

Qirre: Calvin

REF: NS /INC18007021 /Klgbn2

## ASSIGNMENT

1

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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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007021/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 16-04-2018  
189556



Code: INC4

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

Insured Veh.	SKD 22K	Veh. Inspected	SHA 352J
Policy No.	5096568432	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	16/04/2018

### 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	12/04/2018	Inspection Date	16/04/2018
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.
--

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/0991009-001	COMFORT TRANSPORTATION	SH 9400C	CB 7499C	15/4/2018
2	MT/0990416-002	COMFORT TRANSPORTATION	SHA 4513K	GBE 3953E	13/4/2018
3	MT/0990629-002	COMFORT TRANSPORTATION	SHC8422C	SCH 377K	14/4/2018
4	MT/0990685-002	CITYCAB PTE LTD	SHA 352J	SKD 22K	12/4/2018
5	MT/0991013-001	COMFORT TRANSPORTATION	SHC 8829M	SJM 1869S	13/4/2018
6	MT/0990856-002	COMFORT TRANSPORTATION	SHA 7278U	FBG 9719R	16/4/2018
7	MT/0990054-002	COMFORT TRANSPORTATION	SHD 3199A	SIF 8842J	11/4/2018
8	MT/0990358-002	COMFORT TRANSPORTATION	SHD 3085U	SGS 8799T	13/4/2018
9	MT/0991016-001	COMFORT TRANSPORTATION	SHB 4465K	SJJ 5341L	14/4/2018
10	MT/0990602-002	COMFORT TRANSPORTATION	SHA 5005D	XD 8050Y	14/4/2018

eBaoTech

General Claim

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"/>	5096568432	POH EE SIEU	S8638491D	GPC	Third Party, Fire & Theft	SKD22K	SKD22K	08/12/2017	07/12/2018

## 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	13/04/2018 15:56
Date Of Accident	12/04/2018 19:30
Exact Location Of Accident	OPEN SPACE CARPARK NEAR BLK 103 OPPOSITE COFFESHOP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA352J
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	WONG KOK PING
NRIC No	S0136928H
Date Of Birth	17/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1972
Driving Experience	45 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	KOKPING_W@YAHOO.COM

Address	BLK 162 TAMPINES STREET 12 #11-233
Postcode	521162
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 \* TYPE OF ACCIDENT :- 3P REVERSED

#### 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	SKD22K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	93854489
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH REAR
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### IMPORTANT NOTICE

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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:

13/04/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/IMAC SketchPlanForm\_V3





**Sketch Plan Pg. 2**

### SKETCH PLAN

OPEN SPACE  
CAR PARK  
NEAR BLK 103  
OPPOSITE  
COFFEE SHOP  
OFF TAMPINES  
ST 11.

A: SH4352J  
B: SKD22K  
(REVERSED)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

## 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.:

64004C SketchFienFerro\_v3



Describe Circumstances of the Accident.

On 12 Apr 2018 at about 19:30 hrs after checking for the traffic from my left and right is clear

I slowly moved from the parking lot. Before I could do so, I saw a car from the opposite

direction moved from the parking lot hence I stopped my taxi to give way to the unknown car.

Suddenly a car SKD22K coming from my left reversed towards the empty lot in front of my taxi.

In the midst of reversing the right hand side rear of the car hit and grazed the front left

corner towards the front portion of my stationary taxi.

My taxi sustained damages on the front left towards the front number plate including the front

bumper of my taxi.

No passenger on board my taxi. No injury at the point of the accident.

