

Form 10/1/18

Surveyor: Kelvin

REF: NS/44C/8003940/Klapov

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / T / WS / TPRES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLR 726L

Policy No: 5093682702 25082017

Claims No: NT/0984276-002

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 Report: _____ 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 746X Yr Regn: Feb 2015

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

Truck / Trailer or

Make: Hyundai Z40 C.C. 1685

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 505951 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB4100F40 66031

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoperative / Jammed / Leaked / Burnt or

Brake: Inoperative / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wai/Le

Front Rear

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. 2 mm L/Bal. 2 mm

D.O.A. 28/2/18 D.O.I. 28/2/18

Survey held at CDGE (Loyang)

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

Front d/s / Rear d/s

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

Date / Time	Action / Instruction
	Est not ready yet
	SHC 746X - NA / INC 1001 6770 / AC2
	DAI: 170810
	2N4
	4s.
	Main structure affected
	unsafe to repair
	to scrap
05/3/18	Submit Extensive Total Loss Report due to unsafe to repair.
	Book Value: 8,674,062.20; UTR: 4,180,200; NV: 8,206,042.20

RECEIVED 06 MAR 2018

Date/Time, File Pass to?

11/06/18 Main

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS: _____ SI

Photos: _____

TL-E, Unsafe

Survey Department Check List (Case Handler)

Reference No.: NS/NCI00039 40/K196
Policy Type: OD / TP / TP RES / TL / EVA

SPFC 74.6X

Case Handler

Typist

Admin (Cath): 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 (Kelvin): 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	✓		
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(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:

[Signature] 05/3/18
Case Handler Date



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/INC18003940/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-02-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLR 7216L	Veh. Inspected	SHC 746X
Policy No.	5093682702	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	28/02/2018

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	28/02/2018	Inspection Date	28/02/2018
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 : 5/3/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	-	SMRT BUSES LTD	SMB 3529H	FV 3043U	11/12/2018	16:15	\$ 3,858.03	\$ 2,550.00
2	MT/0983770-002	COMFORT TRANSPORTATION PTE LTD	SHC 8339K	FY 5545J	25/2/2018	2:25	\$ 6,898.96	\$ 4,100.00
3	MT/0984758-001	COMFORT TRANSPORTATION PTE LTD	SHC 3155G	GBG 1237S	22/2/2018	14:40	\$ 2,549.36	\$ 1,400.00
4	MT/0980882-004	COMFORT TRANSPORTATION PTE LTD	SHD 3132S	GBC 3328X	3/2/2018	7:55	\$ 3,503.26	\$ 1,348.21
5	MT/0984276-002	COMFORT TRANSPORTATION PTE LTD	SHC 746X	SLR 7216L	28/2/2018	2:00	TOTAL LOSS	TOTAL LOSS
6	MT/0984762-001	SMRT BUSES LTD	SG 5452J	SKQ 3494T	5/1/2018	13:22	\$ 8,131.29	\$ 7,161.29
7	MT/0984765-001	SMRT BUSES LTD	SMB 336S	SHD 1237L	27/1/2018	18:30	\$ 2,990.00	\$ 700.00
8	MT/0979197-002	SMRT BUSES LTD	TIB 1116B	GBD 5665D	23/1/2018	10:05	\$ 3,964.77	\$ 3,000.00
9	MT/0983952-002	COMFORT TRANSPORTATION PTE LTD	SHB 6713G	SLA 46X	26/2/2018	6:05	\$ 6,740.80	\$ 4,950.00
10	NOT INSURED	COMFORT TRANSPORTATION PTE LTD	SHA 6973C	FBB 4102D	23/2/2018	17:15	\$ 1,250.48	\$ 600.00
11	MT/0983501-002	CITY CAB PTE LTD	SHA 9243G	PC 4246B	23/2/2018	18:05	\$ 2,681.58	\$ 2,400.00
12	MT/0984783-001	CITY CAB PTE LTD	SHB 4736D	FBL 7388Z	22/2/2018	12:30	\$ 2,487.18	\$ 950.48
13	MT/0982510-002	COMFORT TRANSPORTATION PTE LTD	SH 6763A	SIP 3496E	13/2/2018	22:00	\$ 2,324.08	\$ 1,295.76
14	MT/0984221-001	CITY CAB PTE LTD	SHC 926T	SDX 6942T	18/2/2018	16:50	\$ 3,181.90	\$ 1,400.00
15	MT/0984099-001	COMFORT TRANSPORTATION PTE LTD	SHA 4722Z	SIR 294E	16/2/2018	16:40	\$ 5,637.20	\$ 2,237.52
16	MT/0984101-001	COMFORT TRANSPORTATION PTE LTD	SHC 3372X	SLU 1543R	18/2/2018	5:35	\$ 4,132.08	\$ 560.00
17	MT/0984790-001	CITY CAB PTE LTD	SHC 7866L	SLP 4518X	18/2/2018	17:50	\$ 1,375.12	\$ 660.00
18	MT/0983617-002	COMFORT TRANSPORTATION PTE LTD	SH9111L	SHC 6770K	24/2/2018	22:50	\$ 2,605.10	\$ 975.48
19	MT/0983513-002	COMFORT TRANSPORTATION PTE LTD	SH A 3341X	SIL 7579U	24/2/2018	14:05	\$ 6,414.38	\$ 1,200.00
20	MT/0972860-002	COMFORT TRANSPORTATION PTE LTD	SMB 3141S	GBE 9185R	4/12/2017	14:25	\$ 6,153.67	\$ 6,090.67
21	MT/0983749-002	COMFORT TRANSPORTATION PTE LTD	SHA 7760T	SJD 3446M	25/2/2018	22:15	\$ 6,759.82	\$ 1,850.00

