

Surveyor *Rasmu*

REF: NS/INC/8015062/RI sd3n2

28399

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **SJR 90034**

Policy No. **5100987670 (25/5/18-**

Claims No. **MT/1007488-003**

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: **SHB 3363C** Yr Regn: **2014 / OCT**

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: **Hyundai I 40 1.7** c.c. **1685**

Colour: **Yellow** A/C: Insured / Std / NI / NA

Sp. Reading: **396312** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KMHLB41UMEU 061527**

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 A/Rim or

Tyre Size: F: **205/60R16**

R: _____

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

TOYO / YOKO or **CAMPEON**

Front _____ Rear _____

R/Bal. **6** mm R/Bal. **6** mm

L/Bal. **6** mm L/Bal. **6** mm

D.O.A. **16/08/18** D.O.I. **17/08/18**

Survey held at **Com-Fort**

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

O/S Rear

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

Date / Time Action / Instruction

SHB 3363C - X **MTUC**

SJR 90034 - X

**Confirmed 4s \$200/- @ 2 days with Resul.
(\$520.48 Red - 39%)**

RECEIVED 31 AUG 2018

Date/Time, File Pass to? : Preli. Report

21/08/18 : Final Report

1) **Typist**

Date/Time, File Return to?

2)

Days Of Repair: **2**

Resurvey No. of Trip: **/**

Survey Fee:

Transportation:

) S + RS \$

) Photos

) Others

)

TOTAL

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$ **200/- 4/s**)

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/INC18015062/R1sd3	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 20-08-2018
Code: INC4	



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 9003U	Veh. Inspected	SHB 3363C
Policy No.	5100987670	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/08/2018

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	16/08/2018	Inspection Date	17/08/2018
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. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100987670		STRAITS RENTAL PTE LTD	201816470R	GFT	Third Party	SJR9003U	SJR9003U	25/05/2018	

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/1009117-002	CITYCAB PTE LTD	SHB 3522K	FBD 6962P	25/08/2018	\$ 8,764.46	\$ 3,600.00
2	MT/1009537-002	COMFORT TRANSPORTATION PTE LTD	SHC 8512B	SJZ 7050D	26/08/2018	\$ 1,570.48	\$ 550.00
3	MT/1009539-001	COMFORT TRANSPORTATION PTE LTD	SHD 4312H	FY 5397U	29/08/2018	\$ 2,536.82	\$ 1,250.00
4	MT/1009542-001	COMFORT TRANSPORTATION PTE LTD	SHA 2422C	YM 6553S	28/08/2018	\$ 4,277.40	\$ 2,100.00
5	MT/1009545-001	COMFORT TRANSPORTATION PTE LTD	SH 7662B	SJZ 7836D	17/08/2018	\$ 4,676.44	\$ 2,400.00
6	MT/1008115-002	COMFORT TRANSPORTATION PTE LTD	SHD 3566Z	FBJ 2711S	20/08/2018	\$ 6,213.88	\$ 3,030.12
7	MT/1007488-003	CITYCAB PTE LTD	SHB 3363C	SJR 9003U	16/8/2018	\$ 1,320.48	\$ 800.00

Claim received from LKK Auto

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 willful 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 14:44
Date Of Accident	16/08/2018 11:40
Exact Location Of Accident	ALONG BALESTIER ROAD BEFORE KIM KEAT RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3363C
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	KHIU YEOW KONG
NRIC No	S1597753A
Date Of Birth	19/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1981
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98173415
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 411 PASIR RIS DRIVE 6 #09-389
Postcode	510411
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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

REFER ATTACHED

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	SJR9003U
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	90220980
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV393H
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

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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)**

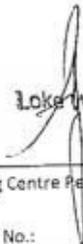
I understand, acknowledge, agree and consent that:

- (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

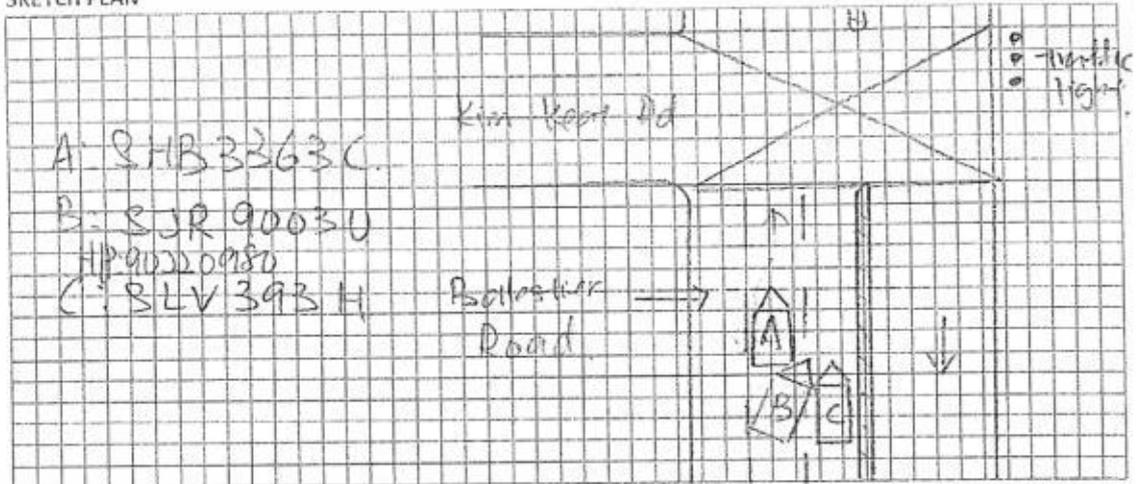
Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/8/18 at about 11:40 hrs, my taxi stopped along Bales-tier road waiting for traffic light turn.

