

(05/11/13)

Surveyor: Kalvin

REF:

NS/INC18019049/Klvbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s: _____

of: _____

Insured: SJM 551211Policy No. 5101414854 060718-070119Claims No. MT/1016204-002

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 82380 Yr Regt: 12 Nov 2015

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

Truck / Trailer or

Make: Hyundai 24 cc 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 298898 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM H48414464079890

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD 6 orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Calson

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 18/10/18 D.O.I. 19/10/18Survey held at CHE (Loyang)

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

O/S Front.

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

Date / Time Action / Instruction

SHA 82380 - CS/FC17002305/Gib302DCA: 010217

Inc

SJM 551211 - X

4

22/10/18 Continued 4/3 \$2350/ 20yr. (Ref 1090.72, 305)

RECEIVED 23 OCT 2018

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 2

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

2) 23/10 - typistAdd Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: TP

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

2350/2

160

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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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 type="radio"/>	5101414854		TTRANS	53333231A	GPC	drive CLASSIC	SJM5512U	SJM5512U	06/07/2018	07/01/2019

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No	Income Vehicle No.	D.O.A	Time of Acciden	Estimate	Tentative repair cost
1	MT/1016088-002	COMFORT TRANSPORTATION PTE LTD	SH 7079K	S 8010CD	17/10/2018	12:20	\$4,377.04	\$3,400.00
2	MT/1016051-002	COMFORT TRANSPORTATION PTE LTD	SHC 3839S	SHB 8638C	15/10/2018	21:50	\$950.00	\$700.00
3	MT/1016204-002	CITYCAB PTE LTD	SHA 8238D	SJM 5512U	18/10/2018	10:15	\$3,442.72	\$2,350.00

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	18/10/2018 14:48
Date Of Accident	18/10/2018 10:15
Exact Location Of Accident	HOSPITAL DRIVE TWDS KAMPONG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8238D
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	CHIA GEK HUP
NRIC No	S1183964I
Date Of Birth	19/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97852165
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 30 JALAN BAHAGIA #09-372
Postcode	320030
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)	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 / Type Of Accident : HEAD TO SIDE

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	SJM5512U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG TEE TONG
NRIC/Passport Number	S7122912B
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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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.
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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.

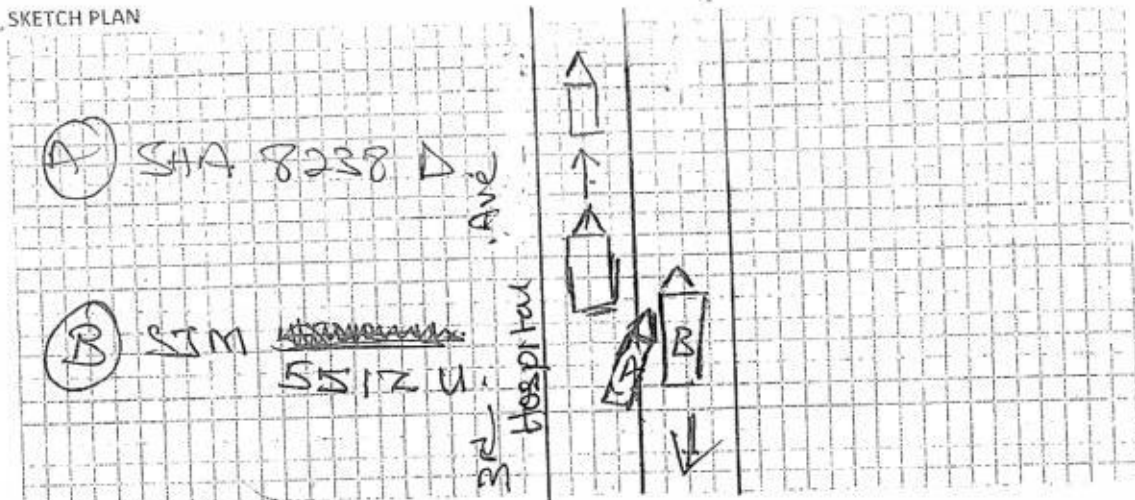
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on, 18 Oct 2018 @ 10:15 hr I veh A
 was waiting at the above location due
 to traffic jam at the Entrance of the Carpark.
 I veh A check on my right there was
 no vehicle I veh A just move
 Suddenly veh B came very fast I veh A
 hit veh B on left centre. at the
 point of accident veh A was ferry. no
 passengers.

