

(05/11/13)

Surveyor: Kalvin

REF:

NS/INC18018299 / Klsb02

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: GV 3791GPolicy No. 50871483248-01 010218-310119Claims No. MT/1015177-001

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: SHC 723L Yr Regn: 10/14, 2014

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

Truck / Trailer or

Make: Hyundai Z4 cc 1685Colour: Yellow A/C: Insured / Std / Nil / NASp. Reading: 385435 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KM HLBK14ME405793

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ignored / Jammed / Leaked / Burnt or

Brake: Ignored / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Campan

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 7/10/18 D.O.I. 9/10/18Survey held at (DHE (Loyang))

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

O/S Front

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

Date / Time Action / Instruction

SHC 723L - (3/FCL18009470 / STD322

DOA: J103018 Inc

GV 3791G - X

42

10/10/18 Confirmed HS \$2500 / 3 days

11/10/18 Confirmed HS \$2500 / 3 days with Kalvin

(C\$2,547.76 Rd - 50%)

RECEIVED 11 OCT 2018

Date/Time, File Pass to?

1) 11/10/182) Typist

Date/Time, File Return to?

1) _____

2) _____

Report Format: _____

Lump Sum / I.B.I: (\$ 2,500/- HS)Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

Site Insp (\$ _____)

Interview (\$ _____)

Tech: Invs (\$ _____)

Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$ _____

Photos

Others

TOTAL

160

eBaoTech

General Claim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087483248-01		MOSCOW ELECTRICAL ENGINEERING PTE LTD	201025617W	GCV	Third Party, Fire & Theft	GV3791G	GV3791G	01/02/2018	31/01/2019

TP Claims against NTUC Income: Follow-Through Survey

Date: 11/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1015177-001	CITYCAB PTE LTD	SHC 723L	GV 3791G
2	MT/1015178-001	COMFORT TRANSPORTATION PTE LTD	SHC 1333Y	SGJ 8130U
3	MT/1014417-002	COMFORT TRANSPORTATION PTE LTD	SHA 3242Z	SLK 5081H
4	MT/1014910-002	COMFORT TRANSPORTATION PTE LTD	SHC 8770Y	SHD 1759Y
5	MT/1014705-002	COMFORT TRANSPORTATION PTE LTD	SHB 6388L	SKM 2919M

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 16:43
Date Of Accident	07/10/2018 21:50
Exact Location Of Accident	TIONG BAHRU RD TWDS OUTRAM ROAD X ZION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC723L
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	OOI CHEE TEONG
NRIC No	S2570837G
Date Of Birth	27/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93705487
Fax Number	
Contact Number	
EMail Address	CT00I62@GMAIL.COM

Address	BLK 49 WHAMPOA SOUTH
	#06-14
Postcode	330049
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)	1

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 * TYPE OF ACCIDENT :- HEAD TO SIDE

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	GV3791G
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUBBUSAMY SELLAPPILLAI
NRIC/Passport Number	S7165693D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT DOOR
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)

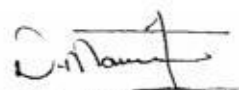
I understand, acknowledge, agree and consent that:

- (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

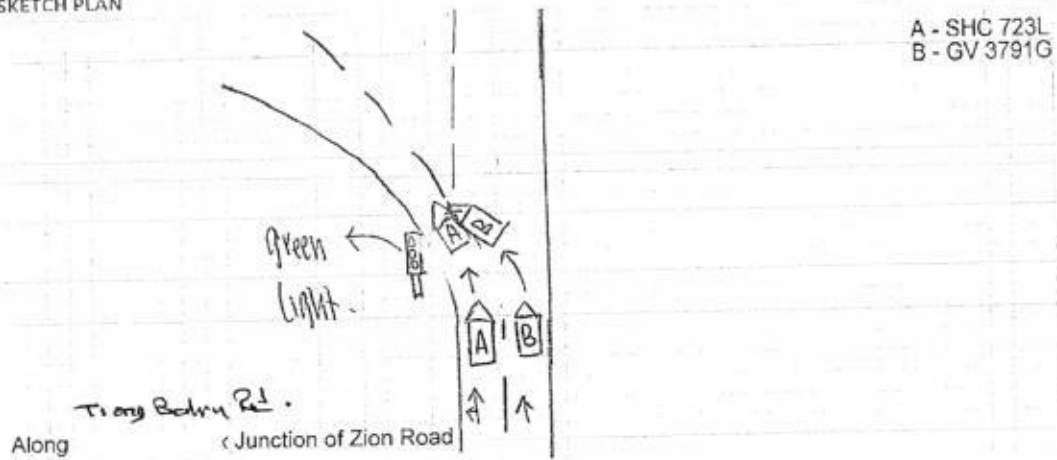
Policyholder's Signature
Date & Time:


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

 8/10
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Triang Bahru Rd.

