

Signature

Kalin

REF: NS/UC17023009/KHbn2

ASSIGNMENT

Front: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SGT 2645MPolicy No: 5083117467-01 180817-370618Claims No: NY/0972537-001

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: 2 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 78815 Vr Regn: 4 Sep 314

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 cc 1685Colour: Yellow A/C: Ins Std / NI / NASp Reading: 578916 T.Radio: Ins Std / NI / NA

Eng/No: _____

C/No: KMHCB44AE405958Gen. Cond: Good / 6 / Poor / BurntSteering: Inorder / 6 / Jammed / Leaked / Burnt orBrake: Inorder / 6 / Jammed / Leaked / Burnt orModi: Nil / Si/Rim / 6 / STD A/Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or West/14

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 2/12/7D.O.I. 4/2/7Survey held at CPAE (Logan)

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

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

Date / Time Action / Instruction

SHC 78815 - (R3/ALH15011324/H12a3g2

DCA: 050715

INC

SGT 2645M - (R6/AXA13021128/Kuy3c3

DCA: 0711-13

C/S

5/12/7 Contracted C/S \$700 / 2 Pys
(Red 81711.58, 71%)

RECEIVED 30 DEC 2017

Date/Time File Pass to?

☐

Preli. Report

1) 06/12 4pm

☐

Final Report

Date/Time File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee

Transportation

1) \$-R\$ \$

2) Photo

3) Detail

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech Insp (\$)☐ Weekend (\$)Report Format: TPLump Sum / I.B. (\$) 700

160

35

195



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/INC17023009/K1tb

73 BRAS BASAH ROAD

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



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGT 2645M	Veh. Inspected	SHC 7881S
Policy No.	5083117467-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

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

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5. General Information

Accident Date	02/12/2017	Inspection Date	04/12/2017
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.
--

Slit 2645m

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

(1) Office Assign Form

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

(1) Assignment Form

(2) System - (Views/Merimen)

(3) Workshop Estimate/Assignment Form

(4) System - (Views/Merimen)

Check By: [Signature] 06/14/17
Case Handler Date

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0972062-002	COMFORT TRANSPORTATION PTE LTD	SHB 4016Z	SJM 6450H
2	MT/0972433-002	COMFORT TRANSPORTATION PTE LTD	SHA 7836J	GX 8202Y
3	MT/0972164-002	COMFORT TRANSPORTATION PTE LTD	SHA 2392E	SJE 7509J
4	MT/0971935-002	COMFORT TRANSPORTATION PTE LTD	SHA 7136X	SLK 4227L
5	MT/0972451-002	COMFORT TRANSPORTATION PTE LTD	SHC 8041T	CB 7424T
6	MT/0972537-001	CITYCAB PTE LTD	SHC 7881S	SGT 2645M
7	MT/0972539-001	COMFORT TRANSPORTATION PTE LTD	SHD 4760Y	YM 6630C

eBaoTech

GeneralClaim

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="02/12/2017 10:14"/>						
Vehicle No.(For Motor)	<input type="text" value="SGT2645M"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5083117467-01	WONG CHER MOI	S1595992D	GPC	drive CLASSIC	SGT2645M	SGT2645M	18/08/2017	27/06/2018
<input type="button" value="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	04/12/2017 08:15
Date Of Accident	02/12/2017 11:20
Exact Location Of Accident	SLIP RD FROM UPP EAST COAST RD TWDS BEDOK S AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7881S
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	SEE HOCK ENG
NRIC No	S1717915B
Date Of Birth	10/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1986
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	530 14-57 JELAPANG ROAD
Postcode	670530
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
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?	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	SGT2645M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHONG MU HE
NRIC/Passport Number	S8851762H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	PASSENGER
------	-----------

Approximate Age

Injuries Sustain

KNEE

Injured person in which vehicle?

SHC7881S

Were seat belts worn?

