

SUMMARY

Kalin

REF:

NS/INC17022875 / Klvb52

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: SLA 1886GPolicy No. 5095893945 24.11.17 - 23.11.18Claims No. MT/0971806-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

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 70784 Yr Regn: 7 Apr 2016

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Truck / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Ix0 cc 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 257069 T. Radio: Insured / Std / NI / NA

Eng. No: _____

C/No: KMHLPK14M H4 08682

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rrim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 29/11/17 D.O.I. 1/12/17Survey held at CPA (C. P. A.)

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

Front

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

Date / Time Action / Instruction

SHC 70784 - (33/707/602406 / P/bbs)

DCA: 23.11.16

ZNC

SLA 1886G - X

PIP

4/2/17 Control PIP \$2455.26 / 2 days (Red 1479.10, 371)

RECEIVED 05 FEB 2017

Date/Time File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time File Return to?

2) 5/12 - typist

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

Survey Fee:

Transportation

J \$ - R \$

Photos

Colors

Report Format:

Lum Sum / I.B.I. \$

2455.26

Add Fee:

☐

Site Insp \$

☐

Interview \$

☐

Tech Invs \$

☐

Weekend \$

TOTAL

Survey Department Check List (Case Handler)

Reference No. : NS/INC17032875/Klvb
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: VERON 4/12/17
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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/INC17022875/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLA 1886G	Veh. Inspected	SHC 7078U
Policy No.	5095893945	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	01/12/2017

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	29/11/2017	Inspection Date	01/12/2017
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.
--

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Tuesday, 5 December, 2017 11:43 AM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia

Senior Admin Assistant, Motor Insurance

www.income.com.sg



From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Tuesday, December 05, 2017 10:16 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0971806-002	CITYCAB PTE LTD	SHC 7078U	SLA 1886C

D.O.A	Time of Accident	Estimate	Tentative repair cost
29/11/2017	9:20	\$3,934.36	\$2,455.26

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095893945	GETAWAYS	53349223L	GCV	Comprehensive	SLA1886G	SLA1886G	24/11/2017	23/11/2018

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 ability.
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 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	30/11/2017 16:58
Date Of Accident	29/11/2017 09:20
Exact Location Of Accident	TANJONG KATON ROAD X SANDY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7078U
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072702MFSH
Cover Note Number	

Driver

Name of Driver	IDRIS BIN MD ALI
NRIC No	S1485298J
Date Of Birth	06/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	25/04/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	DESHIKIN@HOTMAIL.COM

Address 407 YISHUN AVENUE 6#02-1294
 Postcode S760407
 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 - MAJOR/MINOR RD
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? YES
 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

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS SEE 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 SLA1886G
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver LIN GUOQIANG
 NRIC/Passport Number S8415576D
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage RHT FRT
 No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	IDRIS BIN MD ALI
Approximate Age	61
Injuries Sustain	BACK, NECK & HEAD
Injured person in which vehicle?	SHC7078U
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	407 YISHUN AVENUE 6#02-1294
Postcode	

Sketch Plan Pg. 1

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. 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.

CITYCAB PTE LTD
CO. REG. NO. 199502830R

 30/4

Lim Ee Soon
CSO

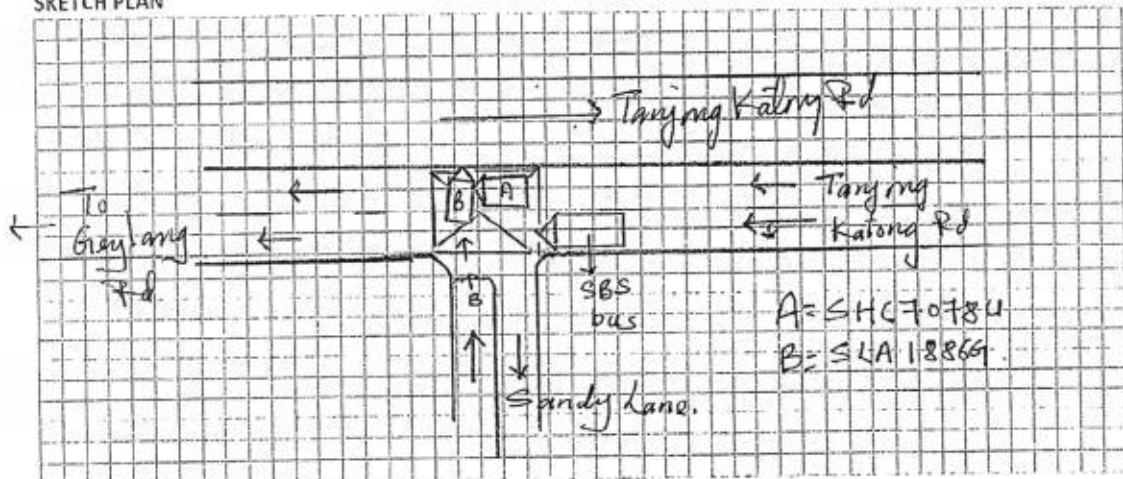
Policyholder's Signature
Date & Time:

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

Police
Report
attached

DECLARATION

I/We declare the foregoing particulars are true in every respect.
CITYCAB PTE LTD
CO. REG. NO. 1995028390

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. 3



**SINGAPORE
POLICE FORCE**



T/20171129/2119

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20171129/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2017 17:18		Vide Report No.:		Station Diary No.: 119	
Informant's Particulars					
Name of Informant: IDRIS BIN MD ALI			Address: APT BLK 407 YISHUN AVENUE 6 #02-1294 SINGAPORE 760407		
ID Type / ID No.: NRIC NO / S1485298J			Contact No.: Home/Office:		Mobile: 97505058
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 06/11/1956	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/11/2017 09:20	Type of Location: Straight Road
Location: Along Road 1 TANJONG KATONG ROAD				
Tanjong Katong Road towards City Plaza				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7078U	Taxi				Slightly Damaged	1
SLA1886G	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20171129/2119

2 of 3

Report No. T/20171129/2119

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Driver		ID No.		S1485298J	
Name	IDRIS BIN MD ALI			Contact No.	97505058
Related Vehicle	SHC7078U (Taxi)			Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Hospital/Clinic	RAFFLES MEDICAL			Date Treatment	29/11/2017
Date Treatment			29/11/2017	Date Discharge	29/11/2017
No. of Days granted Medical Leave			03	Degree of Injury	Slight

Brief Details.

On 29/11/2017 at about 0920hrs, I was travelling along Tajong Katong towards City Plaza. The road was a two lane road and I was travelling on the outer lane and I was going straight.

2. At a non traffic light controlled junction (Junction of Tanjong Katong and Sandy Lane) , a vehicle (SLA1886G) had suddenly came out of Sandy Lane, turning right. the said vehicle had steered infront of my path and I was unable to stop. As a result, the front right portion of the said vehicle had hit the front of mine.

3. We had then both alighted from our vehicles. My taxi sustained damage on the front bumper and license plate. The other vehicle had dents and scratches on the right front side of the body.

4. I had felt giddy and as such an ambulance and traffic police had responded to me. I was subsequently conveyed to Raffles Hospital where I was given 3 days medical leave. That is all.

Sketch Plan Pg. 5



SINGAPORE
POLICE FORCE



T/20171129/2119

3 of 3

Report No. T/20171129/2119

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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:
F /
SI LEE YAO MING, KEVIN GABRIEL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No: 65476138

Authentication Stamp
NP168 Signature:

Singapore Police

Signature Of Informant:

Date/Time:
29/11/2017 17:18

Classification Of Case:

NTUC
LKK

Team: ARC Repair TP(CFS0)1

JOB CARD Sales Order:

JC NO.305093927

CUSTOMER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 L (R) (P) (O)	REGN NO:	SHC7078U	MILEAGE
	MAKE:	HYUNDAI	FUEL
	MODEL	I-40	DATE/TIME IN
	YR OF MANU	07.04.2016	TARGET DATE
	CHASSIS CODE	KMHLB41UMGU086843	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.11.2017
NATURE: 3P 29.11.17