On 07.10.2018 at about 21:30 hours I was travelling along <u>Gutram Road</u> x Junction of Zion
Road with no passenger onboard.
I was travelling along <u>Triang Bahru Rd</u> Gutram Road , while green light is in my favour I proceeded straight.
Suddenly Veh B - GV 3791G cut into my lane and collided into my taxi A - Front Right Portion.
After the accident we then alighted and exchange our particulars.
I have company video and photos at scene to support my claims.
No injury in this accident.
Veh B (GV 3791G) - Mr Subbusamy Sellappillai I/C : S 7165693D

DECLARATION

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

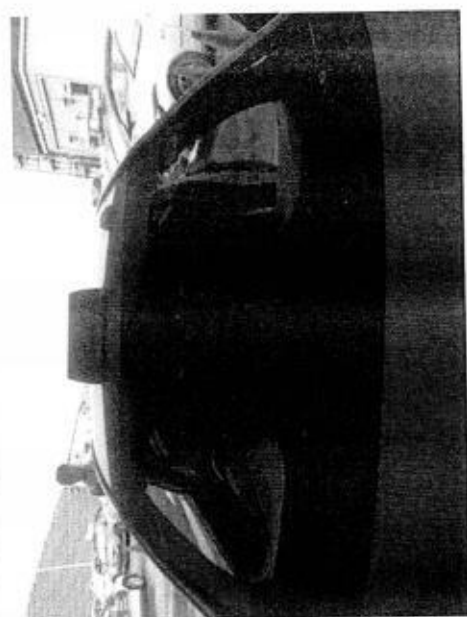
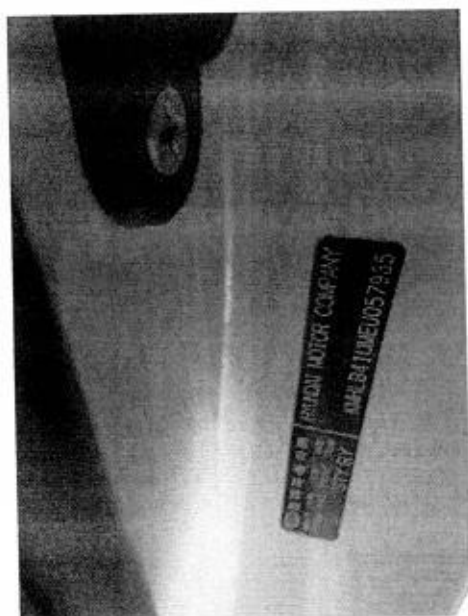
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 08.10.2018
@ 16:00hrs

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

8/10



CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 723L

DATE 9/10/2018 9:37

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>1st time</i>			\$ 544.50
	Front Bumper Grille <i>X 1st</i>			\$ 41.60
	Front Bumper Bracket Top (RH) <i>X 1st</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>2 1st</i>			\$ 24.60
	Headlamp Support Panel Assy <i>X 1st</i>			\$ 907.40
	Headlamp (RH) <i>1st</i>			\$ 1,388.00
	Front Fender (RH) <i>1st</i>			\$ 566.30
	Front Fender Shield (RH) <i>X 1st</i>			\$ 175.90
	Wiper Container <i>X 1st</i>			\$ 61.90
	Wiper Container Motor <i>X 1st</i>			\$ 75.00
	Front Wheel Hub Cap (RH) <i>1st</i>			\$ 107.10
	<i>Front wing mirror (RH) X 1st</i>			
	SUB TOTAL			\$ 3,914.70
	LESS 20%			\$ 782.94
	DISCOUNTED TOTAL			\$ 3,131.76
	Front Fender Advertisement Logo (RH) <i>1st</i>			\$ 100.00
	Frt Tyre (RH) <i>X 1st</i>			\$ 216.00
				\$ 316.00
	Labour Charge			
	Panel Beating			\$ 660.00 <i>400</i>
	Spray Painting Charge			\$ 550.00 <i>450</i>
	Wiring Charge			\$ 50.00 <i>30</i>
	Tuff Kote			\$ 50.00 <i>30</i>
	Towing Charge			\$ 60.00 <i>X 1st</i>
	FRT Wheel Alignment			\$ 80.00 <i>X 1st</i>
	Remove/Refix Aircon & Refill Gas			\$ 150.00 <i>X 1st</i>
	TOTAL LABOUR			\$ 1,600.00
	ESTIMATE TOTAL			\$ 5,047.76
<p>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.</p>				

