

10/11/13

Surveyor: Kalvin

REF: NS/INC18019180/Klsbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop n/s _____

of _____

Insured: QJQ 3380EPolicy No. 5101030769 310518 - B0519Claims No. MT/1016802-002

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: SHD 8805 B Yr Regn: 29 Jan 2011

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

Truck / Trailer or

Make: Mercedes Benz Viano c.c. 2143Colour: White A/O: Insured / Std / NI / NASp. Reading: 850639 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LDF 63981323 642635Gen. Cond: Good / F / Poor / BurntSteering: In order / C / Jammed / Leaked / Burnt orBrake: In order / C / Jammed / Leaked / Burnt orModl: Nil / S/Rim / D / Rim orTyre Size: F: 225 / 60 R16

R: _____

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

TOYO / YOKO or Honk

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 22/10/8 D.O.I. 22/10/8Survey held at CDHE (Loyang)

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

Rear n/s

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

Date / Time Action / Instruction

SHD 8805 B - NS / INC18019180/Klsbn2

DOT N/S 261017 INC

STQ 3380E - X

43

25/10/8 Churned up \$4800 / 36%.

29/10/8 Confirmed HS \$4,800/- @ 3 days with Kalvin
(\$3,615.54 Red - 43%)

RECEIVED 29 OCT 2018

Date/Time, File Pass to?

29/10/12

1) 740.34

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Weekend (\$

Report Format:

Lump Sum / I.B.I. (\$) 4,800/- HS

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"/>	5101030769		WT LIMO PTE LTD	201632961K	GPC	drive CLASSIC	SJQ3280E	SJQ3280E	31/05/2018	03/05/2019

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

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305229027

OMER

IS CITYCAB PTE LTD
OMER NO. 7010070
LESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)

DUNT CARD NO.

REGN NO.: SHD8805B	MILEAGE
MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
MODEL VIANO CDI 2.2L	DATE/TIME IN 22.10.2018 11:10
YR OF MANU 29.06.2011	TARGET DATE
CHASSIS CODE WDF63981323642635	COMPLETION DATE/TIME

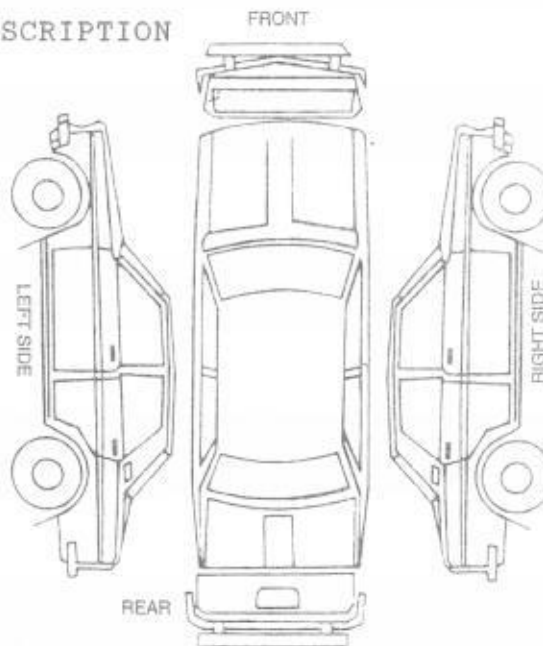
JOB DESCRIPTION

Accident Date: 22.10.2018

NATURE: 3P 22.10.18

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Judgement Slip

Exit Pass

No.: SHD8805B

LIMITS

Vehicle No.:

SHD8805B

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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	22/10/2018 14:01
Date Of Accident	22/10/2018 09:20
Exact Location Of Accident	CANTONMENT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8805B
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	VIANO
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	RAGAVAN S/O PERIASAMY
NRIC No	S7535348J
Date Of Birth	18/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	26/01/2005
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91275193
Fax Number	
Contact Number	
Email Address	RAGAVANMAXI@GMAIL.COM

Address	BLK 114 YISHUN RING ROAD #09-525 #09-525
Postcode	760114
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	SJQ3280E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD FAHMIE BIN SURATMAN
NRIC/Passport Number	S8738225G
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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. 199502839G

Policyholder's Signature
Date & Time:

Rasam

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

S R Moorthy
22/10/18
CSO

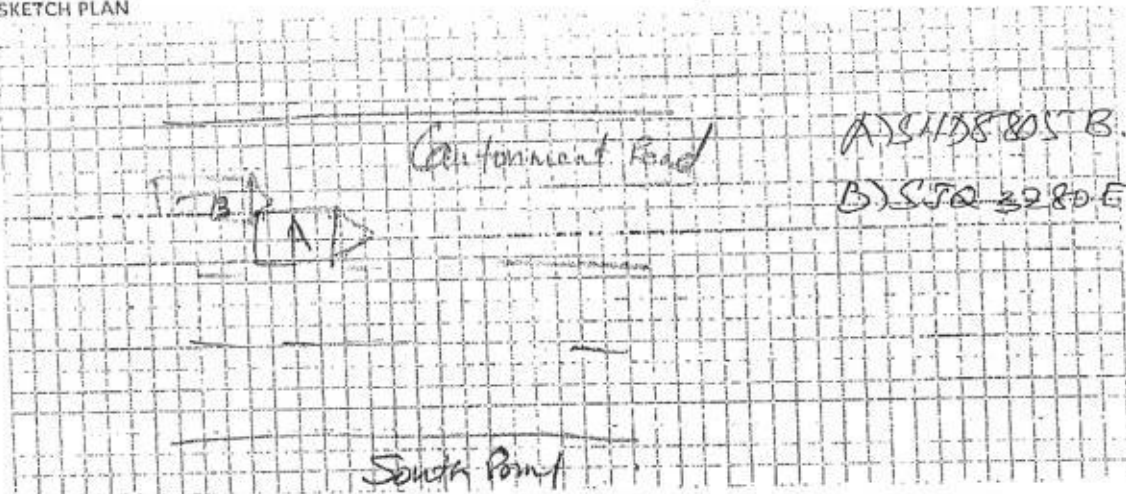
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/14C SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/10/18 at about 0920 hrs while I Veh B
 slowed down and stopped because vehicles
 in front stopped. Veh B collided on the
 rear of my vehicle.

DECLARATION

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

CITYCAB PTE LTD
 CO. REG. NO. 199502839G

Policyholder's Signature
 Date & Time:

GLA/MC SketchPlanForm_V3

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

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

[Signature]
 22/10/18
 S R Moorthy
 CSO

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 8805B

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

DATE 22/10/2018

LKK-Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper XXXXXX / Paint			\$ 1,372.00
	Bumper L/H Side, RR / CR			\$ 473.60
	Bumper R/H Side, RR X on old Damage			\$ 473.60
	Tail Gate Assy / Ref			\$ 3,951.98
	Tail Gate Trim Cover X su			\$ 320.00
	Tail Gate Weathership X su			\$ 133.40
	Tail Gate Mercedes Star Logo / na			\$ 45.46
	Tail Gate "2.2" Logo / na			\$ 78.00
	Tail Gate "CDI" Logo / na			\$ 78.00
	Tail Gate Via No Logo / na			\$ 78.00
	Tail Lamp Assy Lower, LH X su			\$ 622.44
	Tail Lamp Assy Lower, RH X su			\$ 622.44
	Bumper L/H reflector / CR			
	SUB TOTAL			\$ 8,248.92
	LESS 20%			\$ 1,649.78
	DISCOUNTED TOTAL			\$ 6,599.14
	Rear Bumper Rubber Mat / na			\$ 50.00
	Tail Gate "MAXICAB" Logo / na			\$ 30.00
				\$ 80.00
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Tail Gate Glass			\$ 120.00
	TOTAL LABOUR			\$ 1,620.00
	ESTIMATE TOTAL			\$ 8,299.14
				8415.54

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:

Kalvin LKK

22/10/18

1605hrs

3 Days

L/S

After Repair photo

400

800.00

600.00

50.00

50.00

120.00

400

X 27

30

100

COMFORT DELGRO ENGINEERING

VEHICLE : SHD8805B TYPE OF CLAIM : TP
 MODEL : MERC VIANO SURVEY BY : KALVIN
 JOB NO : 305229027 DATE : 23.10.18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	REAR BUMPER REFLECTOR LH	1	96.00	/m
2	TAILLAMP LOWER GARNISH LH	1	49.50	/m
	* Last Entry *			
	X-ITEM REPLACED			
1	REAR BUMPER	1	1372.00	/
	* Last Entry *			

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305229027

Date : 24/10/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD8805B

Date of Accident : 22-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 --- SJQ3280E

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% \$4,800.00

Final Lumpsum Repair cost \$4,800.00

3. Estimated normal period for repairs: 3 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 : 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		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/INC18019180/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 02-11-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJQ 3280E	Veh. Inspected	SHD 8805B
Policy No.	5101030769	Coverage (\$)	0.00
Claim No.	MT/1016802-002	Excess (\$)	0.00
Assign From		Assign Date	22/10/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ VIANO	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	WDF63981323642635	Colour	WHITE
Odometer	850639	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/60 R16C	HANKOOK	7 mm
L/H Front Tyre	225/60 R16C	HANKOOK	7 mm
R/H Rear Tyre	225/60 R16C	HANKOOK	7 mm
L/H Rear Tyre	225/60 R16C	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	22/10/2018	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:	3 Working Days
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**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 8805B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	1,372.00	1,372.00
1	BUMPER L/H SIDE,RR	CRACKED	473.60	473.60
1	BUMPER R/H SIDE,RR (CRACKED)	OLD DAMAGED	473.60	-
1	TAIL GATE ASSY	DENTED	3,951.98	3,951.98
1	TAIL GATE TRIM COVER	SERVICEABLE	320.00	-
1	TAIL GATE WEATHERSTRIP	SERVICEABLE	133.40	-
1	TAIL GATE MERCEDES STAR LOGO	NECESSARY	45.46	45.46
1	TAIL GATE "2.2" LOGO	NECESSARY	78.00	78.00
1	TAIL GATE "CDI" LOGO	NECESSARY	78.00	78.00
1	TAIL GATE VIA NO LOGO	NECESSARY	78.00	78.00
1	TAIL LAMP ASSY LOWER ,LH	SERVICEABLE	622.44	-
1	TAIL LAMP ASSY LOWER ,RH	SERVICEABLE	622.44	-
1	REAR BUMPER REFLECTOR LH	CRACKED	96.00	96.00
1	TAILLAMP LOWER GARNISH LH	CRACKED	49.50	49.50
	LESS 20% DISCOUNT		-1,678.88	-1,244.51
			6,715.54	4,978.03
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	TAIL GATE "MAXICAB" LOGO (SN)	NECESSARY	30.00	30.00
			80.00	80.00
<u>LABOUR</u>				
	PANEL BEATING.	NOT NECESSARY	800.00	400.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	-
	TUFF KOTE.		50.00	30.00
	REMOVE/REFIX TAIL GATE GLASS.		120.00	100.00
			1,620.00	930.00
GRAND TOTAL			8,415.54	5,988.03

Report Ref No. NS/INC18019180/K1sbn2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,800.00
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Report Ref No. NS/INC18019180/K1sbn2



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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