

Surveyor: Kelvin

REF:

NS/LNC18022738/KKbn2

# ASSIGNMENT

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

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

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

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

at Workshop n/s \_\_\_\_\_

at \_\_\_\_\_

Insured: GBC 3153H

Policy No: 510512339 09-11-18 - 08-11-2019

Claims No: M-1/1074738-002

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

Est. or Market Value: \_\_\_\_\_

DIAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repair: 3 days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time	Action / Instruction
	SHC 766M - 03/TEL 17015869 / Agbn2 DCA: 08072017 IM
	GBC 3153H - 03/TEL 170000913 / Kfbel DCA: 03012017 4
19/12/18	Shel 4/5 \$1400 / 3 R. (Red \$1912.98, 58%)

RECEIVED 24 DEC 2018

Date/Time, File Pass to?

☐ : Prel. Report

11/12/2018

☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

7P

Lump Sum / 1.81 (\$

1400

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS, \$1

Photos

Others

TOTAL

160

Veh No: SHC 766M Yr Regn: 12 Mar, 2015

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

Truck / Trailer or

Make: Hyundai 240 cc 165r

Colour: Yellow A/C: In / Std / HI / NA

Sp. Reading: 539179 T/Radio: In / Std / HI / NA

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

C/No: KMHLBx144F40 66218

Gen. Cond: Good / F / Poor / Burnt

Steering: In / Jammed / Leaked / Burnt or

Brake: In / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STQ A/Rim or

Tyre Size: F: 205/60R16

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

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

TOYO / YOKO or West 1.0

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

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 17/12/18 D.O.I: 13/12/18

Survey held at C D G E (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / VIC / Rooftop or

Rear

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

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="17/12/2018 19:07"/>
Vehicle No. (For Motor)	<input type="text" value="GBC3153H"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5105122339		RPI (S) PTE LTD	200507268D	GCV	Comprehensive	GBC3153H	GBC3153H	09/11/2018	08/11/2019

# TP Claims against NTUC Income: Follow-Through Survey

Date: 21/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
2	MT/1011923-002	SMRT TAXIS PTE LTD	SHB 1793H	CB 7870M	18/9/2018	7:25	\$ 3,070.84
	MT/1024238-002	CITYCAB PTE LTD	SHC 766M	GBC 3153H	17/12/2018	17:40	\$ 3,312.98
	MT/1024193-002	COMFORT TRANSPORTATION PTE LTD	SHD 3272X	SJU 6390E	17/12/2018	10:30	\$ 1,623.20

## 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	18/12/2018 11:48
Date Of Accident	17/12/2018 17:40
Exact Location Of Accident	BRADDELL RD ( SLIP RD ) TWDS LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC766M
<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	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
<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	WONG KWAI NENG
NRIC No	S1305312Z
Date Of Birth	14/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1981
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83807431
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 223 BISHAN STREET 23 #07-143
Postcode	570223
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 (including own vehicle) involved in the accident	2
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

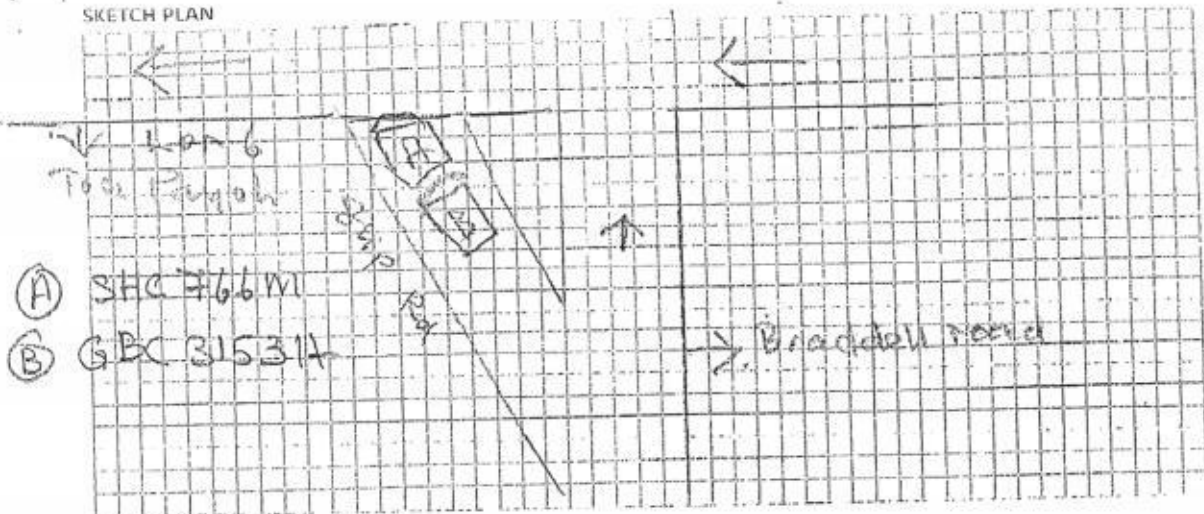
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3153H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	97116429
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/12/2018 at about 1740 hrs, I vehicle A was driving my taxi along braddell road (slip road) toward Korong 6 Toa Payoh. while I was approaching to slip road and stop to give to my right. A few second later vehicle B came from behind and onto vehicle A rear position. NO one was injured at that time

