

(08/11/13)

Surveyor: Kalvin

REF: NS/INC18019255/K1602

ASSIGNMENT

Veh No: SH C 7902K

Yr Regn: 4 Sep 2014

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no/s _____

of _____

Insured: SMC 3399P

Policy No: 5087025460-01 29062018

Claims No: NS/1016610-002

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

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

Truck / Trailer or

Make: Hyundai - 240 cc 1600

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

Sp. Reading: 537490 T/Radio: Std / NI / NA

Eng/No: _____

C/N: KMHCB416MEU059730

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Out / Jammed / Leaked / Burnt or

Brake: In Out / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 60R16

R: _____

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

TOYO / YOKO or Westlake

Front: 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 21/10/18

Survey held at CDHE (Layang)

Des. of Damage's: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear w/s.

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

Date / Time	Action / Instruction
	SH C 7902K - X INC
	SMC 3399P - X 41
25/10/18	Contracted 4/5 @ 1100 / 2 days. (Red 6676.88, 38%)
RECEIVED 26 OCT 2018	

Date/Time, File Pass to? : Prel. Report

1) 26/10 typer : Final Report

Date/Time, File Return to?

2)

Report Format: TR

Lump Sum / I.B.M. (\$) 1100

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

160

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident 21/10/2018 16:42

Vehicle No.(For Motor) SMC3389P Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087025460-01		C.S. ONG AUTO PTE LTD	201408916W	GFT	drive CLASSIC	SMC3389P	SMC3389P	29/06/2018	

Continue

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 22/10/2018 14:13
Date Of Accident 21/10/2018 20:00
Exact Location Of Accident BLK 612 CLEMENTI WEST ST 1 OPEN SPACE CAR PARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7902R
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 KAY KENG SENG
NRIC No S1608844G
Date Of Birth 26/07/1963
Occupation OUTDOOR
Date Of Driving Pass 02/06/1987
Driving Experience 31 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98331980
Fax Number
Contact Number
E-Mail Address NOEMAIL

Address BLK 349 YISHUN AVENUE 11 #11-263
 Postcode 760349
 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

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 SMC3389P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LENG YEE PENG
 NRIC/Passport Number S7714488I
 Contact Number
 Address
 Postcode
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Nature Of Damage LEFT REAR
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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:

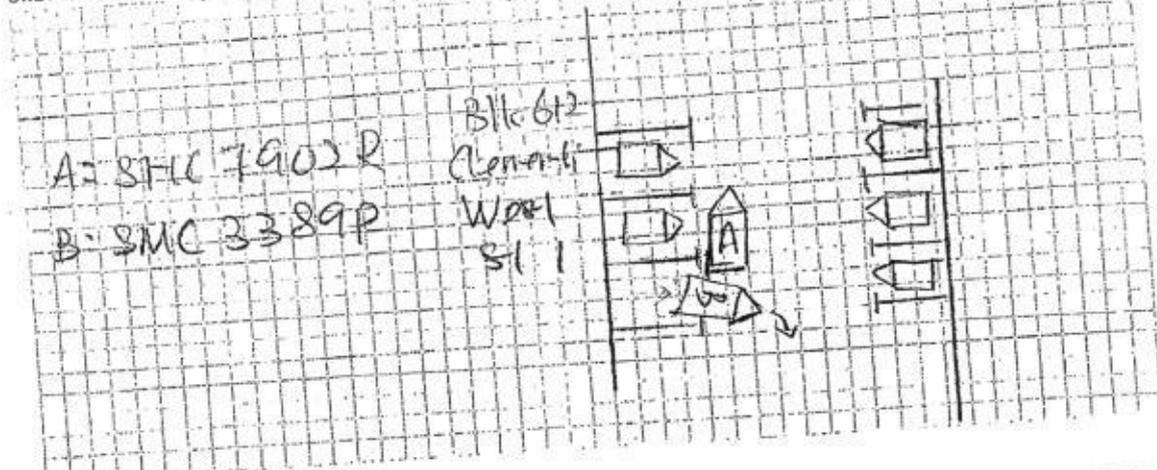

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

GIA/INC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

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:

Loke Wei Yeng

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

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On 21/10/2018 @ about 2000hrs, I stopped my taxi somewhere along BLK 612 Clementi West

St 1 to my passenger alighting. Thereafter I slowly reversed backward after I checked

traffic behind was clear. In the midst, Veh B initially parked in car park lot on left moving

forward in sudden. As it happen too fast, I could not react to avoid this collision.

As a result, my taxi rear left portion collided onto the left rear door of Veh B.

No passenger on board my taxi. No injury reported at the point of accident.

Declaration

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

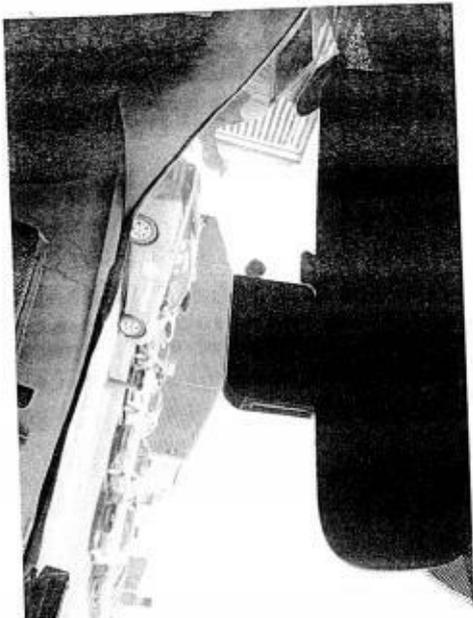


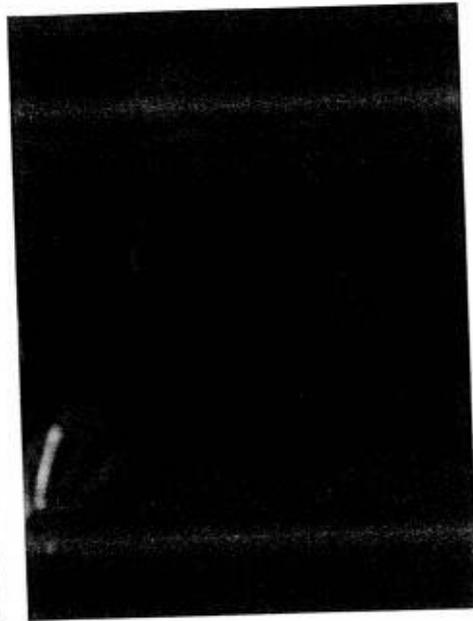
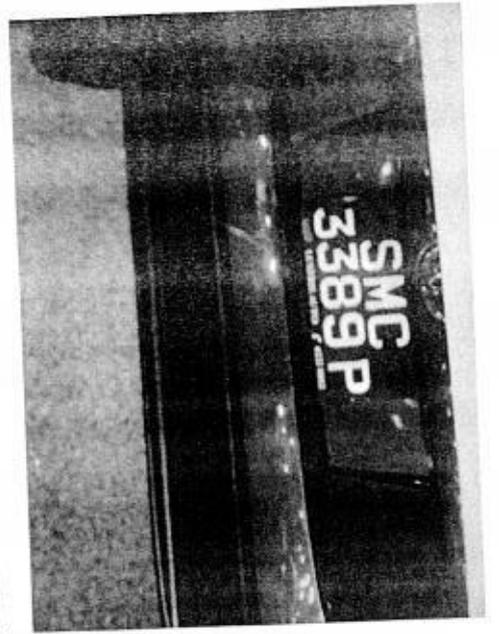
Policyholder's Signature/Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Loke Wei Yiong

Witnessed by Reporting
Centre Personnel





CITY CAB PTE LTD
REPAIR ESTIMATE*

DATE 22/10/2018 15:37

VEHICLE NO : SHC 7902R

MAKE :

MODEL : HYUNDAI i40

Chang A. Inc

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Subtotal</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>nc</i>			\$ 22.00
	Rear Bumper Under Cover <i>cy</i>			\$ 228.00
	Rear Bumper Reflector Lamp (LH) <i>ca</i>			\$ 30.60
	SUB TOTAL			\$ 833.60
	LESS 20%			\$ 166.72
	DISCOUNTED TOTAL			\$ 666.88
	Rear Bumper Rubber Mat <i>nc</i>			\$ 50.00 Nett
	Rear Bumper Advertisement Logo <i>nc</i>			\$ 50.00 Nett
	<i>Per Front Advertisement Logo (LH/RH) - nc \$200</i>			\$ 100.00
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge		200	\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor		30	\$ 80.00
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,576.88
				1776.88

Kelvin Uae
23/10/18 1130 hrs.
2011
43
After Repair photo

LKK Auto Consultants hence 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 surveys on a "No Fault/No Blame" basis
- No formal quotations to be issued
- Costs of materials must be reviewed and approved by the 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.

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305229023

CUSTOMER
 CITYCAB PTE LTD
 7010070
 CUSTOMER NO.
 383 SIN MING DRIVE
 ADDRESS
 Singapore SINGAPORE 575717
 65551188 (O)
 TEL (R)
 (P)

REGN NO.: SHC7902R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 22.10.2018 10:55
YR OF MANU 04.09.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU059750	COMPLETION DATE/TIME:

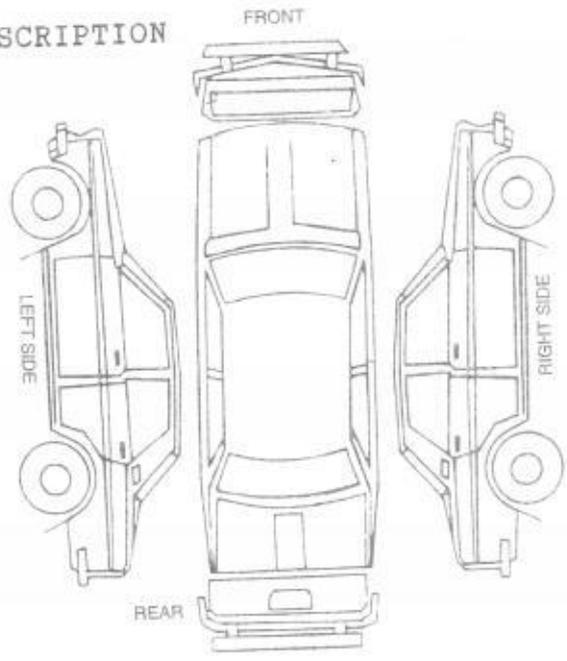
DISCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 21.10.2018
 NATURE: 3P 21.10.2018 -C

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

knowledge Slip

me:
 No.: SHC7902R CHIANG
 hicle No.:

Exit Pass

Vehicle No.: SHC7902R

me of Service Advisor

Signature/Date

Name of Service Advisor

Date

be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305229023
Date : 25/10/18

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHC7902R 21/10/2018

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

1. The repair job shall bill to: NTUC SMC3389P
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: _____ \$1,100.00
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 : CHIANG
Tel : 62148314
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		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/INC18019255/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.	SMC 3389P	Veh. Inspected	SHC 7902R
Policy No.	5087025460-01	Coverage (\$)	0.00
Claim No.	MT/1016610-002	Excess (\$)	0.00
Assign From		Assign Date	23/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU059750	Colour	YELLOW
Odometer	537490	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 REAR N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	21/10/2018	Inspection Date	23/10/2018
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 7902R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	REAR BUMPER REFLECTOR LAMP (LH)	CRACKED	30.60	30.60
	LESS 20% DISCOUNT		-166.72	-166.72
			666.88	666.88
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENTS LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
GRAND TOTAL			1,776.88	1,396.88
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,100.00

Report Ref No. NS/INC18019255/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K. LAU CPT (RET)

BEng (Hons), B. Bus, MBA, PEng, PE,
Minst AEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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