

REF ID: Ram

NS/INC20001858/Fqd3e2

ASSIGNMENT

From: [] Date: []
 Estimated Cost: []
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: []
 at Workshop no: []
 at: []
 Insured: SLS 2386G
 Policy No: 5112369557 (6/9/2019-5/9/2020)
 Claims No: MT/1082782-002
 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: 2 days Res. Yes or No
 Lum Sum: % J Val. Yes or No
 CA / REV / REP. / 24 HRS
 Date: [] Person Contacted: []
 Vehicle IN / OUT

<input checked="" type="checkbox"/>	N/S	O/S

7012C
 Vch No: SH 7102C
 Regn: 25/05 2017
 Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius (Hybrid) cc 1798
 Colour: blue
 Sp. Boarding: 344856
 T/Ratio: Insured / Std / NI / NA
 Eng/No: []
 C/Nr: JTDKB3FU103556797
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/R / STD A/Rim or
 Tyre Size: F: 195/65 R15
 R: []
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or DANAWATI
 Front: [] Rear: []
 R/Bal: 6 mm T/Bal: 6 mm
 L/Bal: 6 mm I/Bal: 6 mm
 D.O.A: 31/01/2020 D.O.R: 31/02/2020
 Survey held at: Comdentalgro (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 Frt N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SH702C - CS / TMI 9020014 / Fqd3e2
	SLS 2386G - NA / TMI 9005175 / 24
	LIS: \$1150 = with 2 repair days UREN \$ 398.75, 16.1%
	confirm on 30/2/2020 with means.

NTG
 LIS

DOA: 8/11/2019
 DUA: 3/1/2021

Date Recd. / File Pass to: []
 20/2/2020
 Date Recd. / File Return to: []
 : Preli. Report
 : Final Report

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

Add Fee: Site Insp (\$)
 Interview (\$)
 Tech Invs (\$)
 Weekend (\$)

Survey Fee:	160
Transportation:	
Other:	
Total:	160

Report Format: TP
 Lump Sum / L.B. / 1150

TP Claims against NTUC Income: Follow-Through Survey

Date : 20/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1085136-001	COMFORT TRANSPORTATON PTE LTD	SHA 2702U	FJ 5419U	13/02/2020	10:15	\$ 4,370.30
2	MT/1082782-002	COMFORT TRANSPORTATON PTE LTD	SH 7012C	SLS 2386G	31/01/2020	18:20	\$ 1,548.25
3	MT/1083397-002	COMFORT TRANSPORTATON PTE LTD	SHD 4422Z	SGN 1605S	06/02/2020	19:55	\$ 2,722.54

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112369557		FIRST WERKZ PTE. LTD.	201842600E	GPC	drivo CLASSIC	SLS2386G	SLS2386G	06/09/2019	05/09/2020

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	01/02/2020 10:05
Date Of Accident	31/01/2020 18:20
Exact Location Of Accident	CHURCH ST TWDS MARINA BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7012C
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
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	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	KELVIN LIONG
NRIC No	SXXXX417C
Date Of Birth	09/12/1973
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2002
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87745949
Fax Number	
Contact Number	
EMail Address	ZKYE73@GMAIL.COM

Address	BLK 329 CLEMENTI AVENUE 2 #10-242
Postcode	120329
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	SIDE SWIPE
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)	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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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	SLS2386G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD

RIGHT FRT

IMPORTANT NOTICE

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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**.
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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)**

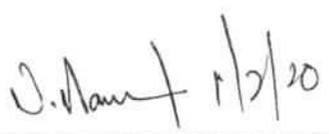
I understand, acknowledge, agree and consent that:

- (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. 199303821R

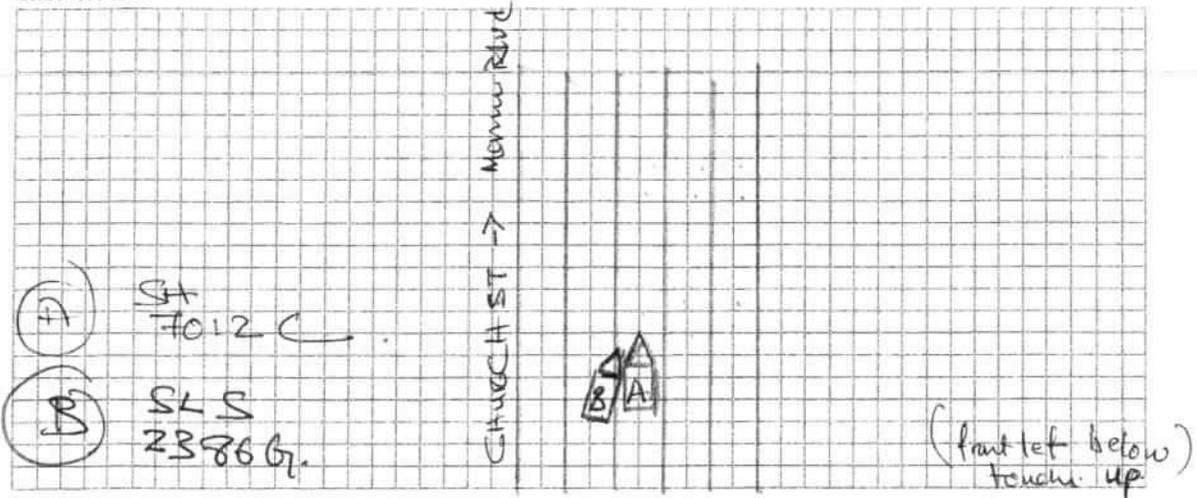
Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31 Jan 1820 hrs I was driving along the above location. Straight on my lane. Suddenly car (B) from left lane intercept to my lane and hit car (A) left front. @ the point of accident car (A) ferry 2 pax not injured...

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. No. 1393038213

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.:

SIAPMC SketchPlanForm_V3

S



01/02/2020 09:59

COMFORTDEIGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SH7012C

02/01/20

MAKE :

MODEL TOY PRIUS G4

CHIANG/ NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT FENDER, EMBLEM HYBRID RH <i>NEC</i>			\$53.50
1	FRONT FENDR LH <i>DO</i>			\$817.50
	<i>FE + DOO R LH X (R)</i>			
	SUB TOTAL			\$871.00
	25.00%			\$217.75
	DISCOUNTED TOTAL			\$653.25
1	FRONT DOOR COMFORT LOGO <i>NEC</i>			\$75.00
				\$75.00
	Labour Charge			
	Panel Beating			\$320.00
	Spray Painting Charge			\$500.00 <i>\$400</i>
	TOTAL LABOUR			\$820.00
	ESTIMATE TOTAL			\$1,548.25

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.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/alter 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:

4/2/2020
Parasuram
3/02/2020 1450 hrs
Parasuram@lkkauto.com
88622778 4/5
2 repair days
after repair photo

Our Job Ref No : 305378472

Date : 06/02/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SH7012C

31/01/2020

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

Z The repair job shall bill to: NTUC SLS2386G

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: _____

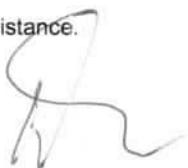
Final Lumpsum Repair cost \$1,150.00

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 :  _____

Signature :  _____

Name : CHIANG

Name : RAM

Tel : 62148314

Date : 20/1/2020

Fax : 65468156

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:



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/INC20001858/Fqd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 21-02-2020	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLS 2386G	Veh. Inspected	SH 7012C
Policy No.	5112369557	Coverage (\$)	0.00
Claim No.	MT/1082782-002	Excess (\$)	0.00
Assign From		Assign Date	03/02/2020
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS HYBRID	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU103556797	Colour	BLUE
Odometer	344856	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	6 mm
L/H Front Tyre	195/65 R15	DAVANTI	6 mm
R/H Rear Tyre	195/65 R15	DAVANTI	6 mm
L/H Rear Tyre	195/65 R15	DAVANTI	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	31/01/2020	Inspection Date	03/02/2020
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. SH 7012C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT FENDER, EMBLEM HYBRID RH	NECESSARY	53.50	53.50
1	FRONT FENDER RH	DENTED	817.50	817.50
1	FRT DOOR (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 25% DISCOUNT		-217.75	-217.75
			653.25	653.25
SPECIAL NETT ITEMS				
1	FRONT DOOR COMFORT LOGO (SN)	NECESSARY	75.00	75.00
			75.00	75.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRT DOOR (LH).		320.00	320.00
	SPRAY PAINTING CHARGE.		500.00	400.00
			820.00	720.00
GRAND TOTAL			1,548.25	1,448.25
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,150.00

Report Ref No. NS/INC20001858/Fqd3e2

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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