

108/11/13)

Surveyor: Kelvin

REF:

NS/WC18018682 / KHB12

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/13V

To Inspected Vehicle No: _____

at Workshop no/s _____

of _____

Insured: G8F 4310ZPolicy No: 5085133665 - 01 25-10-17 - 24-10-18Claims No: M7/1015863-002

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA' / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 9911 L Yr Regn: 14 Apr 21Type: M.Car / M.Cycle / Bus / Van / Lorry / T₆ / Prime Mover /

Truck / Trailer or

Make: Honda cc 1991Colour: Black A/C: Insu Std / NI / NASp. Reading: 246994 T/Radio: Insu Std / NI / NA

Eng/No: _____

C/No: KMHET41VMDA867439Gen. Cond: Good / F₆ / Poor / BurntSteering: Insu Jammed / Leaked / Burnt orBrake: Insu Jammed / Leaked / Burnt orModl: NI / S/Rim / STD / Rim orTyre Size: R: 215/60R16

R: _____

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

TOYO / YOKO or West

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 (Loyang)

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

Front n/s

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

Date / Time Action / Instruction

SHA 9911 L - NS/WC17019472 / KHB12 DLA-081017 IncG8F 4310Z - NS/WC1-7008320 / HVB12 DLA-250417 4s17/10/18 Latruas 4/5 \$2500 / 3 bgs (Red. 882.82 : 26%)

RECEIVED 18 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

1) 18/10 Typist

☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B.I. (\$) 25007

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="13/10/2018 16:53"/>
Vehicle No.(For Motor)	<input type="text" value="GBF4310Z"/>	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 checked="" type="radio"/>	5085133665-01		VOSSCHE PTE LTD	201227914H	GCV	Comprehensive	GBF4310Z	GBF4310Z	25/10/2017	24/10/2018

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1015863-002	CITYCAB PTE LTD	SHA 9911L	GBF 4310Z	13/10/2018	\$ 3,382.82	\$ 2,500.00
2	MT/1015433-002	COMFORT TRANSPORTATION PTE LTD	SHA 7742X	SLG 4449J	12/10/2018	\$ 3,705.28	\$ 2,200.00
3	MT/1016123-001	COMFORT TRANSPORTATION PTE LTD	SHA 4236K	SKL 8864C	15/10/2018	\$ 3,994.77	\$ 1,000.00
4	MT/1015895-002	COMFORT TRANSPORTATION PTE LTD	SHD 4807Y	SJR 718A	15/10/2018	\$ 2,828.80	\$ 1,450.00
5	MT/1015552-002	COMFORT TRANSPORTATION PTE LTD	SHA 7854G	SDU 818A	11/10/2018	\$ 3,231.40	\$ 1,550.00

Claim received from LKK Auto

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	14/10/2018 11:51
Date Of Accident	13/10/2018 11:35
Exact Location Of Accident	BLK 10C BTO AT BENDEMEER ROAD CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9911L
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	SONATA-2.0 (A)

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	KOH CHYE HUAT
NRIC No	S1376903F
Date Of Birth	23/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97309374
Fax Number	
Contact Number	
Email Address	JEBSSEN_KOH@HOTMAIL.COM

Address	123 MCNAIR ROAD #11-11
Postcode	S320123
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 - ROUNDABOUT
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	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

PLS SEE 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	GBF4310Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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:

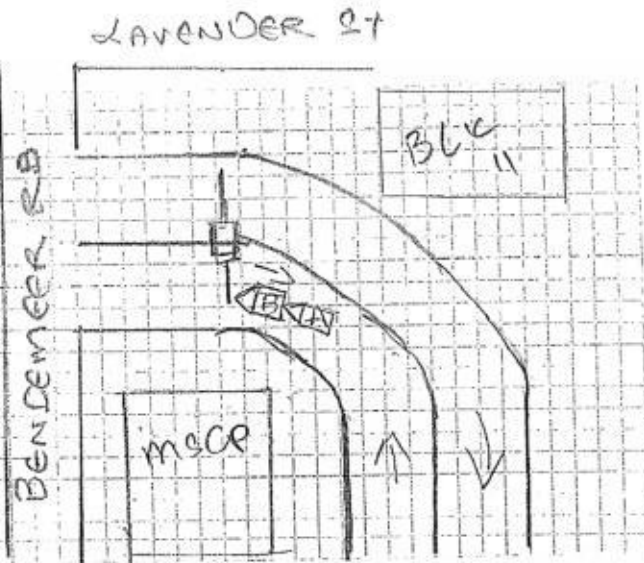
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3



SKETCH PLAN

A = SHN 9911L
B = GBF 43102
(CARRY)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer statements 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 11:35hrs, I was driving out from BLK 10C BTO at Bendemeer Rd.

When I reached the parking barrier, there was a lorry GBF4310Z in front of my taxi.

Suddenly the lorry reversing and I honked him few times but it did not stop and collided onto my front portion of my taxi.

03 female and 01 male passenger on board my taxi and no injury reported at the point of accident.

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 PTE LTD

REPAIR ESTIMATE

Date: 15.10.2018

Time: 12:28:25

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305225508

REGN NO : SHA9911L

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : SONATA

DATE OF REGN : 14.04.2011

DATE/TIME IN : 13.10.2018 13:10

ACCIDENT DATE : 13.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0101-0003-U	FRT BUMPER	1	538.80	20.00	431.04	—	above
0002 04-01-0101-0012-U	RADIATOR GRILLE	1	282.10	20.00	225.68	—	in
0003 04-01-0101-0009-U	U MOULDING	1	108.90	20.00	87.12	—	in
0004 04-01-0101-0013-U	BONNET	1	1,151.80	20.00	921.44	—	but
0005 04-01-0101-0021-U	BONNET MOULDING	1	120.90	20.00	96.72	—	in
0006 FNPS	NO PLATE(S)	1 L	25.00	10.00	22.50	X	su
						Front Headlamp (LH) — grazed	
						\$ 797.90 SUB-TOTAL : 1,784.50	

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
~~440.00~~ 400
~~40.00~~ 20
~~40.00~~ 20

SUB-TOTAL : 960.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 15.10.2018

Time: 12:28:25

REPAIR ESTIMATE

NTUC-4S

Page: 2

TS

LKK-Kalvin

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305225508
REGN NO : SHA9911L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 14.04.2011
DATE/TIME IN : 13.10.2018 13:10
ACCIDENT DATE : 13.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,744.50

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

3382.82

Kalvin (LKK)

15/10/18 1300hrs

3 B71.

L/s

After Repair photo

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:

VEHICLE	:	SHA9911L	TYPE OF CLAIM :	TP
MODEL	:	SONATA	SURVEY BY :	LKK-KALVIN
JOB NO	:	305225508	DATE	15.10.18

[illegible]

COMFORTDELGRO
ENGINEERING

number of COMFORTDELGRO

NTAC

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungai Kadut Way Singapore 728781
46 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768732
220 Ubi Road 3 Singapore 408691

Date/Time: 15.10.2018 08:05 Page : 1

Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO.: 305225508

MER	REGN NO.: SHA9911L	MILEAGE
CITYCAB PTE LTD	MAKE : HYUNDAI	FUEL
7010070	MODEL SONATA	E 1/2 F
MER NO. 383 SIN MING DRIVE	YR OF MANU 14.04.2011	DATE/TIME IN 13.10.2018 13:10
SS Singapore SINGAPORE 575717	CHASSIS CODE RMHET41VMB807439	TARGET DATE
65551188 (O)		COMPLETION DATE/TIME:
R)		
P)		
JNT CARD NO.		

Accident Date: 13.10.2018
NATURE: 3P 13.10.18

S/NO LABOR CODE DESCRIPTION

FRONT

LEFT SIDE

RIGHT SIDE

REAR

ED & PASSED OUT BY:		CUSTOMER'S SIGNATURE	
SERVICE ADVISOR			
gement Slip	Exit Pass		
SHA9911L	LIMITS	Vehicle No.: SHA9911L	
Service Advisor	Signature/Date	Name of Service Advisor	Date

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305225508
Date : 17/10/18

FINALIZATION FORM

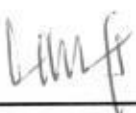
To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SHA9911L Date of Accident : 13-Oct-18


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

1. The repair job shall bill to: NTUC --- GBF4310Z
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% \$2,500.00
Final Lumpsum Repair cost \$2,500.00

3. Estimated normal period for repairs: 3 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 : 17/10/18

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:




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/INC18018682/K1tbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 24-10-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBF 4310Z	Veh. Inspected	SHA 9911L	
Policy No.	5085133665-01	Coverage (\$)	0.00	
Claim No.	MT/1015863-002	Excess (\$)	0.00	
Assign From		Assign Date	15/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	KMHET41VMBA807439	Colour	YELLOW	
Odometer	246994	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	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	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT 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.				
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9911L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRT BUMPER	DEFORMED	538.80	538.80
1	RADIATOR GRILLE	CRACKED	282.10	282.10
1	U MOULDING	CRACKED	108.90	108.90
1	BONNET	DENTED	1,151.80	1,151.80
1	BONNET MOULDING	CRACKED	120.90	120.90
1	FRONT HEADLAMP (LH)	GRAZED	797.90	797.90
	LESS 20% DISCOUNT		-600.08	-600.08
			2,400.32	2,400.32
	<u>NETT ITEMS</u>			
1	NO PLATE (N)	SERVICEABLE	25.00	-
	LESS 10% DISCOUNT		-2.50	-
			22.50	-
	<u>LABOUR</u>			
	PANEL BEATING.		440.00	300.00
	SPRAYPAINT ON AFFECTED AREA.		440.00	400.00
	CHECL ALL LIGHTING.		40.00	20.00
	TUFF COAT ON AFFECTED PARTS.		40.00	20.00
			960.00	740.00
	GRAND TOTAL		3,382.82	3,140.32
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,500.00

Report Ref No. NS/INC18018682/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

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