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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





UTV	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800702	21/K1qb
		D JNION HOUSESINGAPORE	Date:	16-04-2018 INC4	
	a Maria Spiller	Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SKD 22K	Veh. Ir	nspected	SHA 352J
	Policy No.	5096568432	Cover	age (\$)	0.00
	Claim No.		Exces	s (\$)	0.00
	Assign From		Assig	n Date	16/04/2018
2.	DESIGNATION OF THE PERSON NAMED IN COLUMN	Vehicle Parti	culars 8	& Condition	数多层地位设置能量 。3
	Make & Model		c.c		0
	Engine No.	HIDDEN	Year o	of Reg.	
	Chassis No.		Colou	r	
	Odometer	7 2 1	Steeri	ng	
	Brakes		Modif	ication	
	General				
3.		Condit	ions of	Tyres	
		Size	Make		Balance
	R/H Front Tyre				mm
	L/H Front Tyre	X			mm
	R/H Rear Tyre				mm
	L/H Rear Tyre				mm
4.		Descript	ion of D	amages	
5.	I take the same	Genera	al Inform	nation	
	Accident Date	12/04/2018	Inspe	ction Date	16/04/2018
	Survey held at	COMFORTDELGRO ENGINEE	RING PT	ELTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.	Ueneral L	F	Remarks		

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
-	MT/0991009-001	COMFORT TRANSPORTATION	SH 9400C	CB 7499C	15/4/2018
-	MT/0990416-002	COMFORT TRANSPORTATION	SHA 4513K	GBE 3953E	13/4/2018
-	MT/0990629-002	COMFORT TRANSPORTATION	SHC8422C	SCH 377K	14/4/2018
	MT/0990685-002	CITYCAB PTE LTD	SHA 352J	SKD 22K	12/4/2018
-	MT/0991013-001	COMFORT TRANSPORTATION	SHC 8829M	SJM 1869S	13/4/2018
	MT/0990856-002	COMFORT TRANSPORTATION	SHA 7278U	FBG 9719R	16/4/2018
-	MT/0990054-002	COMFORT TRANSPORTATION	SHD 3199A	SJF 8842J	11/4/2018
-	MT/0990358-002	COMFORT TRANSPORTATION	SHD 3085U	SGS 8799T	13/4/2018
	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									Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601	Annual Control			The second		Change La	nguage	· Change Password	• Log Out
My Desktop	Polic	y Query								•
Notice of Loss	Policy N	0.				Date of Accid	dent	12/04	V2018 18:58	
	Vehicle	No.(For Motor)	SKD22K							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096568432	POH EE SIEU	S8638491D	GPC	Third Party, Fire & Theft	SKD22K	SKD22K	08/12/2017	07/12/2018
						Continue				

SUBMITTED BY: Janet Lim Siang Gek

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- Z. 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 witholding 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

DETA	1150	OF C	NWC	VEH	ICLE
		-	4414		

Vehicle Registration Number

SHA352J

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

SONATA-2.0 (A)

Exact Purpose for which vehicle was being used at

Are you claiming under your own insurance policy

time of accident

NO

for repair to your vehicle? If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

YES

Policy Number

Type Of Coverage

D-18088937MFSH

Cover Note Number

Driver

WONG KOK PING Name of Driver

S0136928H NRIC No 17/11/1952 Date Of Birth OUTDOOR Occupation 12/07/1972 Date Of Driving Pass

45 YEARS AND 9 MONTHS **Driving Experience**

Gender

MALE

Mobile Number

Fax Number

Contact Number

EMail Address

KOKPING W@YAHOO.COM

BLK 162 TAMPINES STREET 12 Address

#11-233

521162 Postcode

Was driver an employee of the Insured's Company NO

OTHER - TAXI DRIVER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 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

PRIVATE CAR

Vehicle Category 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

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:

- 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 invoive 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:
 - 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

Reporting Centre Person Name:

NRIC/FIN No.:

GIAMAC SketchPlanForm_V3

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Sketch Plan Pg. 2

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14/4	
Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature	ire
Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:	

SWRMC StetchFlanForm_V3

Sketch Plan Pg. 3

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 cle	ar
slowly moved from the parking lot. Before I could do so, I saw a car from the opposite	
irection moved from the parking lot hence I stopped my taxi to give way to the unknown	car.
uddenly a car SKD22K coming from my left reversed towards the empty lot in front of my	taxi.
n 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
oumper of my taxi.	211
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	4

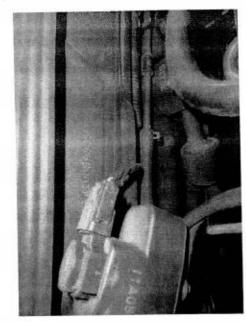
Driver's Signature(If driver is not the policyholder)/Date

