS CODE

JTDKKB3FU803561012

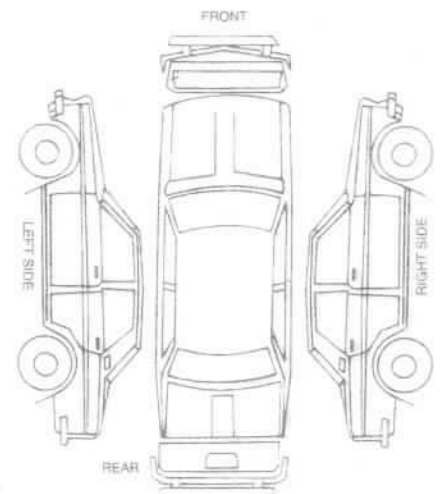
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.12.2019

NATURE: 3P 06.12.2019

S/NO LABOR CODE DESCRIPTION



VED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

o.: SHA2230P

CHIANG

Vehicle No.:

SHA2230P

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

7/12/2019 9:17

VEHICLE NO : SHA 2230P

MAKE :

MODEL : TOYOTA PRIUS

Change - note

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT FENDER HYBRID EMBLEM, RH <i>x(R)</i>			\$ 53.50
PANEL SUB-ASSY, FRONT DOOR, RH <i>DD</i>			\$ 1,264.00
PANEL SUB-ASSY, REAR DOOR, RH <i>DD</i>			\$ 1,258.30
FRONT DOOR OUTER MOULDING <i>Xnn</i>			\$ 188.60
TAIL LAMP ASSY, UPPER, RH <i>scr</i>			\$ 557.90
MIRROR ASSY, OUTER REAR VIEW, RH <i>Br</i>			\$ 1,390.10
COVER, OUTER MIRROR, RH <i>scr</i>			\$ 141.90
OUTER MIRROR, RH <i>Xnn</i>			\$ 212.80
FRONT PILLAR UPPER COVER, RH <i>Xnn</i>			\$ 96.00
<div> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged part(s) during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p> </div>	SUB TOTAL		\$ 5,163.10
	LESS 20%		\$ 1,032.62
	DISCOUNTED TOTAL	\$3689.76	\$ 4,130.48
FRONT DOOR COMFORT LOGO <i>rec</i>			\$ 75.00
REAR DOOR COMFORT LOGO & APPS STICKER <i>rec</i>			\$ 80.00
			\$ 155.00
LABOUR CHARGE			
Panel Beating			\$ 750.00
Spray Painting Charge			\$ 1,400.00
Wiring Charge			\$ 50.00
Tuff Kote			\$ 100.00
Towing Charge			\$ 90.00
Transfer of Door		\$ 120.00	\$ 240.00
Remove/Refix Power Window System			
TOTAL LABOUR			\$ 2,630.00
ESTIMATE TOTAL			\$ 6,915.48

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.



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/INC19021697/Ftf3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 24-12-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLD 1411C	Veh. Inspected	SHA 2230P
Policy No.	5111275163	Coverage (\$)	0.00
Claim No.	MT/1074726-002	Excess (\$)	0.00
Assign From		Assign Date	09/12/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU803561012	Colour	BLUE
Odometer	407401	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	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

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	06/12/2019	Inspection Date	09/12/2019
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:	3 Working Days
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**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. SHA 2230P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT FENDER HYBRID EMBLEM, RH	TO REPAIR SEE LABOUR	53.50	-
1	PANEL SUB-ASSY, FRONT DOOR, RH	DENTED	1,264.00	1,264.00
1	PANEL SUB-ASSY, REAR DOOR, RH	DENTED	1,258.30	1,258.30
1	FRONT DOOR OUTER MOULDING	NOT NECESSARY	188.60	-
1	TAIL LAMP ASSY, UPPER, RH	SCRATCHED	557.90	557.90
1	MIRROR ASSY, OUTER REAR VIEW, RH	BROKEN	1,390.10	1,390.10
1	COVER, OUTER MIRROR, RH	SCRATCHED	141.90	141.90
1	OUTER MIRROR, RH	NOT NECESSARY	212.80	-
1	FRONT PILLAR UPPER COVER, RH	NOT NECESSARY	96.00	-
	LESS 20% DISCOUNT		-1,032.62	-922.44
			4,130.48	3,689.76
<u>SPECIAL NETT ITEMS</u>				
1	FRONT DOOR COMFORT LOGO (SN)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORT LOGO & APPS STICKER (SN)	NECESSARY	80.00	80.00
			155.00	155.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT FENDER HYBRID EMBLEM, RH.		750.00	640.00
	SPRAY PAINTING CHARGE.		1,400.00	600.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		100.00	50.00
	TOWING CHARGE.		90.00	-
	TRANSFER OF DOOR.		240.00	160.00
			-	-
			-	-
			-	-
			2,630.00	1,480.00
GRAND TOTAL			6,915.48	5,324.76

Report Ref No. NS/INC19021697/Ftf3e2



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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,200.00
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Report Ref No. NS/INC19021697/Ftf3e2

PARASURAM S/O SHANMUGAM

Asst. 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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