

(08/11/13)

Surveyor: Kelvin

REF: NS/INC18014584/K1q3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: 8KS 9852TPolicy No. 5070670731-03 (1/1/18-Claims No. M7/1006596-002

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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 2 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 35522 Yr Regn: 24 Ex, 2014Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~6~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: White A/C: Ins / Std / NI / NASp. Reading: 55.4695 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHCBK14AE406159XGen. Cond: Good / ~~F~~ / Poor / BurntSteering: Inord~~er~~ / Jammed / Leaked / Burnt orBrake: Inord~~er~~ / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD AP Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or HankookFront 2 mm Rear 2 mmR/Bal. 2 mm L/Bal. 7 mmD.O.A. 9/8/8 D.O.I. 10/8/8Survey held at CDHE (Loyang)

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

o/s Front

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

Date / Time	Action / Instruction
	SHB 35522 - NS/INC18014009/K1q3n2 POF: 1/8/18 <u>Inc</u>
	<u>8KS 9852T-X</u> <u>1/8</u>
28/8/18	<u>Insured 45 \$2350 / 2 Dps. (Ref 6779.12, 27%)</u>
RECEIVED 29 AUG 2018	

Date/Time, File Pass to?

☐ : Prel. Report1) 29/8 typing☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: 7PLump Sum / I.B.I: (\$) 2350Days 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/INC18014584/K1qd3			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 13-08-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKS 9852T	Veh. Inspected	SHB 3552Z
Policy No.	5070670731-03	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	10/08/2018
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			
5. General Information			
Accident Date	09/08/2018	Inspection Date	10/08/2018
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.			

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/08/2018 08:16"/>							
Vehicle No.(For Motor)	<input type="text" value="SKS9852T"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5070670731-03		SINGAPORE MOBILITY CORPORATION PTE LTD	200603234Z	GFT	drivo CLASSIC	SKS9852T	SKS9852T	01/01/2018	
					<input type="button" value="Continue"/>					

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1007545-002	COMFORT TRANSPORTATION PTE LTD	SHA 2203T	SKH 3938C
2	NOT OI	COMFORT TRANSPORTATION PTE LTD	SHA 1619J	SLR 4251D
3	MT/1009195-001	COMFORT TRANSPORTATION PTE LTD	SHD 4401J	SLL 3978D
4	MT/1008766-002	COMFORT TRANSPORTATION PTE LTD	SH 6352C	SLN 8500E
5	MT/1006596-002	CITYCAB PTE LTD	SHB 3552Z	SKS 9852T

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	10/08/2018 10:15
Date Of Accident	09/08/2018 01:55
Exact Location Of Accident	ORCHARD RD T JUNCTION OF CUSCADEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3552Z
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	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	MARCUS FOK WING FOO
NRIC No	S1411183B
Date Of Birth	24/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1983
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83807428
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 902 TAMPINES AVENUE 4 #16-216
Postcode	520902
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	
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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	SKS9852T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG ZHI XIONG
NRIC/Passport Number	S8839981A
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT

Sketch Plan Pg. 1

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.
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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:

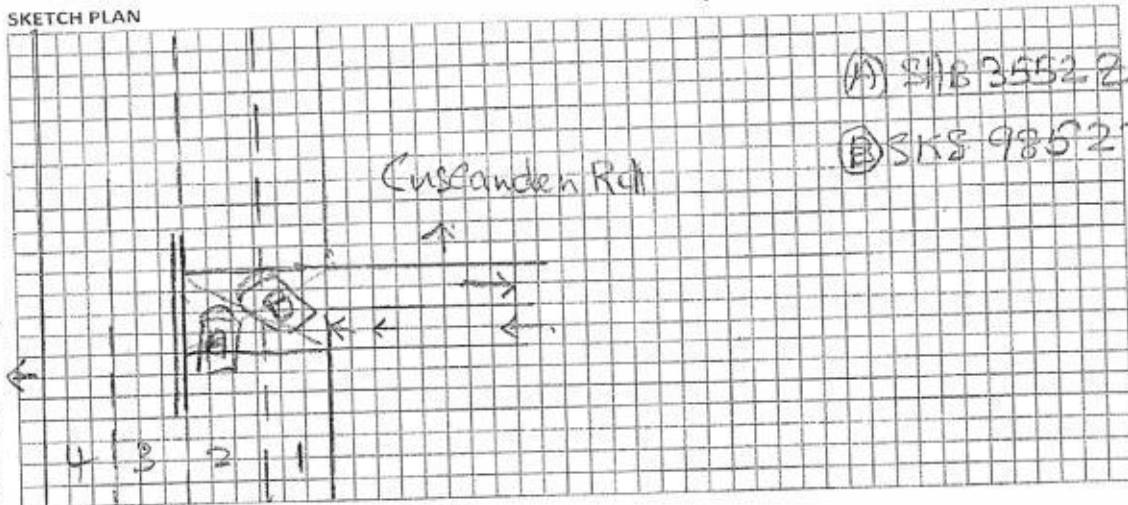
10/8/18
Jackson Horng
CSO

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

Sketch Plan Pg. 2

SKETCH PLAN

ORCHARD ROAD



(A) 81835522

(B) SKS 9852T

Cuscander Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/8/2018 at about 01:55 hrs, I Vehicle A was driving along Orchard Road on the Second Lane. Vehicle B dash out from Cuscander road and collided onto Vehicle A right front portion.

DECLARATION

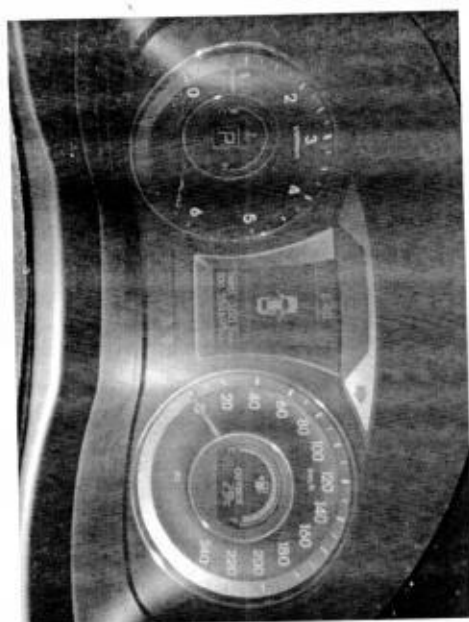
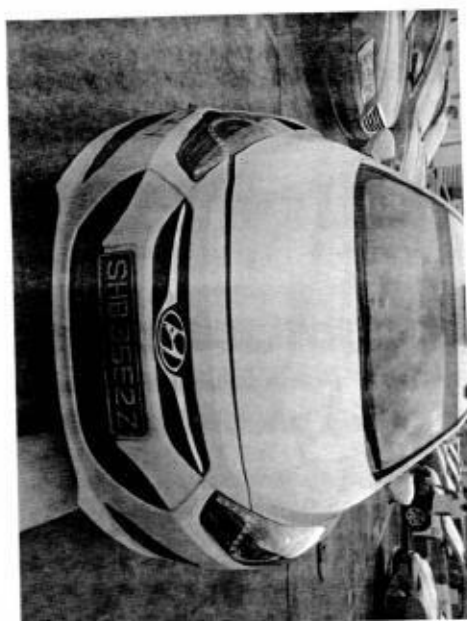
I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
O. 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.:

10/8/18
Jackson Heng
CSO





COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHB 3552Z

DATE 10.08.2018 11:53am

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Refined</i>			\$ 562.30
	Front Bumper Grille (RH) — <i>Refined</i>			\$ 40.30
	Front Bumper Bracket Top (RH) <i>Refined</i>			\$ 22.40
	Front Bumper Retainer Mounting (RH) <i>Refined</i>			\$ 9.20
	Headlamp (RH) — <i>Refined</i>			\$ 1388.00
	Front Fender (RH) — <i>Refined</i>			\$ 619.00
	Front Fender Shield (RH) <i>Refined</i>			\$ 86.00
	Front Fender Retainer (RH) <i>Refined</i>			\$ 9.20
SUB TOTAL				\$ 2,074.10
LESS 20%				\$ 414.82
DISCOUNTED TOTAL				\$ 1,659.28
Labour Charge				\$ 400
Panel Beating				\$ 500.00
Spray Painting Charge				\$ 30.00
Wiring Charge				\$ 50.00
Tuff Kote				\$ 20
TOTAL LABOUR				\$ 1,140.00
ESTIMATE TOTAL				\$ 2,799.28

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.

Member of COMFORTDELGRO

Date/Time: 10.08.2018 10:58 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JG NO: 305198089

TOMER

REGN NO: SHB3552Z

MILEAGE

MS CITYCAB PTE LTD

7010070

MAKE: HYUNDAI

FUEL

TOMER NO. 383 SIN MING DRIVE
RESS Singapore SINGAPORE 575717

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

DATE/TIME IN 09.08.2018 02:30

(R) 65551188

(O)

MODEL I-40

TARGET DATE

(P)

YR OF MANU 24.09.2014

COMPLETION DATE/TIME

CHASSIS CODE KMHLB41UMEU061594

COUNT CARD NO.

JOB DESCRIPTION

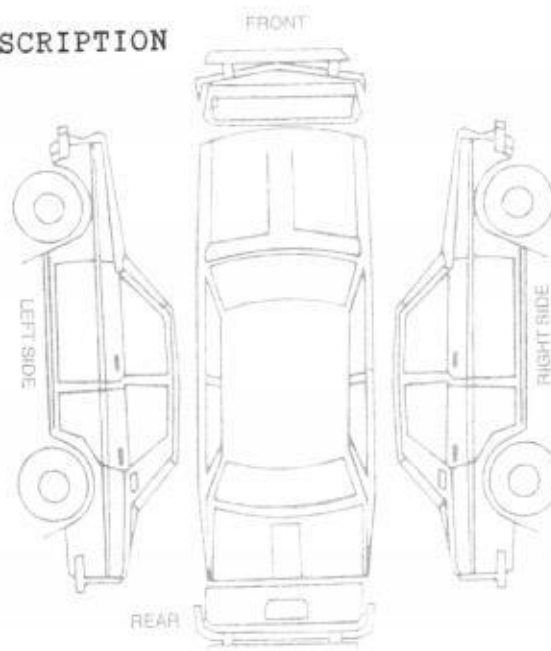
Accident Date: 09.08.2018

NATURE: 3P 09.08.2018

S/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge ment Slip

Exit Pass

Vehicle No.

SHB3552Z

LKE

SHB3552Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

Date : 28/08/18

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHB3552Z CCPL

09.08.18

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

- | | NTUC | --- | SKS9852T |
|---|------------------------------|---------------|-------------------|
| 1. The repair job shall bill to: | | | |
| 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% | | \$2,350.00 |
| Final Lumpsum Repair cost | | | \$2,350.00 |
| 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 | | |

Signature : _____
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

We confirm the estimates and finalized amount

Signature: _____
Name: Ka/ka
Date: 28/2/8

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
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/INC18014584/K1qd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 03-09-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKS 9852T	Veh. Inspected	SHB 3552Z
Policy No.	5070670731-03	Coverage (\$)	0.00
Claim No.	MT/1006596-002	Excess (\$)	0.00
Assign From		Assign Date	10/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU061594	Colour	YELLOW
Odometer	554695	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

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

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/08/2018	Inspection Date	10/08/2018
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.

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. SHB 3552Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER GRILLE (RH)	CUT	40.30	40.30
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER RETAINER MOUNTING (RH)	SERVICEABLE	9.20	-
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	86.00	-
1	FRONT FENDER RETAINER (RH)	SERVICEABLE	9.20	-
	LESS 20% DISCOUNT		-547.28	-521.92
			2,189.12	2,087.68
LABOUR				
	PANEL BEATING.		560.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
			1,140.00	840.00
GRAND TOTAL			3,329.12	2,927.68
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,350.00

Report Ref No. NS/INC18014584/K1qd3n2

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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