DECLARATION

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

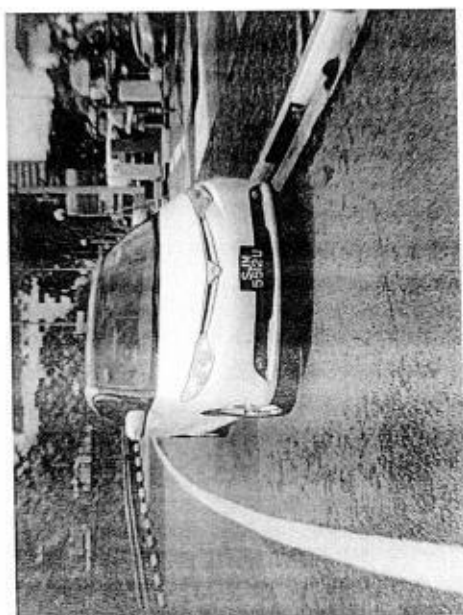
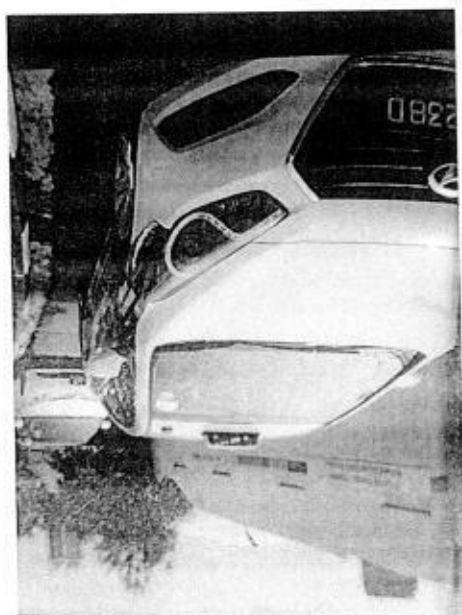
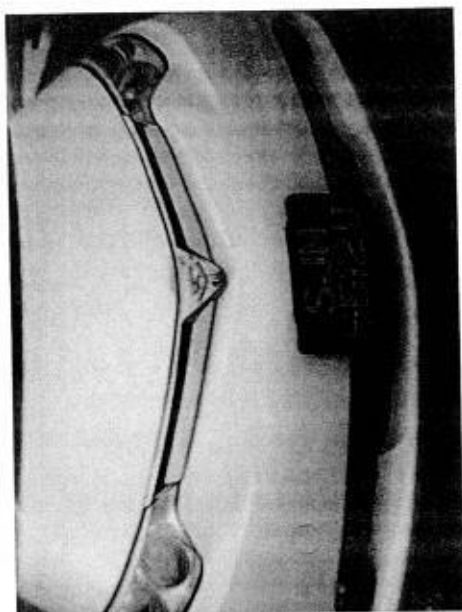
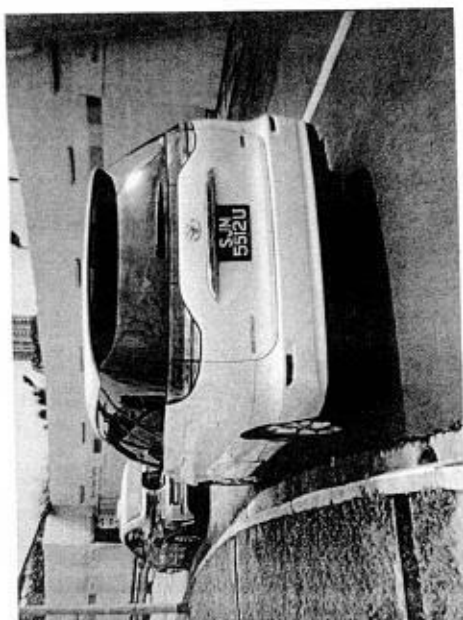
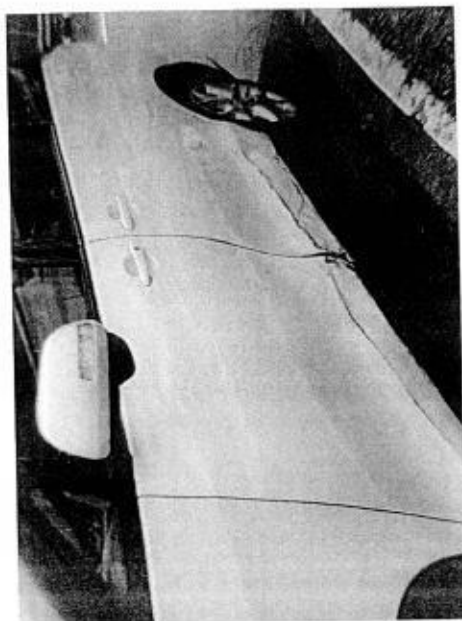
CITYCAB PTE LTD
 CO. REG. NO. 199502839G

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.:





CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 8238D

DATE 18/10/2018 16:40

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Detached</i>			\$ 544.50
	Front Bumper Bracket Top (RH) <i>X</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>on</i>			\$ 24.60
	Front Fender (RH) <i>Det</i>			\$ 566.30
	Front Fender Shield (RH) <i>X</i>			\$ 175.90
	Front Fender Retainer <i>X</i>			\$ 24.60
	Frt Wheel Hub Cap, RH <i>lost</i>			\$ 107.10
	<i>Front Headlamp (LH) on</i>		<i>\$1388</i>	
	SUB TOTAL			\$ 1,465.40
	LESS 20%			\$ 293.08
	DISCOUNTED TOTAL			\$ 1,172.32
	Front Fender Advertisement Logo (RH) <i>all</i>			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			<i>300</i> \$ 400.00
	Spray Painting Charge			<i>200</i> \$ 400.00
	Wiring			\$ 30.00
	Tuff Kote			\$ 50.00
	Frt Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 960.00
	ESTIMATE TOTAL			\$ 2,232.32
				<i>3442.72</i>

Kalicki
19/10/18 10:00
2 Hrs
4/5
After Repair

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before the spray painting
- To display damaged parts before resurvey
- Parts prices are subject to market fluctuation
- Third party survey is on a "without prejudice" basis
- No illegal modifications is allowed
- Supplementary charges 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.

[illegible]

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305227613

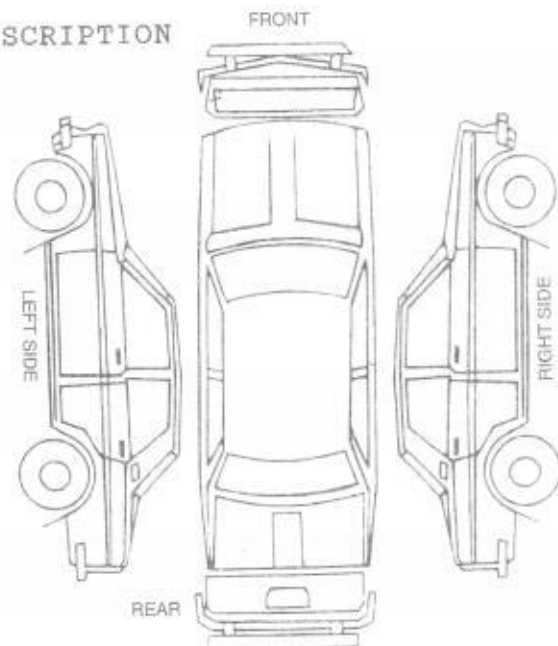
STOMER	REGN NO.: SHA8238D	MILEAGE
VMS CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 7010070	MODEL I-40	DATE/TIME IN 18.10.2018 11:30
DRESS 383 SIN MING DRIVE	YR OF MANU 12.11.2015	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE KMHLEB41UMGU079890	COMPLETION DATE/TIME:
65551188 (P) (O)		
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 18.10.2018
NATURE: 3P 18.10.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA8238D CHIANG

Vehicle No.: SHA8238D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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/INC18019049/K1vbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 26-10-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJM 5512U	Veh. Inspected	SHA 8238D	
Policy No.	5101414854	Coverage (\$)	0.00	
Claim No.	MT/1016204-002	Excess (\$)	0.00	
Assign From		Assign Date	19/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU079890	Colour	YELLOW	
Odometer	298898	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	CAMPEON	7 mm	
L/H Front Tyre	205/60 R16	CAMPEON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/10/2018	Inspection Date	19/10/2018	
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. SHA 8238D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	CRACKED	24.60	24.60
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRT WHEEL HUB CAP, RH	GRAZED	107.10	107.10
1	FRONT HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
	LESS 20% DISCOUNT		-570.68	-526.10
			2,282.72	2,104.40
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,060.00	740.00
GRAND TOTAL			3,442.72	2,944.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,350.00

Report Ref No. NS/INC18019049/K1vbn2

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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