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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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"/>	5093682702	JIANG KEVIN TRANSPORTATION SERVICES	492112008	GPT	drive CLASSIC	SLR7216L	SLR7216L	25/08/2017	

$$\textcircled{1} \text{ cost of taxi} = 94312.70$$

$$\text{ARR } 65\% = 9270$$

$$\text{Depreciation} = (94312.70 - 9270) \div 96 \\ = 886.27$$

$$\textcircled{2} \text{ Book value} = (886.27 \times 60) + 9270 \\ = 62406.20$$

$$\textcircled{3} \text{ Net value} = 62406.20 - 41802 \\ = \underline{\underline{\$20604.20}}$$

Co.Code	:	CMB
Licence Pl.No	:	SH00746X
Old Asset No	:	
Veh.Model	:	Hyundai I40
Reg.Date	:	05.02.2015
Exp.Date	:	05.02.2015
Accident.Date	:	28.02.2018
Veh.Age	:	036

Asset No	SA No	Bal. Dep. Mths	Per Mth. Dep	Bal. Dep. Value	Asset Description 1	Cost	Op. Acc. Dep	Cur. Year Dep	Accum. Dep	Net Book Value	Scrap value/Estimated PA&F Refund
			\$	\$		\$	\$	\$	\$	\$	\$
10009969	0	054	277.77	14,999.58	SHC0746X H40 05.02.2015 BASIC COST W AIRCON	25,000.00	9,721.83-	277.77-	9,999.60-	15,000.40	1.00
10009969	1	054	44.01	2,376.54	SHC0746X H40 05.02.2015 EXPORT DUTY 203XNVS19807	3,961.30	1,540.50-	44.01-	1,584.51-	2,376.79	0.00
10009969	2	054	54.70	2,953.80	SHC0746X H40 05.02.2015 ASE 1005QNS19807-CENVS500	12,307.00	1,914.50-	54.70-	1,969.20-	10,337.80	7,184.00
10009969	3	054	587.82	31,742.28	SHC0746X H40 05.02.2015 COE 803	52,904.00	20,573.79-	587.82-	21,161.61-	31,742.39	0.00
10009969	4	000	0.00	0.00	SHC0746X H40 05.02.2015 COE TOP UP	0.00	0.00	0.00	0.00	0.00	0.00
10009969	5	054	0.00	0.00	SHC0746X H40 05.02.2015 AIR CONDITIONER	0.00	0.00	0.00	0.00	0.00	0.00
10009969	6	054	0.00	0.00	SHC0746X H40 05.02.2015 PRINTER DIGITAX THERMAL	0.00	0.00	0.00	0.00	0.00	0.00
10009969	7	054	0.00	0.00	SHC0746X H40 05.02.2015 TAXIDIVER DIGITAX #1	0.00	0.00	0.00	0.00	0.00	0.00
10009969	8	054	1.56	84.24	SHC0746X H40 05.02.2015 VEH REG FEE	140.00	56.45-	1.56-	56.01-	83.99	0.00
			965.86	52,156.44		94,312.30	33,805.07-	965.86-	34,770.93-	59,541.37	
	COE				Vehicle : Without T/M & COE	41,408.30	13,231.28-	378.04-	13,609.32-	27,798.98	
	Vehicle				Vehicle : Without T/M. With COE Taxidiver	94,312.30	33,805.07-	965.86-	34,770.93-	59,541.37	
						0.00	0.00	0.00	0.00	0.00	
			965.86	52,156.44							