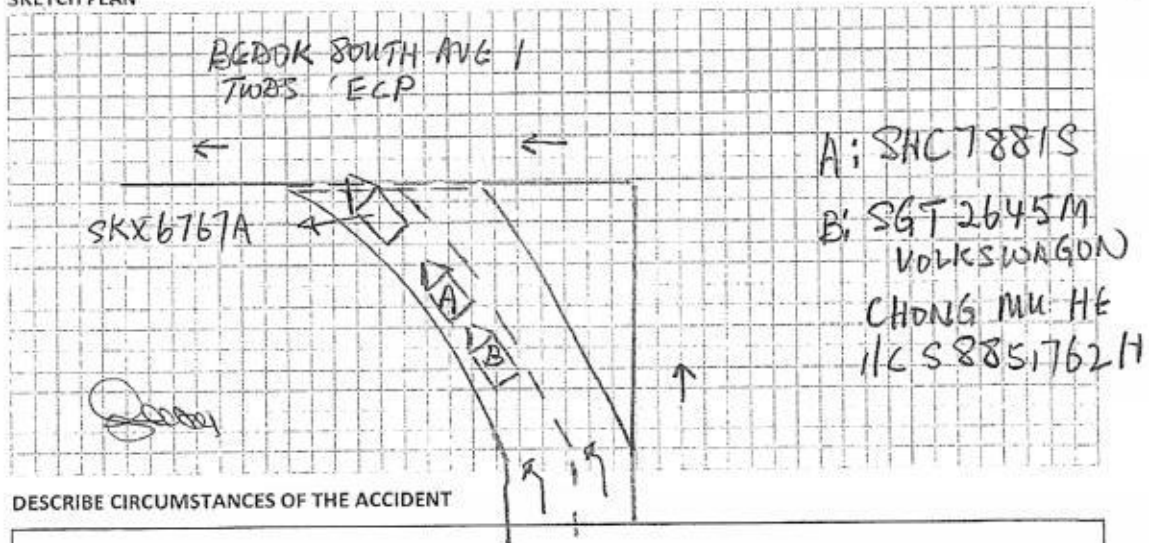
Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 CO. REG. NO. 199502839G

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)

Reporting Centre Personnel's Signature
 Name:

Describe Circumstances of the Accident

On 02 Dec 2017 at about 11:20 hrs I stopped my taxi behind a car SKX6767A along a Slip Rd from Upper East Coast Rd leading towards the direction of Bedok South Ave 1 waiting for the front car to move forward.

The front car moved forward and suddenly braked and stopped. I moved forward as well. Fortunately I was able to brake in time.

However a split second later a Volkswagen car SGT2645M came from behind collided onto the Rear portion of my taxi.

01 lady passenger on board my taxi. After the accident she complained of pain to her knee. I advised her to see a Doctor later on.

Enclosed is a video footage to support my claims.

