





## 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/INC18003032/K1rd3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 14-02-2018

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJN 6180G	Veh. Inspected	SHB 3377M
Policy No.	5084652447-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	14/02/2018

### 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	13/02/2018	Inspection Date	14/02/2018
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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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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084652447-02	SJ MOTOR ENTERPRISE	52838801X	GFT	Third Party	SJN6180G	SJN6180G	28/10/2017	

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0983795-001	SMRT TAXIS PTE LTD	SHF 463X	SJN 9459J
2	MT/0981796-002	SMRT TAXIS PTE LTD	SHC 4663A	GBA 6665M
3	MT/0975626-001	COMFORT TRANSPORTATION PTE LTD	SHD 7056C	GBB 1942R
4	MT/0981648-002	COMFORT TRANSPORTATION PTE LTD	SHC 1712L	SGH 1324J
5	MT/0983803-001	COMFORT TRANSPORTATION PTE LTD	SHD 7132R	SJF 7099U
6	MT/0982121-002	CITYCAB PTE LTD	SHC 813K	FY 9030B
7	MT/0983229-002	COMFORT TRANSPORTATION PTE LTD	SHB 6683J	FBL 894A
8	MT/0981814-002	COMFORT TRANSPORTATION PTE LTD	SHA 7150D	SGK1749B
9	MT/0974867-002	COMFORT TRANSPORTATION PTE LTD	SHC 8221R	SJR 8271T
10	MT/0983812-001	CITYCAB PTE LTD	SHC 600H	SKH 1597R
11	MT/0981491-002	COMFORT TRANSPORTATION PTE LTD	SHC 8248P	SJL 8210B
12	MT/0982113-002	COMFORT TRANSPORTATION PTE LTD	SHC 2469H	SJE 4769U
13	MT/0976388-001	COMFORT TRANSPORTATION PTE LTD	SHD 3298Y	SKP 4054D
14	MT/0977790-003	SMRT TAXIS PTE LTD	SHC 4018M	SKK 7897U
15	MT/0983818-001	CITYCAB PTE LTD	SHB 3377M	SJN 6180G
16	MT/0974783-002	COMFORT TRANSPORTATION PTE LTD	SHC 8897R	SJB 8136K
17	MT/0974882-002	COMFORT TRANSPORTATION PTE LTD	SHD 3364P	GBF 2607G

## 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 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	13/02/2018 16:40
Date Of Accident	13/02/2018 05:30
Exact Location Of Accident	TAMPINES EXPRESSWAY SLIP RD TWDS LOYANG AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3377M
<b>Insured/Policyholder</b>	
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	TAN CHIEW PENG
NRIC No	S1751202A
Date Of Birth	30/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	07/05/1987
Driving Experience	30 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	TANCHIEWPENG1966@GMAIL.COM

Address	BLK 441C FERNVALE ROAD #22-329
Postcode	793441
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 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)	5

Passenger 1	NAME: : -	GENDER: : FEMALE
Passenger 2	NAME: : -	GENDER: : FEMALE
Passenger 3	NAME: : -	GENDER: : FEMALE
Passenger 4	NAME: : -	GENDER: : MALE

#### 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

REFER 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	SJN6180G
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	MR LIM
NRIC/Passport Number	
Contact Number	90906246
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

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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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839C

Policyholder's Signature  
Date & Time:

