

(08/11/13)

Surveyor: Kelvin

REF: NS/LNC 1801 8673 / KHBG

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop no: \_\_\_\_\_

of \_\_\_\_\_

Insured: TBF 9269CPolicy No. 51001443726 030518 - 120719Claims No. MT/10157839-002

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: SHA 87800 Yr Regn: 17 Dec 2015

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 311945 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCB414464080751Gen. Cond: Good / Fair / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or Went/da

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 13/10/18 D.O.I. 15/10/18Survey held at CDHE (Layang)

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

Rear N/S

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

Date / Time Action / Instruction

SHA 87800 - NA / MSB07016438 / W1

TBF 9269C - X

1/11/18 Insured Lp \$1050 / 2 dy. (Red. 1358.43; 56%)

RECEIVED 02 NOV 2018

Date/Time, File Pass to?

☐ : Prell. Report1) 211 Typst☒ : Final Report

Date/Time, File Return to?

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: (\$ 1050)

Income: Follow-Through Survey

Date : 01/11/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1017210-002	COMFORT TRANSPORTATION PTE LTD	SHC 3512J	SDF 7448S	24/10/2018	\$ 10,899.88	\$ 7,500.00
2	MT/1016694-002	COMFORT TRANSPORTATION PTE LTD	SHC 8296A	SLJ 5545S	21/10/2018	\$ 5,983.14	\$ 3,700.00
3	MT/1016456-002	COMFORT TRANSPORTATION PTE LTD	SHC 8477U	SJT 2580E	20/10/2018	\$ 1,000.00	\$ 550.00
4	MT/1015993-002	CITYCAB PTE LTD	SHC 7609M	SHD 1155P	16/10/2018	\$ 1,009.04	\$ 600.00
5	MT/1015839-002	CITYCAB PTE LTD	SHA 8780D	FBF 9269C	13/10/2018	\$ 2,408.48	\$ 1,050.00

Claim received from LKK Auto

eBaoTech

GeneralClaim

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 checked="" type="radio"/>	5100443726		EIZZUL DINIE MURJANI	S9746705F	GMC	Third Party	FBF9269C	FBF9269C	03/05/2018	12/07/2019

Team: ARC Repair TP(CFSO)1	JOB CARD	Sales Order:	JC NO: 305225501
STOMER	REGN NO.: SHA8780D	MILEAGE	
CITYCAB PTE LTD	MAKE : HYUNDAI	FUEL	
7010070	MODEL I-40	E.....1/2.....F	
STOMER NO: 383 SIN MING DRIVE	DATE/TIME IN	13.10.2018 06:00	
DRESS Singapore SINGAPORE 575717	YR OF MANU 17.12.2015	TARGET DATE	
65551188 (R) (P)	CHASSIS CODE KMHLB41UMGU080751	COMPLETION DATE/TIME:	
ICOUNT CARD NO.			

Accident Date: 13.10.2018  
NATURE: 3P 13.10.2018

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
	NTM C	

CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHA8780D LKE		Vehicle No.: SHA8780D	
Signature/Date		Name of Service Advisor Date	
To be returned to Service Reception upon collection		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 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	13/10/2018 10:12
Date Of Accident	13/10/2018 03:25
Exact Location Of Accident	ULU PANDAN RD TOWARDS HOLLAND RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8780D
<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	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	TAN POI CHOON
NRIC No	S0804826F
Date Of Birth	04/04/1949
Occupation	OUTDOOR
Date Of Driving Pass	25/11/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86990157
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 15 JOO SENG ROAD #05-97
Postcode	360015
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	DRIZZLING
Road Surface	WET

### 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?	YES
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

PLS REFER TO 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	FBF9269C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	IEZZUL DINIE MURJANI
NRIC/Passport Number	S9746705F
Contact Number	91154725
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

### DETAILS OF INJURED PERSON 1

Name	EIZZUL DINIE MURJANI
------	----------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NOT SURE

FBF9269C

NO

#### DETAILS OF INJURED PERSON 2

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAN POI CHOON

69

NECK AND BACK PAIN

SHA8780D

YES

NO

**IMPORTANT NOTICE**

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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

A = SHA 8780D  
B = FBF 9269C  
(MOTOR CYCLE)

(Opp Pandan Valley)  
Bare Step

HOLLAND RD

NEW PANDAN RD

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.:

### Sketch Plan Pg. 3


Describe Circumstances of the Accident.
On 13/10/2018 @ about 03:25hrs, I was driving along Ulu Pandan Rd towards Holland Rd.
As I approached the bus stop, I reduced my speed and signaling to indicate my intention to
change lane towards left 3 <sup>rd</sup> lane to rest for awhile.
Suddenly there's an impact from behind my taxi and found vehicle FBF9269C had collided
onto my left rear portion of my taxi.
I noticed earlier the motorcycle was on the center lane before and I was on caution before
I changing my lane and make an appropriate distance.
No passenger on board my taxi.
Police and ambulance on the scene but the the TP did not give me and card or informed me
to do a police report.
The rider was slightly injury and attended by the ambulance but not conveyed to any
hospital.

