

REF: NS/TNC 18006540/Klvbnz

ASSIGNMENT

From: Date:
Estimate/lost:
OD / TP / INS / TP RES / OD RES / EVA / INV / MV
To Insp: Vehicle No:
at Work: slip m/s
Insured:
Policy No:
Claim No:
Sum Insured: Excess:
(Client's Record)
Make of Veh:

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

Below 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: SHB 45396 Yr Regn: 2012
Type: M.Car / M.Cycle / Bus / Van / Lorry / T/O / Prime Mover /
Truck / Trailer or
Make: Hyundai Sonata C.C. 1991
Colour: Yellow A/C: Ins / Std / Nil / NA
Sp. Reading: 625932 T/Radio: Ins / Std / Nil / NA
Eng/No:
C/No: 1CM HET 41VM B A 813305
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Good / Jammed / Leaked / Burnt or
Brake: Good / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 215/60R16
R:
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Maxxis
Front: Rear:
R/Bal. 2 mm R/Bal. 2 mm
L/Bal. 2 mm L/Bal. 2 mm
D.O.A. 5/4/8 D.O.I. 9/4/8
Survey held at CPGE (Layang)
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
o/s Front.
The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

Date / Time	Action / Instruction
	SHB 45396 - NA/TNC12007640/01
	STJ 5132Z - CS3/EBZ18000093/mdb
11/4/18	Shb 45396 / 2 ty. (Red) 2221.64, 691m

RECEIVED 12 APR 2018

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File return to?
2) 12/4 - typist
Days Of Repair: 2
Resurvey No. of Trip: 1
Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
Survey Fee: 160
Transportation: 35
S + RS: SI
Photos
195
TP
LS \$1000/2



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/INC18006540/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 09-04-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJJ 5132Z	Veh. Inspected	SHB 4539G
Policy No.	5094369968	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	09/04/2018

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	05/04/2018	Inspection Date	09/04/2018
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.
--

eBaoTech

General Claim

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"/>	5094369968	HONG CAR RENTAL SERVICES	53281488J	GPC	Third Party	SJJ5132Z	SJJ5132Z	19/09/2017	15/09/2018

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0989577-002	COMFORT TRANSPORTATION	SHC 1170A	SLC 6753M	5/4/2018
2	MT/0989633-002	CITYCAB PTE LTD	SHB 4539G	SJJ 5132Z	5/4/2018
3	MT/0990076-001	COMFORT TRANSPORTATION	SHC 8400R	SLV 7599K	6/4/2018
4	MT/0989536-002	COMFORT TRANSPORTATION	SHC 3261H	SJP 7666E	09/04/2018
5	MT/0989573-002	CITYCAB PTE LTD	SHD 8853L	FBB 8804K	05/04/2018

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	07/04/2018 09:09
Date Of Accident	05/04/2018 18:20
Exact Location Of Accident	NEWTON ROAD TWDS THOMSON RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4539G
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839GTOH LIK HU
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)

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	TOH LIK HUA
NRIC No	S1408758C
Date Of Birth	19/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1980
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	LIKHUA8758@GMAIL.COM

Address	BLK 547 SERANGOON NORTH AVENUE 3 #14-154
Postcode	550547
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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	SJJ5132Z
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW NAM KONG
NRIC/Passport Number	S1717682Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TOH LIK HUA
Approximate Age	
Injuries Sustain	RH SHOULDER
Injured person in which vehicle?	SHB4539G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

IMPORTANT NOTICE


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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.
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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. 199502839G

Policyholder's Signature
Date & Time:

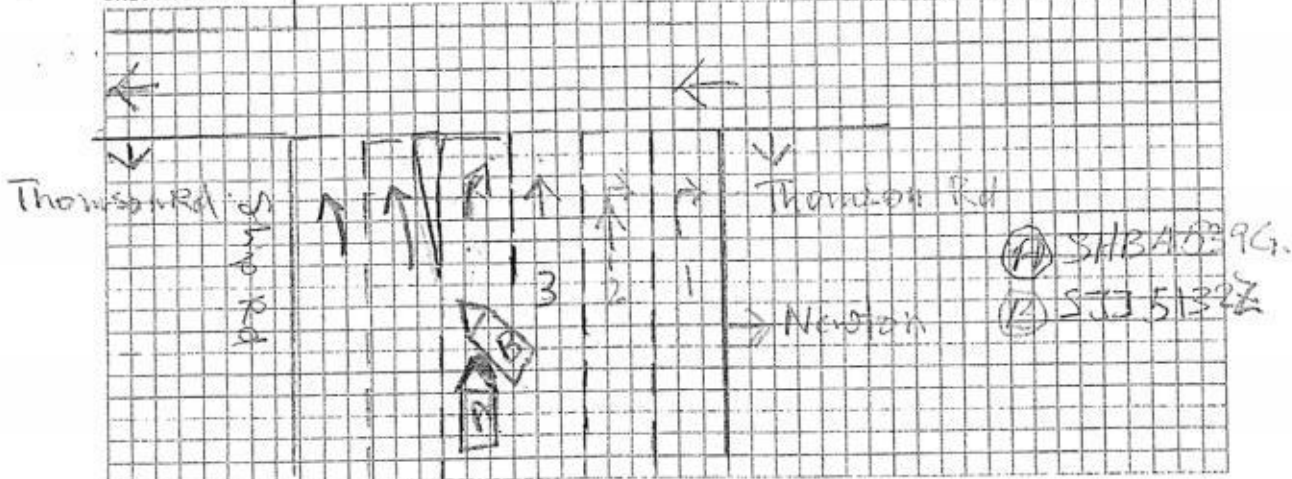

Driver's Signature
(If driver is not the policyholder)
Date & Time:

6/4/18
Jackson Heng
CEO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/4/2012 at about 1820 hrs, I Vehicle H was driving along Newton Road on the extremely left lane, while reaching to a slip road, Vehicle B came from my right and swung to the left and grazed against my taxi right front portion causing the damage, Due to great impact my right shoulder was jerk by safety belt.

DECLARATION

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

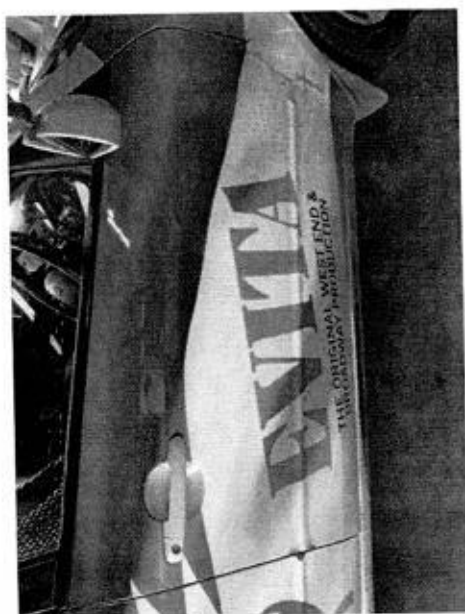
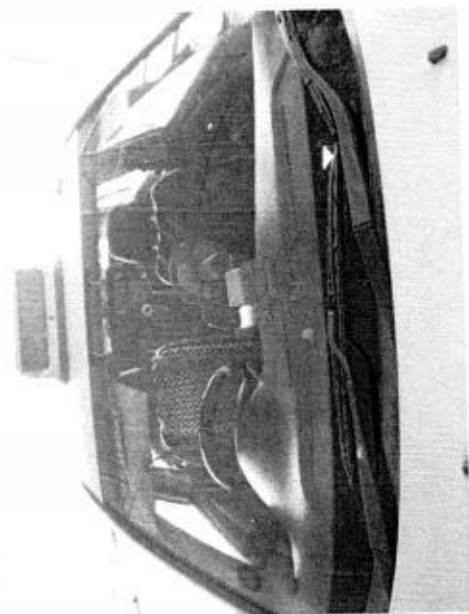
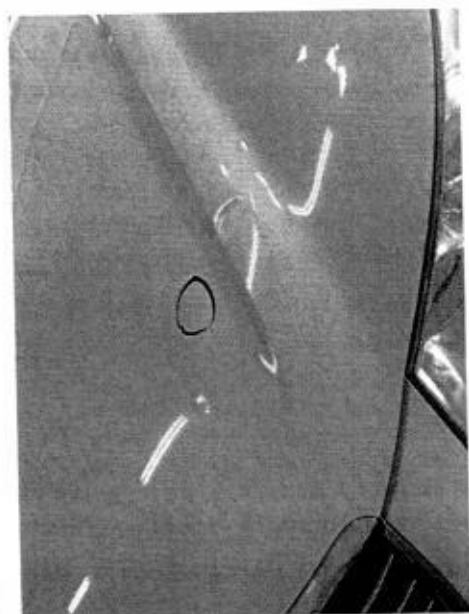
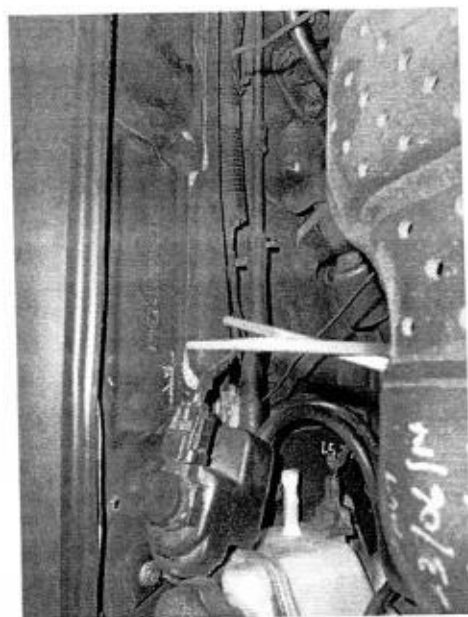
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

