

Surveyor: Kelvin

REF:

NS/INC18018923/K1wb2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop n/s: _____

of _____

Insured: SHD 1155P

Policy No. 5095103893 20-10-2017

Claims No. MT/1015993-002

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: SHC7609M Regn: 874, 24
Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Prime Mover /

Truck / Trailer or

Make: Hyundai Santa cc 199

Colour: Yellow A/C: Inc ☒ Std / NI / NASp. Reading: 834562 T/Radio: Inc ☒ Std / NI / NA

Eng/No: _____

C/No: KMHE741VMB 813578

Gen. Cond: Good / ☒ Poor / BurntSteering: Ignor ☒ Jammed / Leaked / Burnt orBrake: Inor ☒ Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD ☒ Rim or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 16/10/8 D.O.L. 17/10/8

Survey held at CDE (Loyang)

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

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

Date / Time Action / Instruction

SHC 7609M - (S/FCL 7033576 / Urban2) Out: 09/11/17 JWC

SHD 1155P - CC3 / CT18006349 / R180372 Out: 31/03/18 YJ

1/11/18 Customer p/p \$600 / 2 p/p. (Red 409.04, 409.0) (No LS)

RECEIVED 5 NOV 2018

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) >11 - typist

Report Format:

TP

Lump Sum / I.B.I. (\$

600/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

160

160

eBaoTech

Hello, NAC_PAYA_UBI_800601

General Claim

[Change Language](#)[Change Password](#)[Log Out](#)

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"/>	5095103893		PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHD1155P	SHD1155P	20/10/2017	

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 LXX 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 08:13
Date Of Accident	16/10/2018 12:40
Exact Location Of Accident	BEACH RD GATEWAY WEST.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7609M
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
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	LOW LEONG TUCK
NRIC No	S1107772B
Date Of Birth	24/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96900221
Fax Number	
Contact Number	
EMail Address	LEONGTUCK@HOTMAIL.COM

Address	221A 13-72 BEDOK CENTRAL
Postcode	461221
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 - OPENING DOOR OF VEHICLE
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)	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.

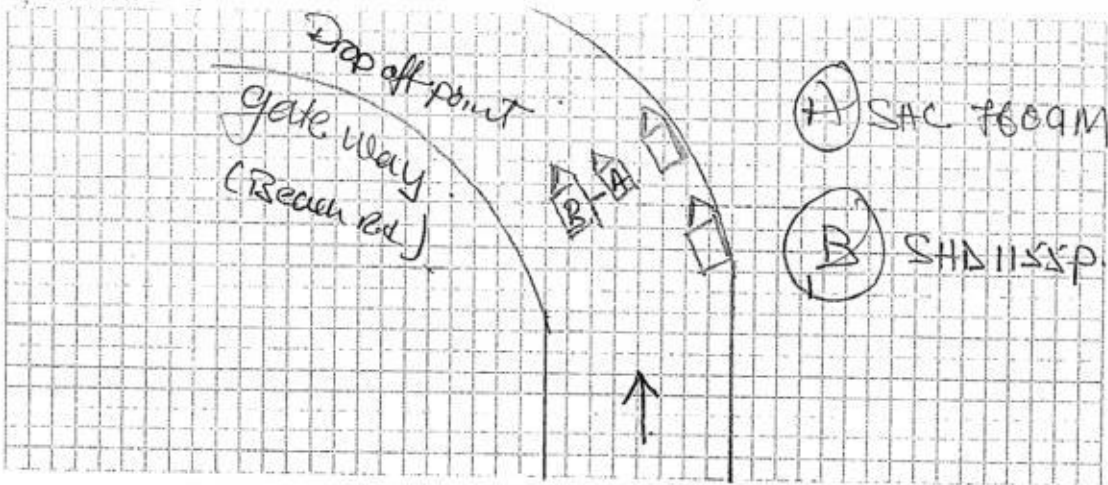
Attachment(s)

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	SHD1155P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 16 OCT 2018 12.40 hr 7 veh

(A) ^{drives} near along the above location

Straight Suddenly veh (B) passenger open door.

Right rear. and hit veh (A) left rear

door at the point of accident 1 veh.

A no passenger.

DECLARATION

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

CITYCAB PTE LTD
J. REG. NO. 199502839C
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature

[Signature] 16/10
Reporting Centre Personnel's Signature


IMPORTANT NOTICE

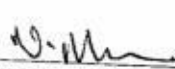
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)**

