

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No: Date of Accident:
 Vehicle No. (For Motor): Certificate Number:

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S108597257		LIM MING HUI	594204251	GPC	drive CLASSIC	SJP1644H	SJP1644H	02/04/2019	01/04/2020

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	17/02/2020 08:44
Date Of Accident	15/02/2020 18:45
Exact Location Of Accident	AMBER GARDENS SLIP RD TOWARDS TANJONG KATONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6621T
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
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	ABD AZIZ B MOHD GHANI
NRIC No	SXXXX667E
Date Of Birth	08/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1992
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91893752
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 702 BEDOK RESERVOIR ROAD #10-3532
Postcode	470702
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?	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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO. - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200216/2023

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	SJP1644H
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHERMAN CHAN
NRIC/Passport Number	

Contact Number	82880816
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ABD AZIZ B MOHD GHANI
Approximate Age	
Injuries Sustain	NECK, SHOULDER AND BACK
Injured person in which vehicle?	SHA6621T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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.

COMMON TRADING CORPORATION LTD
CO, ROAD, SINGAPORE

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.:

SIAMAC Sketch Form_V3



SKETCH PLAN

Refer Sketch plan:
A - SHH 6621T
B - STP 1644H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Attached Police Report No:
T/20200216/2023

(The remaining lines of the section are crossed out with diagonal lines.)

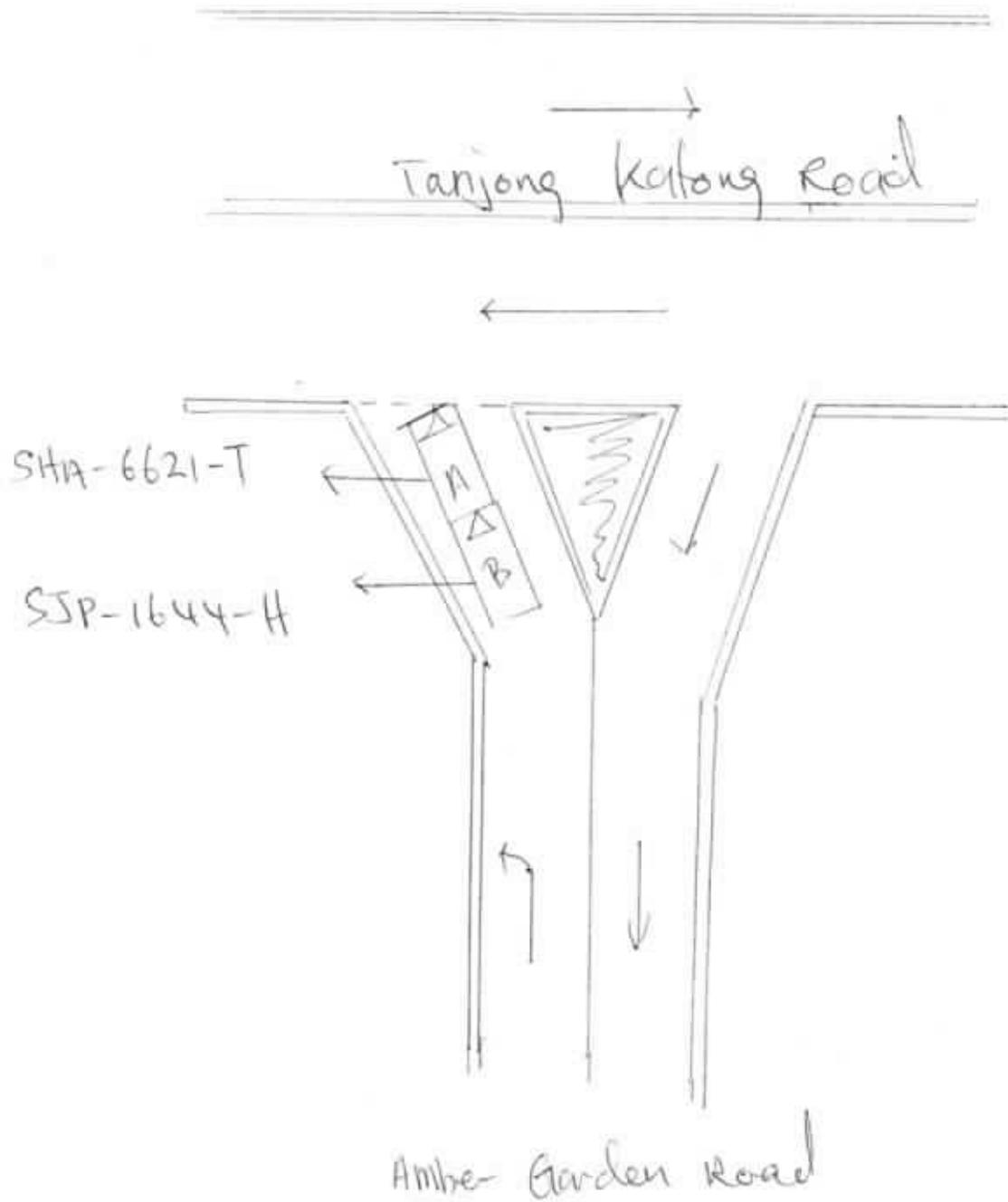
DECLARATION

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

Policyholder's Signature
Date & Time:

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

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





**SINGAPORE
POLICE FORCE**



T/20200216/2023

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20200216/2023

CONTINUATION OF REPORT

Driver			
Name	ABDUL AZIZ BIN MOHAMED GHANI		ID No. S1542667E
Related Vehicle	SHA6621T (TAXI)		Contact No. 91893752
Hospital/Clinic	ANSAR CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	16/02/2020	Date Discharge	16/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	SHERMAN CHAN		ID No. NIL
Related Vehicle	SJP1644H (Car)		Contact No. 82880816
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/02/2020 at about 1845hrs, I was driving along Amber Gardens and stopped at the slip road into Tanjong Katong Road as there was traffic. Suddenly, a vehicle behind me, SJP1644H collided into the rear of my vehicle. My passenger, Mr Lohit and I then alighted and made a check on my taxi. I then spotted a dent on the right rear side of my taxi bumper near the boot area. I took photos of the damages.

