Type: M.Car I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I To Prime Mover I Truck I Trailler or I M.Cycle I Bus I Van I Lorry I Infection Institution To Strain I Strain I Strain I Strain I Strain I I Lord I Laked I Burnt or The UIC I Chassis frame I Body Structure alfeded due to colls The UIC I Chassis frame I Body Structure alfeded due to colls The UIC I Chassis frame I Body Structure alfeded due to colls The UIC I Chassis frame I Body Structure alfeded due to colls The UIC I Chassis frame I Body Structure alfeded due to colls The UIC I Chassis frame I Body Structure alfeded due to colls The UIC I Chassis frame I Body Structure alfeded due to colls The UIC I Chassis frame I Body Structure alfeded due to colls The UIC I Chassis frame I Body Structure alfeded due to colls The UIC I Chassis frame I Body Structure alfeded due to colls The UIC I Chassis frame I Body Structure alf	ENYEYAN: KOJYIN REF: NB/ INCL	8021740/KIVb1	12		
Type: M.Car /		ASSIGNMENT	go.		
Type: M.Car /	om Date:	Veh No:	SHC 708	BR Yr Reon 21 Apr	2016
Truck   Trailer or occ   1687    Truck   Trailer or   1687    Truck   Trailer or   1687    Truck   Trailer or   1687    Truck   Trailer or   1687    Trail   1687    Truck   Trailer or   1687    Trail   1687	timates Cost			1007	
Make: Wilder No. Make: Wilder No. Institution  Sp. Reading 24344 Tire and of 15td 14th 14th 14th 15th 15th 15th 15th 15th 15th 15th 15	ON DINSTIP RESIDENCE LEVALING INVINC				
Now Kallor mis  Seried: SAC 68073  Shelp 103873	_	51 5	11	, Z 4. cc	1685
Seption   Sept	Workship m/s	Colour	4162	-	
Second   S		Sp.Reading	247247	TiRadio: Insued I Sto	AH/HA
Consistency No.  SASIDASAS  Distins No.  MIT   DODATG - OND  Continus No.  Make of Not.  (Client Second)  Make of Not.  (Client Second)  Make of Not.  (Policy Condition)  Remark: the veh had commenced its report in the time of inspection.  Ball or Maket Value:  IDAC Accident Rport:  Consistent? : Yes or No.  Lum Surk:  SIA / PR Seen:  Consistent? : Yes or No.  Lum Surk:  My 3 Val: Yes or No.  Survey field at  Date / Time Action / Instruction  SHC 1008 R - CS / FIT   Spicity St.  SHC 1008 R - CS / FIT   Spicity St.  Profil Report:  Date (Fitner File Pass tot)  Constraint of the North St.  C	rswed: SMC 6819J	Eng/No:	- 12/10		
Gen. Cond. Goody Fair / Poor / Burnt  Steering: Incred   Jammed   Leaked / Burnt or  Brake: Incred   Jammed   Leaked   Burnt or  Modi: Nil   / SIRim   / SID   Ølim or  Tyre Size: F: 207   60R16  R: 207   60R16  Right   Size   F: 207   60R16	olicy No. 5095103893 20-10 2017		KAI	4684144640	88884
Steering: Inord 1 Jammed / Lesked / Burnt or Brake: Inord 1 Jammed / Lesked / Burnt or Brake: Inord 1 Jammed / Lesked / Burnt or Modi: Nil / Sirkim / STO, Okim or Tyre State: Per Story / Story / State: Per Il Sirkim / STO, Okim or Tyre State: Per Il Sirkim / STO, Okim or Tyre State: Per Il Sirkim / STO, Okim or Tyre State: Per Il Sirkim / STO, Okim or Tyre State: Per Il Sirkim / STO, Okim or Tyre State: Per Il Sirkim / STO, Okim or Tyre State: Per Il Sirkim / STO, Okim or Tyre State: Per Il Sirkim / STO, Okim or Tyre State: Per Il Sirkim / STO, Okim or Tyre State: Per Il Sirkim / Story / Sto				A second second	
Brake:   Inot			Control of the second of the s		
(Policy Condition)  Remark: the veh had commenced its repair at the time of inspection.  Bat or Market Value:  1DAC Accident Roort:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est Repair:  Jun Sum:  A 3 Valt: Yes or No  Dale:  Person Contacted:  Dale / Time  Action / Instruction  SIC 68973 NS / INC 18030113 / Ng/h  Uffall Inc.  Determine, File Pass to?  Prell. Report  Determine, File Return 107  Determine, File Return 107  Survey Policy  The UIC 1 Chassis frame / Body Structure affected due to collis  Determine, File Return 107  RECEIVED 9 5 DES 2018  Report Format:  The uic 1 Chassis frame / Body Structure affected due to collis  Date 1 Time  Action / Instruction  Determine, File Return 107  Add Fee:  Sile Insp  Survey Fee:  Titansportation:  The point  Days of Repair:  Previous  Survey Fee:  Titansportation:  Survey Fee:  Titansportation:  Survey Fee:  Titansportation:  Survey Fee:  Titansportation:  Sile Insp  Sile Insp  Section 10 Title:  Titansportation:  Section 10 Title Instruction  Previous  The control of Title:  Survey Fee:  Titansportation:  Sile Insp  Sile Insp  Survey Fee:  Titansportation:  Sile Insp  Sile Insp  Sile Insp  The control of Title:  Titansportation:  Sile Insp  The control of Title:  Titansportation:  Sile Insp  Sile In	(Client's Record)	To See thomas would	•1		