## Declaration

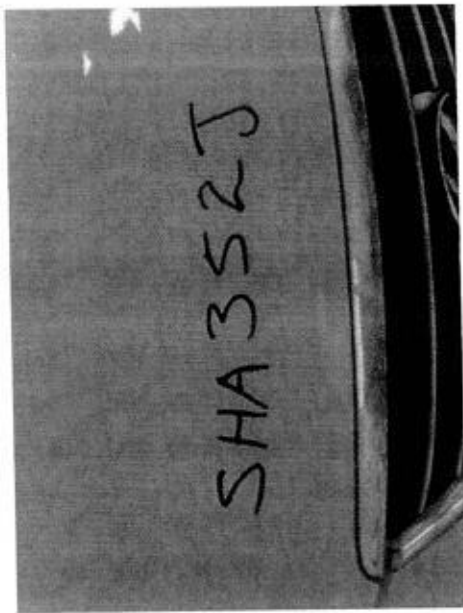
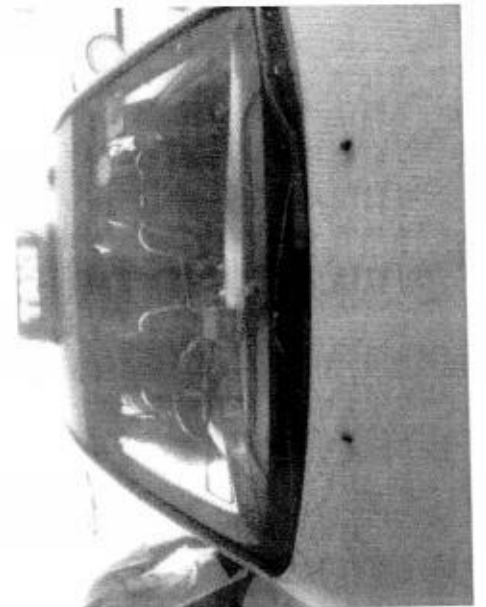
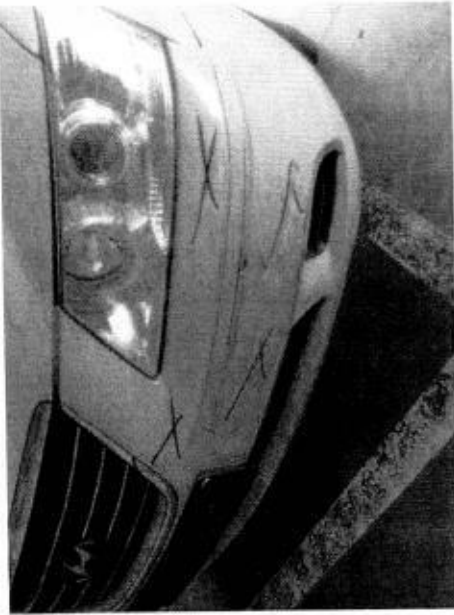
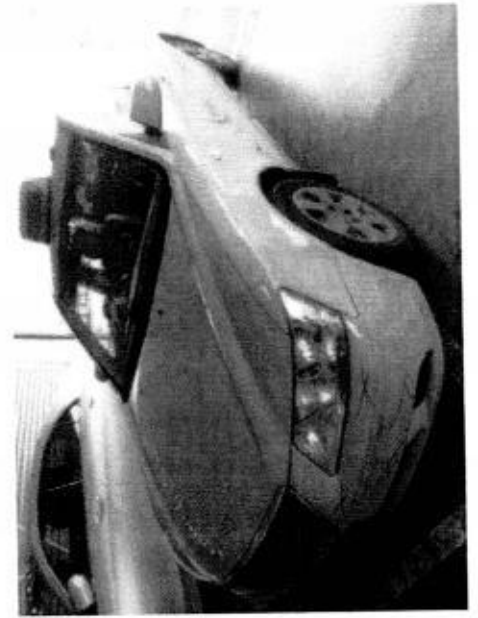
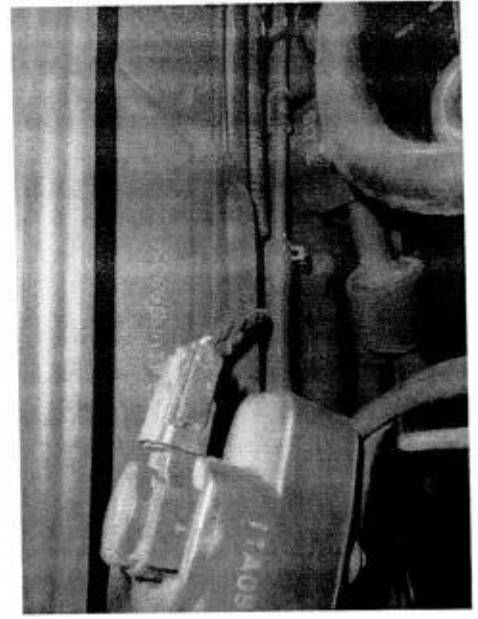
I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel



am: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO305141610

OMER IS CITYCAB PTE LTD OMER NO 7010070 IESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO : SHA 352J	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 13.04.2018 14:05
	YR OF MANU 28.02.2011	TARGET DATE
	CHASSIS CODE KMHET41VMBA805655	COMPLETION DATE/TIME:

OUNT CARD NO.

