

(05/11/13)

Surveyor: Kalvin

REF:

NS/INC18019171/Klg0n2

## ASSIGNMENT

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

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

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

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

at Workshop no/s \_\_\_\_\_

of \_\_\_\_\_

Insured: FBM 2732R

Policy No. 509422 1534 130417 - 110319

Claims No. MT/1016759-002

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: 7 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: SHC 746X Yr Regn: 17 Aug 2008

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

Truck / Trailer or

Make: Hyundai - Ioniq cc 1580

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 30657 T/Radio: Insured / Std / NI / NA

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

C/No: KMHLC851CVK4106621

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Rim or

Tyre Size: F: 195 / 65 R15

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

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

TOYO / YOKO or

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 19/10/08 D.O.I. 22/10/08

Survey held at CDE (Layang)

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

Rear

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

Date / Time Action / Instruction

SHC 746X - NS/INC18003940/Klg0n2

DFA: 23/10/2018

Inc

FBM 2732R - X

MR

25/10/08 Claim PIP \$475 / 20% (Red @ 1965.04, 81%)

RECEIVED 28 OCT 2018

Date/Time, File Pass to?

: Preli. Report

11/26/10 Kalvin

: Final Report

Date/Time, File Return to?

(2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

Report Format: TP

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

475

160

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## 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"/>	5094221534		NARAHARA HIKARU	G3076322Q	GMC	Comprehensive	FBM2732R	FBM2732R	12/09/2017	11/03/2019

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

Date 26/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1016917-002	COMFORT TRANSPORTATION PTE LTD	SHC 2827H	SKN 7174G
2	MT/1016759-002	CITYCAB PTE LTD	SHC 746X	FBM 2732R
3	MT/1016610-002	CITYCAB PTE LTD	SHC 7902R	SMC 3389P
4	MT/1016880-002	COMFORT TRANSPORTATION PTE LTD	SHD 3042T	SLT 8171P
5	MT/1016802-002	CITYCAB PTE LTD	SHD 8805B	SJQ 3280E
6	MT/1017229-001	COMFORT TRANSPORTATION PTE LTD	SHD 3293K	PA 5248A
7	MT/1017231-001	CITYCAB PTE LTD	SHC 7849L	SJN 6676T

## 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	20/10/2018 08:14
Date Of Accident	19/10/2018 15:30
Exact Location Of Accident	FROM DOVER RD TWDS SLIP RD TO AYE TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC746X
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	IONIQ HYBRID
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	SANCHEZ
NRIC No	S8320608Z
Date Of Birth	11/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	05/05/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83439991
Fax Number	
Contact Number	
Email Address	SANCHEZ_MARY12@HOTMAIL.COM

Address	BLK 766 YISHUN AVE 3 #05-303
Postcode	760766
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 - HEAD TO REAR
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

### 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	FBM2732R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NARAHARA HIKARU
NRIC/Passport Number	G3076322Q
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

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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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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:

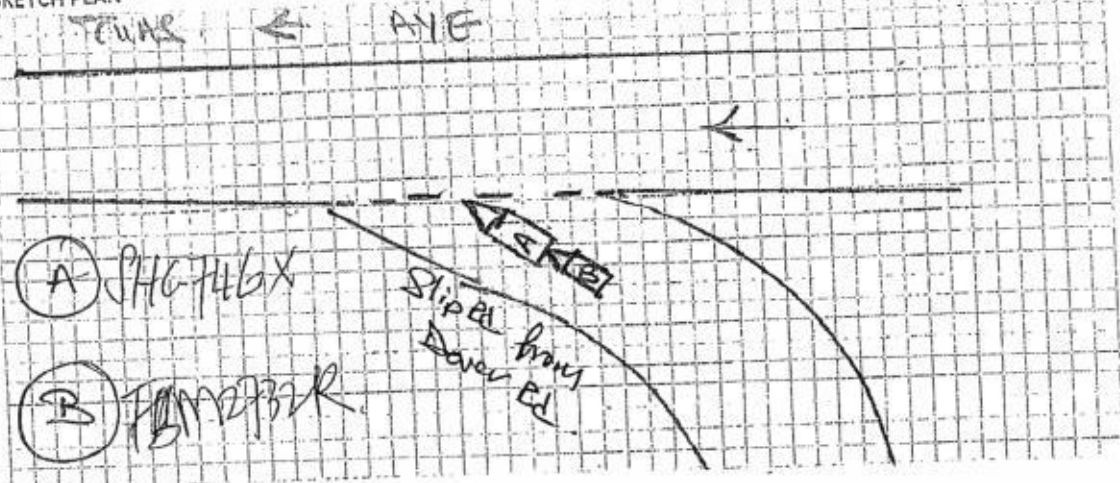
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19 OCT 2018 @ 1530 hrs I left  
 A came to a stop at give way sign  
 at the above location. Suddenly vehicle B  
 from rear hit vehicle A rear. at the point  
 of accident vehicle A no pass.

## DECLARATION

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

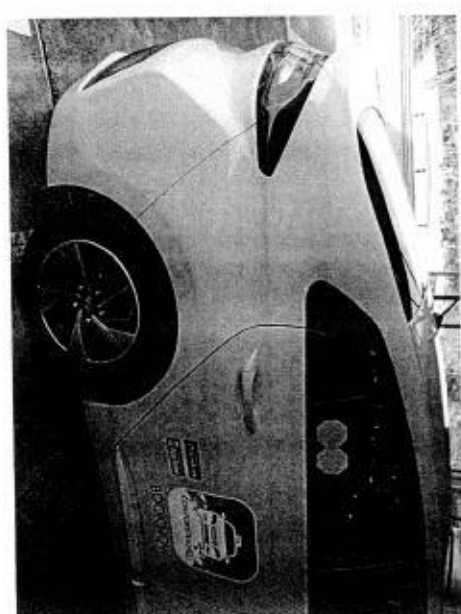
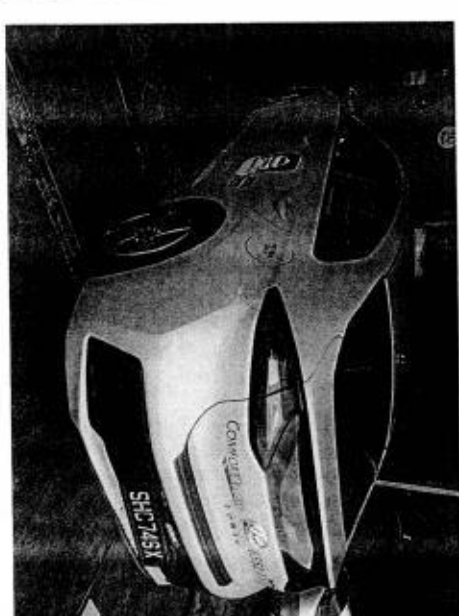
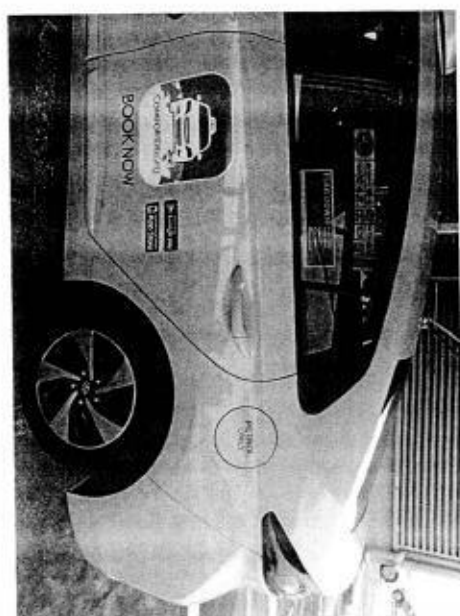
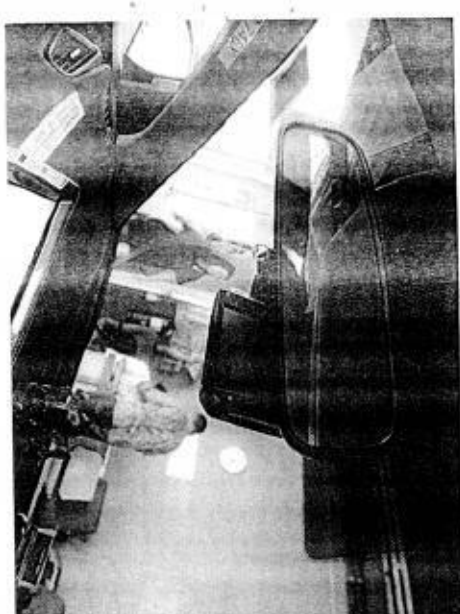
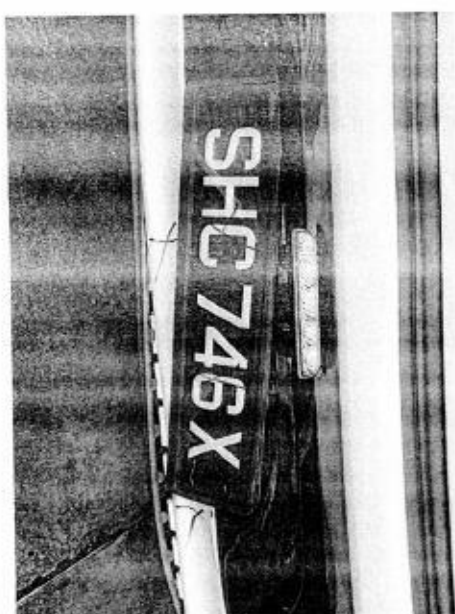
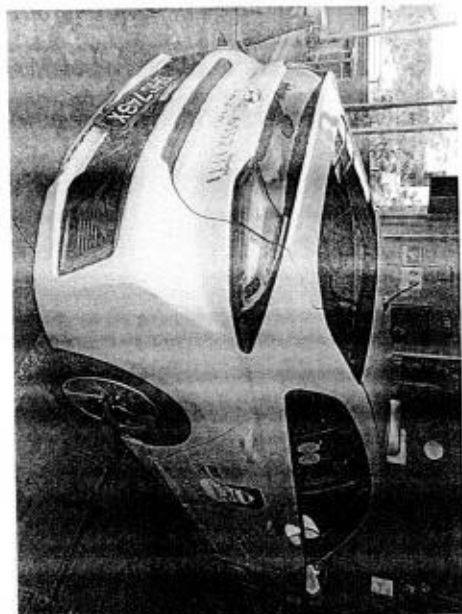
CITYCAB PTE LTD  
 CO. REG. NO. 199502839G

Policyholder's Signature  
 Date & Time:

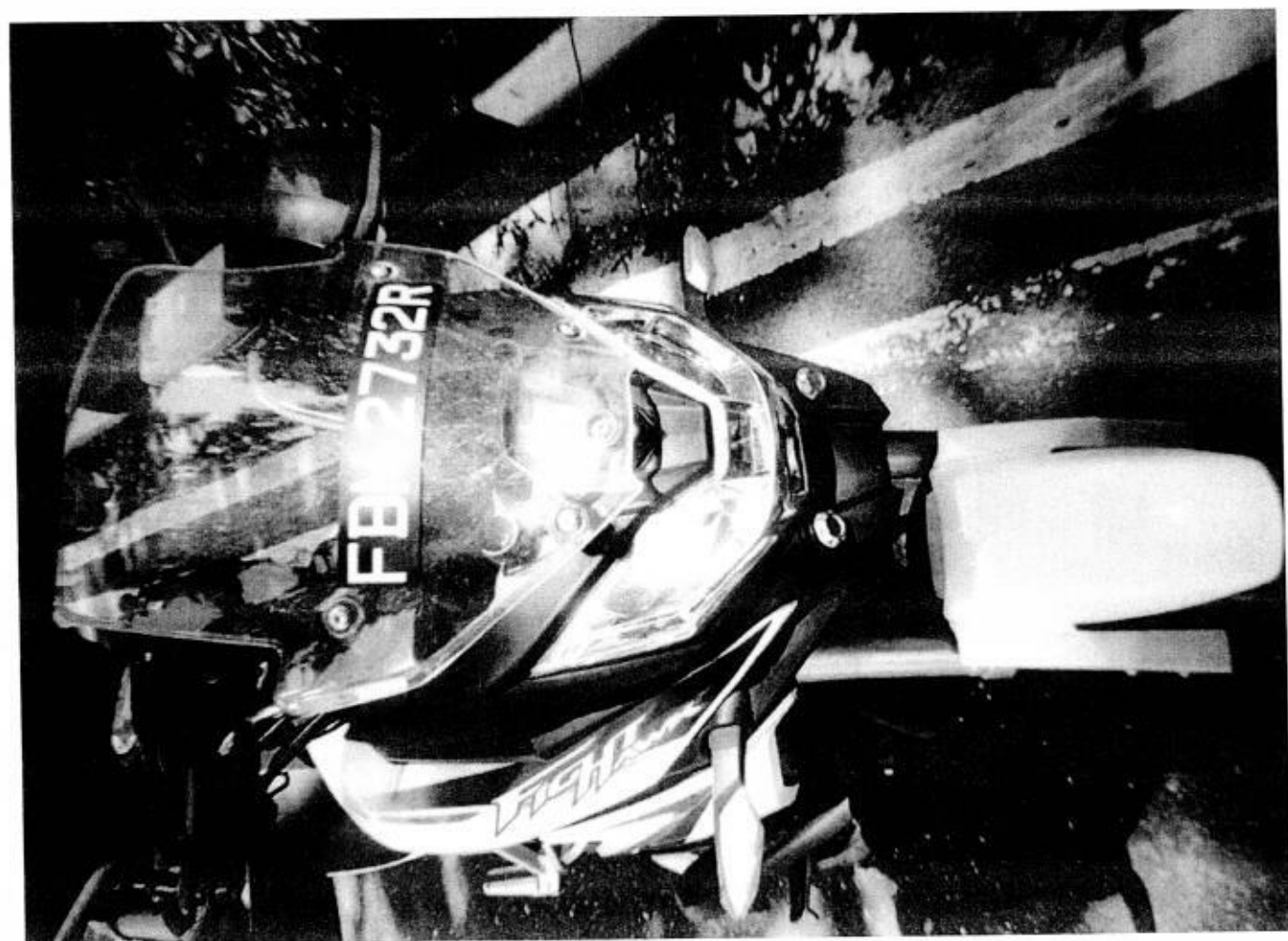
Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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









**CITY CAB PTE LTD**  
**REPAIR ESTIMATE\***

NT42

VEHICLE NO : SHC 746X

DATE 22/10/2018 11:03

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>x right</i>			\$ 459.40
	Rear Bumper Reinforcement <i>x su</i>			\$ 294.80
	Rear Bumper Reinforcement Bracket (LH/RH) <i>x su</i>		\$ 138.10	\$ 276.20
	Rear Bumper Centre Moulding Assy <i>x su</i>			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy <i>x right</i>			\$ 270.10
	Rear Bumper Side Bracket (LH/RH) <i>x su</i>		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips <i>x 11</i>			\$ 22.00
	Rear Bumper Under Centre <i>x right</i>			\$ 53.85
	<b>SUB TOTAL</b>			<b>\$ 1,893.80</b>
	<b>LESS 20%</b>			<b>\$ 378.76</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,515.04</b>
	Rear No. Plate <i>/ 09</i>			\$ 25.00 <b>Nett</b>
	Rear Bumper Rubber Mat <i>x 11</i>			\$ 50.00 <b>Nett</b>
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer  Signature: _____  Date: _____</p>			\$ 75.00
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>400.00</del>
	Spray Painting Charge			\$ <del>300.00</del> <b>250</b>
	Wiring Charge			\$ <del>30.00</del> <i>x 11</i>
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>x 11</i>
	<b>TOTAL LABOUR</b>			<b>\$ 850.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,440.04</b>
<p>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.</p>				

