

Ram

NS/INC19021703/Fsf35

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: FBE 6580C

Policy No.

Claims No. MT/1076469-001

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
X	X
X	X

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 1223G

Yr Regn: 29/05, 2019

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: 73187

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

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

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 06/12/19

D.O.I. 9/12/19

Survey held at

Comforttelgro (Loyang)

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

rear & N/S rear

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

Date / Time

Action / Instruction

NO policy Found.

FBE 6580C: X

SHC 1223G: C/S/LCR17023909/K2/19352 DOA: 14/12/2019

P/P: \$8291.92

A repair days

confirm with Jamar on 17/12/19

(\$5,690.01 Red = 4.1%)

RECEIVED 19 DEC 2019

17/12/2019

Date/Time, File, Pass to?

19/12/19

Date/Time, File Return to?

Typist



Preli. Report



Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

8 + PS \$

Phone

Other

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Need any (\$

Report Form

Final Sum: \$8,291.92 p/p

TP Claims against NTUC Income: Follow-Through Survey

Date : 19/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1076469-001	COMFORT TRANSPORTATION PTE LTD	SHC 1223G	F8E 6580C	06/12/2019	15:30	\$ 13,981.93	\$ 8,291.92

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305360032

OMER

COMFORT TRANSPORTATION PTE LTD
7010045

OMER NO. 383 SIN MING DRIVE
Singapore SINGAPORE 575717

65508755 (R) (O)
(P)

JUNT CARD NO.

REGN NO.:

SHC1223G

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)06.12.2019 15:30

DATE/TIME IN

YR OF MANU

29.05.2019

TARGET DATE

CHASSIS CODE

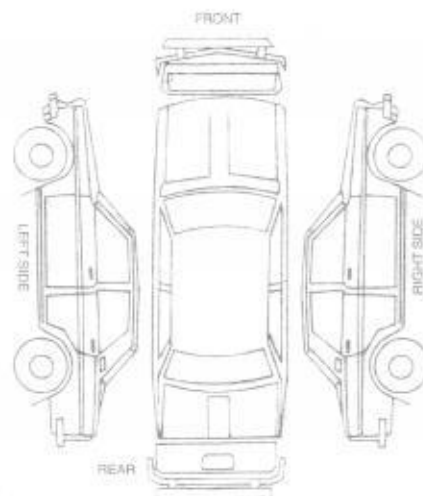
JTDKB3FU603080885

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.12.2019
NATURE: 3P 06.12.19

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC1223G JU NTUC LKK

Vehicle No.:

SHC1223G

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

Enquire Vehicle Insurance Details

Vehicle No	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
FBE6580C	06 Dec 2019 / 15:30:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)[OK](#)

Succ 1223-4

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 10:54
Date Of Accident	06/12/2019 15:30
Exact Location Of Accident	PAN ISLAND EXP TWDS CHANGI AIRPORT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1223G
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	WOON CHOON SEONG
NRIC No	S7215856C
Date Of Birth	10/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1989
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91066120
Fax Number	
Contact Number	
EMail Address	WOONCS1972@YAHOO.COM.SG

Address	487 10-546 SEGAR ROAD
Postcode	670487
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?	YES
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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BT PANJANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	FBE6580C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage NOT SURE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RIDER

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? FBE6580C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police

Report T/2019 1206/2019 H

DECLARATION

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

COMFORT TRANSPORTATION PTE
CO. REG. NO. 189301821R

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.:

COMFORT TRANSPORTATION PTE



**SINGAPORE
POLICE FORCE**



T/20191206/2019D

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20191206/2019D

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2019 21:31		Vide Report No.:		Station Diary No.: 5034	
Informant's Particulars					
Name of Informant: WOON CHOON SEONG			Address: APT BLK 487 SEGAR ROAD #10-546 SINGAPORE 670487		
ID Type / ID No.: NRIC NO / S7215856C			Contact No.: Home/Office: Mobile: 91066120		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 10/05/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2019 15:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Changi Airport, Before Thomson Road Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6580C	Motorcycle				Slightly Damaged	0
SHC1223G	Car				Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20191206/2019D

2 of 3

Report No. T/20191206/2019D

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Brief Details.

On 6th December 2019 at about 1530hrs, I was driving my Taxi along Pan Island Expressway (PIE) towards Changi Airport.

I was on the first lane and had slowed down my vehicle as there was a traffic jam ahead of me and came to a stop when the traffic was not moving. Out of a sudden, I felt a huge impact coming from the rear of my vehicle. However, I was a distant away from the vehicle in front of me and did not collide into the vehicle in front of me.

I then got down from my vehicle and observed that there was a motorcycle and its rider on the road, on the second lane. I then realized that it was the motorcycle which had rear ended my vehicle earlier. My passenger then assisted to call for Police while I called for Police Assistance. The rider was still conscious went to check on him however, had multiple injuries.

There was a van on the second lane however, he managed to swerve his vehicle when the rider fell onto his lane.

The rider was attended my ambulance and was conveyed to hospital. Myself and my passengers were not injured.



**SINGAPORE
POLICE FORCE**



T/20191206/2019D

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20191206/2019D

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 3 NUR SABRINA BINTE ABU HUSSAIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2019 21:31
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:
Authentication Stamp NP168	SIGNATURE