

Signature

Kalvin

REF: NS/2NC17023976 / Kqbnz

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: SJM 94744
 Policy No: 5093304016 11-08-17 - 100818
 Claims No: M1/0974088-002
 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: 7 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: SHA 473T Yr Regn: 20 Apr 2012
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Santa Fe CC: 1900
 Colour: Yellow A/C: Insured / Std / Nil / NA
 Sp. Reading: 768058 T. Radio: Insured / Std / Nil / NA
 Eng/No: _____
 Cr/No: ICM HET 4VMCA 822567
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 215 / 60 R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Maxx
 Front: 7 mm Rear: 7 mm
 R/Bal: 7 mm L/Bal: 7 mm
 D.O.A: 15/12/17 D.O.I: 18/12/17
 Survey held at: COLE (6071)
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
N/S B/L
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SHA 473T - 03/01/16 023576 / High 352
SJM 94744 - X
19/12/17 (Contract 4/5 \$1500 / 2 Pys
(bad \$847.68, 36%)

Ref: 010216 ZMC

RECEIVED 21 DEC 2017

Date/Time: File Pass to?

☐

: Preli. Report

11/12/17 fraser

☐

: Final Report

Date/Time: File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee

Transportation

1. S - RS \$

Photos

1. Copy

Report Format: TP

Lump Sum / I.B. / S 1500

Add Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Tech. Ins: \$

☐

Web-end: \$

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/INC17023976/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJM 9474U	Veh. Inspected	SHA 473T
Policy No.	5093304016	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	18/12/2017

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	15/12/2017	Inspection Date	18/12/2017
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.
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Survey Department Check List (Case Handler)

Reference No.: NS/INC/17023976/Kab
Policy Type: OD / TP / TP RES / TL / EVA

SHA 473T

Case Handler

Typist

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

(1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Calvin): 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

✓			
✓			
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✓			

(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

✓		
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Check By:

Calvin 20/12/17

Case Handler

Date

TP Claims against NTUC Income: Follow-Through Survey

Date : 20/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0973733-002	COMFORT TRANSPORTATION	SHD 4138U	GBA 5869Z	13/12/2017	18:30	\$ 5,078.82
2	MT/0973984-002	COMFORT TRANSPORTATION	SHD 3473H	PC 3357X	16/12/2017	13:15	\$ 3,512.96
3	MT/0974088-002	CITYCAB PTE LTD	SHA 473T	SJM 9474U	15/12/2017	17:00	\$ 2,347.68
4	MT/0973041-002	COMFORT TRANSPORTATION	SHC 1446E	SLR170E	10/12/2017	13:30	\$ 1,233.50
5	MT/0973902-002	COMFORT TRANSPORTATION	SHD 3061M	SJR 8561G	13/12/2017	11:30	\$ 2,461.58
6	MT/0974506-002	CITYCAB PTE LTD	SH 9111L	SJG 397A	18/12/2017	10:15	\$ 2,534.88

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="15/12/2017 17:12"/>						
Vehicle No.(For Motor)	<input type="text" value="SJM9474U"/>								
<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"/>	5093304016	PAWARDI D/O V G NAIR MRS. SUKUMARAN K NAIR	S1222089H	GPC	drive CLASSIC	SJM9474U	SJM9474U	11/08/2017	10/08/2018
				<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	16/12/2017 09:32
Date Of Accident	15/12/2017 17:00
Exact Location Of Accident	DUNLOP ST TWDS SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA473T
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	SONATA
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	KOH JIM SIN
NRIC No	S0188584G
Date Of Birth	15/04/1952
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1972
Driving Experience	45 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 552 HOUGANG STREET 51 #10-284
Postcode	530552
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
Was any body injured in the Accident?	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

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

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	SJM9474U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	S SUTHAN NAIR
NRIC/Passport Number	S9345560F
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT DOOR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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. 199502839G

Policyholder's Signature
Date & Time:


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

 16/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON- 15 Dec 2017 @ 1400hr I veh. A
 was driving along Dunlop Rd towards Serangan Rd
 Suddenly veh. B Driver from outside walk towards
 his veh. B and open Right front door without
 looking veh A is coming. Veh. B door hit veh A
 left front door and left front tyre. at the point
 of accident I veh A carry 2 female passengers
 they were ok when I call with them.