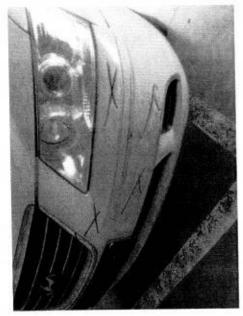
& Time

Policyholder's Signature/Date &

Time

Centre Personnel

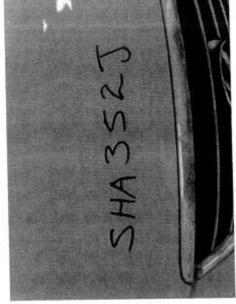


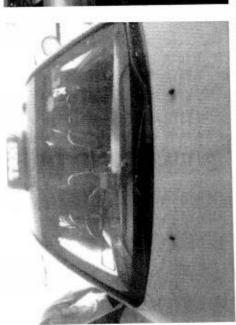












OMFORT ENGINEERING

mention of COMFORT language	Date/Ti	me: 13.04.2018 16:51	Page : 1
am: ARC Repair TP(CFSO)1		Sales Order:	JC N0305141610
OMER		REGN NO. 352J	MILEAGE
S CITYCAB PTE LTD 7010070		MAKE HYUNDAI	FUEL E1/2F
OMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 57571	L7		3.04.2018 14:05
(P) 65551188 (O)	» [T//	YR OF MANU 28.02,2011	TARGET DATE
(P) OUNT CARD NO.	NIUC	CHASSIS CODE KMHET41VMBA805655	COMPLETION DATE/TIME:
ccident Date: 12.04.2018 ATURE: 3P 12.04.2018	JOB DESCRIPTION		
	DESC	RIPTION	
/NO LABOR CODE			

CKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
viedgement Slip	Exit Pass
: No.: SHA 352J LKE	Vehicle No.: SHA 352J
of Service Advisor Signature/Date sturned to Service Reception upon collection	Name of Service Advisor Date To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHA 352J

DATE 13/4/2018 16:53

Vii 48cm NTUC

Qty	: HYUNDAI SONATA Parts Description/ Labour	Type	Unit Price	1	Amount
Qty	Radiator Grille X 500	1300		S	282.10
	Radiator Grille U Moulding —			\$	108.90
	Front Rumper Cover			\$	538.80
	Front Rumner Sponge			S	136.30
	D D D C			S	504.10
	Front Bumper Reinforcement Front Bumper Bracket Top (LH) Front Bumper Protector (LH)	- 1		s	22.40
	Front Bumper Protector (LH) X***			s	29.20
	Front Bumper Protector (LH) X			S	14.30
	SUB TOTAL			s	1,636.10
	LESS 20%			\$	327.22
	DISCOUNTED TOTAL			S	1,308.88
	Front Number Plate — Be-4			s	25.00
	Front Number Plate Front No Plate Trim Cover			s	30.00
	Tion no riate time cover			naes E	50354000011
				S	55.00
	Labour Charge				200
	Panel Beating			8	250.00
	Spray Painting Charge			S	259:00
	TOTAL LABOUR			\$	500.00
	ESTIMATE TOTAL			s	1,863.88
	Kalin 1 UK/U Kalin 1 UK/U 16/4/8 1050h 2007. US	LKK A the Re • To res • To dis • Parts • Third	uto Consultants hence pairer of the following: uvey before/after spray pair play damaged parties during onces are suffice; to confirm party survey is on a "V.	nting resurvey and are udic	
	Alle Reparph	ACKINOV	gal modifications is ementary from \$1 m. lect to knier approva	760	and
		Signati	Te:	- 1	- 1