NTUC

ccident Date: 12.04.2018  
ATURE: 3P 12.04.2018

JOB DESCRIPTION

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

_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
--------------------------	-------------------------------

Acknowledgement Slip  No.: SHA 352J LKE	Exit Pass
	Vehicle No.: SHA 352J
	Signature/Date
	Name of Service Advisor
Returned to Service Reception upon collection	Date
	To be kept by Security Guard

## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 352J

DATE 13/4/2018 16:53

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille X <i>500</i>			\$ 282.10
	Radiator Grille U Moulding — <i>cut</i>			\$ 108.90
	Front Bumper Cover — <i>cut</i>			\$ 538.80
	Front Bumper Sponge X <i>500</i>			\$ 136.30
	Front Bumper Reinforcement X <i>500</i>			\$ 504.10
	Front Bumper Bracket Top (LH) X <i>500</i>			\$ 22.40
	Front Bumper Protector (LH) X <i>500</i>			\$ 29.20
	Front Bumper Side Bracket X <i>500</i>			\$ 14.30
	<b>SUB TOTAL</b>			<b>\$ 1,636.10</b>
	<b>LESS 20%</b>			<b>\$ 327.22</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,308.88</b>
	Front Number Plate — <i>Best</i>			\$ 25.00 <b>Nett</b>
	Front No Plate Trim Cover — <i>cut</i>			\$ 30.00 <b>Nett</b>
				<b>\$ 55.00</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>250.00</del>
	Spray Painting Charge			\$ <del>250.00</del>
				<b>200</b>
	<b>TOTAL LABOUR</b>			<b>\$ 500.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,863.88</b>

*Kalvin LKK*  
*16/4/18 10:50am*  
*200*  
*45*  
*After Repair*

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 "No Prejudice" basis
- No illegal modification/repairs
- Supplementary work must be approved and is subject to final approval by the 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.

Our Job Ref No 305141610  
Date : 17/04/18

### FINALIZATION FORM

To : LKK

Fax:

Attn: Mr. KALVIN ANG

Vehicle Reg No.      SHA352J      CCPL

12.04.18

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

- |   | NTUC | --- | SKD22K          |
|---|------|-----|-----------------|
| 1. The repair job shall bill to:          |      |     |                 |
| 2. The finalized amount shall be:         |      |     |                 |
| (a) Spare Parts after List discount       |      |     |                 |
| (b) Labour Charges                        |      |     |                 |
| <b>Total for Part-By-Part Repair Cost</b> |      |     |                 |
| (c.) Lumpsum Repair (if applicable)       |      |     |                 |
| Total for Lumpsum repair cost after Less: | 20%  |     | \$750.00        |
| <b>Final Lumpsum Repair cost</b>          |      |     | <b>\$750.00</b> |

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. 1 We confirm the estimates and 1

Signature : \_\_\_\_\_

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

We confirm the estimates and finalized amount

Signature: \_\_\_\_\_

Name : Kalvin

Date : 13/4/18

## 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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

## National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



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73 BRAS BASAH ROAD

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Date: 20-04-2018



Code: INC4

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

Insured Veh.	SKD 22K	Veh. Inspected	SHA 352J
Policy No.	5096568432	Coverage (\$)	0.00
Claim No.	MT/0990685-002	Excess (\$)	0.00
Assign From		Assign Date	16/04/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA805655	Colour	YELLOW
Odometer	633569	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

### 3. Conditions of Tyres

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

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	12/04/2018	Inspection Date	16/04/2018
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.
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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



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 352J**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	RADIATOR GRILLE	SERVICEABLE	282.10	-
1	RADIATOR GRILLE U MOULDING	CRACKED	108.90	108.90
1	FRONT BUMPER COVER	CUT	538.80	538.80
1	FRONT BUMPER SPONGE	SERVICEABLE	136.30	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	504.10	-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER PROTECTOR (LH)	TO REPAIR	29.20	-
1	FRONT BUMPER SIDE BRACKET	SERVICEABLE	14.30	-
	LESS 20% DISCOUNT		-327.22	-129.54
			1,308.88	518.16
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT NO PLATE TRIM COVER (SN)	CRACKED	30.00	30.00
1	FRONT NUMBER PLATE (SN)	BENT	25.00	25.00
			55.00	55.00
	<b><u>LABOUR</u></b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		250.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			500.00	400.00
	<b>GRAND TOTAL</b>		<b>1,863.88</b>	<b>973.16</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>750.00</b>

Report Ref No. NS/INC18007021/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,  
MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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