

Insured: Kevin

REF: NS/INC1801899 /Krbn2

**ASSIGNMENT**

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

Veh No: SHD 8847E Yr Regn: 12 Sep 2012

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

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

OD / TP / IWS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

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

Make: Mercedes Benz E220 cc 2143

at Workshop m/s \_\_\_\_\_

Colour: White A/C:  Ins /  Std /  NI / NA

of \_\_\_\_\_

Sp. Reading: 88686 T/Radio:  Ins /  Std /  NI / NA

Insured: SLJ 5029R

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

Policy No: 5103384242 280818-270519

C/Nr: WDD2120022A61708

Claims No: M7/1016153-002

Gen. Cond: Good /  Fair /  Poor /  Burnt

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Steering: In order /  Jammed /  Leaked /  Burnt or

(Client's Record)

Brake: In order /  Jammed /  Leaked /  Burnt or

Make of Veh: \_\_\_\_\_

Modi: Nil / S/Rim / STD  Rim or

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Tyre Size: F: 205/60R16

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

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

TOYO / YOKO or Wella

Bal. or Market Value: \_\_\_\_\_

Front R/Bal. 7 mm

Rear R/Bal. 7 mm

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

L/Bal. 7 mm

D.O.A. 15/10/08 D.O.I. 17/10/08

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Survey held at CDHE (Layang)

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

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

CA / REV / REP. / 24 HRS

O/S Body

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	SHD 8847E - NS/INC1801899 /Krbn2 DA: 270519 IM
	SLJ 5029R - X 41.
24/10/08	Checked L/S \$5500 4 Pys. Red: \$5214.80, 49

RECEIVED 26 OCT 2018

Date/Time, File Pass to?  : Prell. Report

Days Of Repair: 4

1) typist  : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to? \_\_\_\_\_

Add Fee:	<input type="checkbox"/> : Site Insp (\$)	Survey Fee:	_____
	<input type="checkbox"/> : Interview (\$)	Transportation:	_____
	<input type="checkbox"/> : Tech. Invs (\$)	Photos:	_____
	<input type="checkbox"/> : Weekend (\$)	Others:	_____
		TOTAL	<u>160</u>

Report Format: TP

Lump Sum / H.P. (\$ 5500)

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="15/10/2018 18:13"/>
Vehicle No.(For Motor)	<input type="text" value="SLJ5029R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5103384242		KH LEASING PTE. LTD.	201611813C	GPC	Third Party	SLJ5029R	SLJ5029R	28/08/2018	27/05/2019

**TP Claims against NTUC Income: Follow-Through Survey**

Date: 25/10/2018

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/1010771-002	SMRT TAXIS PTE LTD	SHC 4267K	SLT 1040E	08/09/2018	3-45	\$ 5,519.70	\$ 1,150.00
2	MT/1016153-002	CITYCAB	SHD 8847E	SUJ 5029R	15/10/2018	19-50	\$ 10,714.80	\$ 5,500.00

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 17/10/2018 07:25  
Date Of Accident 15/10/2018 19:50  
Exact Location Of Accident STRAITS VIEW  
Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHD8847E  
**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 MERCEDES-BENZ  
Model MERC  
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 DOMINIC SOH WEI WEN  
NRIC No S7721674Z  
Date Of Birth 02/08/1977  
Occupation OUTDOOR  
Date Of Driving Pass 22/11/2000  
Driving Experience 17 YEARS AND 10 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-86860444  
Fax Number  
Contact Number  
EMail Address DOMINIC.SOH@HOTMAIL.COM

Address 43 04-20 JALAN TIGA  
 Postcode 390043  
 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  
 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**

SEE ATTACH.

**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 SLJ5029R  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver TJONG TJU DIN  
 NRIC/Passport Number S2187814F  
 Contact Number 97930766  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage LEFT FRT  
 No. Of Passenger (Including Driver)

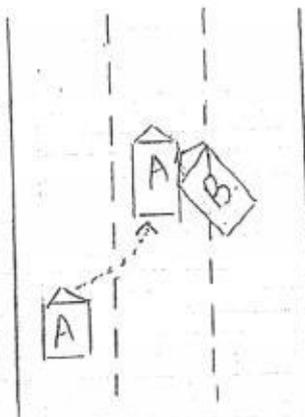
**DETAILS OF INJURED PERSON 1**

Name DOMINIC SOH WEI WEN

Approximate Age	41
Injuries Sustain	LEFT HAND,KNEE,SHOULDER
Injured person in which vehicle?	SHD8847E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



A - SHD 8847E.

B - SLJ 5029R.

Along Straits View Rd Twds Central Blvd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15.10.2018 at about 19:50 hrs, I was travelling on Straits View Rd towards Central Blvd
with no passenger on board.
I was travelling on the extreme left lane. As I just filtered to right and moved straight on the
middle lane, suddenly veh (B) (SLJ 5029R) cut into my lane and hit my taxi (A) right portion.
As it took place so fast, I could not take evasive action to prevent the collision.
Both of us then alighted and exchanged the particulars. I have company video fixed in my taxi
and photos taken at scene to support my claims.
Tjong Tju Din. 
Veh (B) (SLJ 5029R). Mr. <del>F Jong F Judin</del> NRIC : S 2187814F. Hp : 9793 0766.
After the accident, I suffered pain on my leg and hand. I will consult doctor later on.

DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

  
16/10/18

## Sketch Plan Pg. 2

### SKETCH PLAN

#### 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 reputate 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:

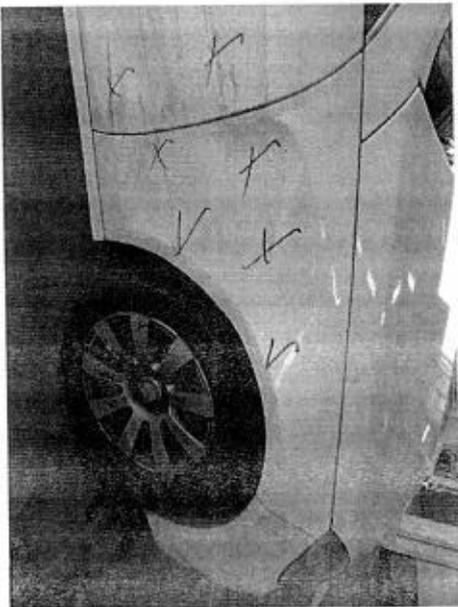
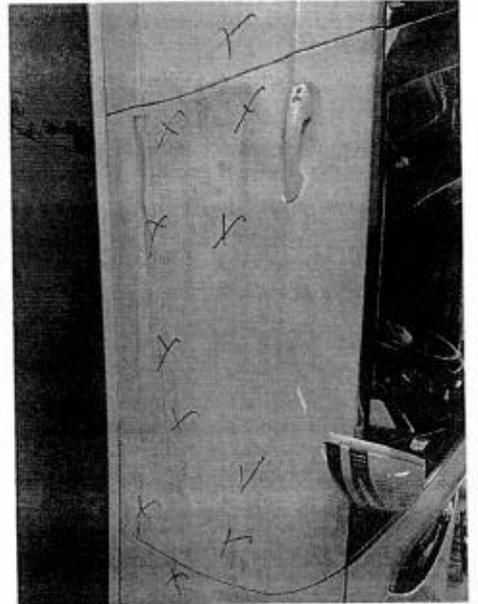
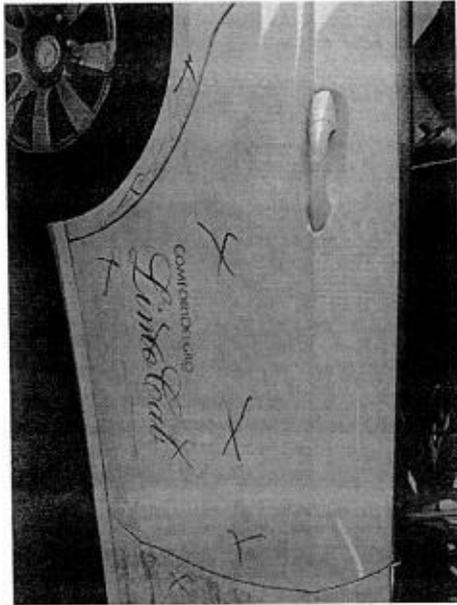
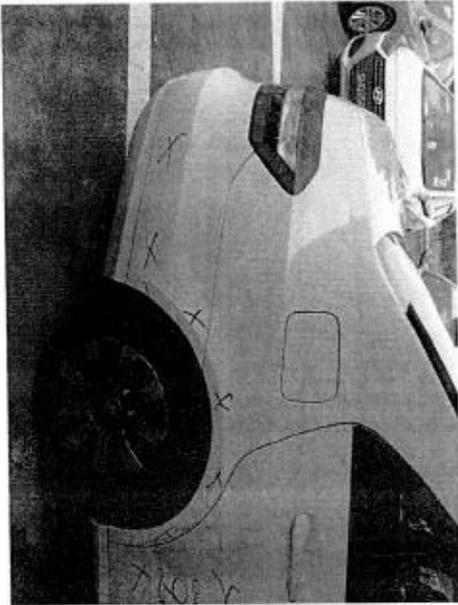
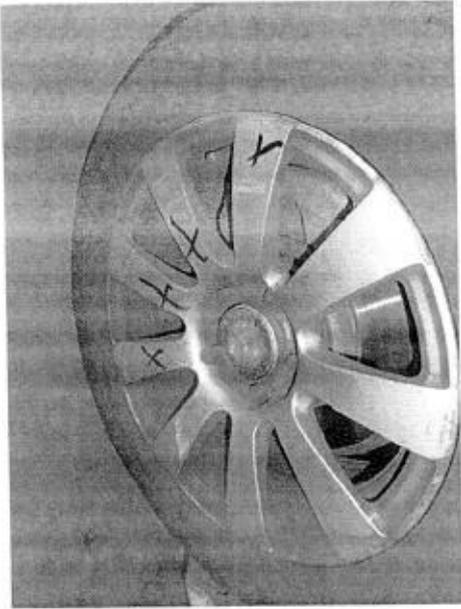
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

