

(08/11/13)

Surveyor: Kelvin

REF:

NS/INC18014778/KHB

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Work/stop m/s _____

of _____

Insured: SY 1840KPolicy No. 5099248633 23032018-090819Claims No. MT/1007576-001

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 870E Yr Regn: 30 May 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / 7 / Prime Mover /

Truck / Trailer or

Make: Hyundai 2.0 C.C. 1681Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 370090 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM H10414MF40 69231

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R15

R: _____

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

TOYO / YOKO or West

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 9/8/12 D.O.I. 13/8/12Survey held at CDE (Loyang)

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

O/S wing, Mirror

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

Date / Time	Action / Instruction
	SHA 870E - X
	SY 1840K - X
16/8/13	Labour L/S \$700 / 1 Day. (Red. 344.40: 32%)

RECEIVED 17 AUG 2013

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

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____) \$ + RS. \$ _____☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____) TOTAL

Report Format:

Lump Sum / I.B.I: (\$ 700F)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL



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/INC18014778/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 14-08-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJY 1840K	Veh. Inspected	SHA 870E
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	14/08/2018

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	13/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

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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/1007019-002	COMFORT TRANSPORTATION PTE LTD	SHC 1923U	SFZ 8285J	10/8/2018	\$ 5,366.58	\$ 1,550.00
2	MT/1007584-001	COMFORT TRANSPORTATION PTE LTD	SHA 7723B	SJM 9884U	8/8/2018	\$ 1,911.60	\$ 600.00
3	MT/1007437-002	CITYCAB PTE LTD	SHA 8660S	SLC 931E	15/8/2018	\$ 1,314.40	\$ 100.00
4	MT/1007586-001	CITYCAB PTE LTD	SHA 870E	SIY 1840K	9/8/2018	\$ 1,034.40	\$ 700.00
5	MT/1006670-002	CITYCAB PTE LTD	SHB 2970G	FR 8848C	9/8/2018	\$ 2,731.58	\$ 1,250.00

Claim received from LKK Auto.

eBaoTech

GeneralClaim

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"/>	5099248633		SUHAIMI BIN KAMARI	S1533827Z	GPC	drive CLASSIC	SJY1840K	SJY1840K	23/03/2018	09/08/2019

Date/Time: 13.08.2018 16:13

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305199463

STOMER

VMS

STOMER NO.

DRESS

(R)

(P)

CITYCAB PTE LTD

7010070

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(O)

VARC

(B)

3COUNT CARD NO.

REGN NO.

SHA 870E

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN
13.08.2018 12:30

YR OF MANU

30.05.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU069331

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.08.2018

NATURE: 3P 09.08.2018

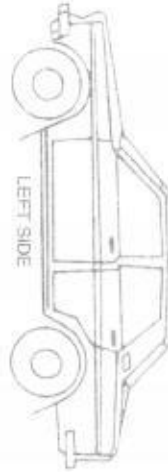
S/NO

LABOR CODE

DESCRIPTION

FRONT

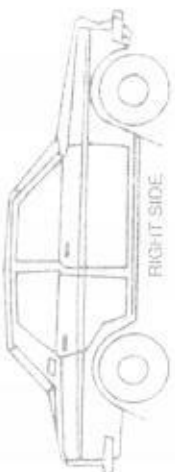
NTUC - Right Side Mirror
LRR/Kdm -



LEFT SIDE



REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

at

to

the No.:

SHA 870E

LARRY

Vehicle No.:

SHA 870E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

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 15:06
Date Of Accident	09/08/2018 18:50
Exact Location Of Accident	CAIRNHILL RD TWDS SCOTTS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA870E
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	LEE WHEE TUCK
NRIC No	S1591838A
Date Of Birth	28/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	16/06/1988
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96202302

Fax Number

Contact Number

Email Address KELVINLEE9943@GMAIL.COM

Address	209A 05-1280 PUNGGOL PLACE
Postcode	821209
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

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	SJY1840K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUHAMIMI BIN KAMARI
NRIC/Passport Number	S1533827Z
Contact Number	
Address	
Postcode	

Insurance Company Name

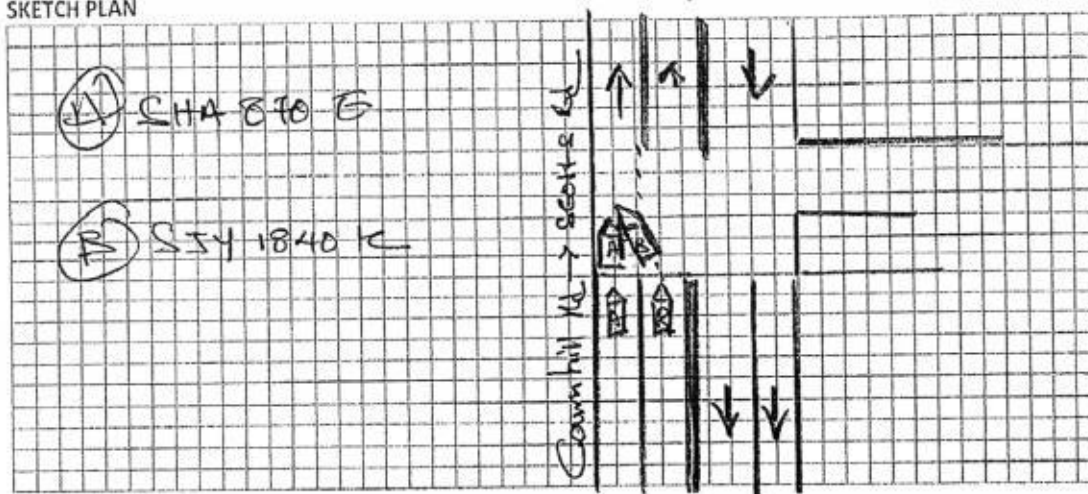
Nature Of Damage

LEFT WING MIRROR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON . 9 Aug 2018 @ 18:50 Hrs. I VEH A

was driving straight along the above

locality I VEH A was on lane 2

I VEH A I'm there suddenly VEH B

from lane 1 came to my lane and hit

VEH A with minor. at the point of

accident VEH A ferry 2 pax. Both

was OK.

DECLARATION

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

CITYCAB PTE LTD
O. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

f [Signature]

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

[Signature] 10/8.

Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20180809/2097

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 3

Report No. T/20180809/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2018 20:49		Vide Report No.:		Station Diary No.: 117	
Informant's Particulars					
Name of Informant: LEE WHEE TUCK			Address: APT BLK 209A PUNGGOL PLACE #05-1280 SINGAPORE 821209		
ID Type / ID No.: NRIC NO / S1591838A			Contact No.:		Mobile: 96202302
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 28/05/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/08/2018 18:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CAIRNHILL ROAD SCOTTS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA870E	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0
SJY1840K	Car	TOYOTA	WISH 1.8X A	Black		0

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180809/2097

2 of 3

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180809/2097

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE WHEE TUCK	ID No.	S1591838A
Related Vehicle	SHA870E (Car)	Contact No.	96202302
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Suhaimi Bin Kamari	ID No.	S1533827Z
Related Vehicle	SJY1840K (Car)	Contact No.	98233792
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09/08/2018 at about 1850hrs, I driving my vehicle, bearing registration plate number, SHA870E along Cairnhill Rd towards Scotts Rd. There were two passenger in my vehicle at that point of time. I was on the extreme left lane, there was a Toyota car, bearing registration plate number, SJY1840K in my right. We were driving side by side each other. Suddenly, the Toyota came into my lane and hit into my right side mirror, causing it to fell apart from my vehicle.

Subsequently, we stopped our vehicles. However, the driver did not came down from his vehicle. I horn him and the vehicle behind him horn him as well. The Toyota driver then drove off. I immediately followed after behind his vehicle and overtake his vehicle, I alighted from my vehicle and took a photo of his car plate. We then drove to Claymore Hill to exchange our particulars.

Both parties did not sustained any injuries.

I am lodging this report as advised by my taxi company.