A few minute later, I felt an impact from my taxi behind. I stepped out to have a check and found that Veh B it front left portion hit onto the right rear portion of my stationary taxi. It collided onto left front portion of Veh C as well.

01 male passenger on board my taxi. No injury reported in this accident

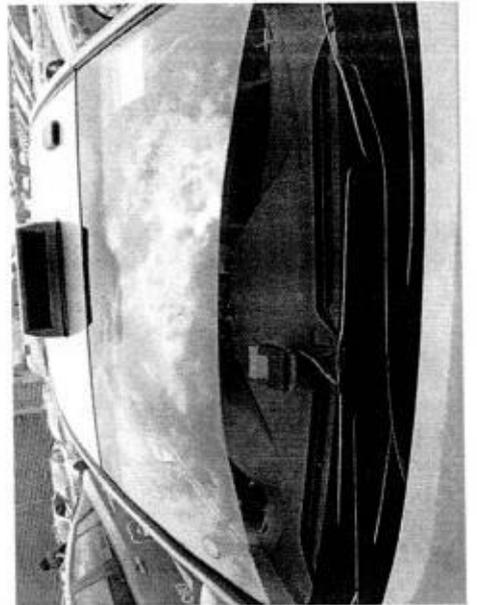
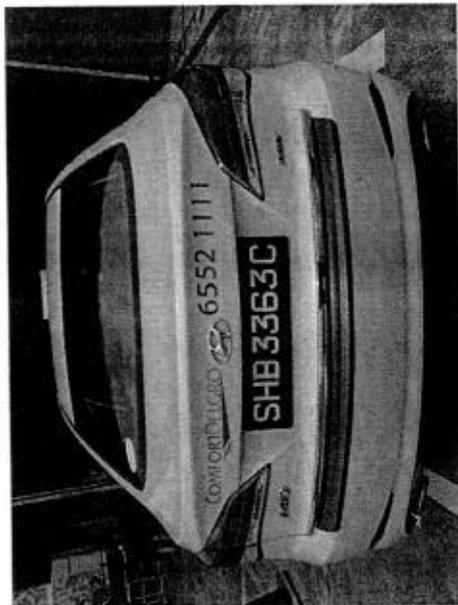
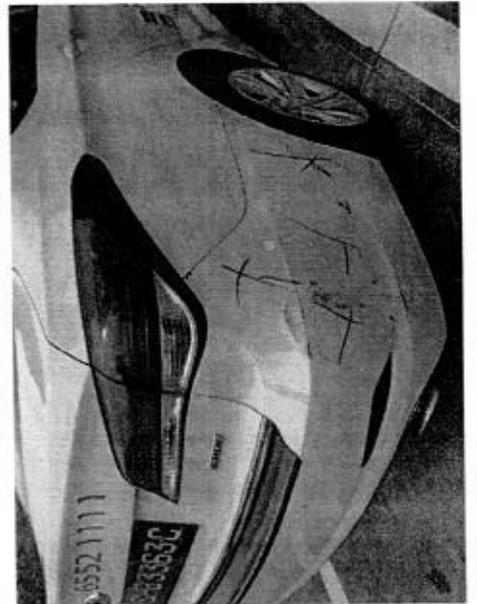
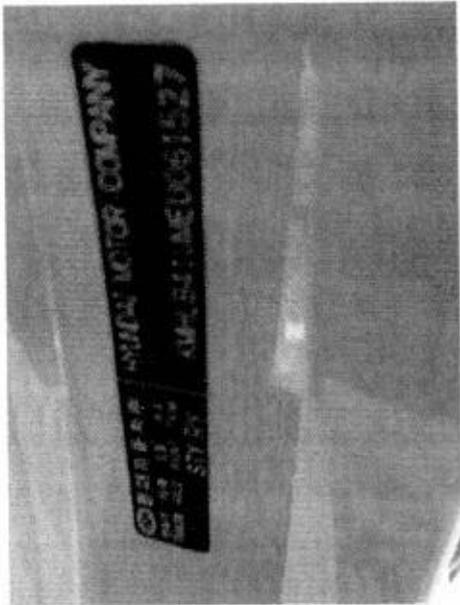
DECLARATION

