at Workskey mis  of  Insured: SHC \$\frac{1}{300}\text{R}\$  Insured: SHC \$\frac{1}{300}\text{R}\$  Policy No. \$\frac{1}{501503653}\$ \$\frac{1}{300000000000000000000000000000000000	melia: Kolvin	NS/IN(18014657			
Type: M.Carl M.Cycle / Bus I Van / Lorry i T. Gi Prime Mover / Truck / Trailer or  To Incipate Vehicle No:  at Work keys mis  of  Insued:  SHC 6/30R  Polity No.  Emplos No.  Emplos No.  Claims No.  IVIT 100+090-000  Sum in sund:  Excess:  (Clant Record)  Make of Wh:  (Policy Condition)  Make of Wh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of Inspection.  Ball or Market Value:  IDAG Accident Roort  Condistent?: Yes or No  Est Repairs:  days Res: Yes or No  CA / REV / REP. / 24 RRS  Vehicle: IN I OUT   O			500 SW		
Truck   Trailer or   Make:   W. L. E.   Colour   Make:   Colour   Make:   W. L. E.   Colour   Make:   Colour   M	om: Date:	Veh N	% 7HR34	20 ★ Yr Regnt 4	pr 2015
To inspect vehicle No:  at Verkelee mis  at Verkele mis  at Verkele mis  at Verkelee mis  at Verkelee mis  at Verkelee mis  a	limated Cost	Type:	M.Car / M.Cycle / Bus / Va	an / Lorry / T 🗗 / Prime Mov	rer /
Colour Shall Accommenced its repair at the time of inspection.  Ball or Market Value:  IDAC Academi Rport:  Colour Shall Action / Sees:  Colour Specification or Action / Instruction  Date:  Person Contacted:  CALINE Survey held at Colour Specific Colour	SITP INS ITP RESIDD RESIEVA / INV /	MV	Truck / Trailer or	ACTUAL Y	
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Claims No. WT 100+000 Sum Insured: Excess:  Client's Record)  Make of Veb:  CPolicy Condition)  Remark: The veb had commenced its repair at the time of Inspection.  Ball or Maket Value:  IDAA Accident Rport: Consistent?: Yes or No Ball or Maket Value:  IDAA Accident Rport: Consistent?: Yes or No Ball or Maket Value:  IDAA Accident Rport: Consistent?: Yes or No Ball or Maket Value:  IDAA Accident Rport: Consistent?: Yes or No Ball or Maket Value:  IDAA Accident Rport: Consistent?: Yes or No Ball or Maket Value:  IDAA Accident Rport: Consistent?: Yes or No Ball or Maket Value:  IDAA Accident Rport: Consistent?: Yes or No Ball or Maket Value:  IDAA Accident Rport: Consistent?: Yes or No Ball or Maket Value:  IDAA Accident Rport: Consistent?: Yes or No Ball or Maket Value:  IDAA Accident Rport: Consistent?: Yes or No Ball or Maket Value:  IDAA Accident Rport: Double Transportation  Rear  Ribal 7 mm Ribal 7 mm Libal				LRYIUMF40 KR	7 22
Steering: Inocider   Jammed   Leaked   Burnt or	laims No. W7/10070964				
Client's Record   Brake: Indexest   Jammed   Leaked   Burnt or					
Modi: NII / S/Rim / StoA/Rim or Tyre Size: F: 2 of /6 k76  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen; Consistent?: Yes or No Lum Sum; % 3 Val.: Yes or No CA / REV / REP. / 24 HRS  Dale / Time Action / Instruction  Person Contacted: Vehicle: IN/OUT  Dale / Time Action / Instruction  PROBLEMAN ACTION / INSTRUCTION /			2030 To 100 Mark 2000 To 100 Mark 200 Mark 2000 To 100 Mark 200 To 100 Mark 2000 To 100 Mark 200 To 100 Mark 200 To 100 Mark 200 To 100 Mark 200 Mark 200 To 100 Mark 200		
Tyre Size; F: 205/66 K/6  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen; Consistent?: Yes or No  Lum Sum; % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date / Time Action / Instruction  PHS 3410X - CS / TOU 800177 / MH322  Date / Time Action / Instruction  RECEIVED 1 AUB 2018  Date / Time Reas: Instruction  Date / Time Reas: Instruction  PHS 3410X - CS / TOU 800177 / MH322  Date / Time Reas: Instruction  Date / Time R		1000000		E	RELIBERATED
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TOYO / YOKO or Caupon  Bal. or Market Value:  IDAG Accident Rport: 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  Dale: Person Contacted: Vehicle: IN/OUT  Dale / Time Action / Instruction  SHD 3HDX - GS/TM SUDITA / MIHOSO  The U/C / Chassis frame / Body Structure affected due to colling the contacted of the contac	9. 6	N/S O/S DO	7 TO SEC. 10 TO SEC. 1		CHMIT
Bal or Market Value:  IDAC Accident Rport:  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 / Time Action / Instruction  PHS 3H JUX - CS / TCT 8 DOUTH / MHd3c2  SHC 1430R - CS / TCT 8 DOUTH / MHd3c2  Date / Time Action / Instruction  PHS 3H JUX - CS / TCT 8 DOUTH / MHd3c2  CAR: LUD 1018 First  Caterine, File Pass 107  Perell. Report  Date / Time Action / Instruction  PHS 3H JUX - CS / TCT 8 DOUTH / MHd3c2  CAR: LUD 1018 First  Caterine, File Pass 107  Prell. Report  Days Of Repair:  Days Of Repair:  Caterine, File Pass 107  Prell. Report  Resurvey No. of Trip:  Survey Fee:  Tansportation		1001		_	SUMIT