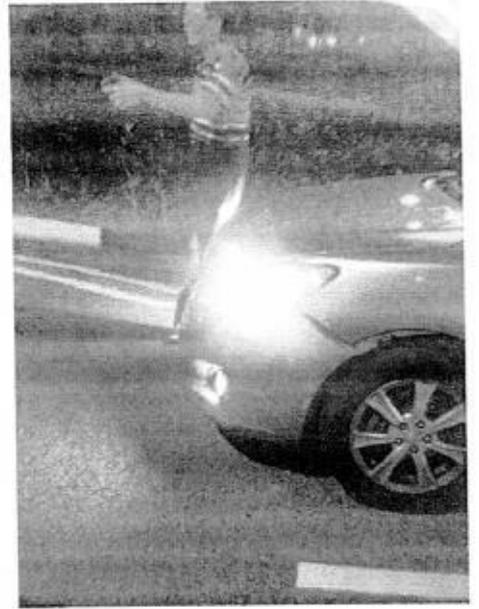
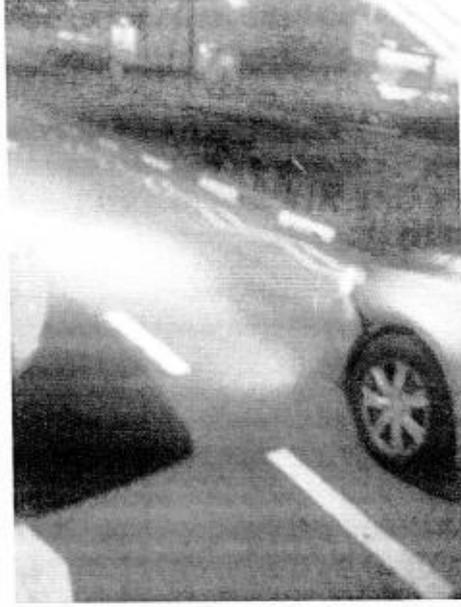
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 16.10.2018 @ 16:30 Hrs

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







Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: 3865528 JC NO.: 305226813

OMER  S CITYCAB PTE LTD OMER NO. 7010070 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (C) (P)  UNIT CARD NO.	REGN NO.: SHD8847E	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL E220CDI (E5)	DATE/TIME IN 15.10.2018 21:30
	YR OF MANU 12.09.2012	TARGET DATE
	CHASSIS CODE WDD2120022A681708	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 15.10.2018  
 NATURE: 3P 15.10.18

S/NO	LABOR CODE	DESCRIPTION

REMOVED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Exit Pass  
 No.: SHD8847E JU NTUC  
 \_\_\_\_\_  
 Service Advisor Signature/Date  
 turned to Service Reception upon collection

Exit Pass  
 Vehicle No.: SHD8847E  
 \_\_\_\_\_  
 Name of Service Advisor Date  
 To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305226813  
Date : 24/10/2018

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

## FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
: SHD8847E Date of Accident : 15.10.18

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

1. The repair job shall bill to: NTUC --- SLJ5029R  
###
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) N
  - Total for Lumpsum repair cost after Less: 20% \$5,500.00
  - Final Lumpsum Repair cost** \_\_\_\_\_
3. Estimated normal period for repairs: 4 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 : [Signature]  
Name : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature : [Signature]  
Name : Kalvin  
Date : 24/10/18

### 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



Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 8847E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FENDER,FRT/RH	DENTED	966.00	966.00
2	FRT & REAR WHEEL RIM @\$1250.00	GRAZED	2,500.00	2,500.00
1	DOOR SHELL,FRT/RH	DENTED	2,970.00	2,970.00
1	DOOR SHELL,RR/RH	TO REPAIR SEE LABOUR	2,870.00	-
1	REAR FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	ROCKER PANEL (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-1,861.20	-1,287.20
			<b>7,444.80</b>	<b>5,148.80</b>
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR DOOR COMFORTDELGRO LIMO CAB LOGO (SN)	NECESSARY	60.00	60.00
			60.00	60.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF DOOR SHELL,RR/RH,REAR FENDER (RH),REAR BUMPER AND ROCKER PANEL (RH).		800.00	400.00
	SPRAY PAINTING CHARGE-2XDOOR,2XFENDER & BUMPER.		2,000.00	1,200.00
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR.		240.00	50.00
	FOUR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
	-		-	-
	-		-	-
	-		-	-
			<b>3,210.00</b>	<b>1,670.00</b>
<b>GRAND TOTAL</b>			<b>10,714.80</b>	<b>6,878.80</b>

Report Ref No. NS/INC18018919/K1rbn2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			5,500.00
--	--	--	----------

Report Ref No. NS/INC18018919/K1rbn2

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.