

ASS. REC. BY:

Rann

REF:

NS/INC19022166/Fyf302

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: SMP 5854G

Policy No.

Claims No.

MT/1078050-001

Sum Insured:

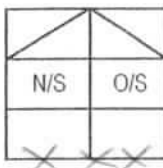
Excess:

(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:

SHC1158LYr Regn: 09/07/2017Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Prius (5A)C.C. 1798

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading:

325331

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ITDKB3FU403561380

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 RS

R:

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

TOYO / YOKO or

DAUNTI

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

13/12/19

D.O.I.

16/12/19

Survey held at

comfortdel30 (Layang)

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

rear

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

Date / Time

Action / Instruction

NO Policy

SMP 5854G: X

SHC 1158L: CS/FC116012942/T2gh3m2 DOR: 01/03/2016

L/S: \$1350/- with 2 repair tags (Red 1137-55, 46%)
confirm on 30/12/19 with JUMANI

RECEIVED 02 JAN 2020

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

>1 typistDays Of Repair: 2Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Insp (\$)



: Weekend (\$)

Survey Fee:

Transportation:

3 + RS: \$

Photos

Others

TOTAL

160160

Report Format:

TP

Lump Sum / LBR (\$)

1350p

TP Claims against NTUC Income: Follow-Through Survey

Date : 31/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
1	MT/1075788-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC8084U	SHC6228K	14/12/2019	\$4,366.00
2	MT/1075792-002	COMFORTDELGRO ENGINEERING PTE LTD	SH6184X	F8H2812U	14/12/2019	\$1,837.15
3	MT/1076043-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC8437K	F8D7783H	14/12/2019	\$4,762.04
4	MT/1076556-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA3897J	PC2602U	18/12/2019	\$4,438.18
5	MT/1076543-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC3149A	SHD1402B	20/12/2019	\$5,189.00
6	MT/1078050-001	COMFORTDELGRO ENGINEERING PTE LTD	SHC1158L	SMP5854G	13/12/2019	\$2,487.55
7	MT/1075564-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC2598T	SLK1839R	11/12/2019	\$2,554.85
8	MT/1076964-002	CITYCAB PTE LTD	SHB3268U	SJR8984E	21/12/2019	\$6,096.10
9	MT/1078051-001	CITYCAB PTE LTD	SHC7563K	GBH2718J	21/12/2019	\$1,815.06
10	MT/1076710-002	COMFORTDELGRO ENGINEERING PTE LTD	SHD3025T	SGE3956M	20/12/2019	\$2,169.06
11	MT/1076220-002	COMFORTDELGRO ENGINEERING PTE LTD	SHD3025T	SLX9236J	16/12/2019	\$2,532.48

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	14/12/2019 11:19
Date Of Accident	13/12/2019 17:00
Exact Location Of Accident	LANE 3 ALONG AIRPORT BLVD TWDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1158L
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	LIAW SOON CHYE (LIAO SHUNCAI)
NRIC No	S7303953C
Date Of Birth	09/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1993
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87486732
Fax Number	
Contact Number	
EMail Address	SCLIAW@GMAIL.COM

Address	BLK 812B CHOA CHU KANG AVENUE 7 #08-645
Postcode	682812
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	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?	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	SMP5854G
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	-
Vehicle Category	PRIVATE CAR
Name of Driver	MR LIM
NRIC/Passport Number	
Contact Number	96257008
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIAW SOON CHYE (LIAO SHUNCAI)

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SHC1158L

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**.
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.

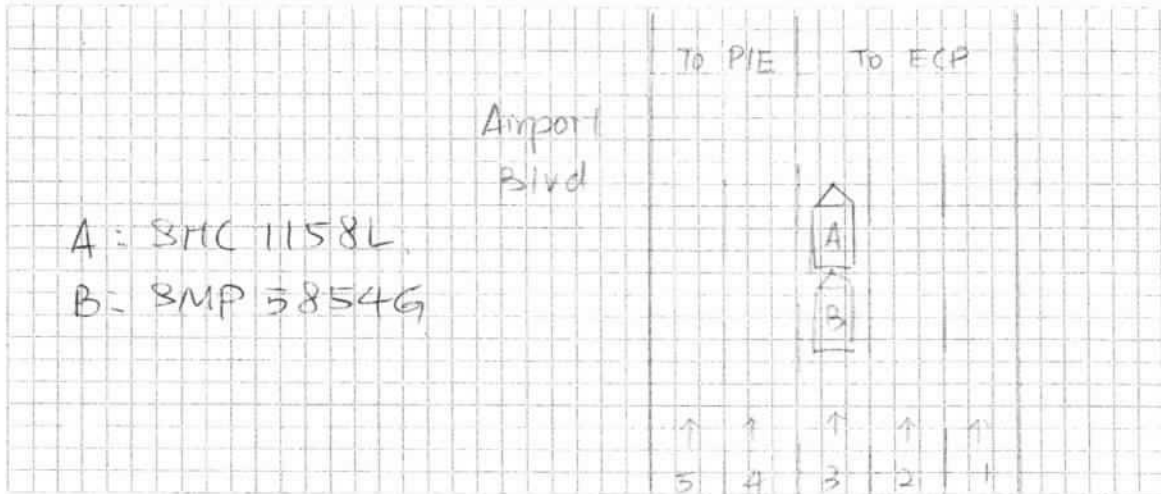
COMFORT TRANSPORTATION PTE LTD

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/12/19 at about 17:00 hrs, I Veh A was driving at above said location with a couple passenger onboard. Shortly vehicle in front brake to stop and I follow suit. A split second later, I felt an impact from behind followed by a jerk. Veh B front portion collided onto the rear portion of my stationary taxi. I suffered neck pain, will consult doctor if it still persist.

