

108/11/13

Surveyor: Kelvin

REF: NS/WC18018922/Kitbn2

ASSIGNMENT

SHC 601E

Yr Regn: 3 Jan, 2014

From: _____ Date: _____

Estimate/Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s: _____

of: _____

Insured: SJW 6035X

Policy No. 5101717127 030718 - 020719

Claims No. MT/1010467-001

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: _____

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

Truck / Trailer or

Make: Hyundai 240

Colour: Yellow

Sp. Reading: 60 9596

Eng/No: _____

C/No: KM HLB 414 M 54047502

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ignor / Jammed / Leaked / Burnt or

Brake: Ind / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 60 R 16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MC / OHSU / PIR / SUMI /

TOYO / YOKO or West lake

Front

R/Bal: 7

mm

L/Bal: 7

mm

D.O.A: 17/10/18

Survey held at CDE (Loyang)

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

N/S Body.

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	DA: 040717	Inc.
	SHC 601E - CS/TEL 7013036/m/mh382	DA: 24.4.2014	41
	SJW 6035X - CS/ALG 14022395/m/mh382		
19/10/18	Claims RP \$642 / 2671. Cred: 1727.76, 710%		

RECEIVED 22 OCT 2018

Date/Time, File Pass to?

12/10 TYP ST

Date/Time, File Return to?

(2)

Report Format: TP

Lump Sum / I.B.I: \$ 672

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

- ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Invs (\$)
☐ Weekend (\$

Survey Fee:

Transportation:

\$ + RS, SI

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.	<input type="text"/>	Date of Accident	<input type="text" value="17/10/2018 18:13"/>
Vehicle No. (For Motor)	<input type="text" value="SJW6035X"/>	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"/>	5101717127		WONG BOON TENG, LOUIS	S8808549C	GPC	drive CLASSIC	SJW6035X	SJW6035X	03/07/2018	02/07/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 19/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	NOT OI	COMFORT TRANSPORTATION PTE LTD	SHA 3856C	SMA 8193P	13/10/2018	23:55	\$ 1,442.40
2	MT/1016467-001	CITYCAB PTE LTD	SHC 601E	SIW 6035X	17/10/2018	00:50	\$ 2,399.76
3	MT/1015196-002	COMFORT TRANSPORTATION PTE LTD	SHB 4037M	SLD 1992S	11/10/2018	7:45	\$ 1,060.00

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 10:33
Date Of Accident	17/10/2018 00:50
Exact Location Of Accident	BUKIT TIMAH RD TWDS ROCHOR RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC601E
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	NG HOCK LOO
NRIC No	S1649310D
Date Of Birth	26/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1984
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90280819
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	180A #06-335 RIVERVALE CRESCENT
Postcode	541180
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?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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

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	SJW6035X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

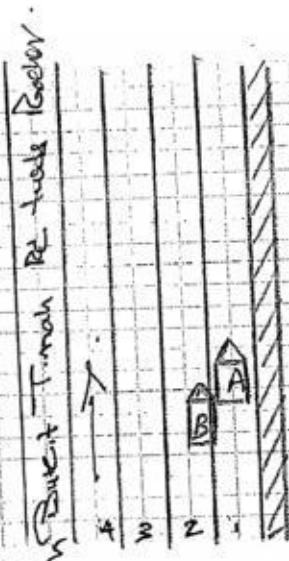
No. Of Passenger (Including Driver)

FRT RHT

SKETCH PLAN

(A) SHC 601E

(B) SJW 6025X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17 OCT 2018 @ 0050 hrs I VEH A-

was driving along the above location

going straight. Suddenly VEH B from

lane 2 cut in to lane 1 and hit VEH A

left rear. at the point of accident VEH A

leaving 2 PAX. Not injured.

DECLARATION

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

CITYCAB PTE LTD
REG NO: 199602839G
Policyholder's Signature
Date & Time:

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

 17/10
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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. 199502839C

Policyholder's Signature
Date & Time:

A NC.

