





## 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/INC18010089/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 04-06-2018

189556



Code: INC4

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

Insured Veh.	SJF 5615T	Veh. Inspected	SHA 8202G
Policy No.	5099950567	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/06/2018

### 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

--

### 5. General Information

Accident Date	01/06/2018	Inspection Date	04/06/2018
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

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 checked="" type="radio"/>	5099950567	MOTORMAXX PTE LTD	201534556D	GPC	drive CLASSIC	SJF5615T	SJF5615T	17/04/2018	16/04/2019

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	Estimate	Tentative repair cost
1	MT/0997402-002	COMFORT TRANSPORTATION PTE LTD	SHA 3102U	SIK 4437X	03/06/2018	\$ 2,431.58	\$ 450.00
2	MT/0996966-002	CITYCAB PTE LTD	SHA 8202G	SIF 5615T	01/06/2018	\$ 2,077.44	\$ 1,100.00
3	MT/0997824-001	CITYCAB PTE LTD	SHA 811B	SLH 5573X	30/05/2018	\$ 3,265.96	\$ 2,850.00
4	MT/0997320-002	SMRT TAXI PTE LTD	SHB 5571E	GU 5567J	15/05/2018	\$ 6,170.40	\$ 2,240.23
5	MT/0992549-002	SMRT TAXI PTE LTD	SHF 441J	SHB 8401T	01/05/2018	\$ 26,621.94	\$ 8,100.00
6	MT/0994278-002	SMRT TAXI PTE LTD	SHC 4212T	XE 565B	13/05/2018	\$ 21,016.42	\$ 4,600.00
7	MT/0997827-001	SMRT TAXI PTE LTD	SHC 4382K	SKT 1790K	19/05/2018	\$ 1,449.70	\$ 300.00
8	MT/0994682-002	SMRT TAXI PTE LTD	SHC 4536J	GBD 5726L	14/05/2018	\$ 5,555.30	\$ 950.00
9	MT/0997788-002	COMFORT TRANSPORTATION PTE LTD	SHD 3230S	SIN 6185T	02/06/2018	\$ 2,736.58	\$ 1,302.98
10	MT/0997833-001	COMFORT TRANSPORTATION PTE LTD	SHA 1781L	SIT 1714T	03/06/2018	\$ 5,712.98	\$ 2,300.00
11	MT/0997524-002	COMFORT TRANSPORTATION PTE LTD	SHA 3460K	GBG 4353U	05/06/2018	\$ 2,752.02	\$ 900.00
12	MT/0997717-002	COMFORT TRANSPORTATION PTE LTD	SHC 2931P	GBC 3789Z	05/06/2018	\$ 2,751.20	\$ 1,250.00
13	MT/0996973-002	COMFORT TRANSPORTATION PTE LTD	SHA 3075P	FBE 3401G	01/06/2018	\$ 1,087.44	\$ 508.00
14	MT/0997835-001	COMFORT TRANSPORTATION PTE LTD	SHA 3514P	SJA 2496R	04/06/2018	\$ 2,836.58	\$ 800.00

Claim received from LKK Auto

## 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	02/06/2018 12:41
Date Of Accident	01/06/2018 23:55
Exact Location Of Accident	GEYLANG RD AFTER LOR 19 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8202G
<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

### 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	KNG TIAN SIONG
NRIC No	S1106669J
Date Of Birth	06/02/1955
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1978
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96489666
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	323 TAH CHING RD #09-60
Postcode	S610323
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 - CHANGE/CROSS LANE
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?	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

HEAD TO SIDE. PLS SEE 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	SJF5615T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NGO KOK HENG
NRIC/Passport Number	S7433499G
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRONT LEFT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	KNG TION SIONG
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Approximate Age	63
Injuries Sustain	GIDDY
Injured person in which vehicle?	SHA8202G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	323 TAH CHING RD #09-60
Postcode	S610323

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)

(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.

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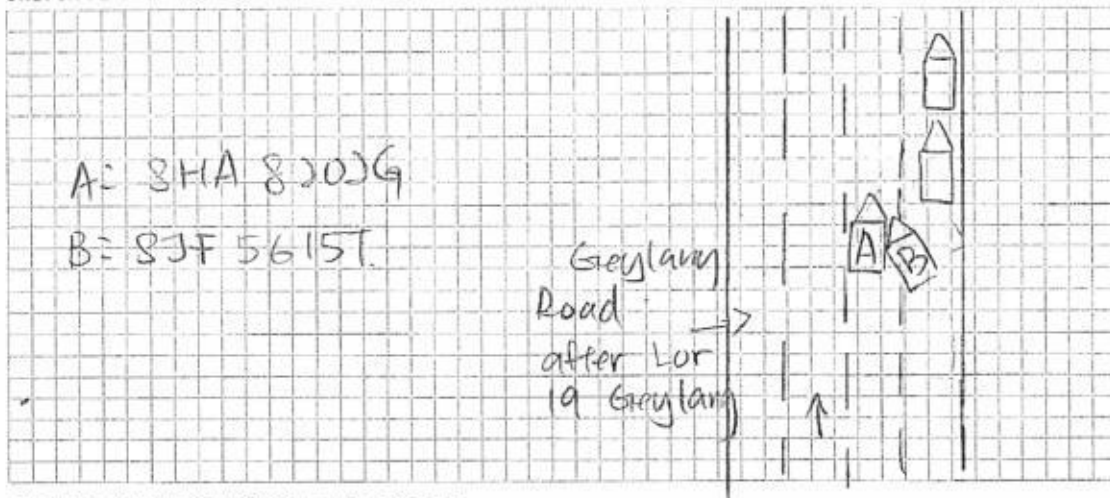
Loke Wei Yieng

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



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/6/18 at about 23:55 hrs, I was driving along Geylang road after Lor 19 Geylang.

Suddenly a car SJF 5615T drive out from right hand side car park lot. As it happen too sudden, I can't react at all. As a result, the car front left portion hit onto the right front portion of my taxi.

No passenger in my taxi. No injury at the point of accident. However, I felt dizzy after the accident, will consult doctor later on.

## DECLARATION

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

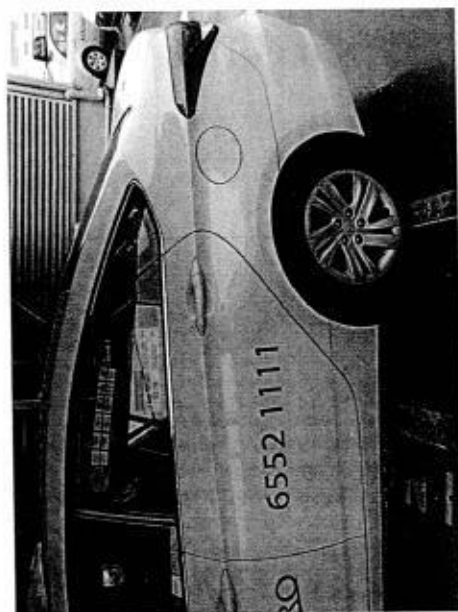
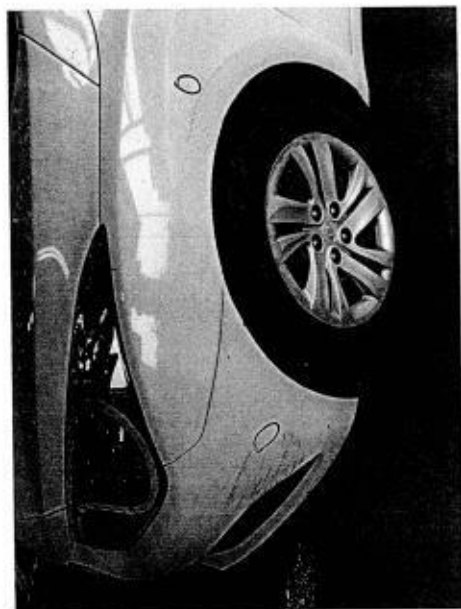
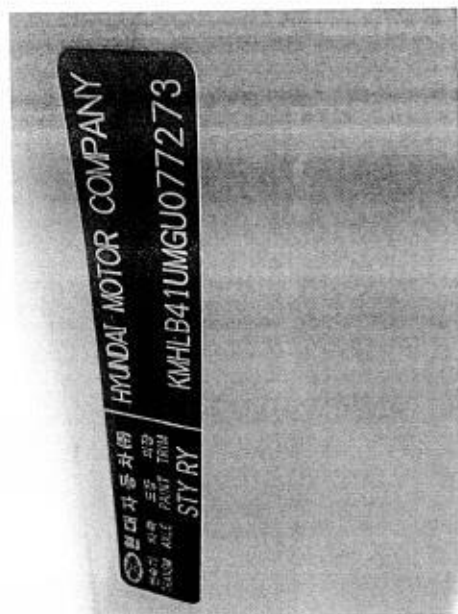
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

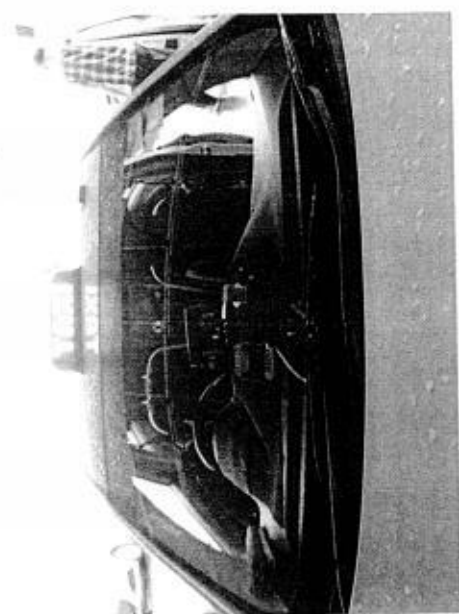
Loke Wei Jeng

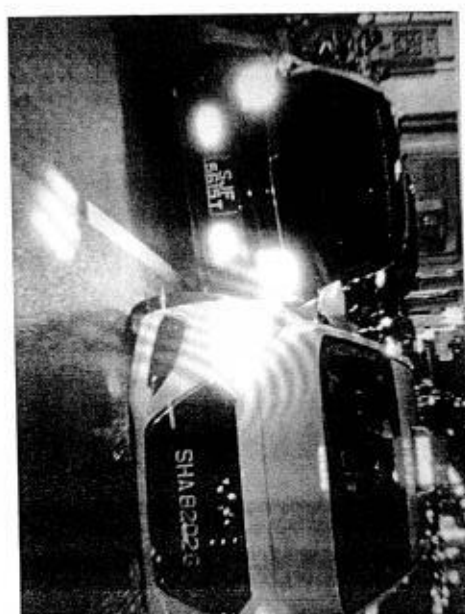
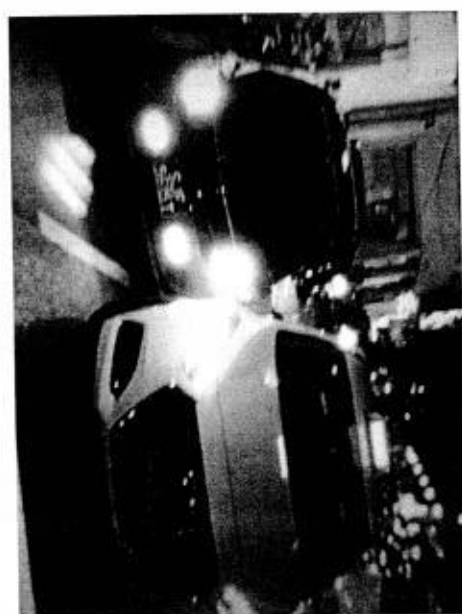
Policyholder's Signature  
Date & Time:

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

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









# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6380 6200 Facsimile + 65 6280 9755

Workshops:  
59 Loyang Drive Singapore 508055 24 Serangoon Loop Singapore 75815  
383 Sin Ming Drive Singapore 575717 7 Sungai Kadul Way Singapore 72  
45 Pandan Road Singapore 508796 6 Defu Avenue 1 Singapore 59653  
05 Pandan Road Singapore 508796

Date/Time: 04.06.2018 08:43

Page : 1

Team: CK ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO30516878

<b>CUSTOMER</b>  <b>MR/MS</b> CITYCAB PTE LTD <b>CUSTOMER NO.</b> 7010070 <b>ADDRESS</b> 383 SIN MING DRIVE Singapore SINGAPORE 575717 <b>TEL. (R)</b> 65551188 (O) (P)  <b>DISCOUNT CARD NO.</b>	<b>REGN NO.</b> SHA8202G	<b>MILEAGE</b>
	<b>MAKE</b> HYUNDAI	<b>FUEL</b> E.....1/2.....
	<b>MODEL</b> SONATA	<b>DATE/TIME IN</b> 01.06.2018 23:5
	<b>YR OF MANU.</b> 21.09.2007	<b>TARGET DATE</b>
	<b>CHASSIS CODE</b> 4411741VR7A403145	<b>COMPLETION DATE</b>

### JOB DESCRIPTION

Accident Date: 01.06.2018  
NATURE: 3P 01.06.18

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:

I/C No.:

Vehicle No.:

SHA8202G

JU NTUC LKK

Vehicle No.:

SHA8202G

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard



## REPAIR ESTIMATE\*

VEHICLE NO : SHA 8202G

DATE 4/6/2018 10:24

MAKE :

**MODEL : HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover x repair			\$ 562.30
	Front Bumper Bracket Top (RH) x one			\$ 22.40
	Front Bumper Side Bracket x one			\$ 14.30
	Front RH Fender x repair			SUB TOTAL \$ 599.00
	Front RH wheel cover x stock		\$150.70	\$ LESS 20% 119.80
			\$ 69.50	DISCOUNTED TOTAL \$ 479.20
	Front Tie Rod end - Bent		\$ 715.10	
	Front RH lower Arm - Bent			
	Labour Charge			200
	Panel Beating			\$ 350.00
	Spray Painting Charge-Fender/Bumper			\$ 500.00 400
	TOTAL LABOUR			\$ 850.00
	ESTIMATE TOTAL			\$ 1,329.20
	Kalvir LLC			2397.44
	M 4/6/18 1100L.			
	2 Rys			
	L/S			
	AHAR Rep-phd			
	JKK Auto Consultants hence notify the Repairer of the following:			
	To resurvey before/after spray painting;			
	To display damaged part(s) during resurvey			
	• Parts prices are subject to confirmation			
	• Third party survey is on a "Without Prejudice" basis			
	• No illegal modification(s) is allowed			
	• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company			
	Acknowledged by Repairer			
	Signature:			
	Date:			
<p>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.</p>				

88674

VEHICLE NO. : SHA8202G

TYPE OF CASE : NTUC

JOB CARD NO. 305168785

SURVEY BY : LKK-KALVIN

ACC. DATE 01/06/18

DATE :

SUPPLEMENTARY OF PARTS AND LABOUR COSTS			
DESCRIPTION	QTY	ESTIMATE	REMARKS
FRT RH STRG TIE ROD	1	\$69.50	—
FRT RH LOWER ARM	1	\$715.10	—
LABOUR			
RENEW FRT SUSPENSION DAMAGED PART		<del>\$200.00</del>	100
ADJUST FRT WHEEL ALIGNMENT		<del>\$120.00</del>	60
TOTAL:		\$1,104.60	JUMANI



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305168785  
Date : 06/06/18

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHA8202G

Fax :  
Date of Accident : 01/06/18

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

1. The repair job shall bill to: NTUC --- SJF5615T  
###
2. The finalized amount shall be:
  - (a) Spare Parts after List discount
  - (b) Labour Charges ###
  - Total for Part-By-Part Repair Cost**
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% **\$1,100.00**  
**Final Lumpsum Repair cost**
3. Estimated normal period for repairs: 2 working days
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :  
Name : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :  
Name : KALVIN  
Date : 6/6/18

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:




# 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/INC18010089/K1qbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 14-06-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJF 5615T	Veh. Inspected	SHA 8202G	
Policy No.	5099950567	Coverage (\$)	0.00	
Claim No.	MT/0996966-002	Excess (\$)	0.00	
Assign From		Assign Date	04/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU077273	Colour	YELLOW	
Odometer	312540	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	TRIANGLE	7 mm	
L/H Front Tyre	205/60 R16	TRIANGLE	7 mm	
R/H Rear Tyre	205/60 R16	TRIANGLE	7 mm	
L/H Rear Tyre	205/60 R16	TRIANGLE	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	01/06/2018	Inspection Date	04/06/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



# National Assessment Centre Services

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 8202G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	562.30	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER SIDE BRACKET	SERVICEABLE	14.30	-
1	FRONT RH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT RH WHEEL COVER	SERVICEABLE	150.70	-
1	FRONT TIE ROD END	BENT	69.50	69.50
1	FRONT RH LOWER ARM	BENT	715.10	715.10
	LESS 20% DISCOUNT		-306.86	-156.92
			1,227.44	627.68
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT RH FENDER.		350.00	200.00
	SPRAY PAINTING CHARGE-FENDER/BUMPER.		500.00	400.00
	RENEW FRT SUSPENSION DAMAGED PART.		200.00	100.00
	ADJUST FRT WHEEL ALIGNMENT.		120.00	60.00
			1,170.00	760.00
<b>GRAND TOTAL</b>			<b>2,397.44</b>	<b>1,387.68</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,100.00</b>

Report Ref No. NS/INC18010089/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

**DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report. No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.