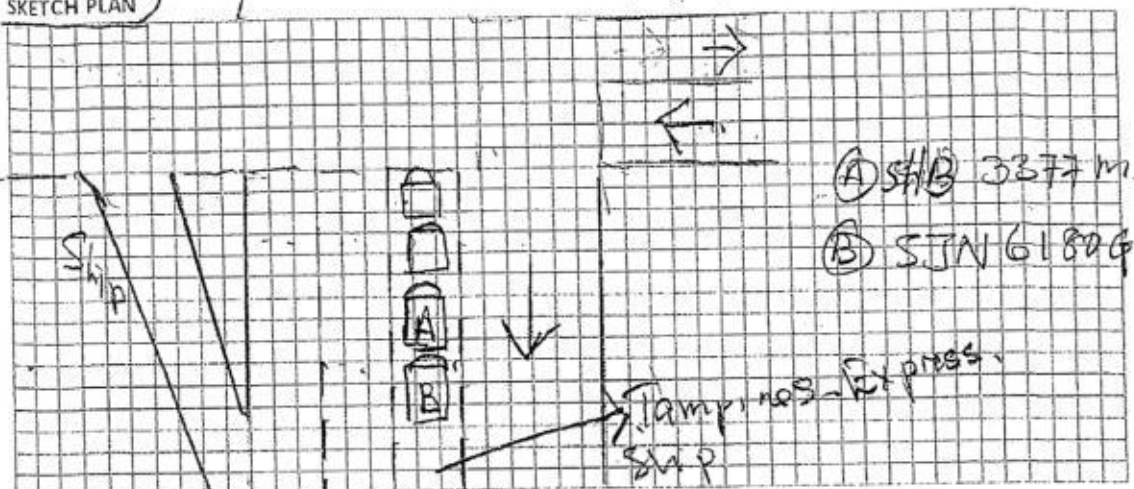
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

13/2/18  
JACKSON  
CSA



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/2/2018 at about 0530 hrs, I Vehicle A was stationary at Tampines Express Ship road toward Hoyang ave. while waiting vehicle B came from behind and hit against my taxi rear portion. No one was injured at that time.

DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

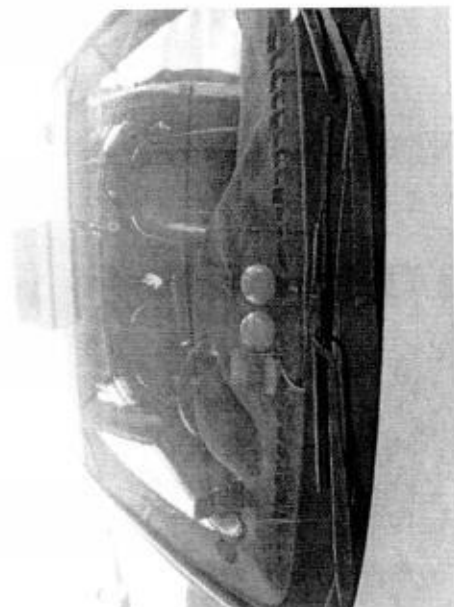
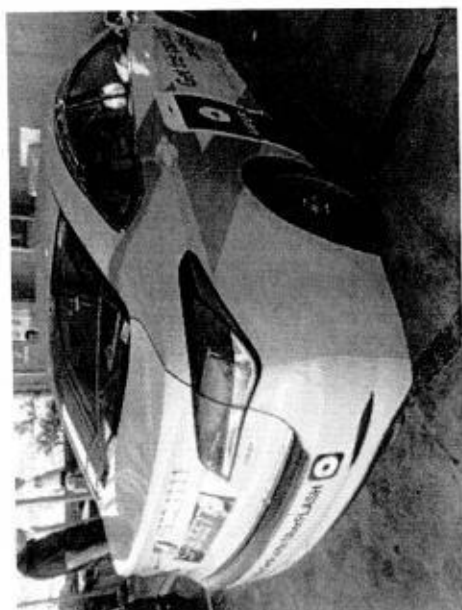
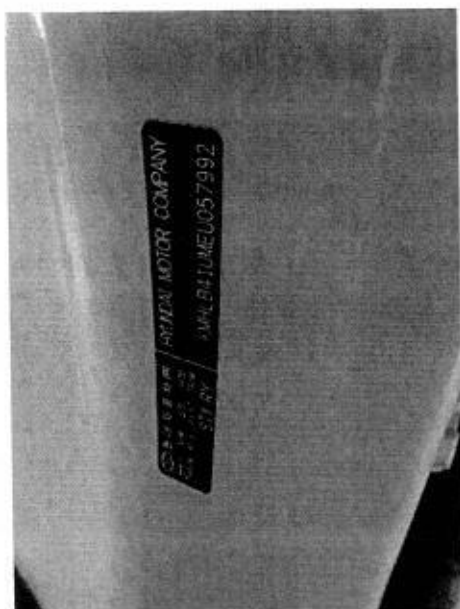
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Jackson Hong  
CSO

Jackson  
13/2/18.

(Stamp and Signature of Reporting Centre Personnel)



Job: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305116568

CUSTOMER IS CITYCAB PTE LTD 7010070 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65551188 (R) (P)	REG NO	SHB3377M	MILEAGE
	MAKE	HYUNDAI	FUEL
	MODEL	I-40	E.....1/2.....F
	YR OF MANU	17.07.2014	DATE/TIME IN
	CHASSIS CODE	KMHLE41UMEU057992	COMPLETION DATE/TIME

Accident Date: 13.02.2018  
NATURE: 3P 13.02.18

JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION
		

CHECKED & PASSED OUT BY: \_\_\_\_\_

_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
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Acknowledgement Slip		Exit Pass	
No.: SHB3377M	JU NTUC LKK	Vehicle No.: SHB3377M	
_____ Signature/Date	_____ Signature/Date	_____ Name of Service Advisor	_____ Date
Returned to Service Reception upon collection		To be kept by Security Guard	

## REPAIR ESTIMATE\*

DATE 14/2/2018 10:24

Jumani

**MODEL : HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X <i>new</i>			\$ 603.60
	Rear Bumper Reinforcement X <i>new</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) X <i>new</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket X <i>new</i>			\$ 49.00
	Rear Bumper Clips X <i>new</i>			\$ 22.00
	Rear Bumper Sponge X <i>new</i>			\$ 143.40
	Rear Bumper Under Cover X <i>new</i>			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor X <i>new</i>			\$ 135.70
	Rear Bumper Rubber Mat / <i>new</i>			\$ 50.00
	Rear Bumper Advertisement Logo / <i>new</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) / <i>new</i>		\$ 100.00	\$ 200.00
				\$ 435.70
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>380.00</del> <i>100</i>
	Spray Painting Charge			\$ <del>200.00</del> <i>180</i>
	Wiring Charge			\$ <del>50.00</del> <i>X new</i>
	R/Refix Reverse Sensor			\$ <del>120.00</del> <i>X new</i>
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,711.58
	Kahin 11/11/14 ✓ 14/2/18 11256 2071 L/S After Repair p.l.c.			

LKK Auto Consultants hence notify the Reparer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modifications allowed
- Supplementary items must be resurveyed and is subject to final approval from 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.

Our Job Ref No : 305116568  
Date : 15/02/2018

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

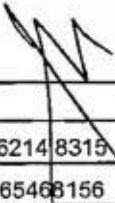
Vehicle Reg No. : SHB3377M


Date of Accident : 13/02/2018

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

1. The repair job shall bill to: NTUC --- SJN6180G  
###
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: 20% \$450.00  
**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 : JUMANI  
Tel : 6214 8315  
Fax : 6546 8156

Signature :   
Name : KALVIN  
Date : 15/2/18

### 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:

CHECK ITEMS:

**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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003032/K1rd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 28-02-2018



Code: INC4

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	SJN 6180G	Veh. Inspected	SHB 3377M
Policy No.	5084652447-02	Coverage (\$)	0.00
Claim No.	MT/0983818-001	Excess (\$)	0.00
Assign From		Assign Date	14/02/2018

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU057992	Colour	YELLOW
Odometer	613750	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.
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**5. General Information**

Accident Date	13/02/2018	Inspection Date	14/02/2018
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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**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

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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3377M**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR	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	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-381.47	-
			1,525.88	-
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			435.70	300.00
<b><u>LABOUR</u></b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	280.00
<b>GRAND TOTAL</b>			<b>2,711.58</b>	<b>580.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>450.00</b>

Report Ref No. NS/INC18003032/K1rd3n2

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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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.