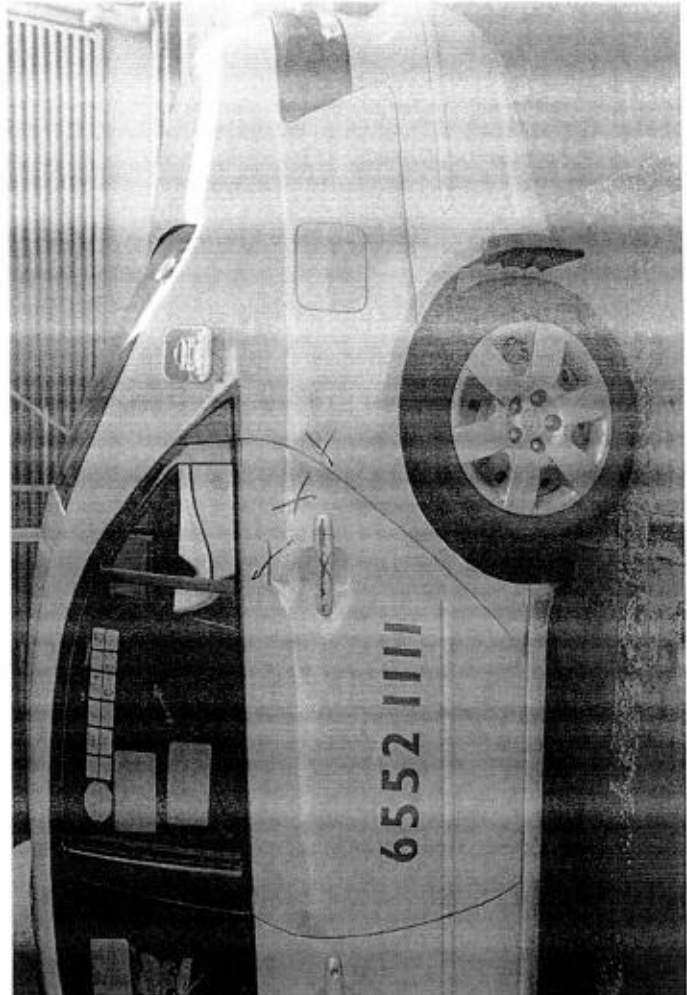
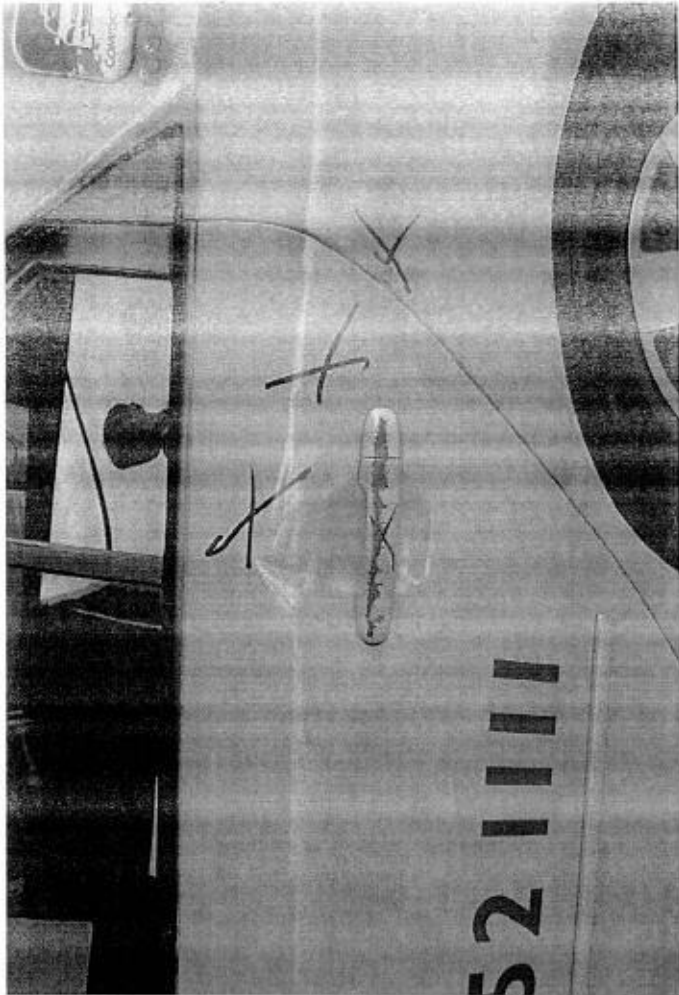
I understand, acknowledge, agree and consent that:

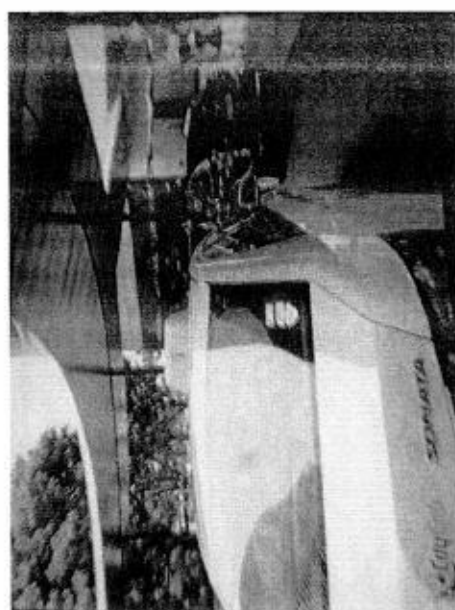
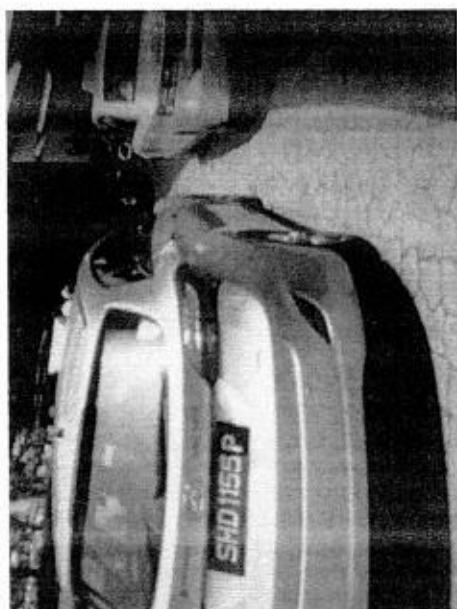
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
REG. NO. 199502839
Policyholder's Signature
Date & Time:


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

 16/10
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





Workshops

59 Luyang Drive Singapore 508999
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609266
320 Ubi Road 3 Singapore 408602

24 Serangoon Singapore 756166
7 Bungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 756732

member of COMFORTDELGRO

Date/Time: 17.10.2018 13:33

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305227134

TOMER

VS CITYCAB PTE LTD
TOMER NO. 7010070
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (R) (O)
(P)

OUNT CARD NO.

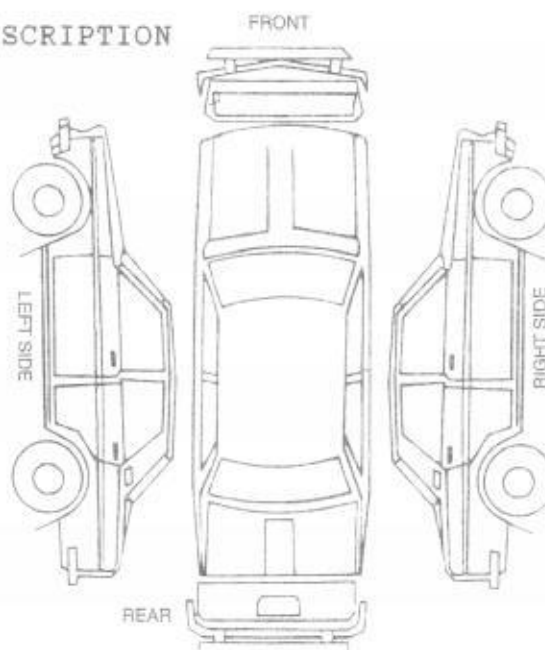
REGN NO.: SHC7609M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 17.10.2018 10:00
YR OF MANU 08.07.2011	TARGET DATE
CHASSIS CODE KMHET41VMB813578	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.10.2018
NATURE: 3P 16.10.2018

S/NO LABOR CODE

DESCRIPTION



ICKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHC7609M

LKE

Vehicle No.:

SHC7609M

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*

VEHICLE NO : SHC 7609M

DATE 17/10/2018 14:38

MAKE :

MODEL : HYUNDAI ~~400~~ Santa Fe

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door Outer Handle (LH) <i>X repair</i>			\$ 36.30
	<i>Rear Door (LH) X repair</i>			
	<i>Rear Fender (LH) X repair</i>			
	SUB TOTAL			\$ 36.30
	LESS 20%			\$ 7.26
	DISCOUNTED TOTAL			\$ 29.04
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>X</i>			\$ 80.00
	Nett			
	Labour Charge			
	Panel Beating-Repair Door			\$ 250.00 ²⁰⁰
	Spray Painting Charge			\$ 600.00 ⁴⁰⁰
	Tuff Kote			\$ 50.00 ^{X m}
	TOTAL LABOUR			\$ 900.00
	ESTIMATE TOTAL			\$ 1,009.04

Kalin 16/10/18

17/10/18 15:15hr

20y1

4/5

After Repair photo

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display (damaged parts) 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:

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305227134
Date 31/10/18

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

FINALIZATION FORM

To : LKK Fax :
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC7609M CCPL 16.10.18

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

1. The repair job shall bill to: NTUC --- SHD1155P
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%
Final Lumpsum Repair cost *Plf* \$600.00
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. We confirm the estimates and finalized amount

Signature : *AK*
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : *Ka/ta*
Name :
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				
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/INC18018923/K1vbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 09-11-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 1155P	Veh. Inspected	SHC 7609M	
Policy No.	5095103893	Coverage (\$)	0.00	
Claim No.	MT/1015993-002	Excess (\$)	0.00	
Assign From		Assign Date	17/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	KMHET41VMBA813578	Colour	YELLOW	
Odometer	834562	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	HANKOOK	7 mm	
L/H Front Tyre	215/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	16/10/2018	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 7609M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR OUTER HANDLE (LH)	TO REPAIR SEE LABOUR	36.30	-
1	REAR DOOR (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-7.26	-
			29.04	-
SPECIAL NETT ITEMS				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NOT NECESSARY	80.00	-
			80.00	-
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR DOOR OUTER HANDLE (LH),REAR DOOR (LH) AND REAR FENDER (LH).		250.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			900.00	600.00
GRAND TOTAL			1,009.04	600.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				600.00

Report Ref No. NS/INC18018923/K1vbe2

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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