



TP Claims against NTUC Income: Follow-Through Survey

Date : 03/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1014163-001	COMFORT TRANSPORTATION PTE LTD	SHB 4082G	SLL 450D	01/10/2018	\$ 2,639.76	\$ 350.00
2	MT/1013171-002	CITYCAB PTE LTD	SHC 7814L	SLK 2816A	26/09/2018	\$ 565.00	\$ 375.00
3	MT/1007961-002	COMFORT TRANSPORTATION PTE LTD	SHC 2284Z	SJW 2047M	19/08/2018	\$ 3,167.00	\$ 2,124.90
4	MT/1013655-002	COMFORT TRANSPORTATION PTE LTD	SHD 3499J	SJW 6467H	30/09/2018	\$ 2,273.60	\$ 1,200.00

Claim received from LKK Auto



## 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/INC18017766/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-10-2018  
189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLK 2816A	Veh. Inspected	SHC 7814L
Policy No.	5087648427-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	01/10/2018

### 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	26/09/2018	Inspection Date	01/10/2018
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.
--

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

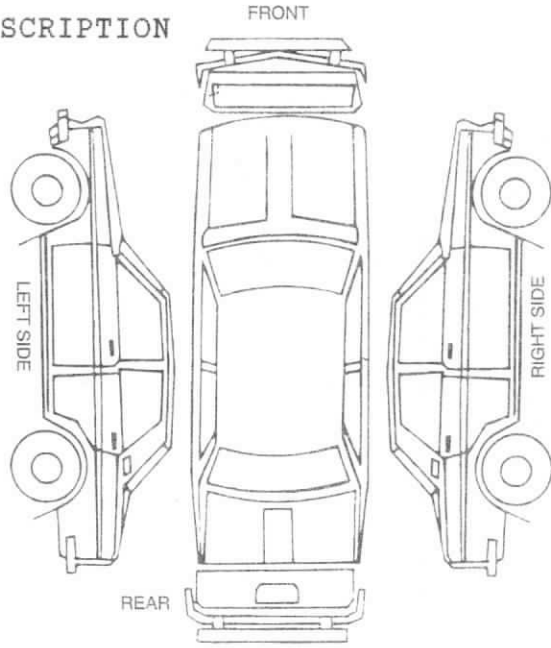
Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="26/09/2018 17:49"/>
Vehicle No.(For Motor)	<input type="text" value="SLK2816A"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5087648427-01		CHAN DANIEL YOUN JIEN	S8972395G	GPC	drivo PREMIUM	SLK2816A	SLK2816A	12/01/2018	11/01/2019

Team: ARC Repair TP(CFSO)1	<b>JOB CARD</b>	Sales Order:	JC NO.: 305219793
OMER S OMER NO. ESS (R) (P)	CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (O)	REGN NO.: SHC7814L MAKE : HYUNDAI MODEL SONATA YR OF MANU. 18.07.2013 CHASSIS CODE KMHET41VMDA834588	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 01.10.2018 09:45 TARGET DATE COMPLETION DATE/TIME:
JUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 26.09.2018  
NATURE: 3P 26.09.18/C - SHORT TERM

S/NO	LABOR CODE	DESCRIPTION
		

SIGNED & PASSED OUT BY:		CUSTOMER'S SIGNATURE	
SERVICE ADVISOR			
Acknowledgement Slip		Exit Pass	
No.: SHC7814L	JU NTUC	Vehicle No.: SHC7814L	
Signature/Date		Name of Service Advisor	
turned to Service Reception upon collection		Date	
		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	26/09/2018 13:20
Date Of Accident	26/09/2018 08:00
Exact Location Of Accident	STADIUM WALK ROUNDABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7814L
<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	SONATA
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	LOH KOON TONG
NRIC No	S1619152C
Date Of Birth	28/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1981
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96388683
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	258 08-365 JURONG EAST STREET 24
Postcode	600258
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

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

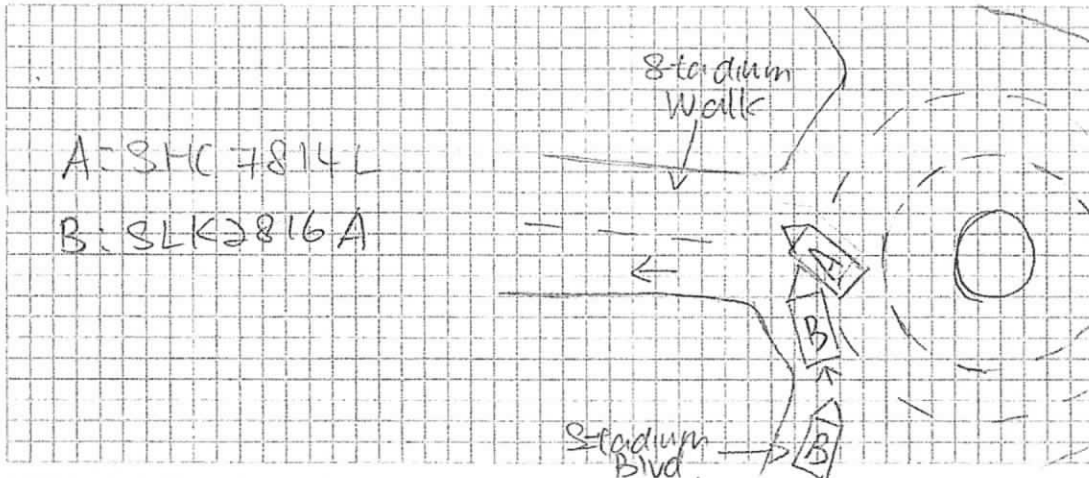
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK2816A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

No. Of Passenger (Including Driver)



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/9/18 at about 08:00 hrs, I was driving along above said location.

I switched on signal light to indicate my intention to exist. While I turning to stadium walk junction, Veh B drive out from stadium Blvd without giving way

hit onto the left front portion of my taxi.

01 male passenger on board my taxi.

No injury reported in this accident.

I would like to highlight that I honked at the driver when I noticed veh B was come close to my taxi.

DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839C

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:

**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:

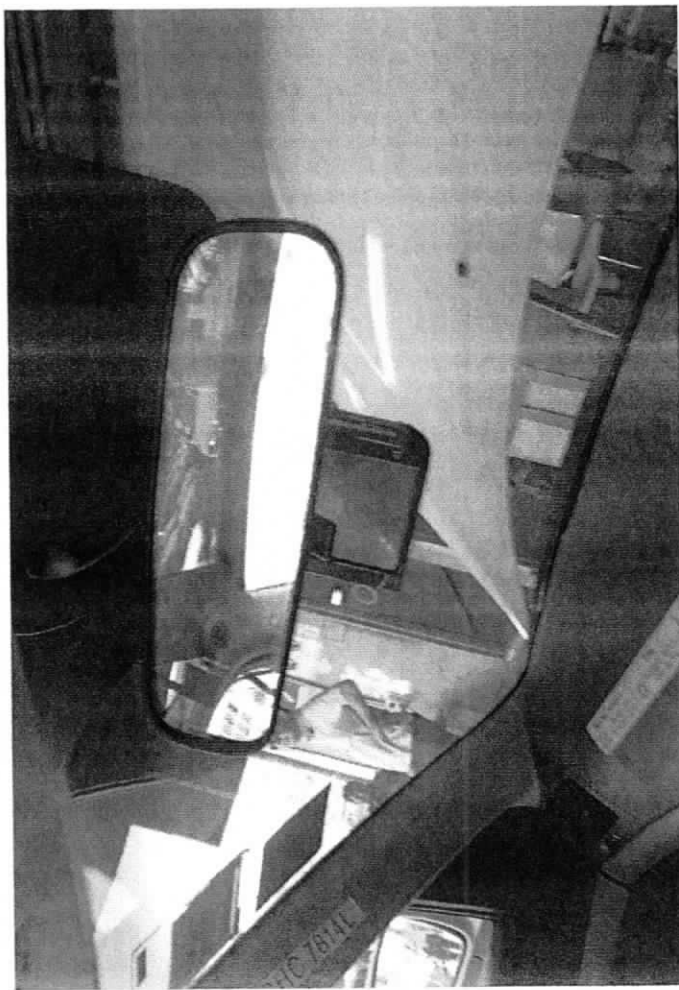
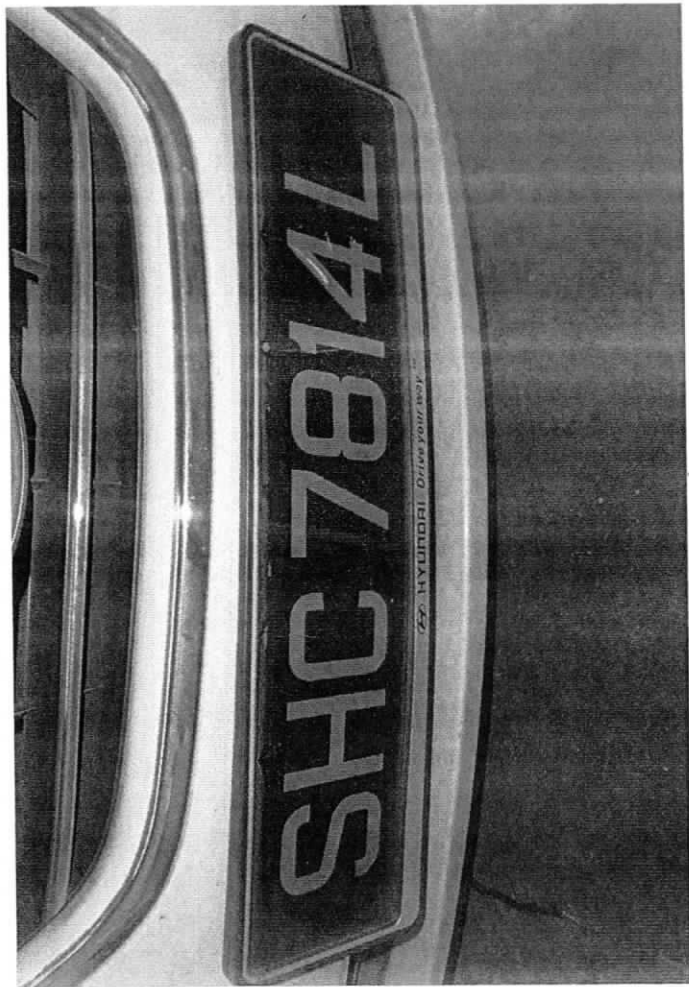
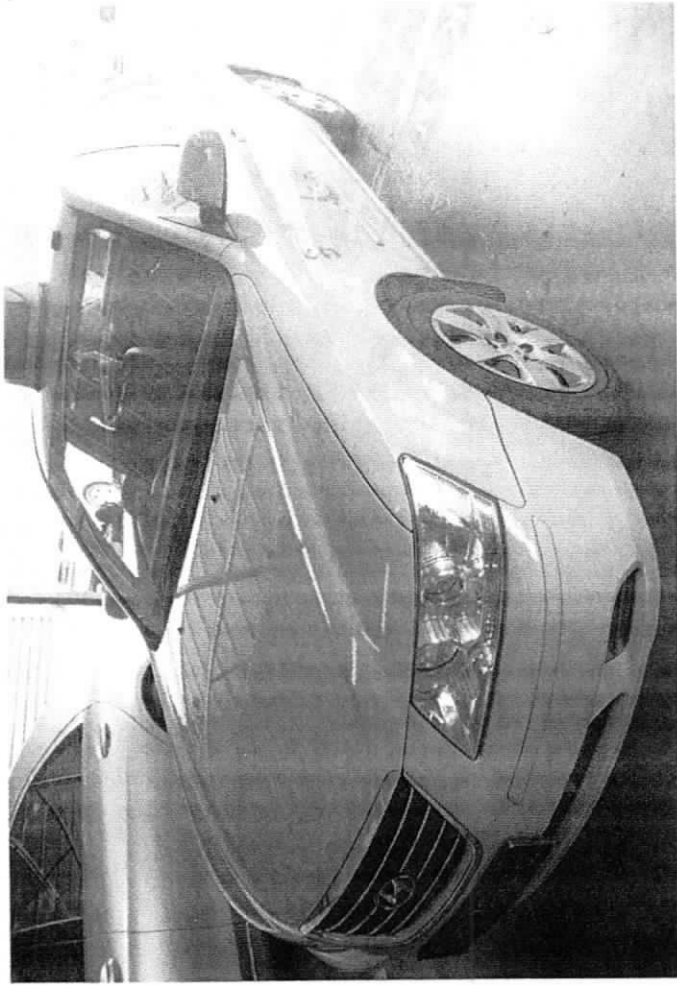
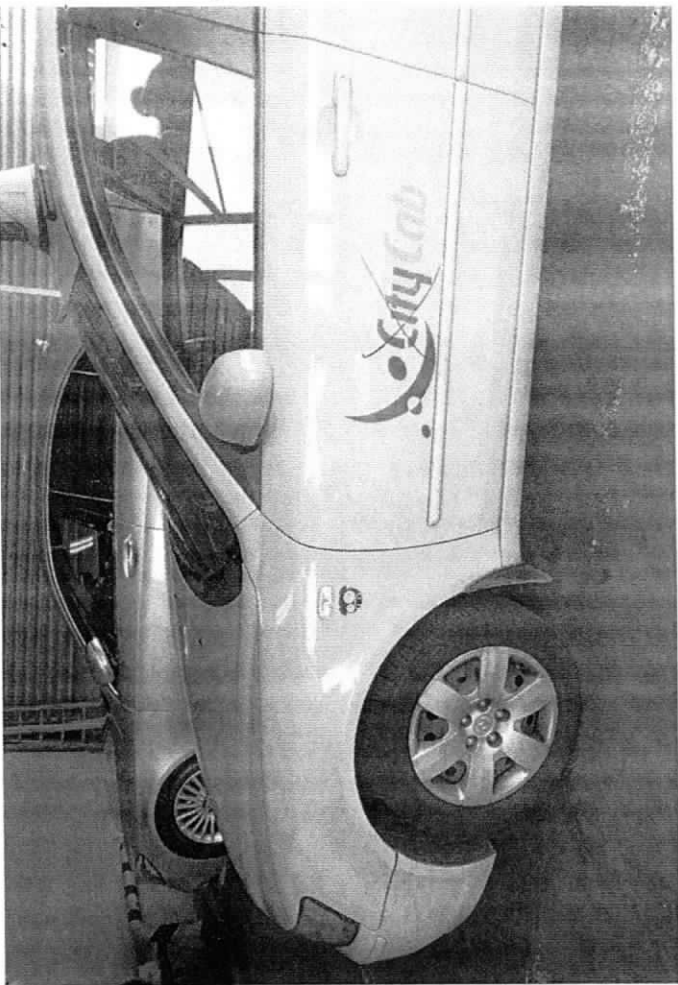
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

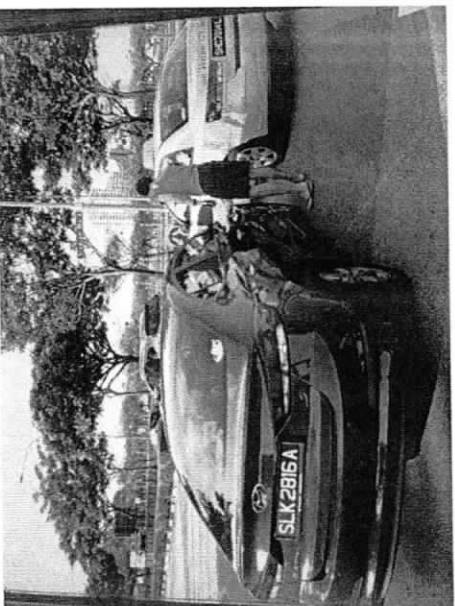
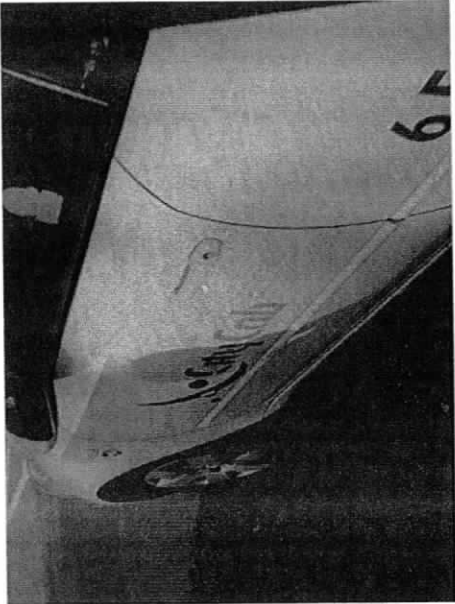
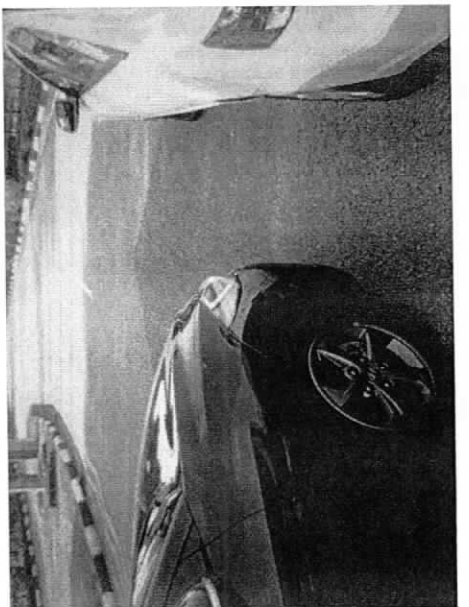
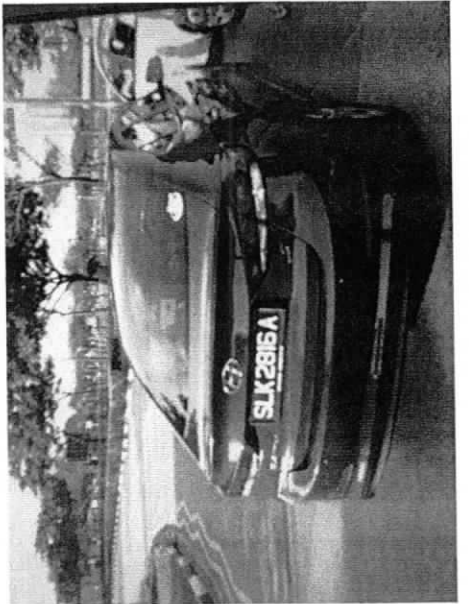
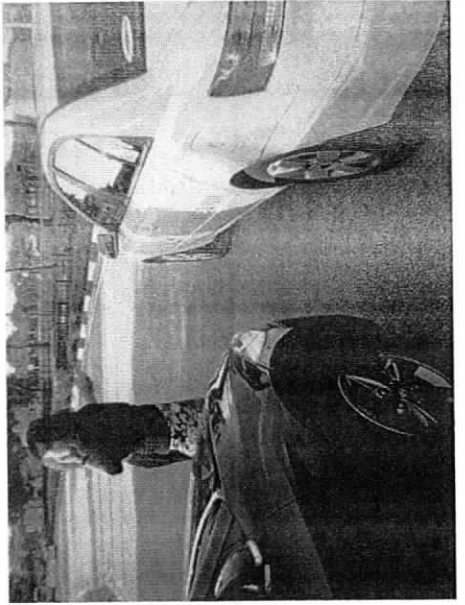
CHICAB PTE LTD  
J. REG. NO. 199502839G

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\*

NTuc

VEHICLE NO : SHC 7814L

DATE 1/10/2018 14:33

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Door City Cab Logo (LH) <i>ack</i>			\$ 75.00	Nett
	<i>Front Door (LH) x repair</i>				
	<b>Labour Charge</b>				
	Panel Beating-Repair Door			\$ <del>220.00</del> <i>100</i>	
	Spray Painting Charge			\$ <del>220.00</del> <i>200</i>	
	Tuff Kote			\$ <del>50.00</del> <i>x rn</i>	
	<b>TOTAL LABOUR</b>			\$ 490.00	
	<b>ESTIMATE TOTAL</b>			\$ 565.00	
<p><i>Kaluh 16/10/18</i></p> <p><i>1/10/18 1515 hrs</i></p> <p><i>207,</i></p> <p><i>45</i></p> <p><i>After Repair photo</i></p> <div data-bbox="796 1482 1320 1910" data-label="Text"> <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 part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed 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.					



Our Job Ref No : 305219793  
Date : 02/10/18

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHC7814L  
Fax :  
Date of Accident : 26/09/2018

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

- The repair job shall bill to: NTUC --- SLK2816A  
###
- The finalized amount shall be:
  - Spare Parts after List discount \$75.00
  - Labour Charges ### \$300.00  
Total for Part-By-Part Repair Cost \$375.00
  - Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%  
Final Lumpsum Repair cost
- Estimated normal period for repairs: 2 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and  
finalized amount

Signature :  
Name : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :  
Name : Kalvin  
Date : 2/10/18

### 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:

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 02.10.2018

Time: 17:28:04

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305219793  
REGN NO : SHC7814L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : SONATA  
DATE OF REGN : 18.07.2013  
DATE/TIME IN : 01.10.2018 09:45  
ACCIDENT DATE : 26.09.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 28-01-0199-0014-A (SONATA)FRT DOOR L/R CCTP 1 75.00 0.00 75.00

SUB-TOTAL : 75.00

## JOB NATURE

0000 L LUMPSUM REPAIR 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 300.00

TOTAL : 375.00

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



## 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/INC18017766/K1rbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 23-10-2018	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SLK 2816A	Veh. Inspected	SHC 7814L
Policy No.	5087648427-01	Coverage (\$)	0.00
Claim No.	MT/1013171-002	Excess (\$)	0.00
Assign From		Assign Date	01/10/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHET41VMDA834588	Colour	YELLOW
Odometer	524081	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	26/09/2018	Inspection Date	01/10/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
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. SHC 7814L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>	NECESSARY  TO REPAIR SEE LABOUR		
1	FRONT DOOR CITY CAB LOGO (LH)		75.00	75.00
1	FRONT DOOR (LH) (NPA)		-	-
			75.00	75.00
	<b><u>LABOUR</u></b>	NOT NECESSARY		
	PANEL BEATING-REPAIR DOOR. INCLUSIVE OF THE REPAIR OF FRONT DOOR (LH).		220.00	100.00
	SPRAY PAINTING CHARGE.		220.00	200.00
	TUFF KOTE.		50.00	-
			490.00	300.00
GRAND TOTAL			565.00	375.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				375.00

Report Ref No. NS/INC18017766/K1rbe2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.