Sketch Plan Pg. 4



SINGAPORE
POLICE FORCE



T/20180809/2097

3 of 3

Report No. T/20180809/2097

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

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:

E /

Sgt 2 TRICIA NG CHU ER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/08/2018 20:49

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Classification Of Case:

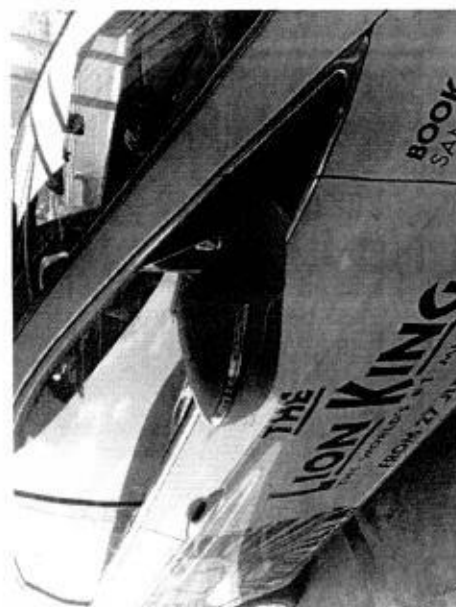
Authentication Stamp

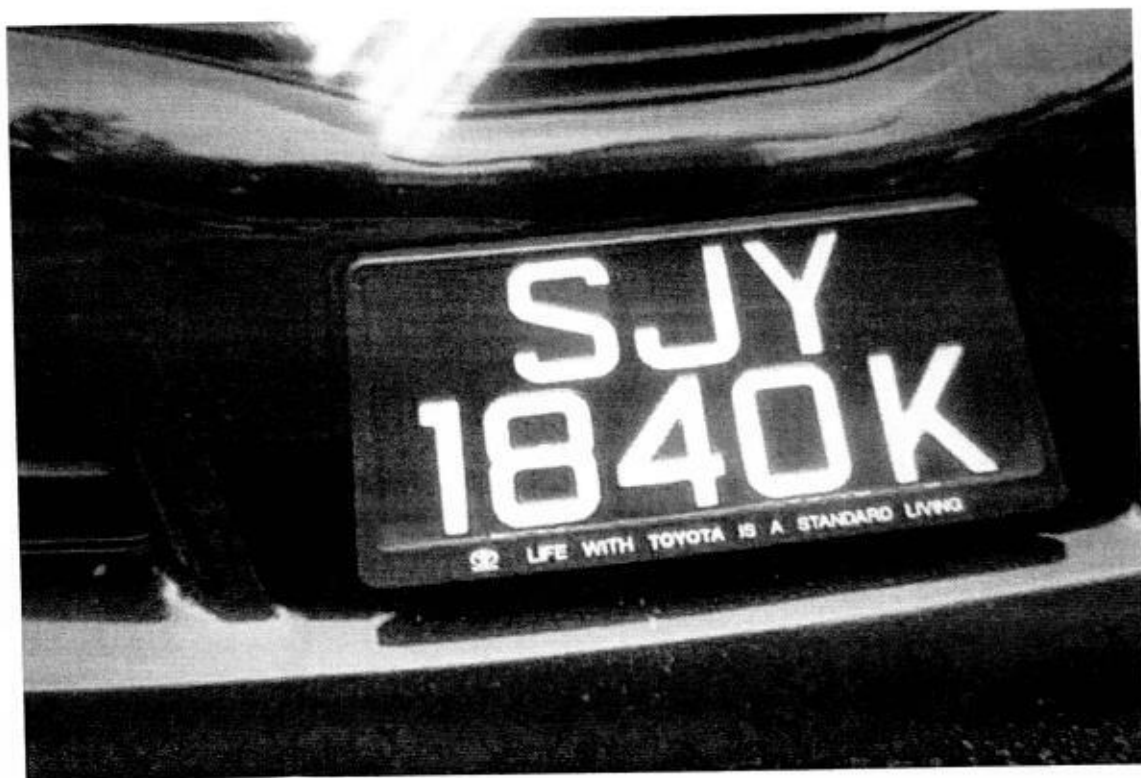
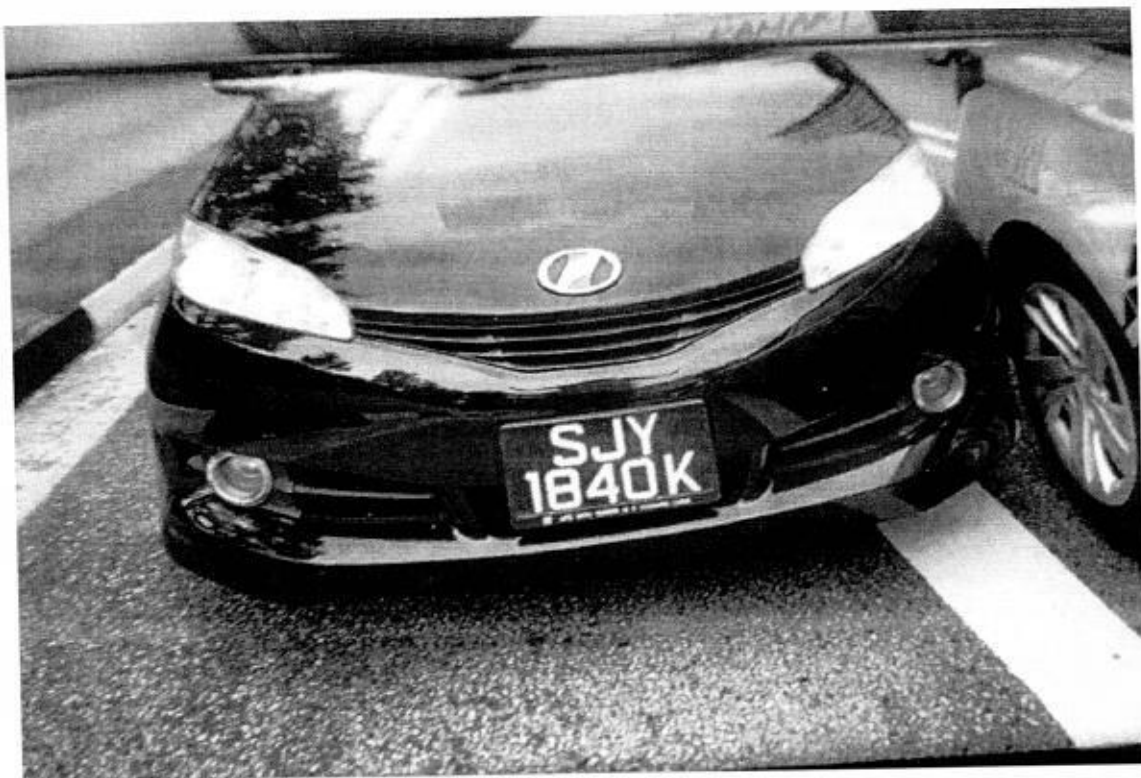
NP168



SINGAPORE
POLICE FORCE

SN 167





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

Date : 16. Aug. 2018

Fax:

Date of Accident: 9. Aug. 2018

Date : 16/8/88

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 870E

DATE: 13. Aug. 2018

MAKE : HYUNDAI

MODEL : i40

DOA: 9. Aug. 2018

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Right Side Mirror ✓ Broken			\$980.50
SUB TOTAL				\$980.50
LESS 20%				\$196.10
DISCOUNTED TOTAL				\$784.40
				\$-
Labour Charge				
Panel Beating				\$100.00
Spray Painting Charge				\$100.00
Wiring Charge				\$50.00
TOTAL LABOUR				\$250.00
ESTIMATE TOTAL				\$1,034.40
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.				

LKK 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
- Any modification(s) must be resurveyed and is subject to prior approval from Insurance Company

Accepted by Repairer
Signature:
Date:

Larry Ng

Kahinell
13/8/18 1630h
1 Pr.
45 After Repair Lt



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/INC18014778/K1tbs2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 24-08-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJY 1840K	Veh. Inspected	SHA 870E
Policy No.	5099248633	Coverage (\$)	0.00
Claim No.	MT/1007586-001	Excess (\$)	0.00
Assign From		Assign Date	13/08/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069331	Colour	YELLOW
Odometer	370090	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	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 O/S WING MIRROR.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	09/08/2018	Inspection Date	13/08/2018
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:		1 Working Days	



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 870E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	BROKEN		
	RIGHT SIDE MIRROR		980.50	980.50
	LESS 20% DISCOUNT		-196.10	-196.10
			784.40	784.40
	LABOUR	NOT NECESSARY		
	PANEL BEATING.		100.00	50.00
	SPRAY PAINTING CHARGE.		100.00	50.00
	WIRING CHARGE.		50.00	-
			250.00	100.00
GRAND TOTAL			1,034.40	884.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				700.00

Report Ref No. NS/INC18014778/K1tbs2

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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