

Ram

NS/INC 19020631 Pyf302

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: SHD 1182K-

Policy No:

Claims No: MT/1075256-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

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 2334Z (1 Regn) 26/07/2017

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

Truck / Trailer or

Make: Toyota PHVS (GA) cc 1798

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

Sp. Reading: 288 125 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: JTDKB3FU603562949

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

DAVANTI

Front

Rear

R/Bal. 7 mm R/Bal. 8 mm

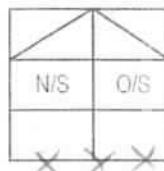
L/Bal. 7 mm L/Bal. 8 mm

D.O.A. 11/12/19 D.O.I. 12/12/19

Survey held at comfortelgro (Loyang)

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

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



Date / Time

Action / Instruction

NO Policy

SHA 2334Z - MPA/LPC 1807/0014 Date: 19/04/2018

SHD 1182K - CC4 / AIG/3007257 / 1419 2434 Date: 13/04/2018

US: \$4750/-

(Red \$3338-28, 41%)

3 repair days

confirm on 20/12/19 with change

RECEIVED 31 DEC 2019

Date/Time File Pass to:



: Prel. Report

By:



: Final Report

Date/Time File Return to:

30/12/19 Typist

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation

3 + RS 31

Photo:

Other:

Total:

160

160

Report Form:

Total Sum: \$4750/-

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Insp (\$)



: Material (\$)

TP Claims against NTUC Income: Follow-Through Survey

Date : 20/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1075349-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 4453A	GBC 7205R	10/12/2019	17:25	\$ 3,556.00
2	MT/1075166-002	CITYCAB PTE LTD	SHC 389T	SLU 119P	10/12/2019	15:25	\$ 8,314.40
3	MT/1075256-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 2334Z	SHD 1182K	11/12/2019	9:30	\$ 8,088.28

Claim received from LKK

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	11/12/2019 11:51
Date Of Accident	11/12/2019 09:30
Exact Location Of Accident	SLIP RD FROM BT BATOK EAST AVE 2 TO BT BATOK AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2334Z
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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	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	WONG CHIN CHAN
NRIC No	S1183056J
Date Of Birth	08/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1976
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91168722
Fax Number	
Contact Number	
Email Address	WONGCHINCHAN@HOTMAIL.COM

Address	BLK 21 BEDOK RESERVOIR VIEW #03-01
Postcode	478936
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	RAINING
Road Surface	WET

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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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	SHD1182K
Vehicle Make/Model/Colour	PREMIER TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

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.

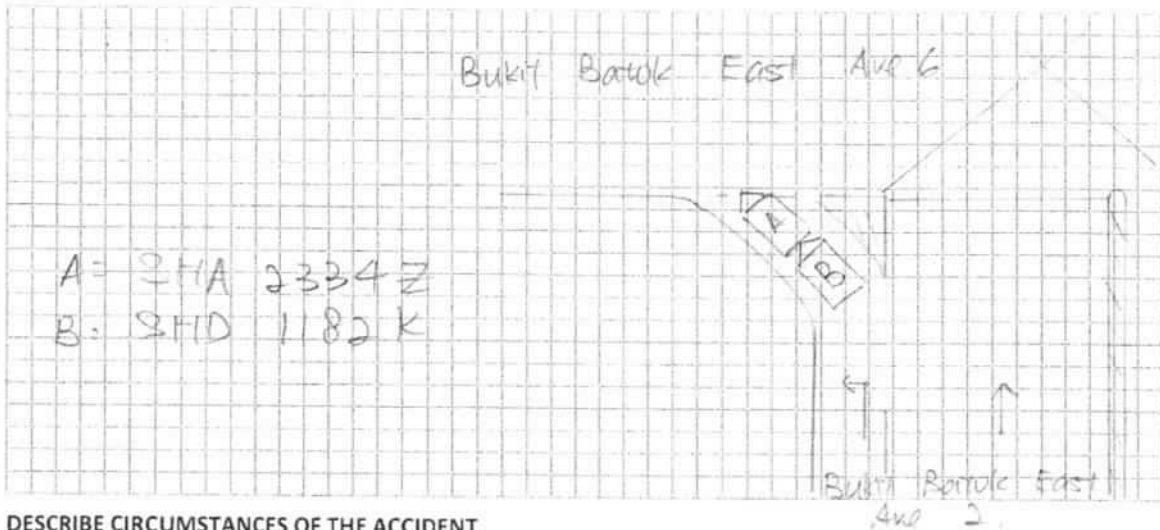
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 190303421R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/12/19 at about 09:30 hrs, I Ven A comes to stop at above said slip road to check traffic. Suddenly Ven B came from behind collided onto the rear portion of my stationary taxi. 03 passengers onboard my taxi. No injury at the point of accident. Scene photo taken to support my claims.

DECLARATION

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

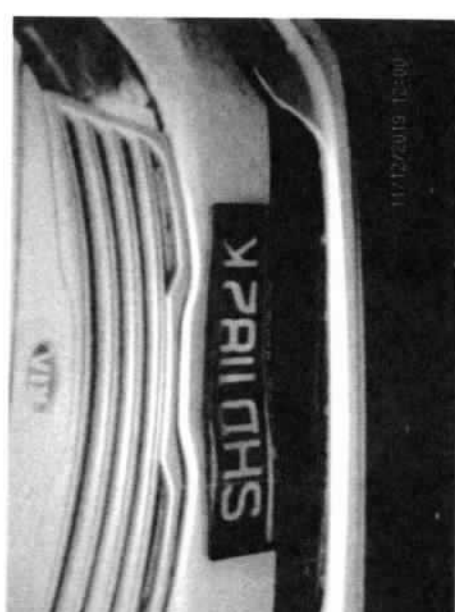
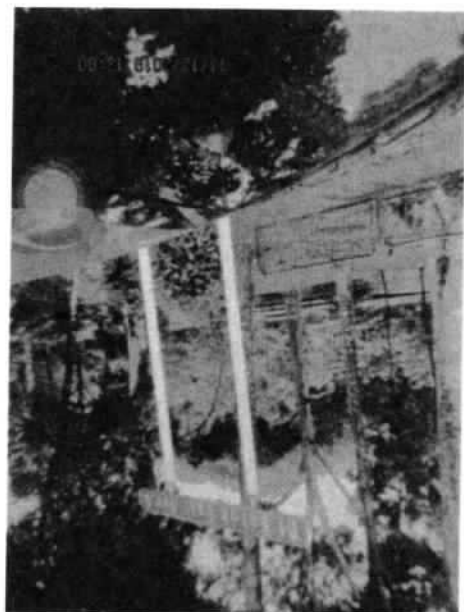
COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature
Date & Time:

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

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

Loke Wei Yieng



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305366325

TOMER

MS COMFORT TRANSPORTATION PTE LTD

TOMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO.:

SHA2334Z

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4) 11.12.2019 10:50

DATE/TIME IN

YR OF MANU

26.07.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU603562949

COMPLETION DATE/TIME:

JOB DESCRIPTION

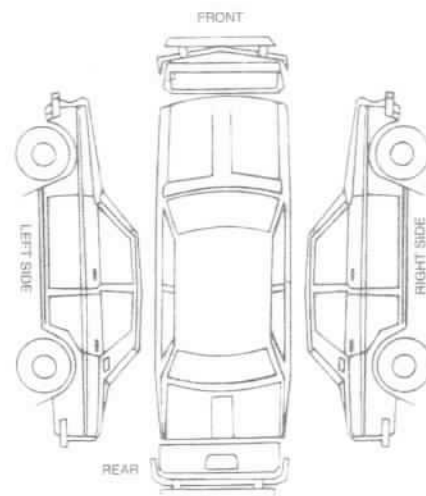
Accident Date: 11.12.2019

NATURE: 3P 11.12.2019

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

Vehicle No.: SHA2334Z

CHIANG

Vehicle No.:

SHA2334Z

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305366325

Date : 19/12/19

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

FINALIZATION FORM

To : GRM LKK

Fax :

Attn : PARAM

: SHA2334Z

11/12/19

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

Z The repair job shall bill to: NTUC SHD1182K

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

\$4,750.00

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 amountSignature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : Rgm

Date : 20/12/19

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

Remarks:

REPAIR ESTIMATE

VEHICLE NO: SHA 2334Z

11/12/2019 14:54

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID COVER <i>DD</i>			\$ 1,126.60
REAR TRUNK LID LOCK <i>xnn</i>			\$ 457.90
REAR TRUNK LID GLASS (BLACK COLOR) <i>rec</i>			\$ 733.50
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <i>xnn</i>			\$ 889.70
REAR TRUNK LID LOGO (PRIUS) <i>rec</i>			\$ 52.90
REAR TRUNK LID LOGO (HYBRID) <i>rec</i>			\$ 52.90
REAR TRUNK LID LOGO (TOYOTA STAR) <i>rec</i>			\$ 47.00
REAR BUMPER <i>DEF</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>BUC</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>cl</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>xnn</i>			\$ 112.70
REAR BUMPER TOWING COVER <i>SCR</i>			\$ 82.70
REAR BUMPER CLIPS <i>rec</i>			\$ 22.00
REAR END PANEL <i>BUC</i>			\$ 602.10
REAR END PANEL GARNISH <i>xnn</i>			\$ 165.80
REAR WINDSCREEN GLASS WITH MOULDING <i>rec</i>			\$ 1,778.30
SUB TOTAL			\$ 7,454.10
LESS 25%			\$ 1,863.53
DISCOUNTED TOTAL			\$ 5,590.58
REAR NO. PLATE WITH TRIM COVER <i>SCR</i>			\$ 100.00
REAR TRUNK LID APPS STICKER <i>rec</i>			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER <i>rec</i>			\$ 60.00
REAR BUMPER REVERSE SENSOR <i>xnn</i>			\$ 135.70
REAR WINDSCREEN SEALANT <i>rec</i>			\$ 46.00
REAR TYRE, RH <i>xnn</i>			\$ 216.00
			\$ 597.70
LABOUR CHARGE			
Panel Beating			\$ 700.00
Spray Painting Charge			\$ 750.00
Wiring Charge			\$ 50.00
Tuff Kote			\$ 50.00
Remove/Refix Cushion & Upholstery Rear			\$ 150.00
Remove/Refix Rear Windscreen Glass			\$ 120.00
Remove/Refix Reverse Sensor			\$ 80.00
TOTAL LABOUR			\$ 1,900.00
ESTIMATE TOTAL			\$ 8,088.28

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/INC19022063/Fyf3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 06-01-2020



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 1182K	Veh. Inspected	SHA 2334Z
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1075256-002	Excess (\$)	0.00
Assign From		Assign Date	12/12/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU603562949	Colour	BLUE
Odometer	288125	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

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	8 mm
L/H Rear Tyre	195/65 R15	DAVANTI	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	11/12/2019	Inspection Date	12/12/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2334Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR TRUNK LID COVER	DENTED	1,126.60	1,126.60
1	REAR TRUNK LID LOCK	NOT NECESSARY	457.90	-
1	REAR TRUNK LID GLASS (BLACK COLOR)	NECESSARY	733.50	733.50
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	NOT NECESSARY	889.70	-
1	REAR TRUNK LID LOGO (PRIUS)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (HYBRID)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (TOYOTA STAR)	NECESSARY	47.00	47.00
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	BUCKLED	318.80	318.80
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SIDE RETAINER	NOT NECESSARY	112.70	-
1	REAR BUMPER TOWING COVER	SCRATCHED	82.70	82.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR END PANEL	BUCKLED	602.10	602.10
1	REAR END PANEL GARNISH	NOT NECESSARY	165.80	-
1	REAR WINDSCREEN GLASS WITH MOULDING	NECESSARY	1,778.30	1,778.30
	LESS 25% DISCOUNT		-1,863.53	-1,457.00
			5,590.57	4,371.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR NO. PLATE WITH TRIM COVER (SN)	SCRATCHED	100.00	100.00
1	REAR TRUNK LID APPS STICKER (SN)	NECESSARY	40.00	40.00
1	REAR TRUNK LID COMFORT & TEL NO. STICKER (SN)	NECESSARY	60.00	60.00
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR TYRE, RH (SN)	NOT NECESSARY	216.00	-
			597.70	246.00
<u>LABOUR</u>				
	PANEL BEATING.		700.00	640.00
	SPRAY PAINTING CHARGE.		750.00	550.00

Report Ref No. NS/INC19022063/Fyf3e2



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TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WIRING CHARGE.	NOT NECESSARY	50.00	30.00
	TUFF KOTE.		50.00	50.00
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	-
	REMOVE / REFIX REAR WINDSCREEN GLASS.		120.00	80.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			1,900.00	1,380.00
GRAND TOTAL			8,088.27	5,997.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				4,750.00

Report Ref No. NS/INC19022063/Fyf3e2

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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