6/4/12
Jackson Jackson
CSO

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



Date/Time: 07.04.2018 11:46

Page : 1

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO305139480

OMER

S CITYCAB PTE LTD
OMER NO 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (R) (O)
(P)

UNT CARD NO.

REGN NO: SHB4539G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 06.04.2018 16:05
YR OF MANU. 30.06.2011	TARGET DATE
CHASSIS CODE KMHE741VMBA813305	COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 05.04.2018
TUR 3P 05.04.18

NO LABOR CODE DESCRIPTION

ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

SHB4539G CHIANG

Vehicle No.: SHB4539G

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 9/4/2018 11:02

MAKE

MODEL

: HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Deduct</i>			\$ 538.80
	Front Bumper Bracket (RH) <i>X</i>			\$ 20.10
	Headlamp (RH) <i>X</i>			\$ 797.90
	Front Fender (RH) <i>+ repair</i>			\$ 593.00
	Front Fender Shield (RH) <i>X</i>			\$ 86.00
	Front Wheel Hub Cap (RH) — <i>Grated</i>			\$ 145.00
	SUB TOTAL			\$ 2,180.80
	LESS 20%			\$ 436.16
	DISCOUNTED TOTAL			\$ 1,744.64
	Front Fender Advertisement Logo (RH) <i>/ me</i>			\$ 100.00
	Front Tyre (LH) <i>x su</i>			\$ 207.00
				\$ 307.00
	Labour Charge			200
	Panel Beating			\$ 500.00
	Spray Painting Charge			\$ 500.00 <i>400</i>
	Wiring Charge			\$ 50.00 <i>x h</i>
	FRT Wheel Alignment			\$ 120.00 <i>x a</i>
	TOTAL LABOUR			\$ 1,170.00
	ESTIMATE TOTAL			\$ 3,221.64
	<i>Kahin 10/11/11</i>			
	<i>M 9/4/18 1200h</i>			
	<i>2 DYS</i>			
	<i>4/5</i>			
	<i>A/Har Repair photo</i>			

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: _____

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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

05/04/18

\$1,000.00

Signature: _____
Name: Kater
Date: 11/4/12

Remarks: