

Rabou

REF: NS/INC18003192/R1td3n2

28394

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY: \_\_\_\_\_  
 To inspect Vehicle No: \_\_\_\_\_  
 At Workshop / Mile: \_\_\_\_\_  
 Insured: SLU1543R  
 Policy No: 5096186770 (23/11/17-22/11/18)  
 Claims No: MT/0984190-001  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record) \_\_\_\_\_  
 Make of Vehicle: \_\_\_\_\_

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.



Sal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res: Yes or No  
 Lim Sum: \_\_\_\_\_ B. 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle IN / OUT

Veh No: SHB 20202 Reg: 2014 July  
 Type: M/Car / M/Cycle / Bus/Van / Lorry / Prime Mover  
 Truck / Trailer: \_\_\_\_\_  
 Make: Hyundai I40 1-7L cc: 1685  
 Colour: yellow F.I. Insured: Std/N/NA  
 St Reading: 578647 T Read: Insured: Std/N/NA  
 Eng No: \_\_\_\_\_  
 No: KMHLB41umE U058015  
 Gen Cond: Good / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt  
 Brake: In order / Jammed / Leaked / Burnt  
 Mod: SRim / STD 4 Rim  
 Tyre Size: 205/65R16  
 BS / DUN / EXNOVA / GY / PS / LIZA / MIC / OHSU / PR / SUMI  
 TOYO / YOKO or: WESTLAK  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Ba: S --- R/Ba: S ---  
 L/Ba: S --- L/Ba: S ---  
 D/OA: 15/02/18 D/O: 17/02/18  
 Surveyed at: Consent 104m  
 Des. of Damages: Fr. Res C/S / NS / UO / Roofed or

The UIC / Chassis frame / Body Structure affected due to collision

Date Time Action / Instruction

SHB20202-NS/INC15022016/H1Hbc2  
SLU1543R-X

DOA: 22/12/15

(ump Sum \$350f Cred: 2111.58 :85%)

RECEIVED 07 MAR 2018

Date Time File Pass: ☐ Prel. Report  
☒ Final Report  
 Date Time File Return: \_\_\_\_\_

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

Report Format: TP  
 Lim: 350

Add Fee: ☐ Site Insp: 5  
☐ Interf: 5  
☐ Rep: 5  
☐ Rep: 5

Survey Fee	160
Transportation	35
Other	
Total	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/INC18003192/R1td3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-02-2018

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLU 1543R	Veh. Inspected	SHB 2020Z
Policy No.	5096186770	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/02/2018

## 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	15/02/2018	Inspection Date	19/02/2018
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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TP Claims against NTUC Income: Follow-Through Survey

Date: 1/3/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0984190-001	CITY CAB PTE LTD	SHB 2020Z	SLU 1543R	15/2/2018	0:25	\$ 2,461.58
2	MT/0983753-002	COMFORT TRANSPORTATION PTE LTD	SHC 3890S	YN 6525T	26/2/2018	11:35	\$ 1,314.40
3	MT/0982386-002	COMFORT TRANSPORTATION PTE LTD	SHD 4031T	SIH 2579Z	11/2/2018	22:40	\$ 2,555.88
4	MT/0984208-002	CITY CAB PTE LTD	SHB 3199K	SIN 665P	24/2/2018	11:30	\$ 1,986.32
5	MT/0983483-002	COMFORT TRANSPORTATION PTE LTD	SHD 4619Z	SKX 9138X	23/2/2018	18:50	\$ 2,220.92
6	MT/0982572-002	COMFORT TRANSPORTATION PTE LTD	SHC 8037G	SLM 6012R	15/2/2018	21:40	\$ 5,582.00
7	MT/0982638-002	COMFORT TRANSPORTATION PTE LTD	SHD 3573C	AX 8757J	17/2/2018	16:50	\$ 6,024.30
8	MT/0983442-002	COMFORT TRANSPORTATION PTE LTD	SHC 8134J	SKZ 5012R	22/2/2018	22:50	\$ 2,461.58
9	MT/0982938-002	COMFORT TRANSPORTATION PTE LTD	SHA 3542H	YM 3550U	14/2/2018	14:30	\$ 10,041.50

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"/>	5096186770	RAF MOTORS	53370570C	GPC	drivo CLASSIC	SLU1543R	SLU1543R	23/11/2017	22/11/2018

Job: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO: 305117289

CUSTOMER INFORMATION CUSTOMER: CITYCAB PTE LTD IS: 7010070 CUSTOMER NO: 383 SIN MING DRIVE ADDRESS: Singapore SINGAPORE 575717 65551188 (R) (O) (P) IDENTIFICATION CARD NO.	REGN NO: SHB2020Z	MILEAGE
	MAKE: HYUNDAI	FUEL E: .....1/2.....F
	MODEL: I-40	DATE/TIME IN: 17.02.2018 03:40
	YR OF MANU: 05.08.2014	TARGET DATE
	CHASSIS CODE: KMHLB41UMEU058015	COMPLETION DATE/TIME:

Accident Date: 15.02.2018  
NATURE: 3P 15.02.18

JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
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Acknowledgement Slip		Exit Pass	
No.: SHB2020Z	JU NTUC LKK	Vehicle No.: SHB2020Z	
Signature/Date	Signature/Date	Name of Service Advisor	Date
Returned to Service Reception upon collection		To be kept by Security Guard	

## 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	15/02/2018 11:15
Date Of Accident	15/02/2018 00:25
Exact Location Of Accident	LAVENDER STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2020Z
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#### 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	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	LIM TECK CHUAN (LIN DECHUAN)
NRIC No	S8100185E
Date Of Birth	02/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	BEN_LTC@HOTMAIL.COM

Address	BLK 33 BENDEMEER ROAD #09-737
Postcode	330033
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)	1

#### 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	SLU1543R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD RAFI'E BIN KAMAL
NRIC/Passport Number	S8700492I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

## 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:

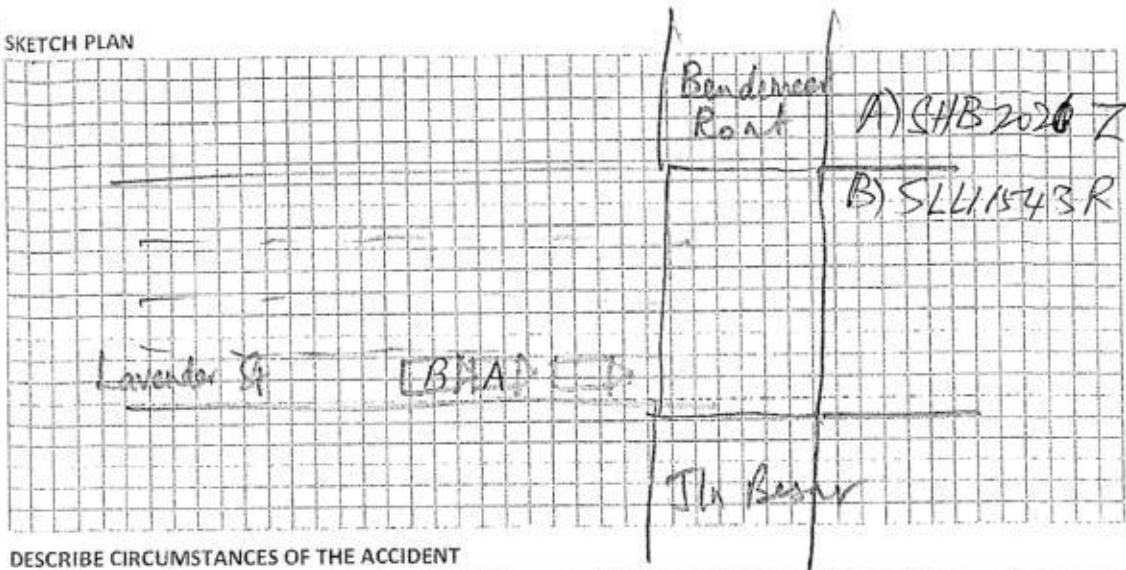
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

15/1/18  
SR Moorthy  
CSO



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/2/17 at about 00:30hrs while I Veh A  
 slowed down because vehicles in front stopped  
 because of the traffic signal. Veh B collided on  
 the rear of my vehicle.

