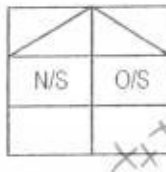


REF: NS/INC 19022543/FA3s2

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: SJV 3267T
 Policy No: 5110243130 (15/06/2019-14/06/2020)
 Claims No: MT/1077 230-002
 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: SHC 2501Y Yr Regn: 13/12/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius cc 1798
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 3650 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FU303090144
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / Si/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. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 21/12/19 D.O.I. 23/12/19
 Survey held at comfortdelgro (LuoYang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S rear & negr
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	comfortdelgro Requested to do <u>LS</u>
	SHC 2501Y - CA / AIG 11002132/r 2019-03/07/2011
	SJV 3267T - X
	RECEIVED 20 JAN 2020
	LS: \$1150/= with 2 repair days (Red. 687.15, 37%)
	confirm on 17/1/2020 with Lim Kwok eng.

Date/Time, File Pass to/ ☐ : Preli. Report
☒ : Final Report
 1) 201 Typist
 Date/Time, File Return to/

Days Of Repair: 2
 Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + P.S. of

Photos

Others:

PAID

And Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Insp (\$)
☐ Weekend (\$)

Report Format: TP
 Long 200 / 1150/-

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Monday, 20 January 2020 1:06 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1077230-002	Comfort Transportation PTE LTD	SHC 2501Y	SJV 3267T	21/12/2019	15:00	1,837.15	1,150.00

Thank you

With Regards

Joreen Ang
Senior Admin Assistant
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Monday, 20 January 2020 9:04 AM
To: MTCL@income.com.sg
Subject: FW: REQUEST CLAIM NUMBER

resent

Dear Sir/Madam,

Request claim number

Date : 20/01/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1		Comfort Transportation PTE LTD	SHC 2501Y	SJV 3267T	21/12/2019	15:00	1,837.15	1,150.00

eBaoTech

General Claim

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="21/12/2019 09:16"/>							
Vehicle No.(For Motor)	<input type="text" value="SJV3267T"/>	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"/>	5110293130		AMAL ASYRAF BIN ROZALI	S9143929H	GPC	drive CLASSIC	SJV3267T	SJV3267T	15/06/2019	14/06/2020
<input type="button" value="Continue"/>										

Our Job Ref No 305368858
Date : 16.01.20

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508989
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : Mr RAM
Vehicle Reg No. SHC2501Y CTPL

Fax :


21.12.19

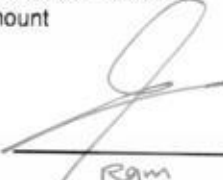
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SJV3267T
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% \$1,150.00
Final Lumpsum Repair cost \$1,150.00

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 : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Ram
Date : 17/1/2020

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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305368858

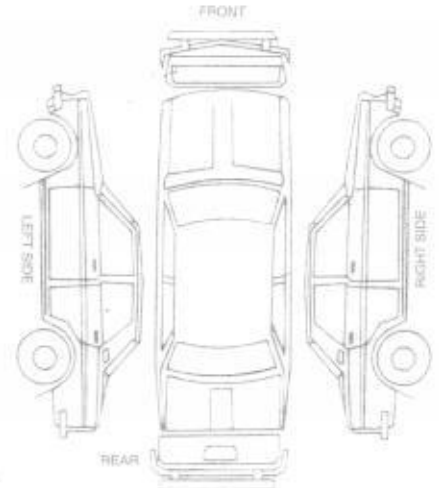
OWNER COMFORT TRANSPORTATION PTE LTD IS 7010045 OWNER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO: SHC2501Y MAKE: TOYOTA MODEL PRIUS HYBRID(G4A22.12.2019 08:10 YR OF MANUF 13.12.2019 CHASSIS CODE JTDKB3FU303090144	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 22.12.2019 08:10 TARGET DATE COMPLETION DATE/TIME
---	---	---

JOB DESCRIPTION

Accident Date: 21.12.2019

NATURE: 3P 21.12.2019

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SHC2501Y

LKE

RAM

Vehicle No.:

SHC2501Y

Signature/Date

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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	23/12/2019 08:47
Date Of Accident	21/12/2019 15:00
Exact Location Of Accident	HOUANG AVE 2 TOWARDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2501Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
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	KANG TEO KHENG
NRIC No	SXXXX906E
Date Of Birth	25/02/1953
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1979
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97495200
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	49 09-52 JALAN TIGA
Postcode	390049
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?	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: : 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

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	SJV3267T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AMSYAR
NRIC/Passport Number	
Contact Number	92367811
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN

A = SAC 25017

B-8 SV3267T
(TOYOTA)

Yia Chu, 60678, 20

23

King

11

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

statement as per attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CO REG NO 199393821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

Describe Circumstances of the Accident.

