

(08/11/13)

Surrey: Kelvin

REF:

NS/INC18018242/Klsbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no/s: _____

of _____

Insured: SKZ 626CPolicy No. 5087391871-02 240518Claims No. MT/1014964-002

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 Report: _____ 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 4875K Yr Regn: 17 Aug 2018

Type: M.Car / M.Cycle / Bus / Van / Lorry / T. / Prime Mover /

Truck / Trailer or 1580Make: Hyundai Zonig cc 1500Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 24716 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB81CVRK4106607Gen. Cond: Good / FA / Poor / Burnt

Steering: Ignored / Jammed / Leaked / Burnt or

Brake: Ignored / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 / 65R15R: 195 / 65R15BS / DUN / EXNOVA / GY / FS / LIZA / HT / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 6/10/8 D.O.I. 8/10/8Survey held at CHE (Layang)

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

O/S Fmt.

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

Date / Time Action / Instruction

SHB 4875K - CB/FC17016353/Klsbn2

DA: 200817

Inc

SKZ 626C - x

PR

11/10/18 Confirmed P/P \$ 2015.26 / 2 days.

12/10/18 Confirmed \$ P/P 2015.26 / 2 days with Kelvin.

(\$470.00 Red - 19%)

RECEIVED 12 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

1) Typist

Date/Time, File Return to?

☒ : Final Report

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Report Format:

Lump Sum / I.B.I.: (\$ 2015.26 P/P)

160

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="06/10/2018 13:41"/>							
Vehicle No. (For Motor)	<input type="text" value="SKZ626C"/>	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"/>	5087382871-02		MYCAR PTE LTD	201511872D	GFT	drive CLASSIC	SKZ626C	SKZ626C	24/05/2018	
<input type="button" value="Continue"/>										

TP Claims against NTUC Income: Follow-Through Survey

Date : 12/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1014964-002	CITYCAB PTE LTD	SHB 4875K	SKZ 626C	6/10/2018	16:00	\$ 2,485.26	\$ 2,015.26

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 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. 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	08/10/2018 09:36
Date Of Accident	06/10/2018 16:00
Exact Location Of Accident	ANG MO KIO AVE 1 TOWARDS BOUDARY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4875K
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	IONIQ HYBRID

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	HUANG YAOKUN
NRIC No	S8403612I
Date Of Birth	04/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	28/07/2006
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83333909
Fax Number	
Contact Number	
Email Address	XIAONIKE84@YAHOO.COM.SG

Address	BLK 217 LORONG 8 TOA PAYOH #16-615
Postcode	310217
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	2
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: : 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

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	SKZ626C
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HUI KOON
NRIC/Passport Number	S7340464I
Contact Number	93696030
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH CENTRE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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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:

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

GIA/IMC SketchPlanForm_V3

9-4
8-8

9-4
8-8

SKETCH PLAN

DOA 16-10-18

G 1600hrs

A-SHB4875K

B-SKZ 626C



Ang Mo Kio Ave 1
Towards Boudary Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6-10-18 G 1600hr, I was driving straight along Ang Mo Kio Ave 1 towards Boudary Rd. On extreme left lane, Suddenly Vehicle (B) SKZ 626C change lane to left and cause collision to Vehicle (A) SHB 4875K On Right portion Cause damaged.

There is Video Footage on Scene.
There is (1) Pax on board at my taxi and
No injuries.

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.:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 08.10.2018

REPAIR ESTIMATE

Time: 12:57:18

Page: 1

NTUC - CP/P)

LKK - Kalvin

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305222934

REGN NO : SHB4875K

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : IONIQ(G2)

DATE OF REGN : 17.08.2018

DATE/TIME IN : 06.10.2018 16:00

ACCIDENT DATE : 06.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0573-G	FRT FENDER RH	1	933.10	20.00	746.48	<i>Per</i>
0002 03-01-0104-2061-G	FRT WHEEL CAP RH	1	293.90	20.00	235.12	<i>hinged</i>
0003 28-01-0103-0003-A	Frt Door ComfortDelGro RH	1	75.00	10.00	67.50	<i>rec</i>
0004 04-01-0104-3913-G	Frt Fender BLUE DRIVE RH	1	82.70	20.00	66.16	<i>rec</i>

Front Door (RH) x repair
Front Bumper x repair

SUB-TOTAL : 1,115.26

JOB NATURE

0000 L	PANEL BEATING
0001 23-502	SPRAYPAINT ON AFFECTED AREA
0002 17-01	CHECK ALL LIGHTING
0003 20-00	TUFF COAT ON AFFECTED PARTS.

