

(08/11/13)

Surveyor: Kelvin

REF:

NS/LNC18014269/K1vbn2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Insp'd Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SKU 94655Policy No. 5081898129-01 240817-230818Claims No. MT/1006408-001

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 Rpt: \_\_\_\_\_ 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: SHA 279M Yr Regn: 13 Aug 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Trk~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai Iyo c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 326927 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCB41444077038

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or Westlake

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 3/8/12 D.O.I. 6/8/12Survey held at CHE (Loyang)

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

Front o/s

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

Date / Time	Action / Instruction
	SHA 279M - CS / FCL18010792 / Ksd5n2
	SKU 94655 - x
7/8/12	Labour P/P \$300 / 2 Pys. (Recd 1300.08, 81M)

Date/Time, File Pass to? ☐ : Prell. Report1) ☐ : Final Report

Date/Time, File Return to?

2) 8/8 - typistReport Format: TPLump Sum / I.B.I: (\$ P/P \$300/2)Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\_\_\_\_ \$ + RS \_\_\_\_ \$

Photos

Others

TOTAL

160



## 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/INC18014269/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 06-08-2018  
189556



Code: INC4

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

Insured Veh.	SKU 9465S	Veh. Inspected	SHA 279M
Policy No.	5081898129-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/08/2018

### 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	03/08/2018	Inspection Date	06/08/2018
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.
--

## Veron Chen (LKKAUTO)

**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Wednesday, 8 August 2018 10:28 AM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** REQUEST FOR CLAIM NUMBER

Hi,

Claim created

With Regards

Samsia  
Senior Admin Assistant, Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



*'With effect from 1 Oct 2018, we will be discontinuing our fax number 6338 1504.  
Please forward all motor claims related correspondences to [mtcl@income.com.sg](mailto:mtcl@income.com.sg) so that we can attend to it accordingly.'*

**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Wednesday, August 08, 2018 9:11 AM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1006408-001	CITYCAB PTE LTD	SHA 279M	SKU 9465S

D.O.A	Time of Accident	Estimate	Tentative repair cost
3/8/2018	13:00	\$1,622.08	\$300.00

Best Regards,

Veron Chen | Case Handler  
LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5081898129-01		LEE KHENG HUA	S0534044F	GPC	drive CLASSIC	SKU9465S	SKU9465S	24/08/2017	23/08/2018

## 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	06/08/2018 08:05
Date Of Accident	03/08/2018 13:00
Exact Location Of Accident	OPEN AIR CARPARK SIMS DRIVE.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA279M
<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	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
<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	BERTIE LOUIS ANN
NRIC No	S0615648G
Date Of Birth	27/11/1947
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1987
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93822114
Fax Number	
Contact Number	
Email Address	BERT_LOUIS_ANN@YAHOO.COM.SG

Address	257 08-1027 YISHUN RING ROAD
Postcode	760257
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	COLLIDED INTO PARKED VEHICLE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACH.

#### Attachment(s)

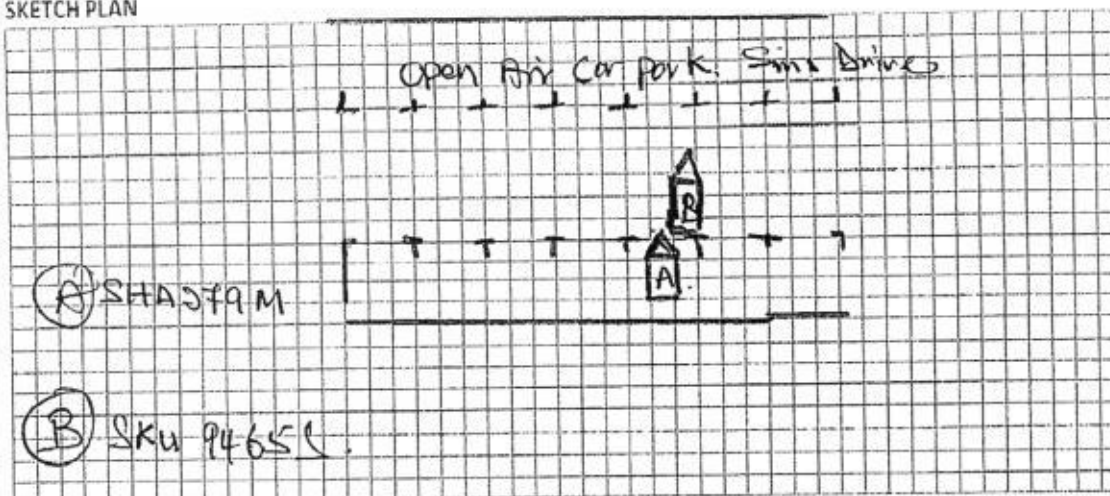
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU9465S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3 Aug 2018 @ 1200 hrs I VEH A  
 Parked at carpark lot. and standing outside  
 Suddenly VEH B Reverse and hit VEH A  
 Front Right. no passengers on VEH A.

## DECLARATION

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

CITYCAB PTE LTD  
 CO. REG. NO. 199502839

Policyholder's Signature  
 Date & Time:

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

*J. Man 4/8*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



## Sketch Plan Pg. 2

### 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.

...CAB PTE LTD  
REG. NO. 199502839G

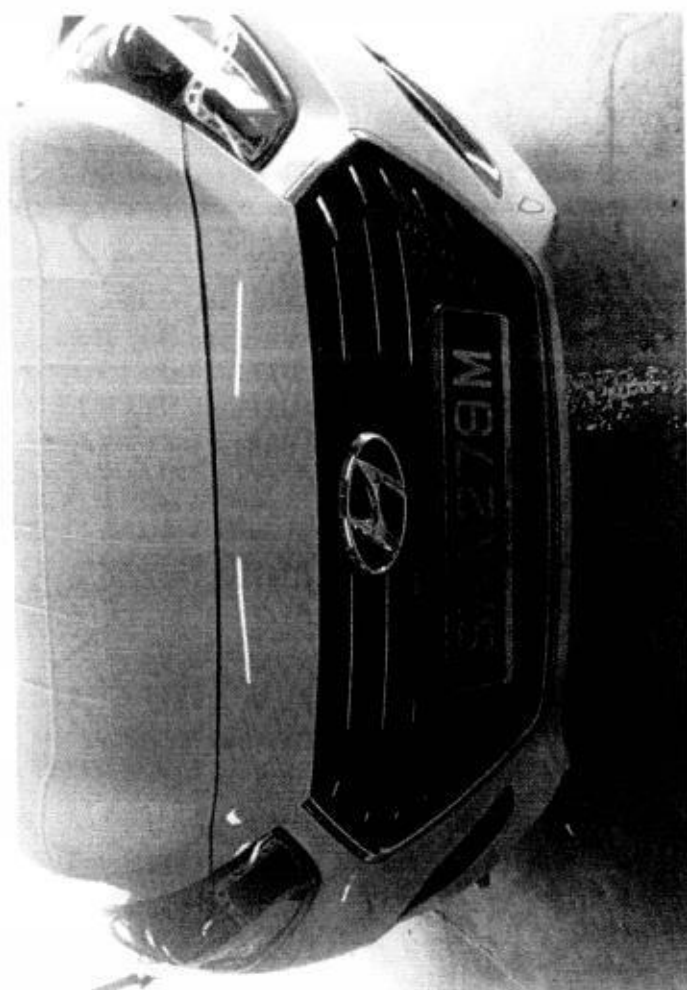
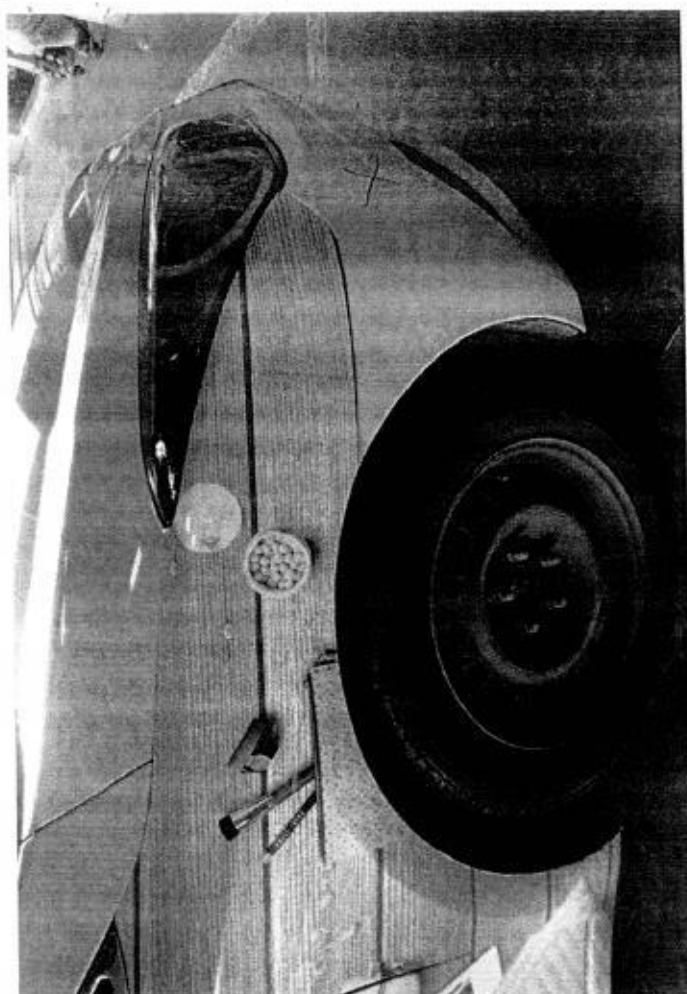
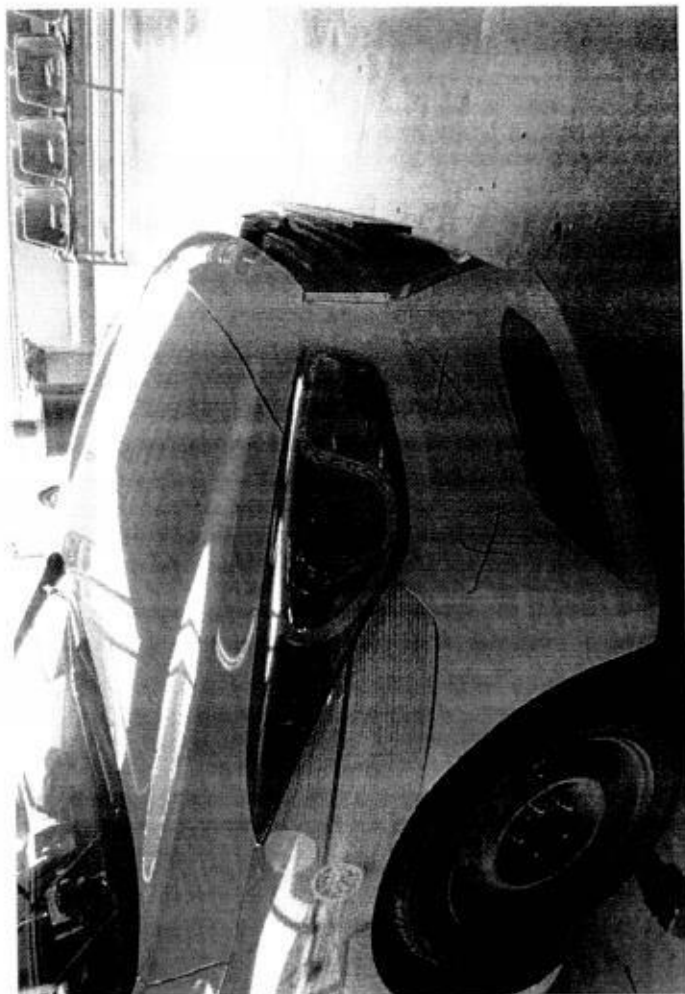
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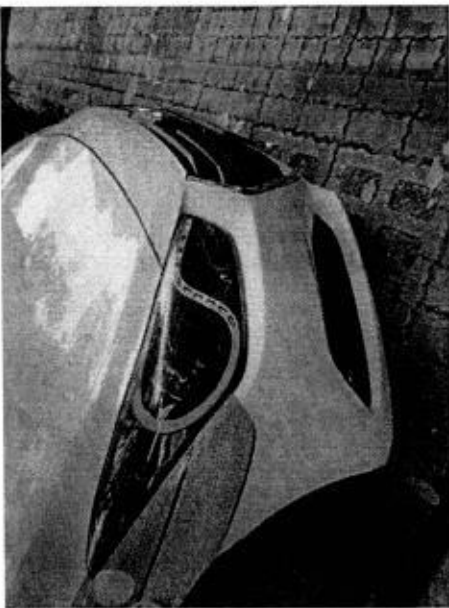
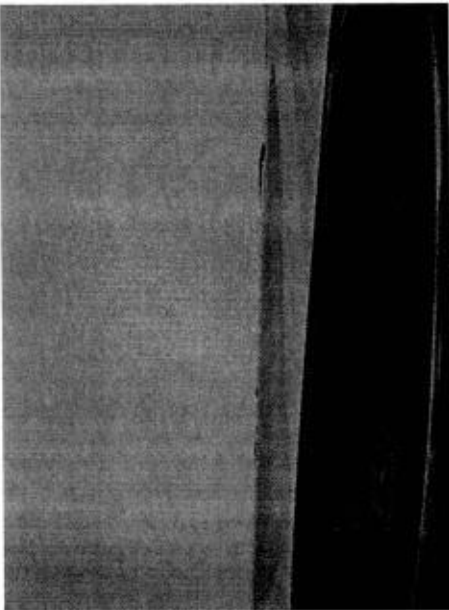
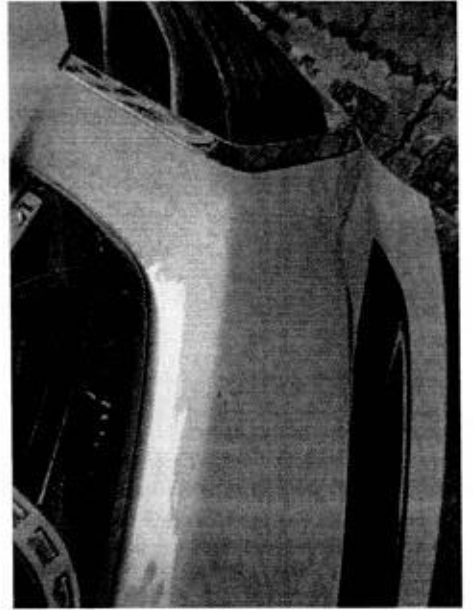
W.M. 7 4/8