On the 21/12/2019 at about 15:00hrs, I was driving along Hougang Ave 2 slip road towards

Yio Chu Kang Rd direction with 1 female passenger on board my taxi.

As I approached the give way line, I stop to checked the traffic is clear from incoming vehicle

before I drive out when there's an impact from behind my taxi. So I step out to checked and

found out a vehicle of SJV3267T front portion had collided onto my rear right portion of my taxi.

No injury at the point of accident.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 100303821R
Policyholder's Signature/Date &
Time

Driver's Signature(if driver is not the policyholder)/Date
& Time

Olivia Weng
Witnessed by Reporting
Centre Personnel



REPAIR ESTIMATE

VEHICLE NO: SHC 2501Y

23/12/2019 9:50

MAKE :

MODEL : TOYOTA PRIUS

L'ke

NTU

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER DEF ✓			\$ 458.60	
REAR BUMPER UNDER COVER Scr ✓			\$ 552.60	
REAR BUMPER SIDE RETAINER Xnn			\$ 112.70	
REAR BUMPER TOWING COVER mis ✓			\$ 82.70	
REAR BUMPER CLIPS rec ✓			\$ 22.00	
			\$ 1,228.60	
SUB TOTAL		1,115.90	\$ 307.15	
LESS 25%		-25%	\$ 921.45	
DISCOUNTED TOTAL		836.92		
REAR BUMPER REVERSE SENSOR xnn			\$ 135.70	NETT
REAR BUMPER RUBBER MAT rec ✓		50	\$ 50.00	NETT
			\$ 185.70	
LABOUR CHARGE				
Panel Beating		570	\$ 350.00	\$326
Spray Painting Charge		1,456.92	\$ 250.00	\$200
Wiring Charge		-20%	\$ 50.00	xnn
Remove/Refix Reverse Sensor		1,165.54	\$ 80.00	\$50
			\$ 730.00	
TOTAL LABOUR			\$ 1,837.15	
ESTIMATE TOTAL				

Ram (L'ke)
 23/12/19 1225hrs
 PMSUREN@comodo.com
 88622728
 3FA
 print photo
 (2) repair days
 HS
 \$1,150

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.

REPAIR ESTIMATE

VEHICLE NO: SHC 2501Y

23/12/2019 9:50

MAKE :

MODEL : TOYOTA PRIUS

L/KC

NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER DEF ✓			\$ 458.60	
REAR BUMPER UNDER COVER Scr ✓			\$ 552.60	
REAR BUMPER SIDE RETAINER Xan ✓			\$ 112.70	
REAR BUMPER TOWING COVER MIS ✓			\$ 82.70	
REAR BUMPER CLIPS REC ✓			\$ 22.00	
SUB TOTAL			\$ 1,228.60	
LESS 25%			\$ 307.15	
DISCOUNTED TOTAL			\$ 921.45	
REAR BUMPER REVERSE SENSOR Xan ✓			\$ 135.70	NETT
REAR BUMPER RUBBER MAT REC ✓			\$ 50.00	NETT
			\$ 185.70	
<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 modifications is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>				
			\$ 350.00	\$326
			\$ 250.00	\$200
			\$ 50.00	Xan
			\$ 80.00	\$50
LABOUR CHARGE				
Panel Beating				
Spray Painting Charge				
Wiring Charge				
Remove/Refix Reverse Sensor				
TOTAL LABOUR			\$ 730.00	
ESTIMATE TOTAL			\$ 1,837.15	

Ram (LKK)
23/12/19 1225hrs
P/Surveyor@lkkauto.com
88622728 (2) repair days
P/P Ref paint 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.



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/INC19022543/Ftf3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 04-02-2020	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJV 3267T	Veh. Inspected	SHC 2501Y	
Policy No.	5110293130	Coverage (\$)	0.00	
Claim No.	MT/1077230-002	Excess (\$)	0.00	
Assign From		Assign Date	23/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	JTDKB3FU303090144	Colour	BLUE	
Odometer	3650	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	DUNLOP	7 mm	
L/H Front Tyre	195/65 R15	DUNLOP	7 mm	
R/H Rear Tyre	195/65 R15	DUNLOP	7 mm	
L/H Rear Tyre	195/65 R15	DUNLOP	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION AND REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	21/12/2019	Inspection Date	23/12/2019	
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		

**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 2501Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER UNDER COVER	SCRATCHED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	NOT NECESSARY	112.70	-
1	REAR BUMPER TOWING COVER	MISSING	82.70	82.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 25% DISCOUNT		-307.15	-278.98
			921.45	836.92
<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.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	50.00
			730.00	570.00
GRAND TOTAL			1,837.15	1,456.92
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,150.00

Report Ref No. NS/INC19022543/Ftf3s2

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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