Tyre Size: F: 207/60/16  Remark: The veh had commenced its repair at the time of inspection.  Bat or Market Value:  IDAC Accretent Report:  Consistent?: Yes or No  Est Repairs:  days Res.: Yes or No  Lum Surn:  Market Value:  Lum Surn:  Market Value:  Lum Surn:  Market Value:  Survey held at CD Gr E (Loyang)  Des. of Damages: Frt   Rear   Ols   Nis   Ulc   Rooftop or    CA   REV   REP.   24 HRS  Dale:  Person Contacted:  Date Time Action / Instruction  SHC 1008 R - CS / FIT   SDEADS / Utdan 2  SIT 6887 J NS / INC   8000118 / No.  President Report:  Determine, File Resurctor?  Determine, File Resurctor?  Date Time, File Resurctor?  Date Time, File Resurctor?  Add Fee:  Site Inspectation:  The Urc   Chassis frame   Sody Structure affected due to collis    Date:  President Report:  Date:  Determine, File Resurctor?  Add Fee:  Site Inspectation:  Survey Fee:  Tanapportation:  Tanapportation:  See:  2007/60/60 or File Survey Fee:  Tanapportation:  Survey Fee:  Tanapportation:  Tanapportation:  See:  Days Of Repair:  Survey Fee:  Tanapportation:  See:  Site Inspection  Resurvey No. of Trip:  Tanapportation:  Survey Fee:  Tanapportation:  See:  Site Inspection  Resurvey No. of Trip:  Tanapportation:  See:  Survey Fee:  Tanapportation:  See:  See:  Survey Fee:  Tanapportation:  Surve	Make of Veh;	The second second		* * *	
(Policy Condition)  Remark: The veh had commenced its inspection.  Remark: The vehicle inspec					
Remark: The veh had commenced its repair at the time of inspection.    Remark: The veh had commenced its repair at the time of inspection.   NIS   O/S	(Policy Condition)	1,100/28,	R:	-	
Repair at the time of inspection.  Ball or Market Value:  IDAC Accident Roort  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  DIA / PR Seen:  Consistent?: Yes or No  Consistent?: Yes or No  DIA / PR Seen:  Consistent?: Yes or No  DIA / DIA / Pr Seen:  Consistent?: Yes or No  DIA / DIA / Pr Seen:  Consistent?: Yes or No  DIA / DIA / Pr Seen:  Consistent?: Yes or No  DIA / DIA / Pr Seen:  Consistent?: Yes or No  DIA / DIA / Pr Seen:  Consistent?: Yes or No  DIA / DIA / Pr Seen:  Con		O/S BS/DUN/	EXNOVA / GY / FS / I	JZA / MIC / OHTSU / PIR / S	UMLI
IDAC Accident Roort  Consistent? : Yes or No  GIA / PR Seen:  Consistent? : Yes or No  GIA / PR Seen:  Consistent? : Yes or No  D.O.A. I/N/d. D.O.L. 7/n/d.  Libal. 7 mm  Libal. 7 mm  Libal. 2 mm  Libal. 7 mm  Liba	repair at the time of inspection.				
IDAC Accident Rport: Consistent? : Yes or No  GIA / PR Seen: Consistent? : Yes or No  GIA / PR Seen: Consistent? : Yes or No  GIA / PR Seen: Consistent? : Yes or No  GIA / PR Seen: Do. A. I / L/J D.O.L. J/L/J D.O.L. J/L	Bal or Maket Value:		N - 1	Rear	23 WOLEY
GIA / PR Seen: Consistent? : Yes or No  Est. Repairs: days Res.: Yes or No  Est. Repairs: days Res.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time Action / Instruction  SHC 1887 - VS / FR 1805 125 / Utd3n2  Date / Time Action / Instruction  Date / Time Action / Instruction  SHC 6817 - NS / INC 18000113 / Not  Person Contacted: Days / Ced 122 018  Descriptions: File Return to?  Date / Time Action / Instruction  Date / Time Action / Instruction 2 / Out   Survey / Ou			7	0	mm
Est Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  Survey field at  CDGE  Loy ang  Description  Date:  Person Contacted:  Person Contacted:  Date / Time   Action / Instruction  SHC 1088 R - CS / FIT 18016125 / Utd3n1  Date:  Person Contacted:  Date / Time   Action / Instruction  SHC 68093 - NS / INC 18000185 / NGA  SHC 68093 - NS / INC 18000185 / NGA  Person Contacted:  Date / Time   Action / Instruction  SHC 68093 - NS / INC 18000185 / NGA  Person Contacted:  Date / Time   Action / Instruction  SHC 68093 - NS / INC 18000185 / NGA  Person Contacted:  Date / Time   Action / Instruction  RECEIVED 0 5 DES 2018  Date / Time   Survey Fee:  Transportation:  Transportation:  SISTA - typist  Add Fee:  Site Insp (\$		1 5 5 7	1	L/Bal.	mm
CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction   SHC 1805/25 / Utd3n2   Duta: Duta: SHC 68073 - NS / INC 1803/1913 / Ng.    SHC 68073 - NS / INC 1803/1913 / Ng.   Duta: Duta: SHC 68073 - NS / INC 1803/1913 / Ng.    Ufufs   Chim   Lys fixes   2 / ys.   Cled   1>>9.06, 5012    RECEIVED 9 5 DES 2018  Determine, File Pass to?   Prell. Report   Prell. Report   Resurvey No. of Trip:   Survey Fee: Transportation: Shc 1805/1913 / Ng.   Shc 1805/1913 / Ng.    Determine, File Return to?   Shc 1805/1913 / Ng.   Shc 1805/1913 / Ng.    Determine, File Return to?   Prell. Report   Prell. Report   Shc 1805/1913 / Ng.    Days Of Repair: 2   Survey Fee: Transportation: Shc 1805/1913 / Ng.    Determine, File Return to?   Shc 1805/1913 / Ng.    Deter	TENNESS CONTRACTOR DE LE CONTRACTOR DE LA CONTRACTOR DE L	100000	1 1.	0.0.1. 3/2	
Date: Person Contacted: Vehicle: IN 1 OUT  Date / Time   Action / Instruction   SHC TOBER - CS / FIT   SPIS   25 / Ut   Ut   STATE    SHC 50807 - NS / INC   STATE   NS   1 UIC   Rooftop or The UIC   Chassis frame   Body Structure affected due to collis    SHC 50807 - NS / INC   STATE   NG   NG   NG   NG   NG   NG   NG   N	ar valentii saaratti	Survey held	(a)	CDGE Tloy	ona)
Dale: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collis  Date / Time   Action / Instruction   SAC TOBS R - CS / FR 180 K 125 / Utd3n2   DA 100 R Inc.  SAC 68073 - NS / INC 180 00 ALG   NG Inc 180 00 ALG   NG Inc 180 00 ALG    Which   Chassis frame / Body Structure affected due to collis  DA 100 R Inc.  U/A 100 R Inc.		0.0000000000000000000000000000000000000			
Dale: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collis  Dale / Time   Action / Instruction   SHC   TOBER - CS / FIT   SDISH 25 / Utd Sh2   Dugs   Dugs		1	noges , i ic i issui i		
SHC 1086 R - 75 / FT 1806 125 / Utd8n2			C / Chassis frame /	Body Structure affected d	ue to collision
Sic 68093 - NS/INC 18000913 / NGA					
Detelline, File Pass to?  Prell. Report  Days Of Repair:  Prinal Report  Days Of Trip:  Survey Fee:  Transportation:  Add Fee:  Site Insp (\$	34C 1098 K - L8/ELT 180R1	25 / Utd3n2			,
Deterfine, File Pass to?    Prell, Report   Days Of Repair;   Survey Fee:				The state of the s	
Deterfina, File Pass to?  Prell. Report  Days Of Repair:  Survey Fee:  Transportation:  DateTime, File Return to?  Add Fee:  Site Insp  Interview  Report Format:  Photos  Others	4/2/8 CAM 1 4/3 \$1200/ 2	Pys (Red	1229.06, 50	19	
Determa, File Pass to?  Prell. Report  Resurvey No. of Trip:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Add Fee:  Interview (S. )  Pholos  Report Format:  TO Control of Trip:  Transportation:	REC	FIVED 0 5 DE	C 2018		
Deleffina, File Pass Io? : Prell. Report Days Of Repair: 2  1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation;  2) : S(12 - typist Add Fee: : Site Insp (\$ ) S+RSSI	1/2 0				
Deleffina, File Pass 107 : Prell. Report Days Of Repair:  1) : Final Report Resurvey No. of Trip: Survey Fee:  Date/fine, File Return 107 : Survey Fee:  1) : Steel Insp (\$ ) S+RSSI					
Survey Fee:   Survey Fee:     Survey Fee:		30			
Survey Fee:   Survey Fee:     Survey Fee:	St. 200 St. 20		1 .		
Date/Time, File Return to?   Transportation;	DelelTine, File Pass to? : Prell. Report	Days Of I	Repair: 2	- 1	
Star	1) : Final Report	Resurvey	/ No. of Trlp:		
Report Format: TP : Tech. Invs (\$ ) Pholos	Date/Time, File Return to?	-		ANN WAS - POSSO - O	
Report Format: TP :: Interview (\$	35/12 - typist		West College C	)s+Rssi	
160	-		CACA VILINIA SOUTH STATE OF THE	) Pholos	
Lump Sum / LB.1: (\$ 1200 la 1   Weekend (\$ )	Report Format: TP	; T	ech. Invs (\$		160
	Lump Sum / L.B.I: (\$ 1>∞  2)	[]: V	Veekend (\$	)	160

TP Claims against NTUC Income: Follow-Through Survey

Date 5/12/2018

				- in the state of	Date of Ancident Time of Accident	Time of Accident	Estimate	lentative repair cost
1		(unequal formation)	Claimant Vehicle No.	Income Venicle No.	Date of Accident			100000
ON	S/No Income Reference	Claimant (Owner / Taxi Company)			0100/01/	3:15	\$ 2,992.68	5 T'>0.00
		OT LATON TO A MICHAEL TO MAN DIE LTD	SHD 6643P	GBA 5180B	1/17/7010	0.4.0		
	MT/1022171-002	COMPORT INANSPORTATION TILLED	-		0.000	00.00	151000	5 300.00
		OT   PTO ISO TATABLE DATE   THE PARTY OF THE	CHR 63/15K	SIO 2334R	30/11/2018	07:17	The state of	
r	CUU-0216601/TAA	COMFORT TRANSPORTATION PLE LID	2				A	1 100 00
7	INI / TOTTTO-OOT			Cacacana	2/12/2018	6.40	5 1,5/0.00	2
-	100 00000000000000000000000000000000000	OT I THE MICEORTATION PTF LTD	SHD 30251	SJV 3425U	3/17/2010			7
m	MI/1022632-001	COMICON INSTRUCTION OF THE PROPERTY OF THE PRO		.0000	01/10/1010	15.30	\$ 2.429.06	1,200.00
1	בטט טבנינטין ביי	CITYCAR DTF LTD	SHC 7088R	SHC 6809J	1/17/2010	00:01		
4	MI/10222/3-002	CHICADITECTO						

# Claim received from LKK Auto

eBaoTech									G	eneralCl	laim
Hello, NAC_PAYA_UBI_80	0601	10000000					· Change La	nguage	· Change Pa	ssword •	Log Out
My Desktop	Polic	y Query									,
Notice of Loss	Policy N	0.				Date of A	ccident	01/12	/2018 18:54		
	Vehicle	No.(For Motor)	SHC6809	0		Certificat	e Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095103893		PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC68093	SHC68093	20/10/2017	
					Cor	ntinue					

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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

ACCIDENT STATEMEN	ш
-------------------	---

Date Of Report

03/12/2018 07:45

Date Of Accident

01/12/2018 15:30

**Exact Location Of Accident** 

AIRPORT BOULEVARD TOWARDS CITY

SINGAPORE Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHC7088R

#### 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

140

Exact Purpose for which vehicle was being used at

time of accident

NO

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

#### Insurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

YES

Fleet Policy Policy Number

D-18088937MFSH

Cover Note Number

#### Driver

Name of Driver

LEE BOON HAI

NRIC No

S1554599B

Date Of Birth

21/08/1962

Occupation

OUTDOOR

Date Of Driving Pass

11/10/1982

**Driving Experience** 

36 YEARS AND 1 MONTH

Gender

Mobile Number

(LOCAL) +65-97539175

Fax Number

Contact Number

EMail Address

AHHAI4599@GMAIL.COM

Address

870 #11-164 HOUGANG STREET 91

Postcode

530970

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

CHAIN COLLISION

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?

YES

Was any injured conveyed to hospital by

YES

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

TP HQ

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC6809J

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI

Vehicle Category Name of Driver

ABDUL HAMID

NRIC/Passport Number

S1121873C

Contact Number

97563553

Address

Postcode

Insurance Company Name

Page 2 of 26

Nature Of Damage

FRT & REAR

No. Of Passenger (Including Driver)

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHA7594G

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI

Vehicle Category Name of Driver

LUM KAI CHOE, HENRY

NRIC/Passport Number

S1412346F

Contact Number

91818024

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT & REAR

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SLQ3225S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

LEE BRUCE

NRIC/Passport Number

S7901168F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

LEE BRUCE

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

SLQ3225S

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

SKETCH PLAN	POCT BOULEVA	PG
A CHIC	10882 10882 6809J - SILVER	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75996 - COMFON	
DESCRIBE CIRCUMSTANCES OF THE A	CCIDENT	
	1 12 18 (	1530hr.
DATE AMO TIM	1 AIRPORT BOY	123014
Location	; HIRPORT BUT	ILE 1HOLD
V2 0 - 0	olice Report 1	10:
7/20	181201 2132	
	_/	***
	//	
		A
DECLARATION  I/We declare the foregoing particulars a	are true in every respect.	
O, REG. NO. 199502839G	5/1g -	)vv
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: Fauzy



T/20181201/2132

1 of 4 Report No. T/20181201/2132

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT O	F A TRAFFIC	ACCIDENT		Station Diany No.	
Date/Tim 01/12/20	e Report M 18 18:27	ade:	Vide Report No.:	Station Diary No.:	
Informat	nt's Particu	ilars			
	Informant:		Address: APT BLK 970 HOUGANG ST 530970	TREET 91 #11-164 SINGAPORE	
ID Type	/ ID No.: ) / S155459	99B	Contact No.: Home/Office:	Mobile: 97539175	
Nationali			Email:		
Sex: Male	Age: 56	Date of Birth: 21/08/1962	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupat Taxi driv	Occupation:		Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/12/2018 15:30	Type of Location Straight Road	
Location: Along Road 1 AIRPORT BO TWDS CITY	DULEVARD		1		
Weather: Cloudy	Roz	ad Surface:		Road Speed Limit:	
Traffic Flow:		ffic Control: Controlled		Traffic Volume: Heavy	
Type of Collis	sion:			Anyone conveyed by ambulance: Yes	

Appropriate the second of the	ehicle Involve	Make	Model	Color	Condition	No of Passenger
Vehicle No.		Wake	MICCOL			0
SHA7594G	Car C					U
SHC6809J	Car B					0 -
SHC7088R	Car A				Slightly	1
3110700011	- FI				Damaged	
SLQ3225S	Car		100			0





2 t.

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20181201/215.

#### CONTINUATION OF REPORT

Any Pedestrian In	volved: No	3011 = 501-1				
No. of Pedestrian			Use of Pec	destrian	Cross	ng: NA
aleman en se		HARTING.				044040700
Name	ABDUL HAMID			ID No.		S1121873C
Related Vehicle	NIL			Contac	et No.	NIL
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NII		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver		STATE OF THE STATE OF		Design P	40000	
Name	LEE BOON KAI		and the state of t	ID No.		S1554599B
Related Vehicle	NIL			Conta	ct No.	97539175
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc			
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver					CHE	THE PHASE HOLD
Name	LEE BRUCE			ID No.		S7901188F
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
	ited Medical Leave	NIL	Degree o	f Injury	NIL	

#### Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION @ ABT 1530HRS,

I WAS DRIVING MY TAXI ALONG THE STRAIGHT ROAD OF LANE 3 OF 4.AS I WAS GOING STRAIGHT. THE TRAFFIC CONDITION WAS HEAVY AND HAD ROAD WORKS ALONG THE WAY. I JAMMED BRAKED DUE TO THE HEAVY ROAD WORK. BUT UNFORTUNATELY THE VEHICLES BEHIND ME COULDN'T STOP AND COLIDED ON MY TAXI. THERE WAS TOTAL OF 4 CARS INVOLVED IN THE ACCIDENT INCLUDING MY VEHICLE.



SINGAPORE POLICE FORCE

T/20181201/2132

0181201/2132

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20181201/2132

CONTINUATION OF REPORT

I HAVE THE VIDEO FOOTAGE WITH ME .I EXCHANGED PARTICULARS AND LEFT THE SCENE. THATS ALL





4 of 4

Report No. T/20181201/2132

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Informant: Signature Of Officer Recording The Report: YOGENDRAN S/O RAJASAKARAN Date/Time: Signature Of Interpreter: 01/12/2018 18:27 Not applicable Classification Of Case: Officer In Charge Of Case: TP / GIT / SINGAPORE Sgt 2 LIM HONG LEE POLICE FORCE Contact No.: 65476438 11 Authentication Stamp



T/20181201/2134

1 of 2

Report No. T/20181201/2134

# Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No

T/20181201/2132

Report Number

T/20181201/2134

Vide Report Number

Date/Time of Report Made

01/12/2018 18:32

Place Report Lodged

Traffic Police

Type of Informant

Driver

Name of Informant

LEE BOON HAI

ID Type / ID No.