S/NO LABOR CODE DESCRIPTION

Vehicle Towed

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC7078U

LIMITS

Vehicle No.: SHC7078U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 1/12/2017

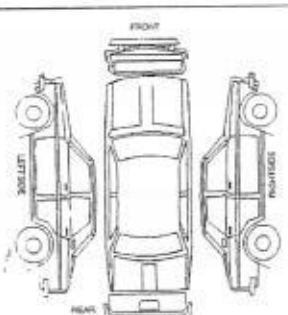

LKK - Kalvin

MODEL : HYUNDAI i40

Nett
Nett



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition 1. Date: <u>30/11/17</u> Time Received: <u>1420</u> 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : _____ Contact No. : <u>9750 50 58</u> Vehicle No. : <u>S1/C 7078-U</u> Make / Model / Colour : <u>140</u> Email : _____		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
7. Location: <u>TP Bound</u> 9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		5. Nature of Service: <input checked="" type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
Job Attended 12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : _____ Vehicle No. : <u>YK77170</u> Time Dispatch : <u>30/11/17</u> Time of Arrival : <u>1455</u> Time Completed : _____		11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested  # : Cracked X : Dented / : Scratched O : Missing Signature of Customer : _____	
Cash Invoice Details (if applicable) 13. Cash Invoice No. : _____			
Customer Acknowledgement a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> <u>30/11/17</u> Date </div> <div> <u>30/11/2017</u> Time </div> <div>  Signature of Customer </div> </div>			
14. WORKSHOP <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> _____ Name of Attending Staff/Guard </div> <div> _____ Date & Time of Arrival </div> <div> _____ Signature of Attending Staff/Guard </div> </div>			

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305093927
Date : 04/12/17

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SHC7078U Date of Accident : 29-Nov-17

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


1. The repair job shall bill to: NTUC --- SLA1886G
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$2,075.26
 - (b) Labour Charges \$380.00
 - Total for Part-By-Part Repair Cost \$2,455.26**
 - (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 : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 4/12/17

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

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305093927
REGN NO : SHC7078U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 07.04.2016
DATE/TIME IN : 29.11.2017 09:20
ACCIDENT DATE : 29.11.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS	NO PLATE(S)-W/TRIM COVER	1 L	55.00	10.00	49.50
0002 04-01-0103-2292-G	BUMPER FRT	1	1,052.20	20.00	841.76
0003 04-01-0103-2164-G	RADIATOR GRILLE	1	1,480.00	20.00	1,184.00

SUB-TOTAL : 2,075.26

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00

SUB-TOTAL : 380.00

TOTAL : 2,455.26



MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



Thatcham ecribe

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/INC17022875/K1vbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 12-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLA 1886G	Veh. Inspected	SHC 7078U
Policy No.	5095893945	Coverage (\$)	0.00
Claim No.	MT/0971806-002	Excess (\$)	0.00
Assign From		Assign Date	01/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU086843	Colour	YELLOW
Odometer	257069	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	29/11/2017	Inspection Date	01/12/2017
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 7078U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	SET RADIATOR GRILLE	CRACKED	1,480.00	1,480.00
1	RADIATOR GRILLE H EMBLEM	NOT NECESSARY	290.80	-
1	RADIATOR GRILLE CHROME MOULDING	NOT NECESSARY	395.50	-
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER LIP	SERVICEABLE	62.50	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	SERVICEABLE	49.20	-
2	FRONT BUMPER RETAINER MOUNTING @\$9.20	SERVICEABLE	18.40	-
	LESS 20% DISCOUNT		-812.34	-506.44
			3,249.36	2,025.76
<u>NETT ITEMS</u>				
1	FRONT NUMBER PLATE (N)	MISSING	25.00	25.00
1	FRONT NO PLATE TRIM COVER (N)	MISSING	30.00	30.00
	LESS 10% DISCOUNT		-	-5.50
			55.00	49.50
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		430.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			630.00	380.00
GRAND TOTAL			3,934.36	2,455.26
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,455.26

Report Ref No. NS/INC17022875/K1vbs2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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.