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	28/02/2018 13:35
Date Of Accident	28/02/2018 02:00
Exact Location Of Accident	CHOA CHU KANG NORTH 7 TWDS CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC746X
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	CHUA GEOK SIEW
NRIC No	S0272595I
Date Of Birth	25/03/1949
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1973
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 322 02-263 YISHUN CENTRAL
 Postcode 760322
 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
 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) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] YISHUN N NPC
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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 SLR7216L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LYE JUN LIE LINCOIN
 NRIC/Passport Number S8610426A
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRT
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

KERB

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TREE

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer: Police Report attach T/20180228/2014

DECLARATION

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

CITYCAL PTE LTD
CO. REG. NO. 19950283A

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

28/2/18 Jackson Heng
CSO

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. 199502839C

28/2/18
Jackson Hong
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.:



**SINGAPORE
POLICE FORCE**



T/20180228/2014

1 of 3

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

Report No. T/20180228/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2018 06:33		Vide Report No.: J/20180228/0035		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: CHUA GEOK SIEW			Address: APT BLK 322 YISHUN CENTRAL #02-263 SINGAPORE 760322		
ID Type / ID No.: NRIC NO / S02725951			Contact No.: Home/Office: Mobile: 96955964		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 25/03/1949	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/02/2018 02:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CHOA CHU KANG NORTH 7 CHOA CHU KANG WAY Main road Choa Chu Kang North 7 towards Choa Chu Kang Way. Beside Block 614.				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC746X	Car				Seriously Damaged	0
SLR7216L	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180228/2014

2 of 3

Report No. T/20180228/2014

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

CONTINUATION OF REPORT

Driver			
Name	CHUA GEOK SIEW		ID No. S02725951
Related Vehicle	NIL		Contact No. 96955964
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/02/2018, at about 0155hrs, I stopped my Comfort City Cab taxi plate number SHC746X along Choa Chu Kang North 7 towards Choa Chu Kang Way, just outside block 614 for a pee at the coffeshop opposite Block 614.

After I finished my pee, I then went back to my taxi at about 0200hrs when I saw a Silver Honda Civic car plate number SLR7216L travelling in a fast speed towards my car and bumped onto my taxi. My taxi was thrown off the road to the pavement.

The driver then alighted his car and apologized to me for this and explained to me that his girlfriend is having stomach pain and he was panic and caused him to knocked onto my taxi.

We exchanged particulars and I happened to know that his full name is Lye Jun Lie, Lincoln, NRIC S8610426A. I did not managed to get his contact number.

The Traffic Police then arrived and handle the incident and I saw the driver and his passenger was escorted away by the Traffic Police.

The Traffic Police then give me a Case card with reference number J/20180228/0035 and advised me to go and lodge a Traffic Accident Police report for the purpose of making a insurance claim.



**SINGAPORE
POLICE FORCE**

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



T/20180228/2014

3 of 3

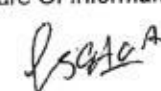
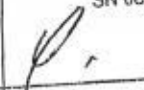
Report No. T/20180228/2014

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 / Staff Sgt LEE TECK LENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2018 06:33
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case: SN 085 
Authentication Stamp NP168	Signature: 

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2839G
Vehicle Details	
Vehicle No.:	SHC746X
Vehicle to be Exported:	Yes
Intended De-registration Date:	01 Mar 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7L CRDI AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2014
Engine No.:	D4FDEU494009
Chassis No.:	KMHLB41UMFU066031
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$19,807.00
Original Registration Date:	05 Feb 2015
First Registration Date:	05 Feb 2015
Transfer Count:	0
Actual ARF Paid:	\$12,307.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Feb 2023
PARF Rebate Amount:	\$9,230.00
Intended COE Rebate Details	
COE Expiry Date:	04 Feb 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):	8
PQP Paid:	\$52,904.00
COE Rebate Amount:	\$32,572.00
Total Rebate Amount:	\$41,802.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 01 Mar 2018