Declaration

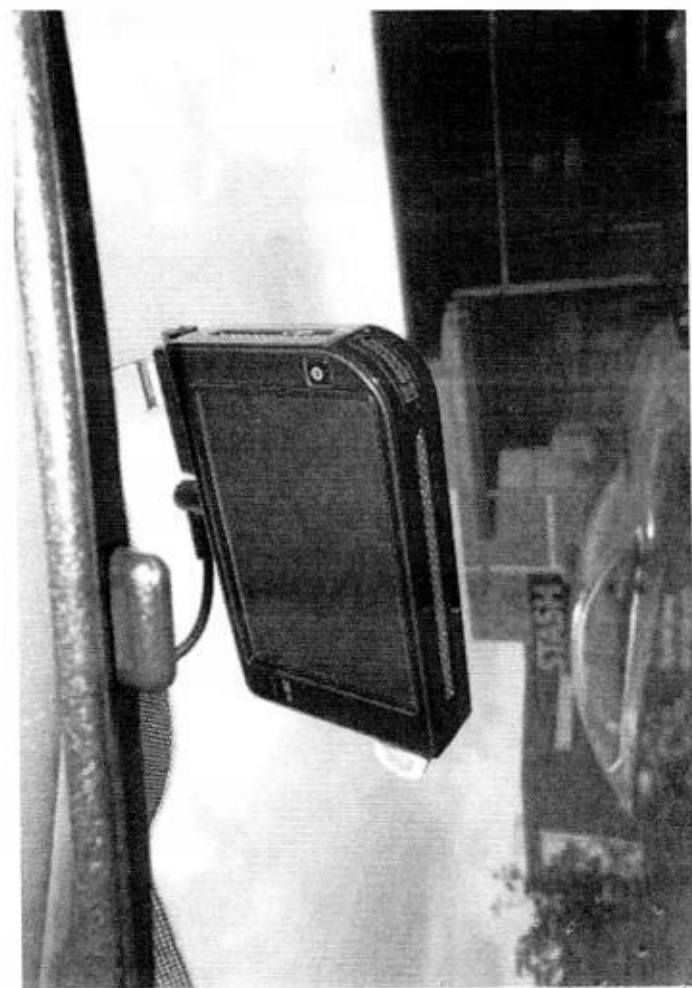
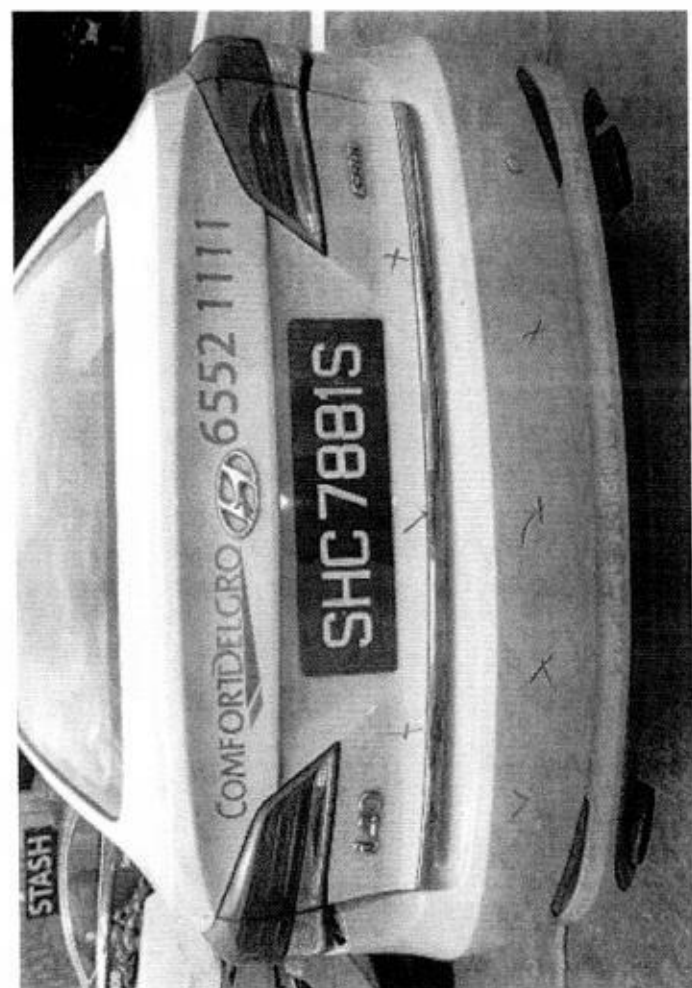
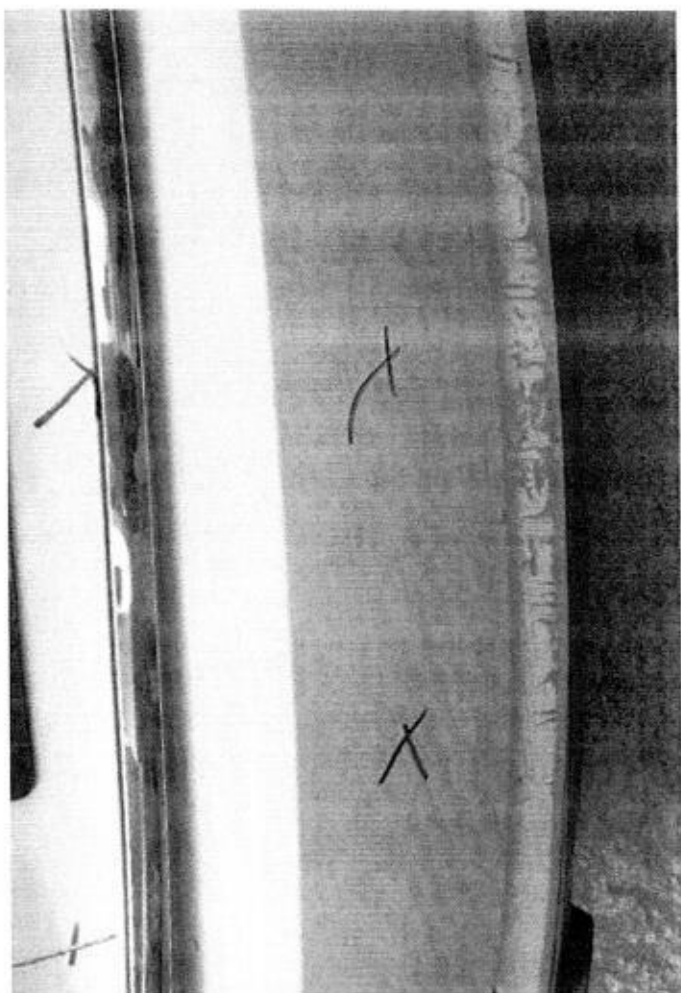
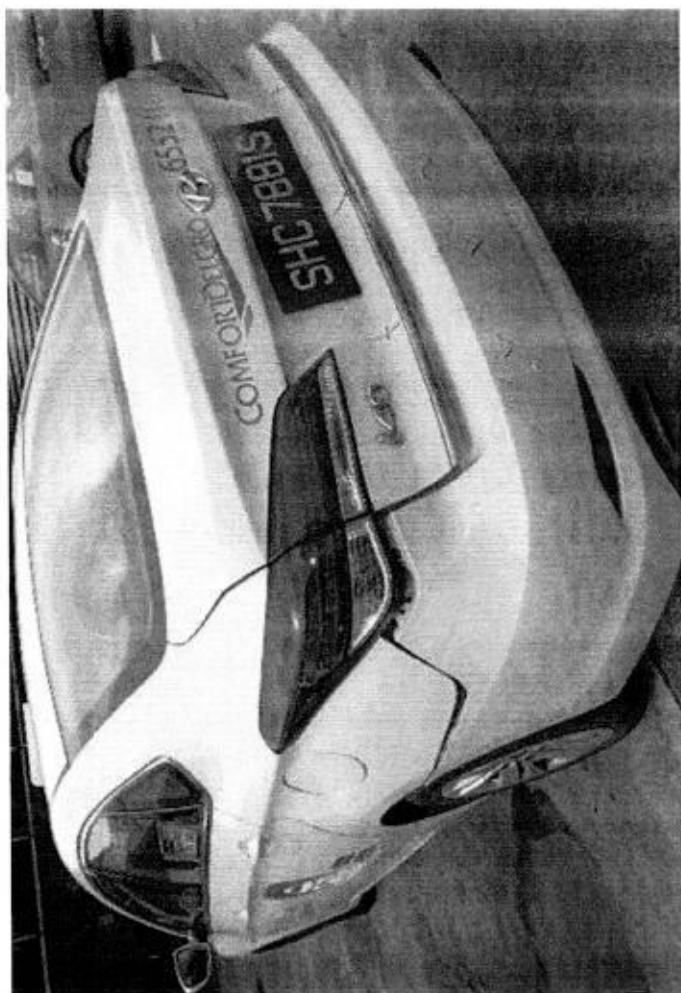
I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
CO. REG. NO. 199502830