DECLARATION

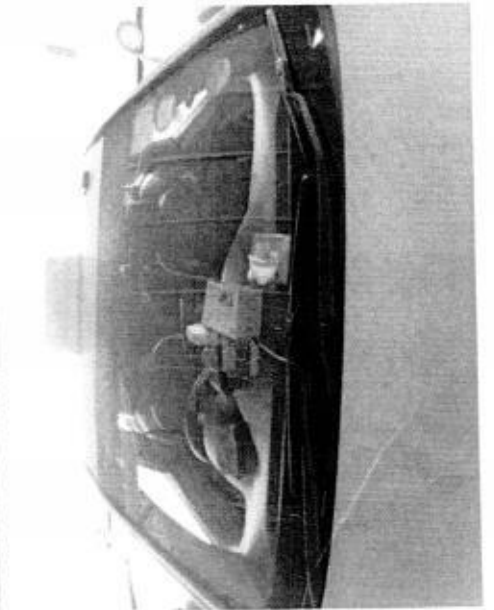
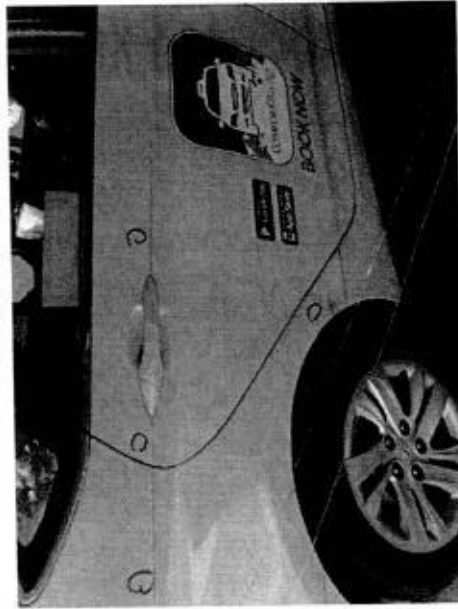
I/We declare the foregoing particulars are true in every respect.  
 CO. REG. NO. 199502839G

Policyholder's Signature  
 Date & Time:

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

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

*[Signature]*  
 15/2/18



## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 2020Z

DATE 19/2/2018 22:36

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket			\$ 49.00
	Rear Bumper Clips	22		\$ 22.00
	Rear Bumper Sponge	276		\$ 143.40
	Rear Bumper Under Cover	17.60		\$ 225.00
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>
	<b>LESS 20%</b>			<b>\$ 381.47</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Advdertisement Logo			\$ 50.00
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	<b>TOTAL LABOUR</b>			<b>\$ 750.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,461.58</b>

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

Acknowledged by Repairer

Signature:

Date:

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.

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# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305117289

Date : 21/02/2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : RASUL

Vehicle Reg No. : SHB2020Z

Date of Accident : 15/02/2018

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

1. The repair job shall bill to: NTUC -- SLU1543R  
###
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% \$350.00  
**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 : 65468156

Signature : 

Name : RASUL

Date : 28/02/18

### 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:



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/INC18003192/R1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 09-03-2018



Code: INC4

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

Insured Veh.	SLU 1543R	Veh. Inspected	SHB 2020Z
Policy No.	5096186770	Coverage (\$)	0.00
Claim No.	MT/0984190-001	Excess (\$)	0.00
Assign From		Assign Date	19/02/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40 1.7L	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU058015	Colour	YELLOW
Odometer	578647	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R16	WEST LAKE	5 mm
L/H Front Tyre	205/65 R16	WEST LAKE	5 mm
R/H Rear Tyre	205/65 R16	WEST LAKE	5 mm
L/H Rear Tyre	205/65 R16	WEST LAKE	5 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	15/02/2018	Inspection Date	19/02/2018
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

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. SHB 2020Z

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	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	-4.40
			1,525.88	17.60
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
			185.70	50.00
	<b><u>LABOUR</u></b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	210.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	390.00
	<b>GRAND TOTAL</b>		<b>2,461.58</b>	<b>457.60</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>350.00</b>

Report Ref No. NS/INC18003192/R1td3n2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

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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