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Jur Jo	ob Ref	No	30514161	0			Comfort	DelGro Engineering Pte Ltd
ate			17/04/18				59 Loya	ing Drive Singapore 50896 46 8156
NAI	LIZATI	ON FORM						
0	8 =		LKK				Fax:	
ttn	: M	r	KALVIN	ANG	-			
ehic	le Reg	No.	SHA352J	CCPL			85	12.04.18
he s	urvey	and estima	tes of the repairs of	of the above-mer	ntioned vel	nicle are	e as follows:-	
	Ther	epair job sh	nall bill to:		NTUC			SKD22K
	Thef	inalized am	nount shall be:					
	(a)	Spare Pa	rts after List disco	ount				
	(b)	Labour C	harges					
			Part-By-Part Re	pair Cost				
	(c.)	Total for	n Repair (if applica Lumpsum repair c	ost after Less:		20%		\$750.00
		Final Lu	mpsum Repair o	ost				\$750.00
	We s	shall treat orking day	s		2 nd Confir	med if		ply from you within
	We s 7 wo Than	shall treat orking day nk you for y nature:	the above amou			med if We fina	correction response	
	We s 7 wo	shall treat orking day nk you for y nature : ne : LI	the above amou s your assistance.			med if We fina	there is no re confirm the ealized amount mature:	stimates and
	We s 7 wo Than Sign Nam Tel Fax	shall treat orking day nk you for y nature : ne : LI : 63	the above amou s rour assistance. M KWOK ENG 2148316 5468156			med if We fina	there is no re confirm the ealized amount mature:	stimates and
j.	We s 7 wo Than Sign Nam Tel Fax	shall treat orking day nk you for y nature: ne : LI : 62	the above amou s rour assistance. M KWOK ENG 2148316 5468156		nd Confir	med if We fina Sig Na	there is no re confirm the ealized amount mature:	stimates and
	We s 7 wo Than Sign Nam Tel Fax	shall treat orking day nk you for y nature : ne : LI : 63	the above amou s rour assistance. M KWOK ENG 2148316 5468156		Doct Atta	med if We fina	there is no re confirm the ealized amount mature:	stimates and
or	We s 7 wo Than Sign Nam Tel Fax Officia	shall treat orking day nk you for y nature: : 6: : 6:	the above amous rour assistance. M KWOK ENG 2148316 5468156	nt as Correct a	Doct Atta Yes	med if We fina Sig Na Da	e confirm the earlized amount anature: me : te :	Kalun 18/x/s8
· ·	We s 7 wo Thar Sign Nam Tel Fax Officia	shall treat orking day nk you for y nature : ne : LI : 63	the above amous rour assistance. M KWOK ENG 2148316 5468156	nt as Correct a	Doct Atta Yes	med if We fina Sig Na Da ument ached or No	e confirm the earlized amount anature: me : te :	Kalun 18/x/s8
	We s 7 wo Thar Sign Nam Tel Fax Officia	shall treat orking day nk you for y nature: : 6: : 6: ill Use Only Item Rate P/Day	the above amous rour assistance. M KWOK ENG 2148316 5468156	nt as Correct a	Doct Atta Yes	med if We fina Sig Na Da ument ached or No	e confirm the earlized amount anature: me : te :	Kalun 18/x/s8
1. F 2. L 3. S 4. L	We s 7 wo Than Sign Nam Tel Fax Officia Rental I coss of Survey TA Se Medica	shall treat orking day nk you for y nature: : 6: : 6: ill Use Only Item Rate P/Day	the above amous rour assistance. M KWOK ENG 2148316 5468156	nt as Correct a	Doct Atta Yes	med if We fina Sig Na Da ument ached or No	e confirm the earlized amount anature: me : te :	Kalun 18/x/s8



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/INC180070		21/K1qbn2				
73 BRAS BASAH ROA #05-01 NTUC TRADE (189556	D UNION HOUSESINGAPORE	Date:	20-04-2018					
	Deller Destinator	Code:	INC4					
Insured Veh.	Policy Particulars SKD 22K	_	nspected	SHA 352J				
Policy No.	5096568432	Coverage (\$)		0.00				
Claim No.	MT/0990685-002	Excess (\$)		0.00				
Assign From	W17000000 002	Assign Date		16/04/2018				
	Vehicle Parti							
2. Make & Model	HYUNDAI SONATA	c.c	u Johannon	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.	Condit	ions of	Tyres	THE RESERVE				
	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	MAXX	IS	7 mm				
L/H Rear Tyre	215/60 R16	MAXXIS		7 mm				
4.	Descript							
THE VEHICLE SU	STAINED DAMAGES AT THE FF	RONT N/	S PORTION.					
DAMAGES SEE D	DAMAGES SEE DETAILS:							
5.	Genera	al Inform	nation					
Accident Date	12/04/2018		ction Date	16/04/2018				
Survey held at	COMFORTDELGRO ENGINEE	ERING PTE LTD						
59 LOYANG DRIVE SINGAPORE 508969								
5a.		Remarks	s and the first					
A)THE INSPECTION	ON WAS CONDUCTED ON A'WI	THOUT	PREJUDICE" BASIS E NOT AUTHORISE	S. D REPAIRS.				
5b.			of Repair					
POSTON AND ADDRESS OF THE PARTY	Estimate MAL PERIOD FOR REPAIR:	Days o	of Repair 2 Working Days					



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 352J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
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	
L	LESS 20% DISCOUNT		-327.22	-129.54
	() 4450-1000 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		1,308.88	518.16
	SPECIAL NETT ITEMS			
1	FRONT NO PLATE TRIM COVER (SN)	CRACKED	30.00	30.00
L T	FRONT NUMBER PLATE (SN)	BENT	25.00	25.00
	822. 82		55.00	55.00
	LABOUR			
	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
	GRAND TOTAL		1,863.88	973.16
Y	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			750.00

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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