#### Declaration

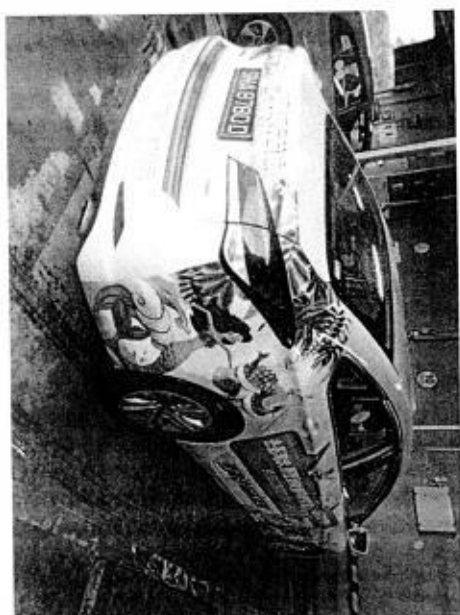
I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

\_\_\_\_\_  
Policyholder's Signature/Date &  
Time

  
\_\_\_\_\_  
Driver's Signature(If driver is not the policyholder)/Date  
& Time

  
\_\_\_\_\_  
Witnessed by Reporting  
Centre Personnel



# COMFORTDELGRO ENGINEERING

Our Job Ref No 305225501  
Date : 31/10/18

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

## FINALIZATION FORM


To : LKK  
Attn : Mr KALVIN ANG  
Vehicle Reg No. SHA8780D CCPL

Fax :

13.10.18

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

1. The repair job shall bill to: **NTUC** --- **FBF9269C**
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: 20% **\$1,050.00**  
**Final Lumpsum Repair cost** **\$1,050.00**
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.
 


Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

We confirm the estimates and finalized amount

Signature : 

Name : Calvin

Date : 1/11/18

## 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:

\_\_\_\_\_

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA8780D

MAKE : HYUNDAI

MODEL : i40

DATE: 13. Oct. 2018

DOA: 13. Oct. 2018

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>Refurbish</i>			\$553.00
10	Rear Bumper Clips <i>we</i>		\$2.20	\$22.00
1	Rear Bumper Reflector - LH <i>X on</i>			\$27.40
1	Rear Muffler - LH <i>X</i>			\$967.70
1	Rear Bumper Undercover <i>we</i>			\$228.00
SUB TOTAL				\$1,798.10
LESS 20%				\$359.62
DISCOUNTED TOTAL				\$1,438.48
1	Advertisement - Rear Bumper <i>we</i>			\$50.00
2	Advertisement - Rear Fenders RH/LH <i>we</i>			\$200.00
1	Rear Bumper Rubber Mat <i>we</i>			\$50.00
				\$300.00
Labour Charge				
Panel Beating				<del>200</del>
Spray Painting Charge				<del>250.00</del>
Wiring Charge				<del>50.00</del>
Remove/refix rear exhaust				<del>120.00</del>
TOTAL LABOUR				\$670.00
ESTIMATE TOTAL				\$2,408.48

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey to fore/aft spray painting
- To display damaged parts during resurvey
- Parts prices are subject to 10% commission
- Third party survey is on a "no win, no fee" basis
- No illegal modifications allowed
- Supplementary work must be approved and is subject to final approval from Insurance Company

TOTAL LABOUR

Signature:

Date:

ESTIMATE TOTAL

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.

L 144



## 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/INC18018673/K1tbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 07-11-2018

189556



Code: INC4

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

Insured Veh.	FBF 9269C	Veh. Inspected	SHA 8780D
Policy No.	5100443726	Coverage (\$)	0.00
Claim No.	MT/1015839-002	Excess (\$)	0.00
Assign From		Assign Date	15/10/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080751	Colour	YELLOW
Odometer	311945	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	WEST LAKE	7 mm
L/H Front Tyre	205/60R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60R16	WEST LAKE	7 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	13/10/2018	Inspection Date	15/10/2018
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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# 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. SHA 8780D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIPS @ \$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER REFLECTOR - LH	SERVICEABLE	27.40	-
1	REAR MUFFLER - LH	SERVICEABLE	967.70	-
1	REAR BUMPER UNDERCOVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-359.62	-160.60
			1,438.48	642.40
<b>SPECIAL NETT ITEMS</b>				
1	ADVERTISEMENT - REAR BUMPER (SN)	NECESSARY	50.00	50.00
2	ADVERTISEMENT - REAR FENDERS RH/LH @ \$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			300.00	300.00
<b>LABOUR</b>				
	PANEL BEATING.		250.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REAR EXHAUST.	NOT NECESSARY	120.00	-
			670.00	400.00
<b>GRAND TOTAL</b>			<b>2,408.48</b>	<b>1,342.40</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,050.00</b>

Report Ref No. NS/INC18018673/K1tbs2

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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