OK

2/28/2018

Insurance Particulars Enquiry By Agents Detail

Enquire Vehicle Insurer

Vehicle No. Incident Date/Time

Search Status

Insurance Company Code

Insurance Company Name

SLR7216L

28 Feb 2018 / 02:00:00

Successful

N12

NTUC INCOME INS CO-OP LTD

Previous OK

82C 746X

Date/Time: 28.02.2018 14:41

Page : 1

member of COMFORTDELGRO

Job: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305120767

OWNER: CITYCAB PTE LTD
IS: 7010070
OWNER NO: 383 SIN MING DRIVE
RESS: Singapore SINGAPORE 575717
65551188
(R) (O)
(P)

REGN NO: SHC 746X	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 28.02.2018 02:00
YR OF MANU: 05.02.2015	TARGET DATE
CHASSIS CODE: KMHLB41UMFU066031	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 28.02.2018
NATURE: 3P 28.02.18/C

/NO LABOR CODE DESCRIPTION

HS
NTUC
VARIOUS
LKK - Calvin

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC 746X LIMITS

Vehicle No.: SHC 746X

Signature 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 746X

MAKE :

MODEL : HYUNDAI i40

DATE 1/3/2018

LKK - Kalvin

P1/4

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet			\$ 1,526.00
	Bonnet Hinge (LH/RH)	\$	91.30	\$ 182.60
	Bonnet Lock			\$ 50.90
	Bonnet Absorber	\$	73.90	\$ 147.80
	Bonnet Insulator			\$ 73.92
	Bonnet Insulator Clips			\$ 243.00
	Radiator Grille			\$ 294.35
	Front Bumper Cover			\$ 562.30
	Front Bumper Sponge			\$ 142.20
	Front Bumper Reinforcement			\$ 526.10
	Front Bumper Grille (LH)			\$ 40.30
	Front Bumper Bracket Top (LH)			\$ 22.40
	Front Bumper Bracket (LH)			\$ 24.60
	Headlamp Support Top Cover			\$ 398.00
	Headlamp Support Panel Assy			\$ 1,067.50
	Headlamp (LH/RH)	\$	1,388.00	\$ 2,776.00
	Headlamp Halogen Bulb (LH)			\$ 14.40
	Front Fender (LH)			\$ 619.00
	Front Fender Apron Panel (LH)			\$ 1,575.50
	Front Fender Shield (LH)	\$	169.80	\$ 339.60
	Air Cleaner Assy			\$ 128.40
	Air Duct			\$ 206.05
	Battery Tray			\$ 55.45
	Front Windscreen Glass			\$ 1,059.25
	Front Windscreen Moulding			\$ 60.00
	Front Windscreen Pillar Outer(LH/RH)	\$	1,843.10	\$ 3,686.20
	Front Wheel Rim (LH)			\$ 351.90
	Front Wheel Hub Cap (LH)			\$ 150.70
	Front Wheel Bearing			\$ 258.50
	Front Shock Absorber (Assy) (LH)			\$ 342.20
	Front Shock Absorber Mounting (LH)			\$ 75.10
	Front Drive Shaft (LH)			\$ 1,069.55
	Rack & Pinion Assy			\$ 2,184.00
	STG Tie End			\$ 69.50
	Stabilizer Bar			\$ 252.30
	Stabilizer Bar Bush (LH)			\$ 14.20
	Stabilizer Bar Link			\$ 81.70
	Stabilizer Bracket			\$ 24.00
	Front Suspension Lower Arm (LH)			\$ 715.10
	Front Chassis Member			\$ 1,575.85
	Knuckle Arm (LH)			\$ 582.95
	Engine Under Cover			\$ 343.10
	Engine Crossmember			\$ 2,236.90
	Gearbox			\$ 14,808.00
	Gearbox Mounting			\$ 342.50
	ABS Sensor, LH			\$ 261.50

LKK Auto Consultants hereby notify the Repairer of the following:

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

Acknowledged by Repairer:

Signature:

Date:

Kali 7/1/2018

28/2/2018 1/1/2018

Veh main structure affected
unsafe to repair
Recommend to scrap

Book value

TS

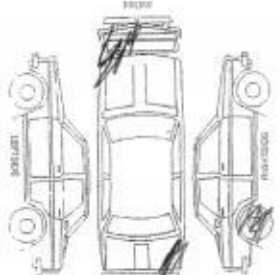
Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Wiring-Engine			\$ 3,326.00
	Wiring-FEM			\$ 168.00
	Auto Gear Oil			\$ 504.24
	SUB TOTAL			\$ 45,559.61
	LESS 20%			\$ 9,111.92
	DISCOUNTED TOTAL			\$ 36,447.69
	Frt Fender Advertisement Logo (LH)			\$ 100.00
	New Battery			\$ 207.00
	Frt Door Color Comfort Logo (LH)			\$ 75.00
	Front Door Advertisement Logo (RH)			\$ 100.00
	Front Tyre (LH)			\$ 216.00
	Front Windscreen Sealant			\$ 46.00
	Front ERP Sticker			\$ 26.00
				\$ 770.00
	Labour Charge			
	Panel Beating			\$ 1,800.00
	Spray Painting Charge			\$ 1,200.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 100.00
	Towing Charge			\$ 50.00
	Frt Chassis Alignment			\$ 400.00
	Remove/Refix Undercarriage (FRT)			\$ 400.00
	Frt Wheel Alignment			\$ 120.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	Remove/Refix Engine/Gearbox			\$ 650.00
	Remove/Refix Dashboard			\$ 450.00
	Remove/Refix Fuse Box			\$ 180.00
	Remove/Refix Front Windscreen Glass			\$ 120.00
	Remove/Refix Cushion & Upholstery Front			\$ 90.00
	TOTAL LABOUR			\$ 5,760.00

TS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid CRDI Plate			\$ 41.00
	Boot Lid Lamp (RH)			\$ 556.80
	Bootlid Moulding			\$ 85.00
	Bootlid i40 Emblem			\$ 41.00
	Bootlid Lower Garnish			\$ 398.00
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	Rear Bumper Bracket, RH			\$ 49.00
	Rear Bumper Reflector Lamp (RH)			\$ 32.00
	Rear Bumper Clips 10 pcs			\$ 22.00
	Tail Lamp (RH)			\$ 565.60
	Tail Lamp Quarter Panel (RH)			\$ 97.90
	Rear Panel			\$ 592.30
	Rear Panel Garnish			\$ 57.70
	Rear Panel Lower Panel			\$ 495.50
	Panel Assy-Rear Floor Side (RH)			\$ 92.40
	Rear Floor Chassis Member (RH)			\$ 1,280.50
	Exhaust Pipe Insulator			\$ 58.55
	Exhaust Silencer			\$ 954.00
	Exhaust Pipe Hanger			\$ 58.55
	Exhaust Pipe Centre			\$ 1,150.30
	Rear Fender With Housing (RH)			\$ 4,736.80
	Rear Fender Inner Panel (RH)			\$ 1,190.50
	Rear Fender Air-Duct			\$ 51.60
	Rear Fender Trim Board (RH)			\$ 188.75
	Rear Windscreen Moulding			\$ 60.00
	Rear Door (RH)			\$ 1,351.10
	Rear Door Lock Assy			\$ 321.85
	Rear Tyre Rim (RH)			\$ 351.90
	Rear Wheel Hup-Cap (RH)			\$ 150.70
	Rear Wheelbearing ING & Hub			\$ 401.40
	Rear Trailing Arm (RH)			\$ 120.00
	Rear Assist (RH)			\$ 120.00
	Rear Shock Absorber (RH)			\$ 342.20
	Rear Shock Absorber Mounting (RH)			\$ 57.70
	Rear Crossmember			\$ 1,190.00
	Stabilizer Bar			\$ 204.60
	Stabilizer Link			\$ 68.15
	Rear Upper Arm (RH)			\$ 335.75
	Rear Lower Arm (RH)			\$ 204.35
	Rear Knuckle Arm (RH)			\$ 574.80
	SUB TOTAL			\$ 20,486.60
	LESS 20%			\$ 4,097.32
	DISCOUNTED TOTAL			\$ 16,389.28