DAG Accident Rport: 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  Date: Person Contacted: Vehicle: IN / OUT  Date / Time Action / Instruction  SHO H30R - CS/TO NO DISSA / RHbk3  IS/Q/			A Table Control of the Control of th	Carpon	
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  Dale: Person Contacted: Vehicle: IN/OUT  Date / Time Action / Instruction  SHB 3HJUX - CS / TC   800HJ7 / MHd3c2  SHC H30R - CS / TO   140H5344 / RHbk3  Diff: (504H) 43  RECEIVED DAUB 2018  Description: Prell. Report  Days Of Repair: 2  Days Of Repair: Survey Fee: Transportation: Tra	SWOOMS MANUFACTURE 100 1840 MANUFACTURE	-	7		
Est. Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  Survey held at  Des. of Damages: Frt 1 Rear 1 O/S 1 N/S 1 U/C 1 Rooftop or O/S Fr.4.  The U/C 1 Chassis frame 1 Body Structure affected due to colling the structure of the struct	THE REPORT OF THE PERSON NAMED IN	STORY OF THE STORY			mm .
Lum Sum:  % 3 Val.: Yes or No  Survey held at  Che (Loyang)  Des. of Damages: Fit 1 Rear 1 O/S 1 N/S 1 U/C 1 Rooftop or  O/S Find.  The U/C 1 Chassis frame 1 Body Structure affected due to colli  Date / Time   Action / Instruction  SHC 830R - CS/TO 14015364 / RHbk3   Diff: (5041) 4/3  IS/0/-6 Cahrant C/S 1 260- /-2 / 2. (200: 1651.20; 38%)  RECEIVED 10 AUG 2018  Date/Time, File Pass 10?   Prell. Report   Days Of Repair:    Date/Time, File Pass 10?   Final Report   Resurvey No. of Trip:   Survey Fee:    Date/Time, File Return 10?					mm e/-
Date/Time File Pass 107  Date/Time, File Pass 107  Date/Time, File Return 107  Des. of Damages: Firt / Rear / O/S / N/S		1.25%	- / 8/1.5		
Date   Person Contacted:   Vehicle: IN / OUT   Dots   Frequency   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   SHC 630R - CS / TO 1800   174 / MHd3c2   Out : 14012018   The U/C / Chassis frame / Body Structure affected due to collist   SHC 6430R - CS / TO 1800   174 / MHd3c2   Out : 14012018   The U/C / Chassis frame / Body Structure affected due to collist   SHC 6430R - CS / TO 1800   175 / SHC 6430R   CS / TO 1800   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collist   The U/C / Chassis frame / Body Structure affected due to collis	% 3 Val.	: Yes or No Sur	vey held at	( DHE ( Loyan	9)
Date / Time   Action / Instruction   SHC 630R - (S/TO 14015364 / RHbk3   Diff. (504114 4)    SHC 630R - (S/TO 14015364 / RHbk3   Diff. (504114 4)    IS/e/s Cathrant c/S\$ 260-/-2/3. (Pld.: 1651.20.) 3.8%)  RECEIVED   Date / Time, File Pass to?   Prell. Report   Days Of Repair:   Survey Fee:    Date / Time, File Return to?   Survey Fee:   Transportation:   Transportation:	CA' / REV / REP. / 24 HRS	***	of Damages : Frt / Rear	(1) 교육하다 하나 있는데 살 많은 사람들이 되었다. 나는 그 얼마나 되었다.	top or
Date / Time   Action / Instruction   SHB 3HJUX - CB / TCT   SUDUITA / MHd3c2   Dufi: 14012018   TWO    SHC 6430R - CB / TD 141015364 / RHbk3   Dufi: 1504114   4/3    IS/e/-8   Confirmed c/S\$ 260- /-2 lg. (Plot: 1651.20; 38%)  RECEIVED   DAUB 2018    Date/Time, File Pass to?   Prell. Report   Days Of Repair: 2  11018 TUPIST   Final Report   Resurvey No. of Trip:   Survey Fee: Transportation: Transportation:	Doler Berren Contrata			01-1	
SHB 3H10X - 03/101 8001177   MHd3e2   OLA: 14012018   JUNE 1504114   43     15/0/-8   Cathrand c/S\$ 260-/-213. (Qld: 1651.20; 38%)     RECEIVED   DAUG 2018     Date(Time, File Pass to?   : Prefil. Report   Days Of Repair: 2     11/0/87   My 184   : Final Report   Resurvey No. of Trip:   Survey Fee:     Date(Time, File Return to?   Itansportation:   Itansportation:			The U/C / Chassis frame	/ Body Structure affected	due to collision.
SHC 6430R - CS / TO 14015364 / RHbk3   DUA: (50414 45)     IS/0/-8   Cathrand C/S # 260- /-2 / 27. (200: 1651.20; 38%)     RECEIVED   DAUG 2018     Date/Time, File Pass 107   : Prell. Report   Days Of Repair: 2		MILENOTIST / Halles		VO: 111/12/10/10 7.11	
Date/Time, File Pass to?  15/0/-8 Cathraul C/S\$ 260-/-213. (200': 1651.20'; 38%)  Date/Time, File Pass to?  11/0/78 Typich : Final Report			Y_	and the same of th	
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AND CARL I CHAIRER IN A AC AL	DateTine, File Return to?		7	Proposition of Charles Co.	
	2)	Add Fee:	: Site Insp (\$	)S+RS,SI	
: Interview (\$) Photos	T/)			) Photos	
Report Format: : Tech: Invs (\$) Others	12.00 CO 20-00 CO	_	; Tech. Invs (\$	) Others	17.
Lump Sum / I.B.I: (\$ 2600 ) Weekend (\$ )	Lump Sum / I.B.I: (\$ 2600	)	:Weekend (\$	)	160