NRIC NO / S1554599B

Home/Office

Mobile

97539175

Email

Type of Accident

Injury / Conveyed By Ambulance

Drink Drive

No

Anyone conveyed by

ambulance

Yes

Date/Time of Accident

01/12/2018 15:30

Brief Facts.

REFER TO T/20181201/2132



2 of 4

Report No. T/20181201/2134

# Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity

No

Officer-In-Charge of Case

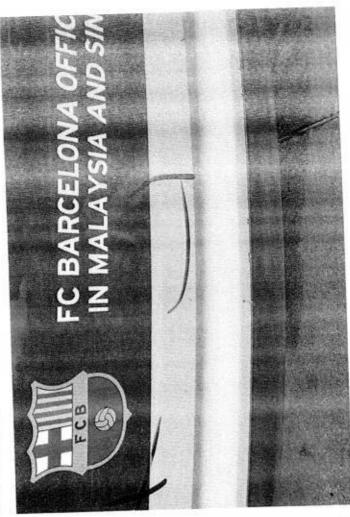
TP / GIT /

LIM HONG LEE

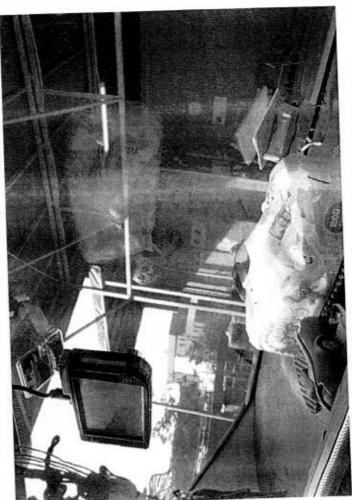
Classification of Case

1) INJURY / CONVEYED BY AMBULANCE











## CITY CAB PTE LTD

**REPAIR ESTIMATE\*** 

VEHICLE NO : SHC 7088R

MTUC /REAR

DATE 3/12/2018 9:42

FZ.

MAKE

MAKE MODEL	: : HYUNDAI i40						
Qty	Parts Description/ Labour	Type	Uni	t Price		mount	
20	Rear Bumper / Wornel				\$	553.00	
	Rear Bumper Reinforcement			22007=14	\$	428.40	
	Rear Bumper Reinforcement Bracket (LH/RH)		S	80.30	\$	160.60	
	Rear Bumper Clip 10 pcs				S	22.00	
			\$	35.60	S	71.20	
	Rear Rumper Sponge		1000		\$	103.50	
	Rear Bumper Bracket Rear Bumper Sponge Rear Bumper Under Cover				\$	228.00	
	SUB TOTAL				\$	1,566.70	
	LESS 20%		1		\$	313.34	
	DISCOUNTED TOTAL				S	1,253.36	
						2-1-20-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
	Rear Bumper Rubber Mat				\$		Nett
	Rear Bumper Advertisement Logo				S	100000000000000000000000000000000000000	Nett
	Day Fanday Advertisement Logo (LH/RH)		S	100.00	S		Nett
	Rear Bumper Reverse Sensor				\$	135.70	Nett
					\$	435.70	
						2 -	
	Labour Charge				\$	380.00	
	Panel Beating				S	250.00	200
	Spray Painting Charge				\$	30.00	×1,
	Wiring Charge	1			S	80.00	3-
	Remove/Refix Reverse Sensor						
	TOTAL LABOUR				\$	740.00	
	ESTIMATE TOTAL	L	ants.	nerice notify cyling; -ray painting	S	2,429.06	
	10 1 11111	LKK Auto					1
	Ca fur ((1009)	To resurvi	y damaged par	to an Armston	08° 685	15	
	1/ 3/2/18 10504	Parts pri     Third Pri     No illes	THE PURKEY OF Y	1 - 000 NG0	books	baui.	
		. Sunt	met to final ap	,		\	
	2 107"	Ackn	owledged by Rif	spaner	-		
	4/5	Sign Dat	e:				
	Kalurillery  M 3/2/18 1050L  2 Ry.  Us  Athe Regar plo						
				v. sassanta a produces		10000 TO 100	
	This is an initial estimate based on a visual inspection of	f the above	e vehicle. T	he final repai	r qua	ntum Will	

