





# 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/INC18014981/K1td3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 17-08-2018  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLC 931E	Veh. Inspected	SHA 8660S
Policy No.	5094862802	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	17/08/2018

## 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	15/08/2018	Inspection Date	16/08/2018
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="15/08/2018 07:57"/>							
Vehicle No.(For Motor)	<input type="text" value="SLC931E"/>	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"/>	5094862802		GAN I-LING TAMMY	S7506124B	GPC	drivo PREMIUM	SLC931E	SLC931E	07/10/2017	11/10/2018
<input type="button" value="Continue"/>										

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	SJY 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.

Team: ARC Repair TP(CFSO)1

### JOB CARD

Sales Order: 3848353

JC NO.: 305200772

STOMER

REGN NO.:

SHA8660S

MILEAGE

VMS

CITYCAB PTE LTD

MAKE :

HYUNDAI

FUEL

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

STOMER NO.

7010070

MODEL

I-40

DATE/TIME IN

16.08.2018 18:30

DRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

YR OF MANU.

14.07.2016

TARGET DATE

(R)

65551188

(O)

(P)

CHASSIS CODE

KMHLB41UMGU092288

COMPLETION DATE/TIME:

SCOUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 15.08.2018

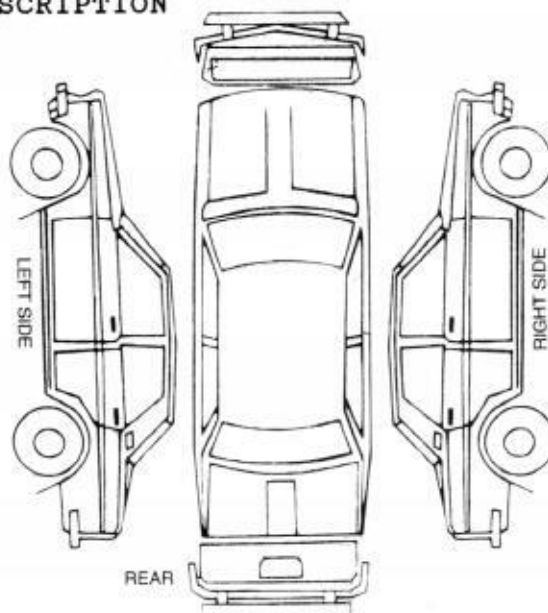
NATURE: 3P 15.08.18/B-

S/NO

LABOR CODE

DESCRIPTION

FRONT



REAR

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

et:

lo.:

le No.:

SHA8660S

FZ NTUC LKK

Vehicle No.:

SHA8660S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

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	16/08/2018 09:08
Date Of Accident	15/08/2018 17:30
Exact Location Of Accident	MARINE PARADE RD TWDS STILL RD.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8660S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	YEO HOOI CHYE
NRIC No	S1537042D
Date Of Birth	28/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	05/03/1980
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96605081
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	879 04-249 YISHUN STREET 81
Postcode	760879
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	SLC931E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAM MY GAM
NRIC/Passport Number	
Contact Number	97979701
Address	
Postcode	

Insurance Company Name

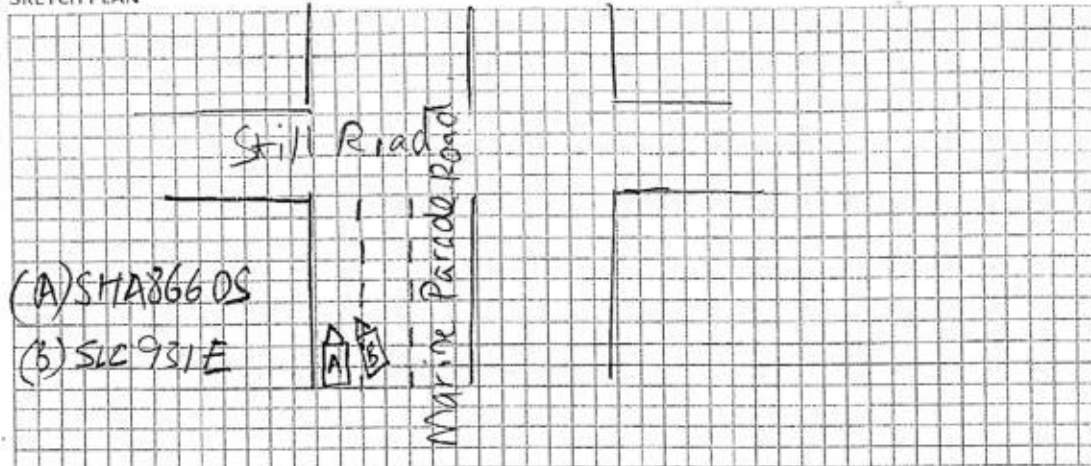
Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/8/2018 at about 1730 hrs, I Vehicle A was driving along marine parade road toward still road on the extreme left lane while I going straight. Vehicle B suddenly cuts into vehicle A lane and collided onto vehicle A right front wing mirror scratches. My passenger and I was not injured at that time.

## DECLARATION

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

CITYCAB PTE LTD  
O. REG. NO. 1995028300  
Policyholder's Signature

Driver's Signature

16/8/18  
Jackson Hong  
CSO

Reporting Centre Personnel's Signature

## 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.

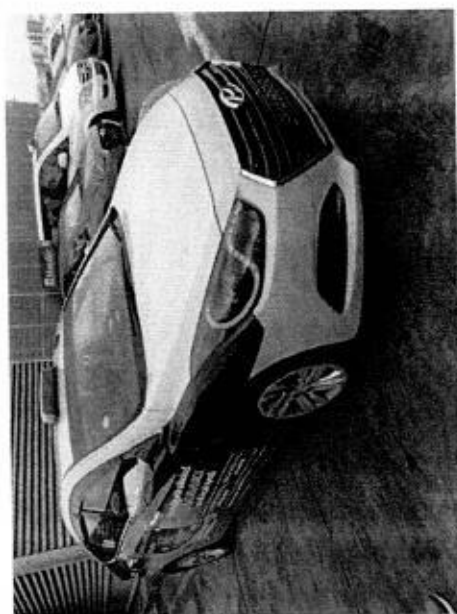
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

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

16/8/18  
Jackson Heng  
CSO

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





## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 8660S

DATE 16/8/2018 10:27

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (RH) <i>X repair</i>			\$ 980.50
	<b>SUB TOTAL</b>			<b>\$ 980.50</b>
	<b>LESS 20%</b>			<b>\$ 196.10</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 784.40</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>280.00</del> <sup>50</sup>
	Spray Painting Charge			\$ <del>200.00</del> <sup>50</sup>
	Wiring Charge			\$ <del>50.00</del> <sup>40</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 530.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,314.40</b>
<p><i>Kaka' 11/11/10</i></p> <p><i>16/8/18 1120h</i></p> <p><i>1 Day</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged parts during survey</li> <li>• Parts prices are subject to market</li> <li>• Third party survey is on a non-binding basis</li> <li>• No illegal modification is allowed</li> <li>• Supplementary work must be authorised and is subject to final approval from insurance company</li> </ul> <p>Acknowledged by Repairer:</p> <p>Signature:</p> <p>Date:</p> </div>				
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.				

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 16.08.2018

Time: 13:25:04

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305200772

REGN NO : SHA8660S

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : I-40

DATE OF REGN : 14.07.2016

DATE/TIME IN : 15.08.2018 18:30

ACCIDENT DATE : 15.08.2018

JOB/ PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 50.00

0001 L SPRAY PAINTING CHARGE 50.00

SUB-TOTAL : 100.00

TOTAL : 100.00

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE

DATE :



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305200772  
Date : 16.08.2018

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHA8660S

Fax :  
Date of Accident : 15.08.2018

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

1. The repair job shall bill to: NTUC --- SLC 931E
2. The finalized amount shall be:
 


(a) Spare Parts after List discount		\$0.00
(b) Labour Charges		\$100.00
<b>Total for Part-By-Part Repair Cost</b>		<b>\$100.00</b>
(c.) Lumpsum Repair (if applicable)		\$0.00
Total for Lumpsum repair cost after Less: 20%		\$0.00
<b>Final Lumpsum Repair cost</b>		<b>\$0.00</b>


3. Estimated normal period for repairs: 1 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 : FAUZY BIN MOKHTAR  
Tel : 62148319  
Fax : 65468156

Signature :   
Name : Kalvin  
Date : 16/8/18

### 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:

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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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18014981/K1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 01-09-2018



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLC 931E	Veh. Inspected	SHA 8660S
Policy No.	5094862802	Coverage (\$)	0.00
Claim No.	MT/1007437-002	Excess (\$)	0.00
Assign From		Assign Date	16/08/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU092288	Colour	YELLOW
Odometer	377915	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 O/S WING MIRROR. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	15/08/2018	Inspection Date	16/08/2018
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:	1 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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 8660S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>REPLACEMENT OF PARTS</u>	TO REPAIR SEE LABOUR		
	FRONT DOOR MIRROR (RH)		980.50	-
	LESS 20% DISCOUNT		-196.10	-
			784.40	-
	<u>LABOUR</u>	NOT NECESSARY		
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT DOOR MIRROR (RH).		280.00	50.00
	SPRAY PAINTING CHARGE.		200.00	50.00
	WIRING CHARGE.		50.00	-
GRAND TOTAL			1,314.40	100.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				100.00

Report Ref No. NS/INC18014981/K1td3n2

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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