Ka lui (LKK)

*24/10/18 11:50 hrs*

*200*

*PIP*

*After Repr photo*

*Handwritten signature*

Date/Time: 20.10.2018 10:40

Page : 1

Team: ARC Repair TP(CFSO)1

**JOB CARD**

Sales Order:

JC NO.: 305228255

OMER

IS CITYCAB PTE LTD

OMER NO. 7010070

ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

(R) 65551188

(O)

(P)

UNT GARD NO.

REGN NO.:

SHC 746X

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

DATE/TIME IN

19.10.2018 16:00

YR OF MANU

17.08.2018

TARGET DATE

CHASSIS CODE

KMHC851CVKU106627

COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 19.10.2018

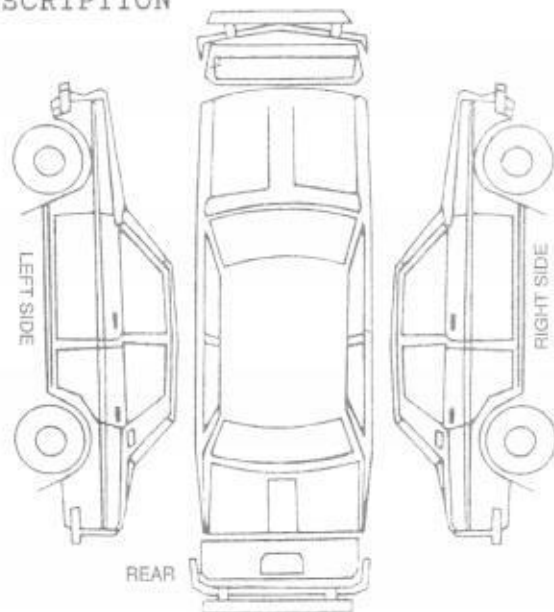
NATURE: 3P 19.10.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC 746X

CHIANG

Vehicle No.:

SHC 746X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305228255  
REGN NO : SHC 746X  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 17.08.2018  
DATE/TIME IN : 19.10.2018 16:00  
ACCIDENT DATE : 19.10.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 FNPS NO PLATE(S) 1 L 25.00 0.00 25.00

SUB-TOTAL : 25.00

## JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 250.00

SUB-TOTAL : 450.00

TOTAL : 475.00

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Our Job Ref No : 305228255  
Date : 25/10/18

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

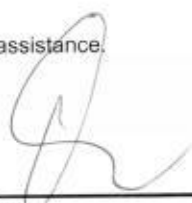
To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC 746X

Fax :

19/10/2018

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

1. The repair job shall bill to: NTUC FBM2732R
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$25.00
  - (b) Labour Charges \$450.00
  - Total for Part-By-Part Repair Cost** \$475.00
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**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.


Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

We confirm the estimates and finalized amount

Signature : 

Name : KALVIN

Date : 25/10/18

### 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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18019171/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 01-11-2018



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBM 2732R	Veh. Inspected	SHC 746X
Policy No.	5094221534	Coverage (\$)	0.00
Claim No.	MT/1016759-002	Excess (\$)	0.00
Assign From		Assign Date	22/10/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU106627	Colour	YELLOW
Odometer	30657	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	7 mm
L/H Front Tyre	195/65 R15	MICHELIN	7 mm
R/H Rear Tyre	195/65 R15	MICHELIN	7 mm
L/H Rear Tyre	195/65 R15	MICHELIN	7 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	19/10/2018	Inspection Date	22/10/2018
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.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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