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: 14/12/19

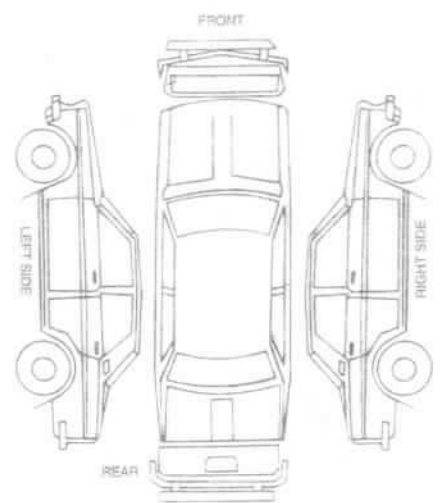
Reporting Centre Personnel's Signature
Name: Loke Wei Yieng
NRIC/FIN No: 14/12/19

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305367216
TOMER	REGN NO.: SHC1158L	MILEAGE	
MS COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL	
TOMER NO. 7010045	MODEL PRIUS HYBRID(G4)	E.....1/2.....F	
RESS 383 SIN MING DRIVE	YR OF MANU 05.07.2017	DATE/TIME IN 16.12.2019 09:35	
Singapore SINGAPORE 575717	CHASSIS CODE JTDKB3FU403561380	TARGET DATE	
65508755 (R) (O)		COMPLETION DATE/TIME:	
(P)			
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 13.12.2019
NATURE: 3P 13.12.19

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC1158L JU NTUC LKK

Vehicle No.: SHC1158L

Signature/Date

Name of Service Advisor Date

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO: SHC 1158L

16/12/2019 11:04

MAKE :

MODEL : TOYOTA PRIUS

NMC-JH
Liam

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER cha			\$ 458.60	
REAR BUMPER UNDER COVER cha cre X nn			\$ 552.60	
REAR BUMPER SIDE RETAINER xnn			\$ 112.70	
REAR BUMPER CLIPS cha nec			\$ 22.00	
SUB TOTAL			\$ 1,145.90	
LESS 25%			\$ 286.48	
DISCOUNTED TOTAL			\$ 859.43	
			\$ 1,072.87	
			\$ 1,122.875	
REAR BUMPER REVERSE SENSOR xnn			\$ 135.70	NETT
REAR BUMPER RUBBER MAT cha nec			\$ 50.00	NETT
			\$ 185.70	
LABOUR CHARGE				
Panel Beating			\$ 350.00	\$ 320
Spray Painting Charge			\$ 250.00	\$ 200
Wiring Charge		\$ 30	\$ 50.00	X=1
Remove/Refix Reverse Sensor		\$ 50	\$ 80.00	X=1
TOTAL LABOUR			\$ 730.00	
ESTIMATE TOTAL			\$ 1,775.13	2487.55
			1672.87	

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 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

Acknowledged by Repairer
Signature:
Date:

Ram (LCC)

1245 16/12/19

Parasuram@LKKAuto.com

88522718 hp

(2x per day)

LIS

9ft repair photo

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.

JUMANI

Our Job Ref No 305367216

Date : 17/12/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC1158L

13/12/2019

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

1. The repair job shall bill to: NTUC --- SMP5854G
###

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: 20%

Final Lumpsum Repair cost

\$1,400.00

\$1350/=

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 :

Date :

30/12/19

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:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305367216
REGN NO : SHC1158L
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 05.07.2017
DATE/TIME IN : 16.12.2019 09:35
ACCIDENT DATE : 13.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	0.00	0.00	0.00
0002	04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	0.00	0.00	0.00
0003	04-01-0302-0581-A	PRIG4 LENS & BODY RR COMB	1	0.00	0.00	0.00
0004	04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	0.00	0.00	0.00

SUB-TOTAL : 0.00

JOB NATURE

0000	L	LUMPSUM REPAIR		1400.00
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SUB-TOTAL : 1,400.00

TOTAL : 1,400.00

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/INC19022166/Fvf3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 07-01-2020



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMP 5854G	Veh. Inspected	SHC 1158L
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1078050-001	Excess (\$)	0.00
Assign From		Assign Date	16/12/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU403561380	Colour	BLUE
Odometer	325331	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	6 mm
L/H Front Tyre	195/65 R15	DAVANTI	6 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 REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	13/12/2019	Inspection Date	16/12/2019
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

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1158L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CRACKED	458.60	458.60
1	REAR BUMPER UNDER COVER	NOT NECESSARY	552.60	-
1	REAR BUMPER SIDE RETAINER	NOT NECESSARY	112.70	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	TAILLAMP ASST LH LOWER	CRACKED	548.40	548.40
1	REAR BUMPER TOW COVER	MISSING	82.70	82.70
1	REAR BUMPER REINFORCEMENT	DENTED	318.80	318.80
	LESS 25% DISCOUNT		-523.95	-357.63
			1,571.85	1,072.87
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<u>LABOUR</u>				
	PANEL BEATING.		350.00	320.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.		50.00	30.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	50.00
			730.00	600.00
GRAND TOTAL			2,487.55	1,722.87
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,350.00

Report Ref No. NS/INC19022166/Fvf3e2

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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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.