I/We declare the foregoing particulars are true in every respect.
CITYCAB PTE LTD
CO. 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.:



CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 3363C

DATE 16/8/2018 15:04

MAKE :

MODEL : HYUNDAI i40

adme

Chiang

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60 <i>see</i>
	Rear Bumper Clips			\$ 22.00 <i>see</i>
	SUB TOTAL			\$ 625.60
	LESS 20%			\$ 125.12
	DISCOUNTED TOTAL			\$ 500.48
	Rear Bumper Rubber Mat		<i>500.48</i> <i>50.00</i> <i>440.00</i>	\$ 50.00 <i>Nett</i>
			<i>990.48</i>	\$ 50.00
	Labour Charge		<i>20%</i> <i>792</i>	
	Panel Beating		<i>45.800</i>	\$ 350.00 <i>180</i>
	Spray Painting Charge			\$ 250.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>60</i>
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR		<i>2 days</i>	\$ 770.00
	ESTIMATE TOTAL			\$ 1,320.48

Rasul
Hp 90010068
2 days
4S
17/08/18 @ 17/08/18
Recovery after repair

Amount
21/8/18

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.

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305200944

CUSTOMER NAME: CITYCAB PTE LTD CUSTOMER NO. 7010070 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (C) (P)	REGN NO.: SHB3363C	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 16.08.2018 12:30
	YR OF MANU. 30.10.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU061527	COMPLETION DATE/TIME:

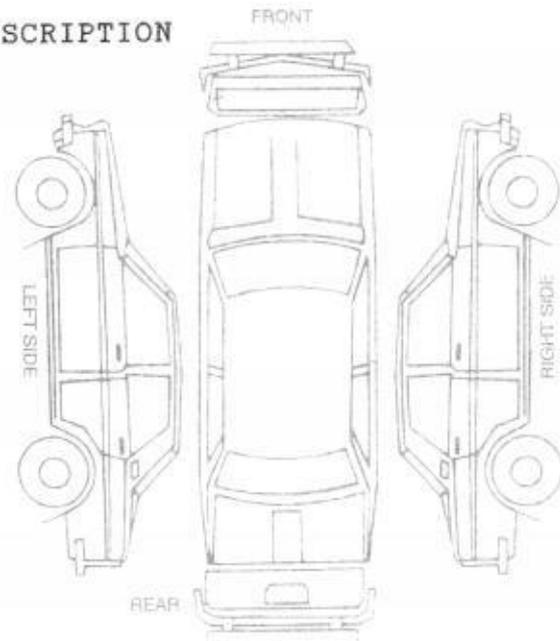
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 16.08.2018
NATURE: 3P 16.08.2018

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB3363C CHIANG

Vehicle No.: SHB3363C

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

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305200944
Date : 21/08/18

FINALIZATION FORM

To : LKK Fax : _____
Attn : RASUL
Vehicle Reg No. : SHB3363C 16/08/2018

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

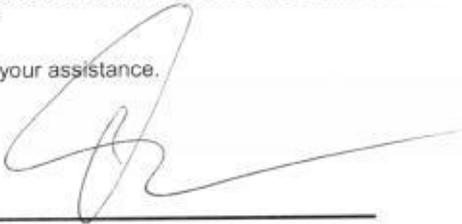
1. The repair job shall bill to: NTUC SJR9003U
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
 - Final Lumpsum Repair cost** \$800.00

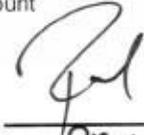
3. Estimated normal period for repairs: 2 working days.

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 finalized amount

Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : RASUL
Date : 30/08/18

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:



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/INC18015062/R1sd3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 07-09-2018
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 9003U	Veh. Inspected	SHB 3363C
Policy No.	5100987670	Coverage (\$)	0.00
Claim No.	MT/1007488-003	Excess (\$)	0.00
Assign From		Assign Date	17/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40 1.7	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU061527	Colour	YELLOW
Odometer	896312	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	CAMPEON	6 mm
L/H Front Tyre	205/60 R16	CAMPEON	6 mm
R/H Rear Tyre	205/60 R16	CAMPEON	6 mm
L/H Rear Tyre	205/60 R16	CAMPEON	6 mm

4. Description of Damages

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

5. General Information

Accident Date	16/08/2018	Inspection Date	17/08/2018
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**



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 3363C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	SCRATCHED	603.60	603.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-125.12	-125.12
			500.48	500.48
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	PANEL BEATING.		350.00	180.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR.		120.00	60.00
			770.00	440.00
GRAND TOTAL			1,320.48	990.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				800.00

Report Ref No. NS/INC18015062/R1sd3n2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.