DECLARATION

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

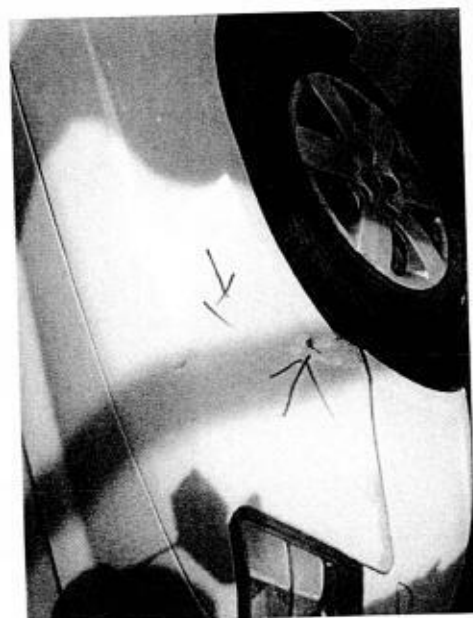
CITYCAB PTE LTD
 CO. REG. NO. 199502839G

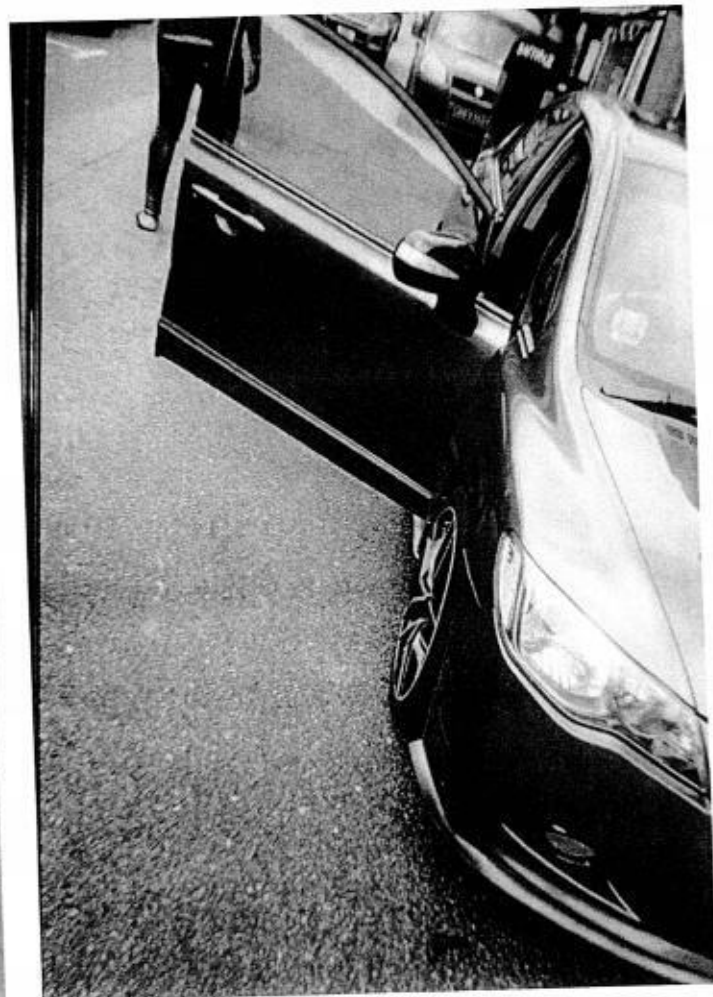
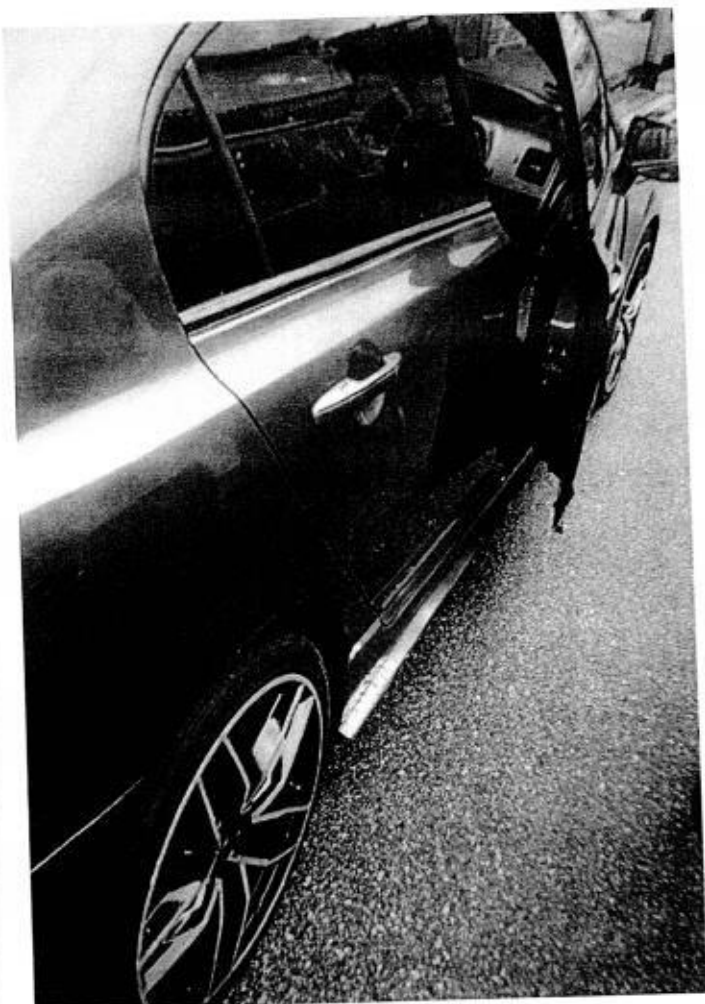
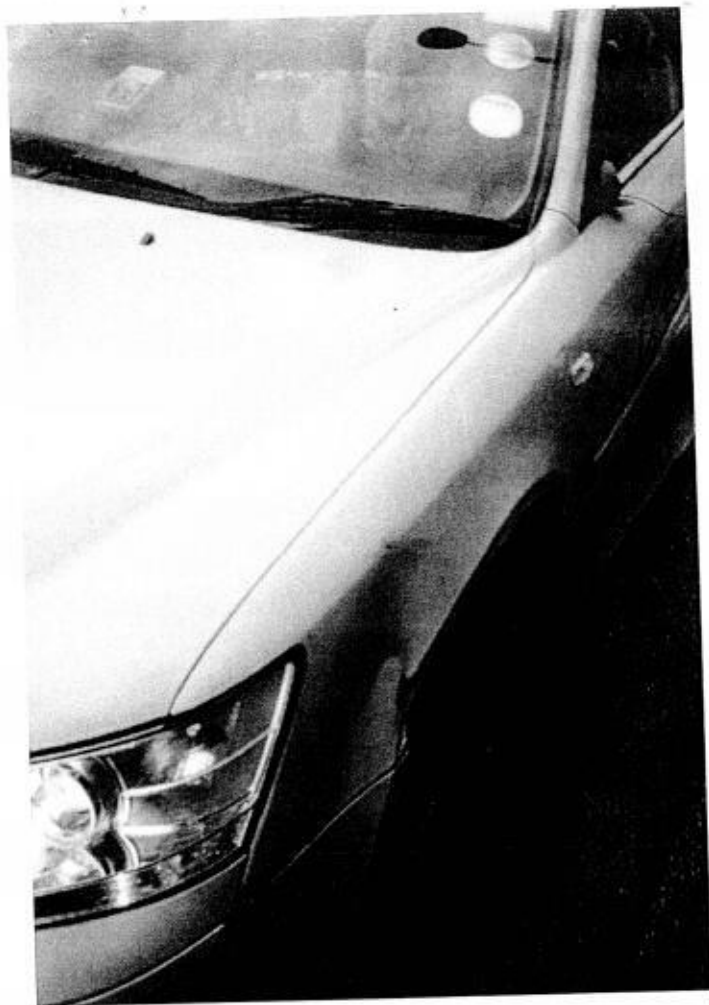
Policyholder's Signature
 Date & Time:

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

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

[Signature] 16/12/17





Team: CK ARC Repair TP(CFSO)1		JOB CARD Sales Order:		JC NO.305098527
CUSTOMER		REGN NO:	SHA 473T	MILEAGE
VMS CITYCAB PTE LTD		MAKE:	HYUNDAI	FUEL
CUSTOMER NO 7010070		MODEL:	SONATA	DATE/TIME IN
ADDRESS 383 SIN MING DRIVE		YR OF MANU:	30.04.2012	16.12.2017 21:00
Singapore SINGAPORE 575717		CHASSIS CODE:	KMHET41VMCA822567	TARGET DATE
L: (R) 65551188 (O)		COMPLETION DATE/TIME:		
(P)				
SCOUT CARD NO.				

Accident Date: 15.12.2017
NATURE: 3P 15.12.2017

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		NTUC - taxi left from damage
		LKR/Kalmi -

CHECKED & PASSED OUT BY: _____		CUSTOMER'S SIGNATURE _____	
SERVICE ADVISOR			
Acknowledgement Slip		Exit Pass	
To: SHA 473T LARRY		Vehicle No.: SHA 473T	
Signature/Date		Name of Service Advisor	
Signature/Date		Date	
To be returned to Service Reception upon collection		To be kept by Security Guard	

REPAIR ESTIMATE*

MAKE :

MODEL : HYUNDAI SONATA

NTNC

DATE 18/12/2017 9:28

DVA: 15.12.17

Page 1 of 1

TYPE OF CLAIM : 3P / NTUC
SURVEYED BY : LKK / KALVIN
DATE : 19.12.2017

[illegible]

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305098527
Date : 19.12.2017

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHA 473T

Fax :

Date of Accident: 15.12.2017

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

- The repair job shall bill to: NTUC SJM9474U
- 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: \$1,500.00
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 : Koh
Name : Koh
Date : 19/12/17

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/INC17023976/K1qbn2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-12-2017
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJM 9474U	Veh. Inspected	SHA 473T
Policy No.	5093304016	Coverage (\$)	0.00
Claim No.	MT/0974088-002	Excess (\$)	0.00
Assign From		Assign Date	18/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA822567	Colour	YELLOW
Odometer	768058	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	15/12/2017	Inspection Date	18/12/2017
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. SHA 473T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT FENDER (LH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	86.00	-
1	FRONT FENDER SIGNAL LAMP (LH)	CRACKED	45.40	45.40
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT DOOR OUTER HANDLE (LH)	TO REPAIR	37.00	-
1	FRONT DOOR OUTER MOULDING (LH)	CUT	61.00	61.00
1	FRONT DOOR MIRROR (LH)	BROKEN	545.50	545.50
1	FRONT WHEEL HUB CAP (LH)	GRAZED	145.00	145.00
	LESS 20% DISCOUNT		-304.42	-277.98
			1,217.68	1,111.92
<u>SPECIAL NETT ITEMS</u>				
1	TYRE (50%)(SN)	CUT	207.00	103.50
			207.00	103.50
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		730.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		400.00	250.00
			1,130.00	670.00
GRAND TOTAL			2,554.68	1,885.42
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,500.00

Report Ref No. NS/INC17023976/K1qbn2

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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