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
	Rear Windscreen Sealant			\$ 46.00	Nett
	Rear Door Advertisement Logo (RH)			\$ 100.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00	Nett
	Rear Tyre (RH)			\$ 216.00	Nett
				\$ 877.70	
	Labour Charge				
	Panel Beating			\$ 2,400.00	
	Spray Painting Charge			\$ 1,600.00	
	Wiring Charge			\$ 50.00	
	Tuff Kote			\$ 100.00	
	Rear Chassis Alignment Charge			\$ 400.00	
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00	
	Remove/Refix Rear Windscreen Glass			\$ 120.00	
	Remove/Refix Reverse Sensor			\$ 120.00	
	Remove/Refix Undercarriage (RR)			\$ 400.00	
	Remove/Refix Exhaust Pipe			\$ 240.00	
	Transfer of Door			\$ 120.00	
	Rear Wheel Alignment			\$ 120.00	
	TOTAL LABOUR			\$ 5,820.00	
	ESTIMATE TOTAL			\$ 66,064.67	
	<div>Kelvin (MCE)</div> <div></div>				
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.					

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: 28/2/18		Time Received: 2.53am	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Contact No. : 96955964 Vehicle No. : SHC 7H6X Make / Model / Colour : i40 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 type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input checked="" type="checkbox"/> Crane-up	
		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
		6. Parts Replaced/Remarks: 	
7. Location: 619 CCK Way		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	
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:			
10. Odometer Reading : Fuel Level : F 1/4 1/2 3/4 E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Job Attended			
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : Aduy Vehicle No. : YN36637 Time Dispatch : 2.53am Time of Arrival : 3.35am Time Completed : 5am		TOWING  #: Cracked X: Dented /: Scratched O: Missing Signature of Customer: [Signature]	
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™.			
Date: 28/2/18		Time: 3.35am	
		Signature of Customer: [Signature]	
14. WORKSHOP			
Name of Attending Staff/Guard		Date & Time of Arrival	
		Signature of Attending Staff/Guard	

CUSTOMER'S COP'



**NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)**

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 68410055 FAX: 68416315

Your Ref : MT/0984276-002

Date: 09th March 2018

Our Ref : NS/INC18003940/K1qbs2

M/s NTUC Income Insurance Co-Operative Ltd

73 Bras Basah Road
#05-01 NTUC Trade Union House
Singapore 189556

Dear Sirs/Madam,

**AUTOMOBILE INSPECTION REPORT OF ACCIDENT VEHICLE SHC 746X
ACCIDENT ON 28/02/2018
INSURED VEHICLE SLR 7216L**

Instruction was received to inspect the vehicle Reg. No. SHC 746X. The inspection was conducted on 28/02/2018 at the premises of M/s Comfortdelgro Engineering Pte Ltd, 59 Loyang Drive Singapore 508969.

The following vehicle information was recorded:

Registration Number	: SHC 746X
Make/Model	: Hyundai I40
Year of Registration	: 2015
Body Colour	: Yellow
Chassis Number	: KMHLB41UMFU066031
Engine Capacity	: 1685 cc

The following are our comments:-

- (a) The vehicle sustained damages at the front n/s portion and rear o/s portion. (Details see photographs enclosed)
- (b) In view of this, we are of the opinion that it would be **unsafe** to proceed with the repairs due to extensive damages on the chassis under the category of **the section 2 of THE ROAD TRAFFIC ACT on THE MOTOR VEHICLES (CONSTRUCTION AND USE) (AMENDMENT NO.2) RULES 1989**, that:
no vehicle shall be fitted with a replacement chassis or any body part where the chassis is an integral part of the vehicle.
and we therefore recommend it to be written off as **"Total Loss"**



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 68410055 FAX: 68416315

Book Value	S\$ 62,406.20
Less: LTA Reimbursement Value (RV)	(S\$ 41,802.00)
Nett Liability	<u>S\$ 20,604.20</u>

Vehicle Inspected By:

KALVIN ANG WEI KUN
Automotive Assessor / Investigator

K.K.LAU
*MSc(Eng M), B Eng(Hons), Peng(UK),
MASME(USA), B Bus(Aust), MBA(UK),
IEng(UK), MIIE(mech), MinstAEA, MFIEA,
MIRTE, MIMI, MSAE, MCI Ard, AM, NIJAAR(USA),
AM CATARI(CAN), M. MATA(USA), M. MdATA(USA),
Licensed Appraiser*

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