Policyholder's Signature/Date &
Time

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

03/12/17
Witnessed by Reporting
Centre Personnel





A member of COMFORTDELGRO

Date/Time: 04.12.2017 10:02 Page : 1

Team: ARC Repair TP(CFS0)1

JOB CARD Sales Order:

JC No.305094323

CUSTOMER CITYCAB PTE LTD VMS 7010070 CUSTOMER NO ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L (R) 65551188 (O) (P) SCOUNT CARD NO.	REGN NO: SHC7881S	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 03.12.2017 10:55
	YR OF MANU 04.09.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU059540	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.12.2017
 NATURE: 3P 02.12.2017

S/NO	LABOR CODE	DESCRIPTION
		NTUC - taxi Rear damage
		LKA / Kelvin -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC7881S
 LARRY
 Larry Ng

Vehicle No.: SHC7881S

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7881S

MAKE :

MODEL : HYUNDAI i40

NTUC

DATE 4/12/2017 10:26

DOA: 02.12.17

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Defect</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X sue</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X sue</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X sue</i>			\$ 49.00
	Rear Bumper Clips <i>u</i>			\$ 22.00
	Rear Bumper Sponge <i>X sue</i>			\$ 143.40
	Rear Bumper Under Cover <i>X sue</i>			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor <i>X sue</i>			\$ 135.70
				\$ 135.70
	Labour Charge			200
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 200.00 <i>180</i>
	Wiring Charge			\$ 50.00 <i>X 20</i>
	R/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,411.58

Larry Ng

Kahwe 10/10/17

4/12/17 1055hr

2 days

4/12

After Repair photo

LKK Auto Consultants hereby notify the Reparer of the following:

- To rectify defects after survey.
- To display damaged parts during survey.
- Parts prices are subject to confirmation.
- Third party liability for any damage to the vehicle.
- No time limit for completion of work.
- Supplementary items must be provided and is subject to confirmation from the insurance company.

Acknowledged by Reparer:

Signature:

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305094323
Date : 05/12/17

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

FINALIZATION FORM

To : LKK
Attn : KALVIN

Fax :

Vehicle Reg No. : SHC7881S Date of Accident: 02/12/17

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

- The repair job shall bill to: NTUC SGT2645M
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges
 - Total for Part-By-Part Repair Cost
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: \$700.00
Final Lumpsum Repair cost
- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : Larry Ng
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature :
Name :
Date : 5/12/17

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	\$5.35			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

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/INC17023009/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 07-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGT 2645M	Veh. Inspected	SHC 7881S
Policy No.	5083117467-01	Coverage (\$)	0.00
Claim No.	MT/0972537-001	Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU059540	Colour	YELLOW
Odometer	578916	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

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

5. General Information

Accident Date	02/12/2017	Inspection Date	04/12/2017
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
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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 7881S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-381.47	-125.12
			1,525.88	500.48
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	400.00
GRAND TOTAL			2,411.58	900.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				700.00

Report Ref No: NS/INC17023009/K1tbn2

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

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