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 "no money prejudice" basis
- No illegal modification(s) is allowed
- Supplementary work(s) must be resurveyed and is subject to final approval from Insurance Company

TOTAL LABOUR

Signature:

Date:

ESTIMATE TOTAL

Ka Lin 10/10/18

9/10/18 1050hr

3 Days

4/5 After Repair photo

HTUC
JH
L/Sum

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305223441

OMER

IS

OMER NO.

IESS

(R)

(P)

JUNT CARD NO.

CITYCAB PTE LTD

7010070

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(O)

REGN NO.:

SHC 723L

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

08.10.2018 14:35

YR OF MANU

10.07.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU057935

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 07.10.2018

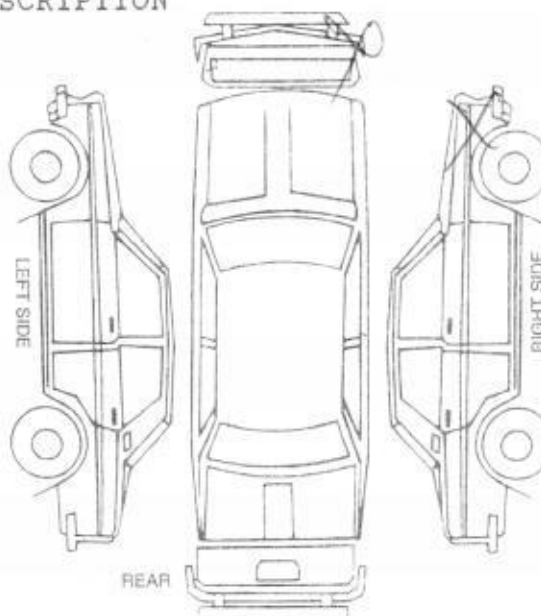
NATURE: 3P 07.10.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.:

SHC 723L

JU NTUC

Vehicle No.:

SHC 723L

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305223441
Date : 10/10/18

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 506969
Fax: 6546 8156

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
: SHC 723L Date of Accident : 07/10/18

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

- The repair job shall bill to: NTUC --- GV 3791G
###
- 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: 20% \$2,500.00
Final Lumpsum Repair cost
- Estimated normal period for repairs: 3 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 :
Date : 10/10/18

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/INC18018299/K1sbn2				
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.	GV 3791G	Veh. Inspected	SHC 723L	
Policy No.	5087483248-01	Coverage (\$)	0.00	
Claim No.	MT/1015177-001	Excess (\$)	0.00	
Assign From		Assign Date	09/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU057935	Colour	YELLOW	
Odometer	385435	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	CAMPEON	7 mm	
L/H Front Tyre	205/60 R16	CAMPEON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	07/10/2018	Inspection Date	09/10/2018	
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:		3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 723L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER GRILLE	SERVICEABLE	41.60	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	CRACKED	24.60	24.60
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	907.40	-
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	WIPER CONTAINER	SERVICEABLE	61.90	-
1	WIPER CONTAINER MOTOR	SERVICEABLE	75.00	-
1	FRONT WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
1	FRONT WING MIRROR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-782.94	-526.10
			3,131.76	2,104.40
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	FRT TYRE (RH)(SN)	SERVICEABLE	216.00	-
			316.00	100.00
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT WING MIRROR (RH).		660.00	400.00
	SPRAY PAINTING CHARGE.		550.00	450.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	30.00
	TOWING CHARGE.		60.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
			1,600.00	910.00
	GRAND TOTAL		5,047.76	3,114.40

Report Ref No. NS/INC18018299/K1sbn2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,500.00
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Report Ref No. NS/INC18018299/K1sbn2

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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