

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="checkbox"/>	5095731299		LEE HER MENG(LI FUMING)	S79274391	GPC	drive CLASSIC	S3N3740K	S3N3740K	09/11/2017	12/02/2019

Continue

3	MT/1014579-002	CITYCAB	SHB 2110Y	SJN 3740K	7/10/2018	12:30	\$	1,060.00	\$	750.00
---	----------------	---------	--------------	--------------	-----------	-------	----	----------	----	--------

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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 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 12:21
Date Of Accident	07/10/2018 12:30
Exact Location Of Accident	ALONG BALESTIER RD TOWARDS MOULMEIN RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2110Y
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	LEEM YONG HOA
NRIC No	S1222798A
Date Of Birth	29/06/1945
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1963
Driving Experience	54 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93294534
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 743 YISHUN AVENUE 5 #03-540
Postcode	760743
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	COLLISION - HEAD TO REAR
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: : 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	SJN3740K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE HOR MENG
NRIC/Passport Number	S7927439I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

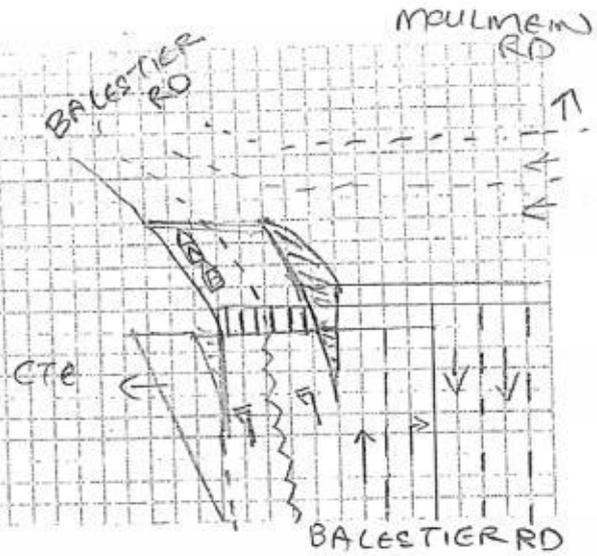
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN

A = SHB 21104
B = SIN 3740K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer statement as per attached,

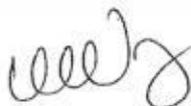
DECLARATION

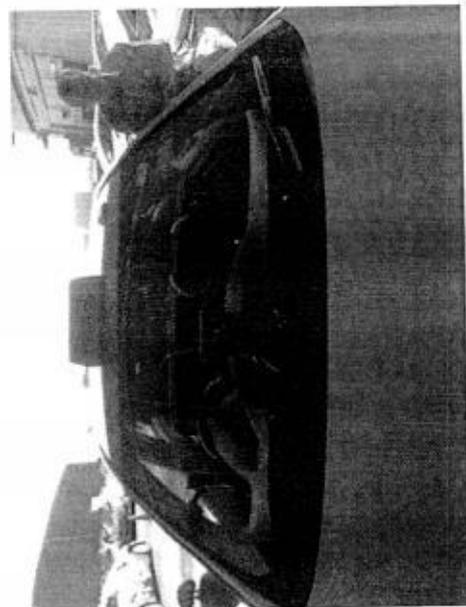
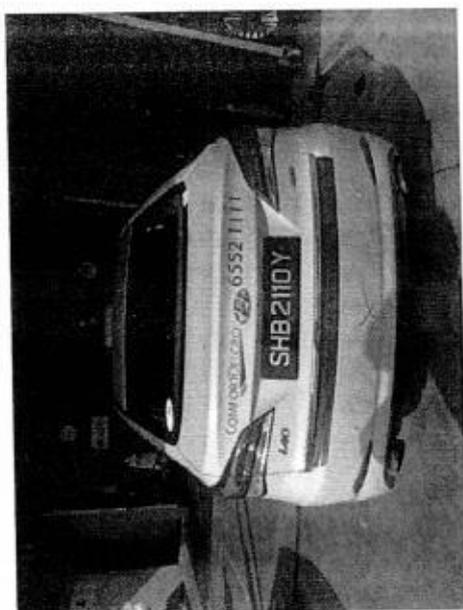
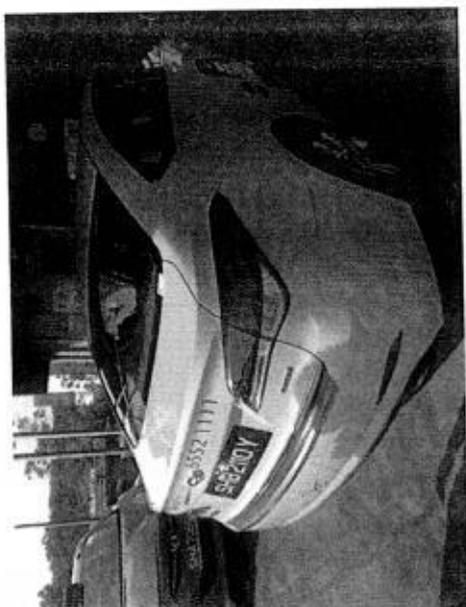
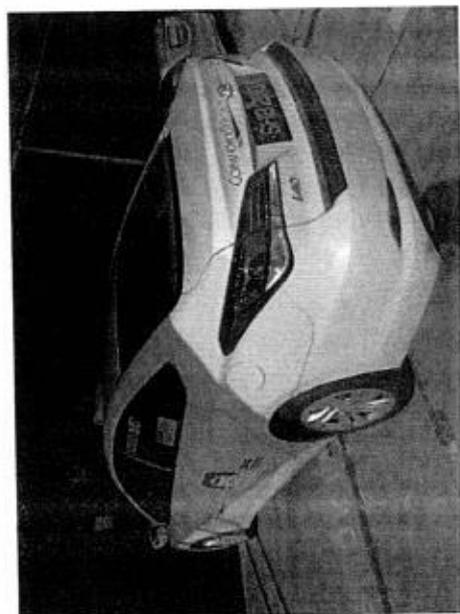
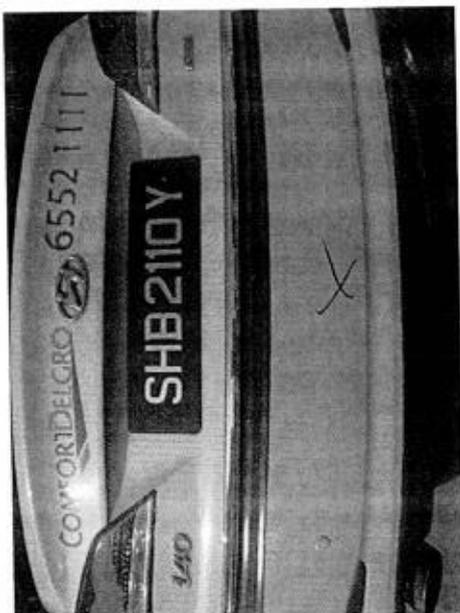
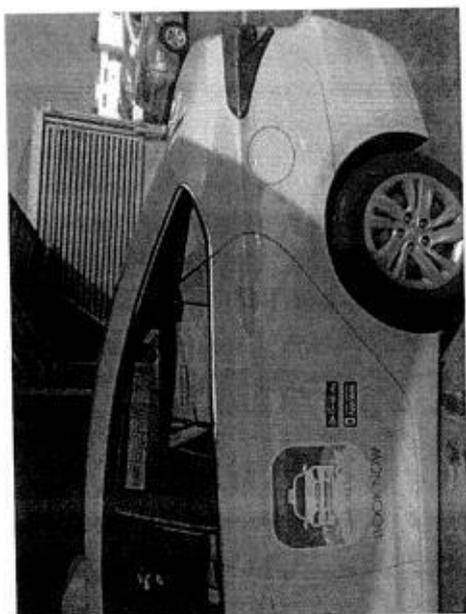
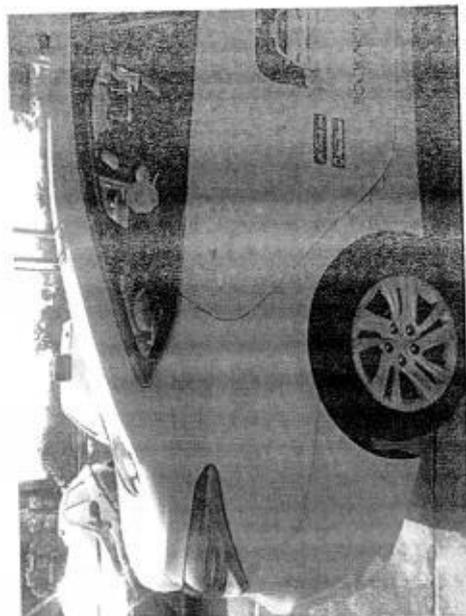
I/We declare the foregoing particulars are true in every respect.

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 2110Y

DATE 8/10/2018 13:53

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Reborn</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>net</i>			\$ 22.00
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL			\$ 460.00
	Rear Bumper Rubber Mat <i>net</i>			\$ 50.00
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ 220.00 <i>200</i>
	Spray Painting Charge			\$ 220.00 <i>200</i>
	Wiring Charge			\$ 30.00 <i>30</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>30</i>
	TOTAL LABOUR			\$ 550.00
	ESTIMATE TOTAL			\$ 1,060.00

Nett

Kalvin LKK
8/10/18 1515
2 Days
4/3
After Repair p 4/3

LKK Auto Company
 I, the Repairer of the above vehicle,
 hereby certify:
 • To resurvey by the motor surveyor
 • To display damaged parts and parts survey
 • Parts prices are submitted to the insurance company
 • Third party surveys are submitted to the insurance company
 • No illegal modifications are made
 • Supplementary items must be supervised and
 is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature: _____
 Date: _____

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.

A member of COMFORTDELGRO

Date/Time: 08.10.2018 14:15 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305223251

CUSTOMER
 CITYCAB PTE LTD
 7010070
 CUSTOMER NO.
 ADDRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 TEL (R) 65551188 (O)
 (P)

Handwritten signature

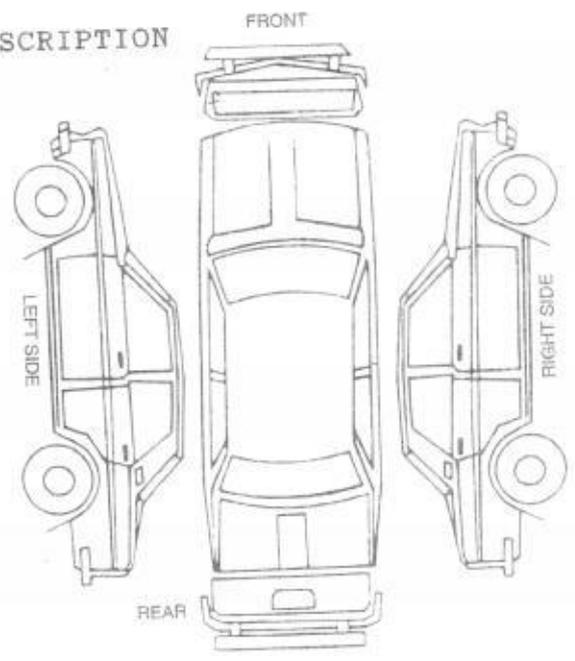
REGN NO:	SHB2110Y	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 08.10.2018 09:30
YR OF MANU	30.10.2014	TARGET DATE
CHASSIS CODE	KMHLB41UMEU061627	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.10.2018
 NATURE: 3P 07.10.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Name:
 'C No.:
 Vehicle No.: **SHB2110Y** **CHIANG**

Exit Pass

Vehicle No.: **SHB2110Y**

Name 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 : 305223251
Date : 10/10/18

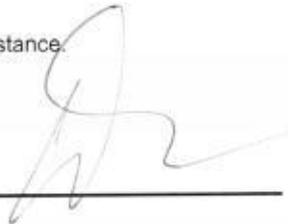
FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHB2110Y 07/10/18

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

1. The repair job shall bill to: NTUC SJN3740K
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** \$750.00
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 : 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		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/INC18018243/K1tbn2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 23-10-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJN 3740K	Veh. Inspected	SHB 2110Y
Policy No.	5095731299	Coverage (\$)	0.00
Claim No.	MT/1014579-002	Excess (\$)	0.00
Assign From		Assign Date	08/10/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU061627	Colour	YELLOW
Odometer	453227	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 REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	07/10/2018	Inspection Date	08/10/2018
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.			
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 2110Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-115.00	-115.00
			460.00	460.00
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.		220.00	200.00
	SPRAY PAINTING CHARGE.		220.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			550.00	430.00
GRAND TOTAL			1,060.00	940.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				750.00

Report Ref No. NS/INC18018243/K1tbn2

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.