## **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





NTU	C INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1801465	57/K1tb
		D UNION HOUSESINGAPORE	Date:	13-08-2018 INC4	
1.		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SHC 6930R	Veh. I	nspected	SHB 3420X
	Policy No.	5095103893	Cover	age (\$)	0.00
	Claim No.		Exces	is (\$)	0.00
	Assign From		Assig	n Date	13/08/2018
2.		Vehicle Parti	culars 8	& Condition	
	Make & Model		c.c		0
	Engine No.	HIDDEN	Year	of Reg.	
	Chassis No.		Colou	r	
	Odometer	25/	Steeri	ng	
	Brakes		Modif	ication	
	General				
3.		Condit	ions 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.		Descripti	on of D	amages	K Balling St.
5.		Genera	l Inform	nation	and the second second second
	Accident Date	11/08/2018		ction Date	13/08/2018
	Survey held at	COMFORTDELGRO ENGINEE			
		59 LOYANG DRIVE SINGAPORE 508969			
5a.	General	R	emarks		
		ON WAS CONDUCTED ON A"WI" CE TO YOUR INSTRUCTIONS, V			

eBaoTech									G	eneralCl	laim
Hello, NAC_PAYA_UBI_8	00601	-1000000	The contract of the	To all linguisting and beautiful to			• Change Li	anguage	· Change Pa	ssword +	Log Out
My Desktop	Polic	y Query									,
Notice of Loss	Policy N	0.				Date of A	Accident	11/08	3/2018 17:46		
	Vehicle	No.(For Motor)	SHC6930	)R		Certificat	e Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095103893		PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6930R	SHC6930R	20/10/2017	
					Cor	stinue -					

TP Claims against NTUC Income: Follow-Through Survey

C/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
2 _	MT/1007447-001	COMFORT TRANSPORTATION PTE LTD	SH 7642J	2CV 6777Z
-	MT/1006907-002	COMFORT TRANSPORTATION PTE LTD	SHC 8126H	SJP 2296Y
	MT/1007096-002	CITYCAB PTE LTD	SHB 3420X	SHC 6930R
	MT/1007261-002	COMFORT TRANSPORTATION PTE LTD	SH 7441Y	SKM 6659L
	MT/1006877-002	COMFORT TRANSPORTATION PTE LTD	SHD 3503E	SLW 9739E
+	MAT/1007250.002	COMEONT TRANSPORTATION PTE LTD	SHD 6683Z	SLW 2952B
	MAT/1007452-001	COMFORT TRANSPORTATION PTE LTD	SHD 4255P	SKL 9885K
1	MT/1004057-002	SMRT TAXIS PTE LTD	SHF 1011K	SJH 2414R
	MT/1004374-002	SMRT TAXIS PTE LTD	SHB 1621X	YN 5815M

Claim received from LKK Auto

## OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 13.08.2018 11:46 Page: 1 JOB CARD JO NO. 305199104 Sales Order: ARC Repair TP(CFSO)1 Team:

OMER

CITYCAB PTE LTD

7010070 OMERNO 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(P) DUNT CARD NO.

(R)

MAKE HYUNDAI

REGN NO.

MODEL

I-40

SHB3420X

11.08.2018 02:15

FUEL

YR OF MANU 16.04.2015

CHASSIS CODE KMHLB41UMFU068322

JOB DESCRIPTION

Accident Date: 11.08.2018 NATURE: 3P 11.08.18/C

S/NO

LABOR CODE

DESCRIPTION LEFT SIDE

REAR

CKED & PASSED OUT BY:			
SERVICE ADVISOR	3		CUSTOMER'S SIGNATURE
wiedgement Slip		Exit Pass	
SHB3420X	JU NTUC LKK	Vehicle No.;	33420X
of Service Advisor	Signature/Date	Name of Service Advisor To be kept by Security Guard	Date

MCD618103879 / ComfortDelGro Engineering Ple Ltd - Loyang

ENTRY DATE & TIME: 13/08/2018 10:23 SUBMITTED BY: Huang XiaoYan

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

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.

ACCI	DEN	T STA	T = 1/4	ENT
ACC	DEN	DIA		-

Date Of Report

13/08/2018 10:23

Date Of Accident

11/08/2018 02:15

Exact Location Of Accident

ANG MO KIO AVE 10

Country/State of Loss

SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB3420X

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

140

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 THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

Fleet Policy Policy Number

D-18088937MFSH

Cover Note Number

Driver

Name of Driver

ONG TING BOON

NRIC No

S0184763E

Date Of Birth

26/07/1954

Occupation

OUTDOOR

Date Of Driving Pass

16/12/1971

Driving Experience

46 YEARS AND 7 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90250663

Fax Number

Contact Number **FMail Address** 

NOEMAIL

Address

BLK 229 SERANGOON AVENUE 4 #13-31

Postcode

550229

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?

YES

Was any injured conveyed to hospital by ambulance?

YES

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?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

SERANGOON N.P.C

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT: T/20180811/2021 / Type Of Accident: HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SHC6930R

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category

ANG GHIM SENG

Name of Driver

S7103631F

Contact Number

NRIC/Passport Number

96363987

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

ANG GHIM SENG

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

SHC6930R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

### **DETAILS OF INJURED PERSON 2**

Name

UNKNOWN

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

SHC6930R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

### **DETAILS OF INJURED PERSON 3**

Name

UNKNOWN

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

SHC6930R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

#### IMPORTANT NOTICE

- 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</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

- (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)
  - 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:
  - 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

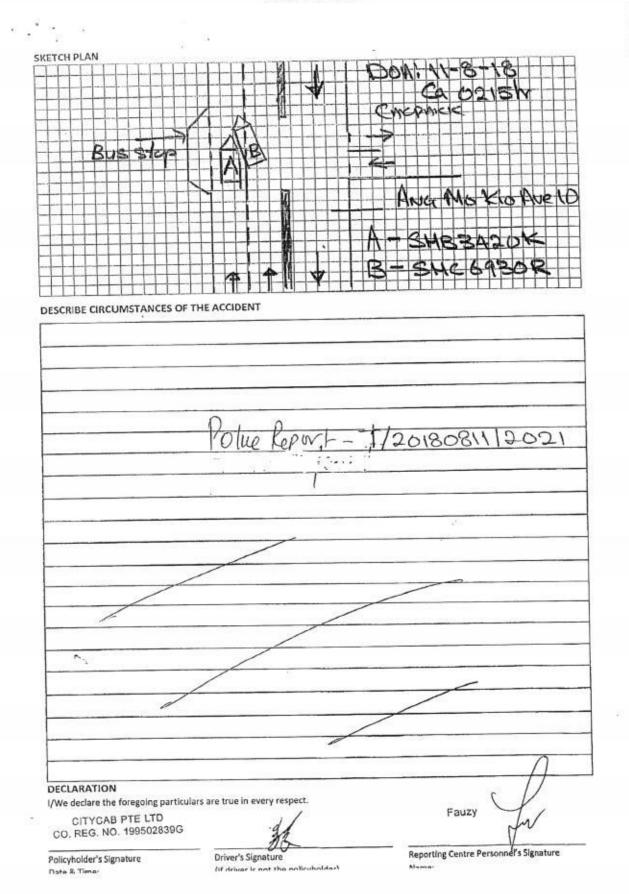
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Fauzy

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:







Police Station Of Origin: Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129 Tel No: 1800-4880999

Taxi driver

Report No. T/20180811/2021

1 of 3

REPORT O	F A TRAFFIC	ACCIDENT	200 - 1	Otation Diena No :
	e Report M		Vide Report No.: F/20180811/0048	Station Dlary No.: 22
	nt's Particu	ilars	2000 <b>对研究的</b> 通知	
Name of	Informant: NG BOON		Address: APT BLK 229 SERANGOON A 550229	AVENUE 4 #13-31 SINGAPORE
ID Type	/ ID No.: D / S018476	33E	Contact No.: Home/Office:	Mobile: 90250663
National			Email:	
Sex: Male	Age: 64	Date of Birth: 26/07/1954	Type of Informant: Driver	La Marie a / Cabool Nomo:
Race: Chinese			Language: English	Institution / School Name:
Occupat Taxi driv	tion:		Driving Licence Information: Class: 3,4	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulance	Drink	Date/Time of Accident: 11/08/2018 02:15	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO ANG MO KIO	Traveling Toward Road 2 AVENUE 10 AVENUE 3	4	P	8
Weather:	Ro	ad Surface:		Road Speed Limit:
Traffic Flow:	Tra	iffic Control:		Traffic Volume: Light
Type of Collis Between Mo	sion: ving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes

Vehicle No:	ehicle Involved		Model 4	Color	Condition	No of Passenge
SHB3420X	Car	HYUNDAI		Yellow	Slightly Damaged	0
SHC6930R	Car	KIA		Silver		2





T/20180811/2021

Report No. T/20180811/2021

2 of 3

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE

CONTINUATION OF REPORT

Tel No: 1800-4880999

Brief Details.

On 11.08.2018 at about 0215hrs, I was driving, a Citycab SHB3420X, a yellow Hyundai along Ang Mo Kio Ave 10 towards Ang Mo Kio Ave 3. It is a 2 lane road and that time I was travelling on the left lane nearest to the bus stop. As I was driving suddenly, another vehicle hit the right side of my taxi. I assume that he was doing so as he wanted to cut into my lane. I do not know from where this vehicle came from. After all came to a stop, I then came out from my vehicle. I discovered that I was involved in an accident with another taxi. The reg no is :SHC6930R, a silver Kia taxi. I managed to get the driver's particulars as follows: Ang Ghim Seng, S7103631F, DOB: 02.02.1971, Bik 809A Choa Chu Kang Ave 1 #07-628. Due to the accident, my taxi's right side driver's door is scratched and dented, my front bumper was also dislodged. I did not have any on board CCTV in my taxi at that time. There were 2 other passengers in the other taxi and all 3 of them were conveyed to hospital when the ambulance came. I did not sustain any injuries. The traffic police came and they then advised me to lodge a traffic accident report with reference to - F/20180811/0048.





Report No. T/20180811/2021

3 of 3

Police Station Of Origin: Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

CONTINUATION OF REPORT

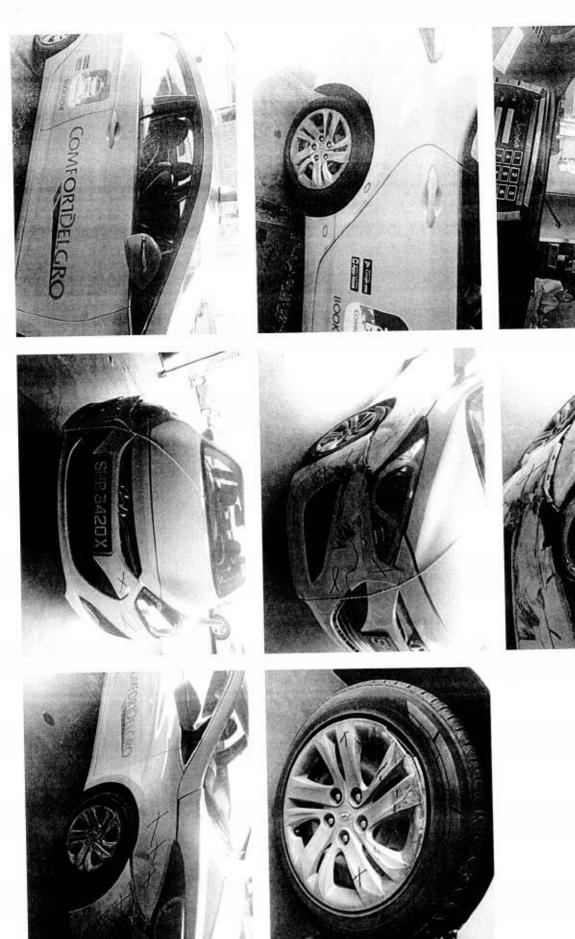
Tel No: 1800-4880999

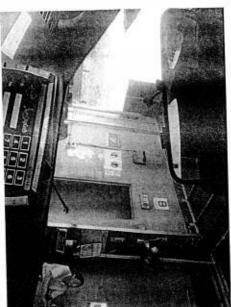
Sketch Plan

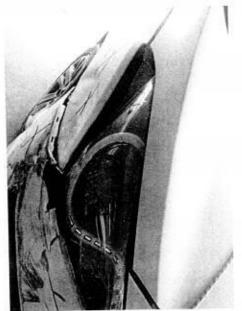
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: Signature Of Informant: Staff Sgt NORHAFIZAH KAMALUDIN Date/Time: Signature Of Interpreter: 11/08/2018 05:03 Not applicable Classification Of Case: Officer In Charge Of Case: TP / GIT / SN 154 Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904 Authentication Stamp Signature: NP168











### CITY CAB PTE LTD REPAIR ESTIMATE\*

VEHICLE NO: SHB 3420X

DATE 13/8/2018 11:34

MINC

MAKE

EL Qty	: HYUNDAI i40 Parts Description/ Labour	Type	Unit Price	Amount
4.7	Radiator Grille Xsu			\$ 251.00
	Radiator Grille H Emblem			\$ 27.50
	Front Bumper Cover / U			\$ 544.50
	Front Bumper Sponge / nins			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	1.4			\$ 41.60
	Front Bumper Grille (RH) Front Bumper Bracket Top (LH/RH) UK KHVV	4	\$ 22.40	\$ 44.80
	Front Bumper Retainer Mounting		\$ 9.20	\$ 18.40
	Headlamp (RH) — Cm			\$ 1,388.00
	Front Fender (RH) - M			S 566.30
	Front Fender Shield (RH)			\$ 175.90
	V,K ,			\$ 24.60
	Front Wheel Hub Cap (RH)		94 97	\$ 107.10
	Spare took coolant - con SUBTOTAL		\$48	
	SUB TOTAL			\$ 3,691.00
	LESS 20%			\$ 738.20
	DISCOUNTED TOTAL			\$ 2,952.80
	Labour Charge			400
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 30.00
	Tuff Kote	nence notif	У	s 50.00
	FRT Wheel Alignment  LKK Auto Consultants the Repairer of the for the Repairer of the formation of the formation of the Repairer of the Repa	aurin DS	1	\$ 120.00
	Parts prices are surged is of	a Without Pr	ejudice" basis	\$ 1,260.00
	ESTIMATE TOTAL	and the same	Neved and	\$ 4,212.80
	Kahir 16164 Supplementary Hernis is subject to final sop	heal from insu	range Company	4251.2
	Kaki 1004  Supplementary terms is subject to final application of the subject to final applications and the supplementary terms is subject to final applications.  13/8/8 1205 Supplementary terms is subject to final applications.  Date:	1		
	Agh Report of to			
	This is an initial estimate based on a visual inspection of		1 1 100 100 1	the management and H

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

# COMFORTDELGRO ENGINEERING

VEHICLE NO.	:	SHB3420X	TYPE OF CASE	;	NTUC
J <b>≪</b> OBCARD NO.		305199104	SURVEY BY	:	LKK-KALVIN
A_CC.DATE		11/08/18	DATE	:	

DESCRIPTION QTY ESTIMATE REMARKS							
DESCRIPTION		QTY	ESTIMATE	REMARKS			
RADIATOER SPARE TANK	CNA	1	\$48.00				
	111%		100				
		1					
		+ +					
		- 2					
8							
	200			30			
——————————————————————————————————————							
	-	+ +					
		-					
		-					
		TOTAL:	\$48.00	JUMANI			

### COMFORTDELGRO ENGINEERING

Our.		1 NO 3 303	199104				
Our Job Ref No : 305199104  Date : 15/08/2018				ComfortDelGro Englneering Pte Ltd 59 Loyang Drive Singapore 508969			
FINA	LIZAT	ION FORM				Fax:	6546 8156
То	:	1	.KK			Fax:	
Attn	: KALVIN						
1914	8	: SHB34			Date	of Accident :	11/08/18
The s	survev	and estimates of the	ne repairs of the	above-me	ntioned	d vehicle are a	s follows:-
1.	155					120	SHC6930R
				11100		<i>###</i>	
2.	The finalized amount shall be:						
	(a)	Spare Parts after	List discount				V
	(b) Labour Charges				###		
	Total for Part-By-Part Repair Cost						
	(c.)	Lumpsum Repair Total for Lumpsu Final Lumpsum	m repair cost af	ter Less:	20%		\$2,600.00
		nated normal period	50 5 <del>5.</del>	0000 700		rking days	is no raph from you
4.	We s		ve amount as C	0000 700	I Conf	irmed if there	
4.	We s with! Than	shall treat the above in 7 working days sk you for your assistature : e : JUMANI : 6	ve amount as C	0000 700	We fin:	e confirm the ealized amount	estimates and
4.	We s with! Than Signa Name Tel Fax	shall treat the above in 7 working days sk you for your assistature : e : JUMANI : 6	stance.	0000 700	We find	e confirm the ealized amount	estimates and
5.	We s with! Than Signa Name Tel Fax	shall treat the above in 7 working days sk you for your assistature : e : JUMANI : 6	stance.	Docu Attac	We fin: Sig Na Da	e confirm the ealized amount	estimates and
4. 5.	We s within Than Signa Name Tel Fax	thall treat the above in 7 working days  It you for your assistance:  Example : JUMANI  Example : 6  Use Only	ve amount as Costance.	Docu Attac	Sig Na Da ment ched or No	e confirm the e alized amount gnature :	Eaks
5. Re	We s withing Than Signa Name Tel Fax	thall treat the above in 7 working days  It you for your assistance:  Example 1 JUMANI  Example 6  Use Only  Item	ve amount as Costance.	Docu Atta Yes	Sig Na Da ment ched or No	e confirm the e alized amount gnature :	Eaks
4. 55. 11. Re	We s withing Than Signa Name Tel Fax	thall treat the above in 7 working days  It you for your assistance:  Example 1 JUMANI  Example 2 Given the content of the con	ve amount as Costance.	Docu Atta Yes	We find Sig Na Da ment ched or No	e confirm the e alized amount gnature :	Eaks
1. Re 2. Lo 3. St 4. LT	We s withing Than Signal Name Tel Fax Official	thall treat the above in 7 working days  It you for your assistance:  Example 1	ve amount as Costance.	Docu Atta Yes	We find Sig Na Da ment ched or No	e confirm the e alized amount gnature :	Eaks
4. For C	We s withing Than Signal Name Tel Fax Official	thall treat the above in 7 working days in 7 working days is keyou for your assistance:  Example 1	ze amount as Costance.	Docu Atta Yes	We find Sig Na Da ment ched or No	e confirm the e alized amount gnature :	Eaks



# **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





TUC INCOME INSUR	INCOME INSURANCE CO-OPERATIVE LTD			57/K1tbn2	
73 BRAS BASAH ROA #05-01 NTUC TRADE   189556	D UNION HOUSESINGAPORE	Date:	24-08-2018 INC4		
	Policy Particulars	:- THIRI	PARTY CLAIM	A PERSONAL PROPERTY.	
Insured Veh.	SHC 6930R	Veh. Inspected		SHB 3420X	
Policy No.	5095103893	Covera	age (\$)	0.00	
Claim No.	MT/1007096-002	Exces	s (\$)	0.00	
Assign From		Assign	Date	13/08/2018	
2.	Vehicle Part	iculars 8	Condition		
Make & Model	HYUNDAI I40	c.c		1685	
Engine No.	HIDDEN	Year o	f Reg.	2015	
Chassis No.	KMHLB41UMFU068322	Colou	r .	YELLOW	
Odometer	434054	Steeri	ng	IN ORDER	
Brakes	IN ORDER	Modifi	cation	STANDARD ALLOY RIM	
General	FAIR				
3.	Condit	tions of	Tyres		
0.86	Size	Make		Balance	
R/H Front Tyre	205/60 R16	CAMP	ON	7 mm	
L/H Front Tyre	205/60 R16	CAMPI	EON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPI	EON	7 mm	
L/H Rear Tyre	205/60 R16	CAMP	EON	7 mm	
4.	Descript	tion of D	amages	<b>新华。北海南美洲东西</b>	
THE VEHICLE SU	ISTAINED DAMAGES AT THE O	/S FRON	PORTION.		
5.		al Inforn	nation		
Accident Date	11/08/2018	Inspe	ction Date	13/08/2018	
Survey held at	COMFORTDELGRO ENGINE	ELTD			
	59 LOYANG DRIVE SINGAPORE 508969				
5a.		Remarks			
A)THE INSPECT B)IN ACCORDAN	ON WAS CONDUCTED ON A"W ICE TO YOUR INSTRUCTIONS,	VITHOUT I	PREJUDICE" BASI NOT AUTHORISE	S. ED REPAIRS.	
5b.	Estimat	e Days o	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	<b>第二十二十八十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二</b>	
ESTIMATED NO	RMAL PERIOD FOR REPAIR:		2 Working Days	i	



# **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. SHB 3420X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1000	REPLACEMENT OF PARTS			
1	RADIATOR GRILLE	SERVICEABLE	251.00	3
	RADIATOR GRILLE H EMBLEM	SERVICEABLE	27.50	-
	FRONT BUMPER COVER	CRACKED	544.50	544.50
	FRONT BUMPER SPONGE	MISSING	99.20	99.20
- 8	FRONT BUMPER REINFORCEMENT	SERVICEABLE	402.10	
	FRONT BUMPER GRILLE (RH)	сит	41.60	41.60
	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	O/S CRACKED / N/S SERVICEABLE	44.80	22.40
2	FRONT BUMPER RETAINER MOUNTING @\$9.20	SERVICEABLE	18.40	-
1	HEADLAMP (RH)	CRACKED	1,388.00	25
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	TORN	175.90	175.90
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
1	SPARE TANK COOLANT	CRACKED	48.00	48.00
	LESS 20% DISCOUNT		-747.80	-598.60
			2,991.20	2,394.40
	LABOUR			
	PANEL BEATING.		560.00	
	SPRAY PAINTING CHARGE.		500.00	
	WIRING CHARGE.		30.00	
	TUFF KOTE.		50.00	
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	O .
	-			-
	-			-
	-			-
			1,260.0	840.00
	GRAND TOTAL		4,251.2	0 3,234.40

Report Ref No. NS/INC18014657/K1tbn2





RECOMMENDED COST OF LUMP SUM REPAIRS	<b>用於表述是多性。</b>	2,600.00
(TO ITS PRE-ACCIDENT CONDITION)		
(CONFIRMED)		

Report Ref No. NS/INC18014657/K1tbn2

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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