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

[Signature] 1/10

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



COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 17.10.2018

Time: 12:04:53

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS: CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305227133
REGN NO : SHC 601E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 03.01.2014
DATE/TIME IN : 17.10.2018 09:20
ACCIDENT DATE : 17.10.2018

NTUC-4S
LKK-Kalvin
IS

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0596-G	REAR DOOR LH	1	1,351.10	20.00	1,080.88
0002 04-01-0103-0813-G	ROCKER PANEL GARNISH LH	1	483.60	20.00	386.88
0003 28-01-0103-2014-A	REAR DOOR APPS STICKER LH	1	80.00	10.00	72.00

SUB-TOTAL : 1,539.76

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.
0004 L	TRANSFER OF DOOR

~~220.00~~ 200
~~440.00~~ 400
~~40.00~~ X
~~40.00~~ X
~~120.00~~ X

SUB-TOTAL : 860.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 17.10.2018

Time: 12:04:53

Page: 2

NTUC-45

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305227133
REGN NO : SHC 601E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 03.01.2014
DATE/TIME IN : 17.10.2018 09:20
ACCIDENT DATE : 17.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,399.76

Limfs

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Kalun 10/10/18

17/10/18 1220hrs

2 Rgs.

L/s

After Repair p Loto

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:

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 3755

Workshops
59 Loyang Drive Singapore 508909 24 Serangoon Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 901 Yishun Industrial Park A Singapore 766732
220 Ubi Road 3 Singapore 408663

Date/Time: 17.10.2018 12:00 Page : 1

JOB CARD

Sales Order:

JC NO.: 305227133

Team: ARC Repair TP(CFSO)1
CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (O)

REGN NO.: SHC 601E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 17.10.2018 09:20
YR OF MANU 03.01.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU047502	COMPLETION DATE/TIME

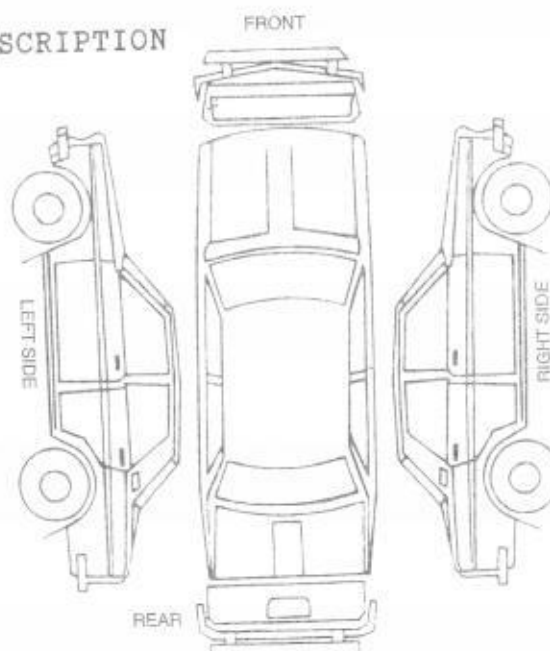
JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 17.10.2018
NATURE: 3P 17.10.18

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: SHC 601E LIMITS

Vehicle No.: SHC 601E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 18.10.2018
Time: 08:35:59
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305227133
REGN NO : SHC 601E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 03.01.2014
DATE/TIME IN : 17.10.2018 09:20
ACCIDENT DATE : 17.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 28-01-0103-2014-A REAR DOOR APPS STICKER LH 1 80.00 10.00 72.00

SUB-TOTAL : 72.00

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

SUB-TOTAL : 600.00

TOTAL : 672.00


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305227133
Date : 18/10/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG
Vehicle Reg No. : SHC 601E

Fax :

Date of Accident : 17-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 --- SJW6035X
2. The finalized amount shall be:


(a) Spare Parts after List discount	NIL
(b) Labour Charges	\$672.00
Total for Part-By-Part Repair Cost	\$672.00
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	


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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 19/10/18

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/INC18018922/K1tbn2	
73 BRAS BASAH ROAD				
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Date:	26-10-2018	
189556		Code:	INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJW 6035X	Veh. Inspected	SHC 601E	
Policy No.	5101717127	Coverage (\$)	0.00	
Claim No.	MT/1016467-001	Excess (\$)	0.00	
Assign From		Assign Date	17/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU047502	Colour	YELLOW	
Odometer	609598	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	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 N/S BODY.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	17/10/2018	Inspection Date	17/10/2018	
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. SHC 601E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR LH	TO REPAIR SEE LABOUR	1,351.10	-
1	ROCKER PANEL GARNISH LH	TO REPAIR SEE LABOUR	483.60	-
	LESS 20% DISCOUNT		-366.94	-
			1,467.76	-
NETT ITEMS				
1	REAR DOOR APPS STICKER LH (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-8.00	-8.00
			72.00	72.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR DOOR LH AND ROCKER PANEL GARNISH LH.		220.00	200.00
	SPRAYPAINT ON AFFECTED AREA.		440.00	400.00
	CHECK ALL LIGHTING.	NOT NECESSARY	40.00	-
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	40.00	-
	TRANSFER OF DOOR.	NOT NECESSARY	120.00	-
			860.00	600.00
GRAND TOTAL			2,399.76	672.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				672.00

Report Ref No. NS/INC18018922/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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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.