440.00 *300*
880.00 *600*
20.00 *X* *22*
30.00 *X* *22*

SUB-TOTAL : 1,370.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 08.10.2018

REPAIR ESTIMATE

Time: 12:57:18

Page: 2/2

TS

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

NTUC - CP/P
LKK - kalvin

JOB NO : 305222934
REGN NO : SHB4875K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 17.08.2018
DATE/TIME IN : 06.10.2018 16:00
ACCIDENT DATE : 06.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,485.26

Limff

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Kalvin LKK

8/10/18 1415hrs

2 Dgs.

P/P

Before Part pld

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
• Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Date/Time: 06.10.2018 11:16

Page : 1

Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order:

JC NO.: 305222934

OMER

IS

OMER NO.

LESS

(R)

(P)

JUNT CARD NO.

CITYCAB PTE LTD

7010070

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(O)

REGN NO.:

SHB4875K

MILEAGE

MAKE :

HYUNDAI

FUEL

E 1/2 F

MODEL

IONIQ(G2)

DATE/TIME IN

06.10.2018 16:00

YR OF MANUF

17.08.2018

TARGET DATE

CHASSIS CODE

KMHC851CVKU106607

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 06.10.2018

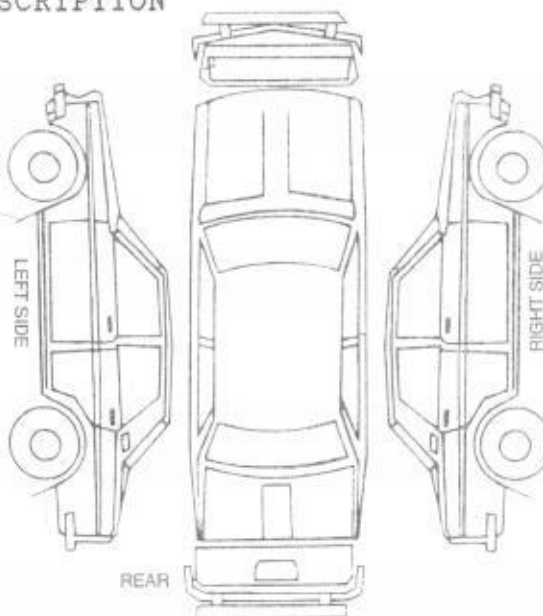
NATURE: 3P 06.10.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.:

SHB4875K

LIMITS

Vehicle No.:

SHB4875K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

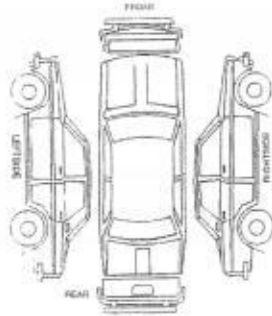
To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>6/10/18</u> Time Received: <u>1550</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>SHB 4875 K</u> Contact No. : Vehicle No. : <u>10N1Q</u> Make / Model / Colour : <u>83333909</u> Email : <u>ANDREW</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	
7. Location: <u>BOUNDARY RD</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi			
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:					

10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input checked="" type="checkbox"/> Not tested	
---	--	---	--

Job Attended 12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input checked="" type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>Sengon</u> Vehicle No. : <u>XN8130K</u> Time Dispatch : <u>1550</u> Time of Arrival : <u>1610</u> Time Completed : <u>1650</u>		 # : Cracked X : Dented / : Scratched O : Missing Signature of Customer	
--	--	---	--

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
 b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
 c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

6/10/18 1610 _____
Date Time Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
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COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 10.10.2018

Time: 17:34:34

Page: 1

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

JOB NO : 305222934
REGN NO : SHB4875K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 17.08.2018
DATE/TIME IN : 06.10.2018 16:00
ACCIDENT DATE : 06.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0573-G	FRT FENDER RH	1	933.10	20.00	746.48
0002 03-01-0104-2061-G	FRT WHEEL CAP RH	1	293.90	20.00	235.12
0003 28-01-0103-0003-A	Frt Door ComfortDelGro RH	1	75.00	10.00	67.50
0004 04-01-0104-3913-G	Frt Fender BLUE DRIVE RH	1	82.70	20.00	66.16

SUB-TOTAL : 1,115.26

JOB NATURE

0000 L	PANEL BEATING	300.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	600.00
0002 23-01	VEHICLE TOW-IN	0.00

SUB-TOTAL : 900.00

TOTAL : 2,015.26


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305222934
Date : 11/10/18

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SHB4875K Date of Accident : 06-Oct-18

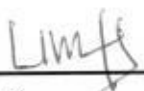
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-


1. The repair job shall bill to: NTUC --- SKZ 626C
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$1,115.26
(b) Labour Charges	\$900.00
Total for Part-By-Part Repair Cost	\$2,015.26
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	

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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 11/10/18

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks: