

Inspector: Kalvin

REF: NS/INC18022397/KISD302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/INS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s: _____

at: _____

Insured: SJW7081E

Policy No: 5101618156 (21/6/18-11/4/19)

Claims No: MT/1023585-002

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

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP: / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SH A9195L Yr Regn: "Aug", 2016

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

Truck / Trailer or

Make: Hyundai cc: 1680

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

Sp. Reading: 35736 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KM H18414M64092600

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoperative / Jammed / Leaked / Burnt or

Brake: Inoperative / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Flack K

Front: _____ Rear: _____

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

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

D.O.A. 12/12/18 D.O.I. 12/12/18

Survey held at C. DGE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SHA 9195L - CS / FCI 17009732 / Dr. 2 DUA: 15/5/17 Inc.
	SJW7081E - CC3 / AIG 14008445 / Hlv / b3w2 DUA: 2/5/14 1/2
14/12/18	Estimated 45 \$1050 / 2 days
14/12/18	Confirmed HS \$1,050/- @ 2 days with Kalvin (\$652.40 Red - 38%)
	RECEIVED 17 DEC 2018

Date/Time, File Pass to?

17/12/18

☐ : Prell. Report

1) Typical

☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

☐ \$ + RS. \$1

Photos

Others

160

TOTAL

Report Format:

Lump Sum / I.B.I: (\$ 1,050/- L15)

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101618156		TEO LEE TANG ANGELINA	S1466105J	GPC	drive CLASSIC	SJW7081E	SJW7081E	21/06/2018	11/04/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 14/12/18

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
2	MT/1023579-002	COMFORT TRANSPORTATION PTE LTD	SHA 7582R	FBD 7489H	11/12/2018	16:40	\$ 2,844.32	\$ 1,650.00
	MT/1023585-002	CITYCAB PTE LTD	SHA 9195L	SIW 7081E	12/12/2018	5:45	\$ 1,702.40	\$ 1,050.00
	MT/1022487-002	COMFORT TRANSPORTATION PTE LTD	SHC 2334M	SLD 9092L	3/12/2018	22:00	\$ 6,305.08	\$ 4,306.92
	MT/1023345-002	COMFORT TRANSPORTATION PTE LTD	SHB 6213H	SHD 2410X	10/12/2018	8:05	\$ 3,089.55	\$ 1,860.53
	MT/1023588-002	COMFORT TRANSPORTATION PTE LTD	SHA 4073M	SIK 8657B	12/12/2018	10:50	\$ 2,099.06	\$ 950.00

Claim received from LKK

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	12/12/2018 09:08
Date Of Accident	12/12/2018 05:45
Exact Location Of Accident	T2 BLVD TOWARDS AIRPORT BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9195L
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	CHAN CHIT HENG
NRIC No	S0090164D
Date Of Birth	19/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	06/06/1978
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97649414
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	192C #01-948 RIVERVALE DRIVE
Postcode	543192
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?	YES
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)	2
Passenger 1	NAME: - GENDER: FEMALE

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

SEE ATTACH.

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	SJW7081E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MONTEIRO ALEXANDER JULIAN
NRIC/Passport Number	S8709445F
Contact Number	87142323
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHAN CHIT HENG

Approximate Age 68

Injuries Sustain NECK

Injured person in which vehicle? SHA9195L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


Sketch Plan Pg. 2

Describe Circumstances of the Accident.
On the 12/12/2018 @ 05:45hrs, I was driving along T2 BLVD towards Airport BLVD.
Suddenly the front vehicle brake because of traffic light and I applied brake as well and
Managed to stop in time then there's an impact from behind my taxi. As a result vehicle
SJW7081E had collided onto my rear portion of my taxi.
01 female passenger on board my taxi.
I have a slight neck pain after the impact and will consult doctor later.

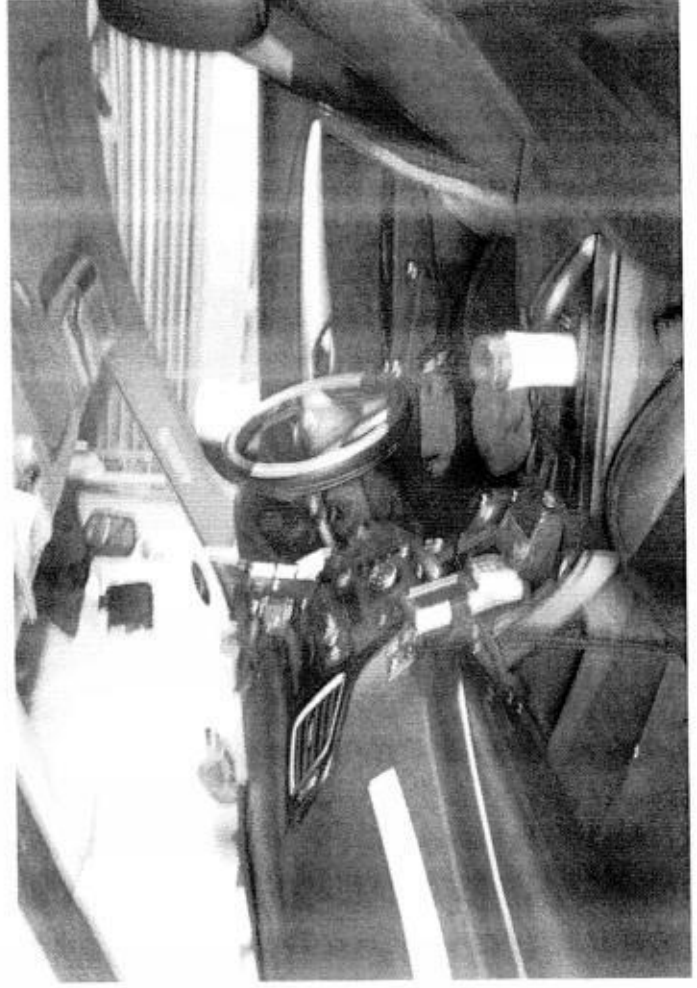
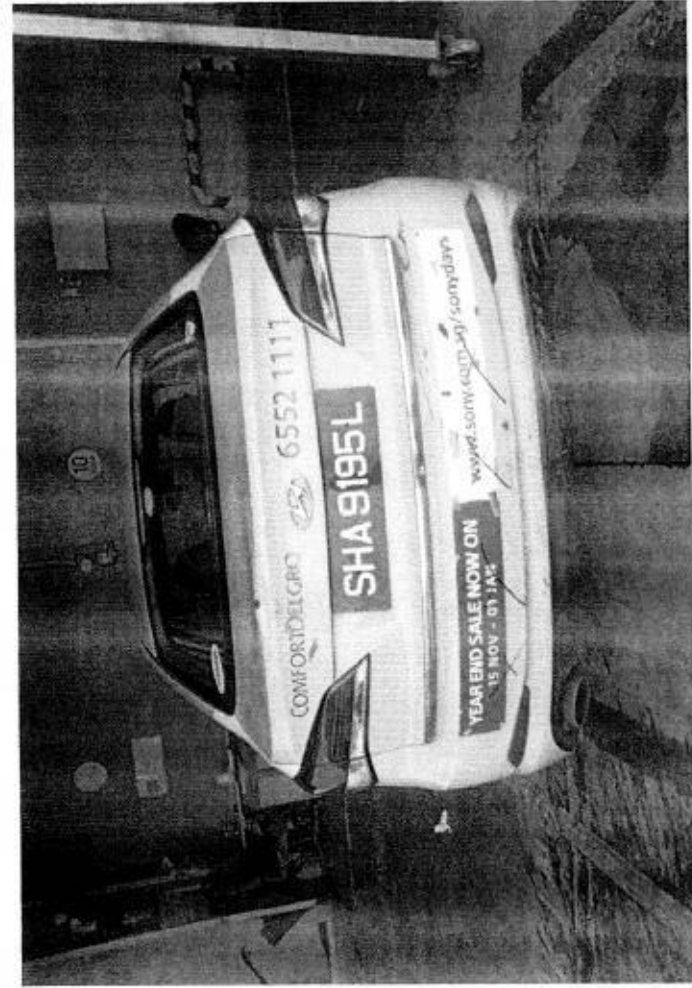
Declaration

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

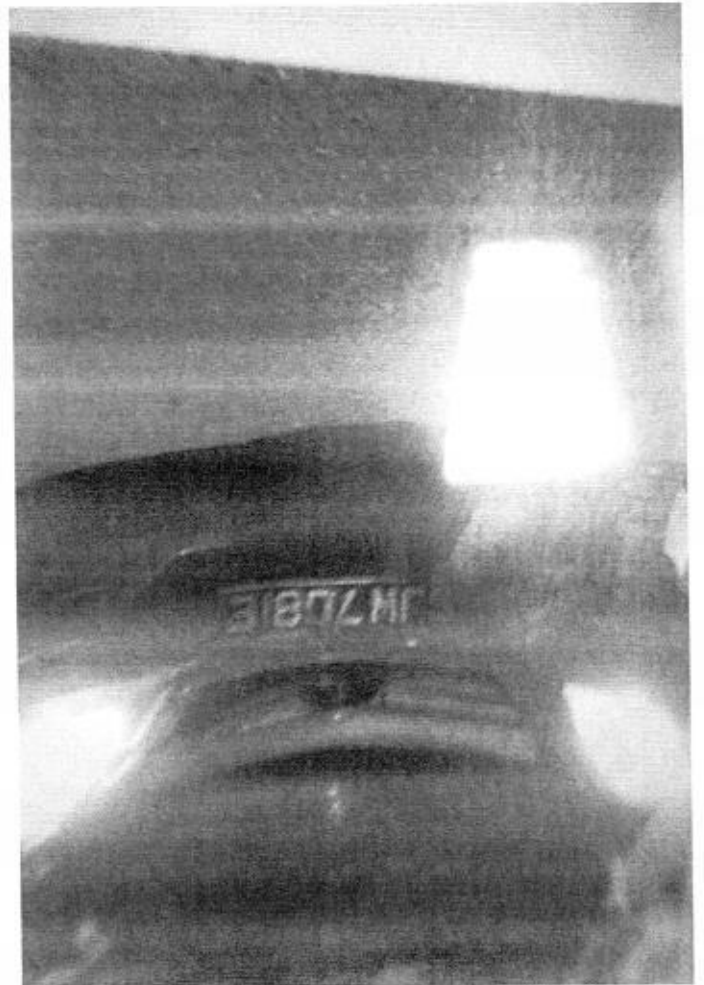
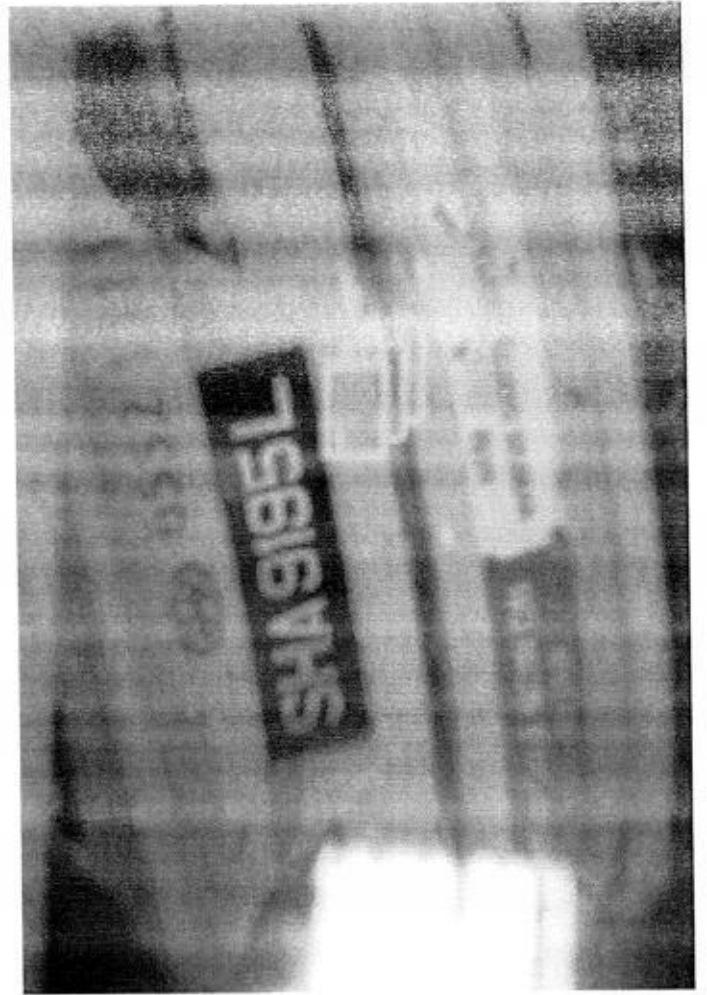
CITYCAB PTE LTD
POL. REG. NO. T99502839G
Policyholder's Signature/Date &
Time


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


Witnessed by Reporting
Centre Personnel
12/12/18



SJW 70812 12/12 0548



CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 9195J

DATE 12/12/2018 9:55

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Paint</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>all</i>			\$ 22.00
	<i>Rear Bumper under cover - at</i>			\$ 228.00
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL			\$ 460.00
	Rear Bumper Advertisement Logo <i>all</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>all</i>	\$	100.00	\$ 200.00
				\$ 250.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>20</i>
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,520.00
				1702.40

1 Cal/L (Lk)

12/12/18 1320hr

200

L/S

After Repair p/L

• To resolve any dispute arising from this estimate
 • To display this estimate and to keep a copy of it
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification is allowed
 • Supplier of parts must be approved and
 is subject to approval from insurance company

Acknowledged by Repairer
 Signature:
 Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3881407

JC NO.: 305250068

CUSTOMER

CITYCAB PTE LTD

7010070

MS

CUSTOMER NO.

ADDRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(O)

(R)

(P)

COUNT CARD NO.

REGN NO.:

SHA9195L

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

12.12.2018 08:20

YR OF MANU

11.08.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU092600

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.12.2018

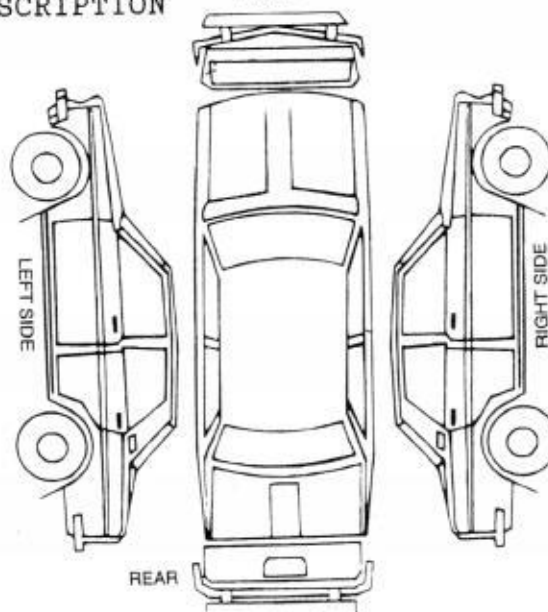
NATURE: 3P 12.12.18/B

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

ie:

lo.:

cle No.:

SHA9195L

FZ (NTUC)

Vehicle No.:

SHA9195L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305250068
Date : 13.12.2018

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No : SHA9195L

Date of Accident : 12.12.2018

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

1. The repair job shall bill to: NTUC --- SJW7081E
2. The finalized amount shall be:

(a) Spare Parts after List discount		\$0.00
(b) Labour Charges		\$0.00
Total for Part-By-Part Repair Cost		\$0.00
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:	20%	\$1,050.00
Final Lumpsum Repair cost		\$1,050.00

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalvin

Date : 14/12/18

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/INC18022397/K1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-12-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJW 7081E	Veh. Inspected	SHA 9195L
Policy No.	5101618156	Coverage (\$)	0.00
Claim No.	MT/1023585-002	Excess (\$)	0.00
Assign From		Assign Date	12/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU092600	Colour	YELLOW
Odometer	357360	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	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 SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	12/12/2018	Inspection Date	12/12/2018
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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**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9195L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
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
	LESS 20% DISCOUNT		-160.60	-160.60
			642.40	642.40
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	250.00
<u>LABOUR</u>				
	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			1,702.40	1,322.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,050.00

Report Ref No. NS/INC18022397/K1sd3n2

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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