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.:





ABA 03-08-18

2018

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>X repair</i>			\$ 562.30
	Front Bumper Sponge' <i>200</i>			\$ 142.20
	Front Bumper Reinforcement <i>200</i>			\$ 526.10
	Front Bumper Bracket Top (RH) <i>200</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>200</i>			\$ 24.60

Date/Time: 06.08.2018 08:37

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305196188

OMER

CITYCAB PTE LTD  
7010070  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65551188

(R) (O)

(P)

JUNT CARD NO.

REGN NO.

SHA 279M

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

04.08.2018 11:15

YR OF MANU

13.08.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU077038

COMPLETION DATE/TIME

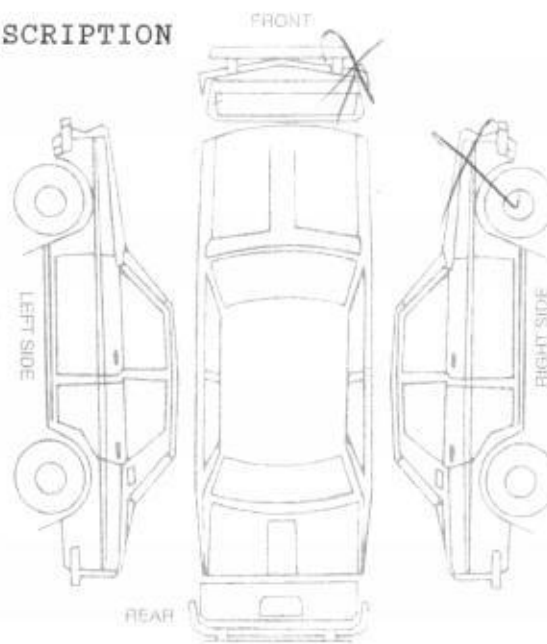
JOB DESCRIPTION

Accident Date: 03.08.2018

NATURE: 3P 03.08.18

S/NO LABOR CODE

DESCRIPTION



W-ben  
326827

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.: SHA 279M JU NTUC

Vehicle No.:

SHA 279M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING

Our Job Ref No : 305196188

Date : 07/08/18

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508968  
Fax: 6546 8156

### FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA 279M

Date of Accident : 03/08/18

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

1. The repair job shall bill to: NTUC --- SKU9465S  
###

2. The finalized amount shall be:

(a) Spare Parts after List discount		\$0.00
(b) Labour Charges	###	\$300.00
Total for Part-By-Part Repair Cost		\$300.00
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: 20%		
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 : Kahr

Date : 7/8/18

### 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:

CHECK ITEM:





## 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/INC18014269/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 15-08-2018

189556



Code: INC4

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

Insured Veh.	SKU 9465S	Veh. Inspected	SHA 279M
Policy No.	5081898129-01	Coverage (\$)	0.00
Claim No.	MT/1006408-001	Excess (\$)	0.00
Assign From		Assign Date	06/08/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU077038	Colour	YELLOW
Odometer	326927	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

### 4. Description of Damages

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

Accident Date	03/08/2018	Inspection Date	06/08/2018
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



Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 279M

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 SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
	LESS 20% DISCOUNT		-255.52	-
			1,022.08	-
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		350.00	100.00
	SPRAY PAINTING CHARGE.		250.00	200.00
			600.00	300.00
<b>GRAND TOTAL</b>			<b>1,622.08</b>	<b>300.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>300.00</b>

Report Ref No. NS/INC18014269/K1vbn2

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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