The other male driver came out as well and we exchanged phone numbers. My passenger then said that he was in a hurry. As none of us had any injuries, we then left.

On 16/02/2020 in the morning, I felt pain in the back of my neck and back. I then went to Ansar Clinic and was given 3 days of medical leave. I had since sent my taxi to my company workshop and the in car camera is inside the taxi. My taxi company will retrieve the in car camera footage for the accident.

I then came to the police station to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20200216/2023

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20200216/2023

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: G / Sgt 3 SITI NATASHA BINTE ABDUL NASSIR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/02/2020 10:09
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE

NTUC - CP/P

TS

LKK - RAM

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

JOB NO : 305381708
 REGN NO : SHA6621T
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4A)
 DATE OF REGN : 28.11.2019
 DATE/TIME IN : 16.02.2020 03:00
 ACCIDENT DATE : 15.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2712-G	REAR BUMPER	1	458.60	25.00	343.95	X(R)	
0002	04-01-0302-2713-G	REAR BUMPER CENTER-Black	1	552.60	25.00	414.45	XNN	
0003	04-01-0302-2723-G	REAR BUMPER REFLECTOR RH	1	75.10	25.00	56.32	XNN	
0004	04-01-0302-2715-G	REAR BUMPER TOW COVER	1	82.70	25.00	62.02	MIS	
0005	04-01-0302-1150-A	REAR BUMPER MAT	1	50.00		50.00	XNN	
0006	09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	? XNN	
							SUB-TOTAL :	1,048.87

JOB NATURE

0000	PB	PANEL BEATING		350.00		\$320		
0001	SP	SPRAYPAINT CHARGE		250.00		\$200		
0002	L	R/I REVERSE SENSOR		120.00		\$60		
							SUB-TOTAL :	720.00

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 modifications is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

[Handwritten Signature]
 19/2/2020
 Ram (LKK)
 17/02/2020
 Pina Suan @ lkk.com.sg
 58622779
 (5/4)
 For parts photo
 @ppindys

COMFORTDELGRO ENGINEERING PTE LTD

Date: 17.02.2020

REPAIR ESTIMATE

NTUC-CP/P)

Time: 12:27:17

Page: 2

PTIS

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

LKK-RAM

JOB NO : 305381708
REGN NO : SHA6621T
MILEAGE : 000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 28.11.2019
DATE/TIME IN : 16.02.2020 03:00
ACCIDENT DATE : 15.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,768.87

(Signature)

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE
DATE :

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

JOB NO : 305381708
 REGN NO : SHA6621T
 MILEAGE : 000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4A)
 DATE OF REGN : 28.11.2019
 DATE/TIME IN : 16.02.2020 03:00
 ACCIDENT DATE : 15.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2715-G	REAR BUMPER TOW COVER	1	82.70	25.00	62.02	<i>ms</i>
						SUB-TOTAL : 62.02 ✓

JOB NATURE

0000 PB	PANEL BEATING				320.00	<i>/</i>
0001 SP	SPRAYPAINT CHARGE				200.00	<i>/</i>
0002 L	R/I REVERSE SENSOR				60.00	<i>/</i>
						SUB-TOTAL : 580.00

TOTAL : 642.02

Limfs
 MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

Our Job Ref No : 305381708

Date : 19/02/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHA6621T

Date of Accident : 15-Feb-20

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

1. The repair job shall bill to: NTUC --- SJP1644H

2. The finalized amount shall be:

(a) Spare Parts after List discount \$62.02

(b) Labour Charges \$580.00

Total for Part-By-Part Repair Cost \$642.02

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

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 : LIM T S

Name RAM

Tel : 62148398

Date :  20/2/2020

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		NO		
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/INC20002751/Ftf3n2			
73 BRAS BASAH ROAD		Date: 21-02-2020	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJP 1644H	Veh. Inspected	SHA 6621T
Policy No.	5108597267	Coverage (\$)	0.00
Claim No.	MT/1085128-001	Excess (\$)	0.00
Assign From		Assign Date	17/02/2020
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS (G4A16)	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU703089501	Colour	BLUE
Odometer	24760	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 REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/02/2020	Inspection Date	17/02/2020
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 8315

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 6621T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER CENTER-BLACK	NOT NECESSARY	552.60	-
1	REAR BUMPER REFLECTOR RH	NOT NECESSARY	75.10	-
1	REAR BUMPER TOW COVER	MISSING	82.70	82.70
	LESS 25% DISCOUNT		-292.25	-20.68
			876.75	62.02
NETT ITEMS				
1	REVERSE SENSOR (N)	NOT NECESSARY	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
SPECIAL NETT ITEMS				
1	REAR BUMPER MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
LABOUR				
	PANEL BEATING.		350.00	320.00
	SPRAYPAINT CHARGE.		250.00	200.00
	R/I REVERSE SENSOR.		120.00	60.00
			720.00	580.00
GRAND TOTAL			1,768.88	642.02
RECOMMENDED COST OF REPAIRS (CONFIRMED)				642.02

Report Ref No. NS/INC20002751/Ft3n2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.