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

member of COMFORTDELGRO

# ComfortDelGro Engineering Pte Ltd

205 Braddelf Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 57517 45 Pandan Road Singapore 609286

Sales Order: 3878576

24 Senoko Loop Singapore 758156 7 Sungei Kadur Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

JC NO.: 305246239

Date/Time : Ub 03 . 12 . 2018 09:43

Page: 1

Team:	ARC Repair	TP(CFSO)1	JOB CARD	Sales Order: 30/03/0	JC NO GGGZ 10203
TOMER				REGN NO.: SHC7088R	MILEAGE
	CITYCAB PTE 701007	LTD		MAKE: HYUNDAI	FUEL EF
TOMER NO.	SOS SIN MIN	G DRIVE INGAPORE 57571	7	MODEL I-40	02.12.2018 08:45
(R)	65551188	(O)		YR OF MANU 21.04.2016	TARGET DATE
(P)				CHASSIS CODE KMHLB41UMGU088	COMPLETION DATE/TIME:
COUNT CARE	) NO.				
		4 40 0010	JOB DESCRIPTION		
Accid NATUR	ent Date: 0 E: 3P 01.12	1.12.2018 1.18/B			
S/NO	LA	BOR CODE	DE	SCRIPTION	
				(E)	- P
					<b> </b> ((O)
					Si S
		14		LEFT SIDE	RIGHT SIDE
					410
					VLD)
		100		REAR PAR	
		7*			

JOB CARD

:CKED & PASSED OUT BY:		=0		
SERVICE ADVISOR			CUSTOMER'S SIGNATURE	
wledgement Slip		Exit Pass		
:: ∋ No.: SHC7088R	FZ NTUC	Vehicle No.:	SHC7088R	
of Service Advisor returned to Service Reception upon co	Signature/Date	Name of Service Advisor  To be kept by Security Guard	Date	

## COMFORTDELGRO ENGINEERING

Jol	Ref N		246239		ComfortDe	elGro Engineering Pte Ltd	
te 04.12.2018				59 Loyang Drive Singapore 508969 Fax: 8546 8156			
IAL	IZATIO	ON FORM					
	LKK				Fax:		
tn	: KALVIN			_		NO AND SERVED CONTRACTOR OF THE	
phicle Reg No. : SHC7088R				Date o	f Accident :	01.12.2018	
ne su	irvev a	and estimates of the re	epairs of the above-menti	oned vehicle are	as follows:-		
				TUC	-	SHC6809J	
	The repair job shall bill to:						
	The finalized amount shall be:					\$0.00	
	(a) Spare Parts after List discount		st discount			\$0.00	
	(p)	Labour Charges				\$0.00	
		Total for Part-By-F	art Repair Cost			-	
	(c.) Lumpsum Repair (if applicable)		applicable)	1022		\$1,200.00	
	3.00	Total for Lumpsum Final Lumpsum R	repair cost after Less:	20%		\$1,200.00	
i.	We s	mated normal period for shall treat the above orking days nk you for your assist	amount as Correct an	d Confirmed if	there is no rep e confirm the es alized amount		
1.	We s	shall treat the above orking days nk you for your assist nature :	amount as Correct an	od Confirmed if W fin	there is no rep		
1.	We: 7 wo	shall treat the above orking days  nk you for your assist   nature:  ne : FAUZY BIN	ance.  MOKHTAR	od Confirmed if W fin	there is no rep e confirm the es alized amount gnature :	stimates and	
1.	We : 7 wo That	shall treat the above orking days  nk you for your assist  nature:  ne: FAUZY BIN  62148319	ance.  MOKHTAR	od Confirmed if W fin	there is no repete confirm the establized amount gnature:	stimates and	
For	We: 7 wo	shall treat the above orking days  nk you for your assist  nature:  ne : FAUZY BIN  : 62148319	ance.  MOKHTAR	od Confirmed if W fin	there is no repete confirm the establized amount gnature:	stimates and	
1.	We: 7 wo	shall treat the above orking days  nk you for your assist  nature:  ne: FAUZY BIN  : 62148319	ance.  MOKHTAR	od Confirmed if W fin	there is no replaced and the establishment is a confirm the establishment is a confirm by (Signature)	stimates and	
For	We : 7 wo Thai Sign Nar Tel Fax	shall treat the above orking days  nk you for your assist  nature:  ne : FAUZY BIN  : 62148319  : 65468156	ance.  MOKHTAR	od Confirmed if  W fin  Si  N  Document Attached	there is no replaced and the establishment is a confirm the establishment is a confirm by (Signature)	Kalish 4/11/18	
For	We s 7 wo That Sign Nar Tel Fax Offici	shall treat the above orking days  nk you for your assist  nature:  ne : FAUZY BIN  : 62148319  : 65468156  al Use Only  Item	ance.  MOKHTAR	Document Attached Yes or No	there is no replaced and the establishment is a confirm the establishment is a confirm by (Signature)	Kalish 4/11/18	
For 1. 2.	We so That Sign Nam Tel Fax Officion Rental Loss of	shall treat the above orking days  nk you for your assist that the second orking days  nature:  ne: FAUZY BIN  62148319  65468156  al Use Only  Item	ance.  MOKHTAR	Document Attached YES	there is no replaced and the establishment is a confirm the establishment is a confirm by (Signature)	Kalish 4/11/18	
1. 2. 3. 4.	We : 7 wo Thai Sign Nar Tel Fax Offici Rental Loss o Surve LTA S	shall treat the above orking days  nk you for your assist that tree:  ne: FAUZY BIN:  62148319  65468156  al Use Only  Item  I Rate P/Day  of Income Paid  y Fees  Search Fee	ance.  MOKHTAR	Document Attached YES	there is no replaced and the establishment is a confirm the establishment is a confirm by (Signature)	Kalish 4/11/18	
1. 2. 3. 4.	We : 7 wo That Sign Nar Tel Fax Offici Rental Loss of Surve LTA S Medic	shall treat the above orking days  nk you for your assist that tree:  ne : FAUZY BIN   : 62148319   : 65468156   al Use Only  Item  I Rate P/Day of Income Paid   y Fees	ance.  Amount	Document Attached YES	there is no replaced and the establishment is a confirm the establishment is a confirm by (Signature)	Kalish 4/11/18	



# **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



DD	AS BASAH ROAD NTUC TRADE U	NION HOUSESINGAPORE	Date: 13-12-2018 Code: INC4				
		Policy Particulars	:- THIRD PARTY CLAIM				
	Insured Veh.	SHC 6809J	Veh. Inspected	SHC 7088R			
_	Policy No.	5095103893	Coverage (\$)	0.00			
_	Claim No.	MT/1022279-002	Excess (\$)	0.00			
_	Assign From		Assign Date	03/12/2018			
		Vehicle Parti	culars & Condition				
	Make & Model	HYUNDAI 140	c.c	1685			
	Engine No.	HIDDEN	Year of Reg.	2016			
	Chassis No.	KMHLB41UMGU088844	Colour	YELLOW			
	Odometer	243742	Steering	IN ORDER			
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM			
	General	GOOD					
3.	General	THE CONTRACTOR	tions of Tyres				
o		Size	Make	Balance			
	R/H Front Tyre	205/60 R16	HANKOOK	7 mm			
	L/H Front Tyre	205/60 R16	HANKOOK	7 mm			
	R/H Rear Tyre	205/60 R16	HANKOOK	7 mm			
	L/H Rear Tyre	205/60 R16	HANKOOK	7 mm			
4.	Description of Damages						
•	THE VEHICLE SU	ISTAINED DAMAGES AT THE R	REAR PORTION.				
5.	DAINI CEO CEE	Gene	ral Information				
٠.	Accident Date	01/12/2018	Inspection Date	03/12/2018			
	Survey held at	COMFORTDELGRO ENGINEERING PTE LTD					
		59 LOYANG DRIVE SINGAPORE 508969					
5a.	Remarks						
	A)THE INSPECT B)IN ACCORDAN	ION WAS CONDUCTED ON A"V NCE TO YOUR INSTRUCTIONS	, WE HAVE NOT ACTITIONISE.	REPAIRS.			
1	Estimate Days of 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



# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7088R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			550.00
- 1	REAR BUMPER	DEFORMED	553.00	553.00
	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	83
	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	22.00
10	REAR BUMPER CLIP	NECESSARY	22.00	
	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	1
	REAR BUMPER SPONGE	SERVICEABLE	103.50	
	REAR BUMPER UNDER COVER	сит	228.00	
8	LESS 20% DISCOUNT		-313.34	
			1,253.36	642.40
	SPECIAL NETT ITEMS		50.00	50.00
	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	7,000,000
3	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	
	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	
13	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	
			435.7	0 435.70
	LABOUR		380.0	0 200.00
	PANEL BEATING.		250.0	
	SPRAY PAINTING CHARGE.			0.0000000
	WIRING CHARGE.	NOT NECESSARY	17.75	
	REMOVE/REFIX REVERSE SENSOR.		80.0	30.00
	-			
	*			
	÷**		740.0	00 430.00
	GRAND TOTAL		2,429.0	1,508.10
	A TOTAL CONTRACTOR CONTRACTOR			1,200.0
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,20

Report Ref No. NS/INC18021740/K1vbn2





Report Ref No. NS/INC18021740/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

L

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES: This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part, Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.