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

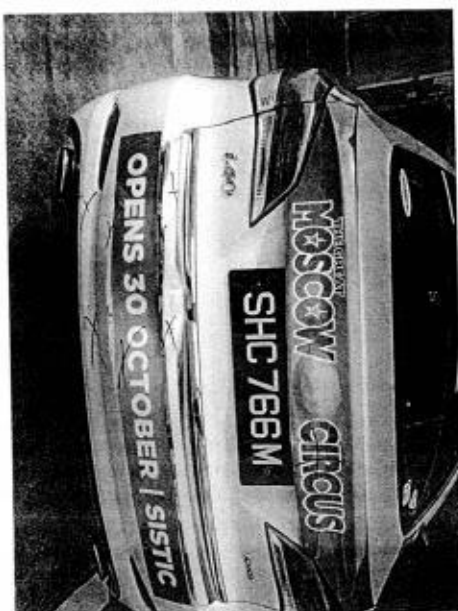
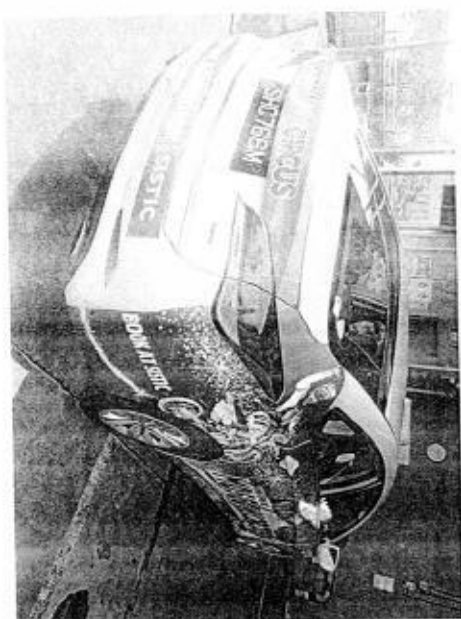
Policyholder's Signature  
Date & Time:

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

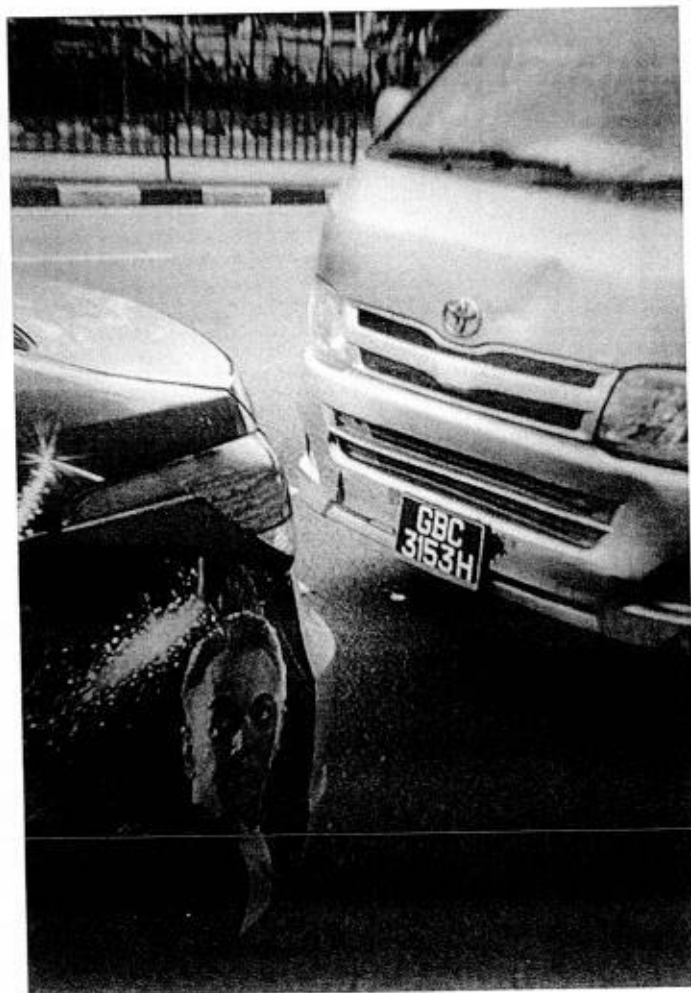
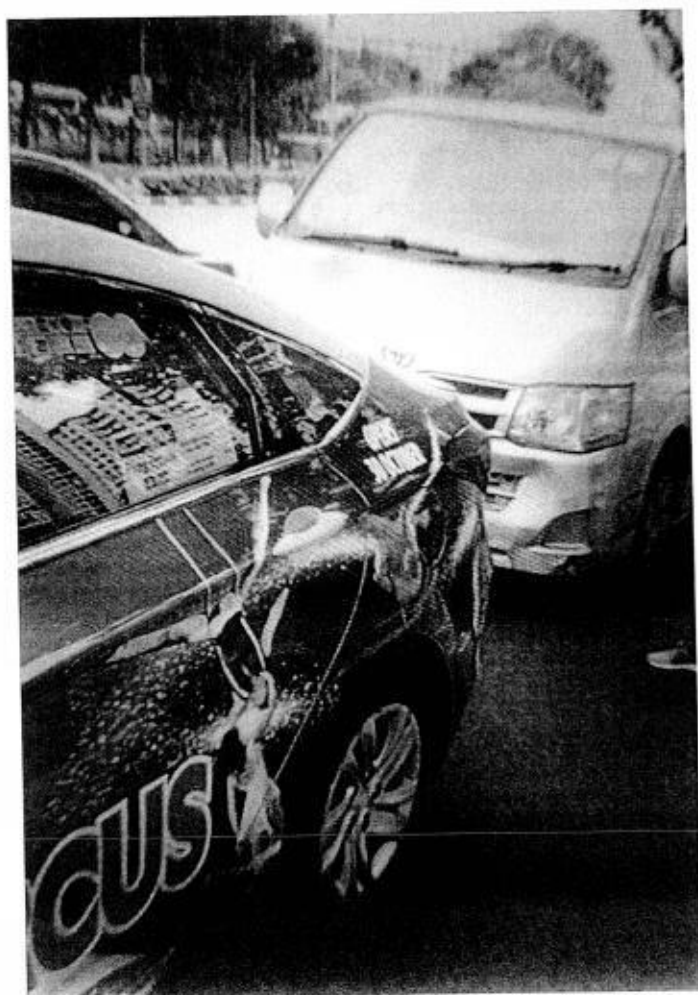
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

18/12/18  
Jackson Hong  
CAO Jackson









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

VEHICLE NO : SHC 766M

DATE 18/12/2018 11:42

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Reinforcement			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket		\$ 35.60	\$ 71.20
	Rear Bumper Sponge			\$ 103.50
	Rear Bumper Under Cover			\$ 228.00
	Rear Panel			\$ 526.70
	Rear Panel Garnish			\$ 57.70
	Rear Panel Lower Panel			\$ 495.50
	<b>SUB TOTAL</b>			<b>\$ 2,646.60</b>
	<b>LESS 20%</b>			<b>\$ 529.32</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,117.28</b>
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
				<b>\$ 385.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 30.00
	Wiring Charge			\$ 80.00
	Remove/Refix Reverse Sensor			\$ 30.00
	<b>TOTAL LABOUR</b>			<b>\$ 540.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,312.98</b>
				<b>3587.62</b>

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

JOB CARD

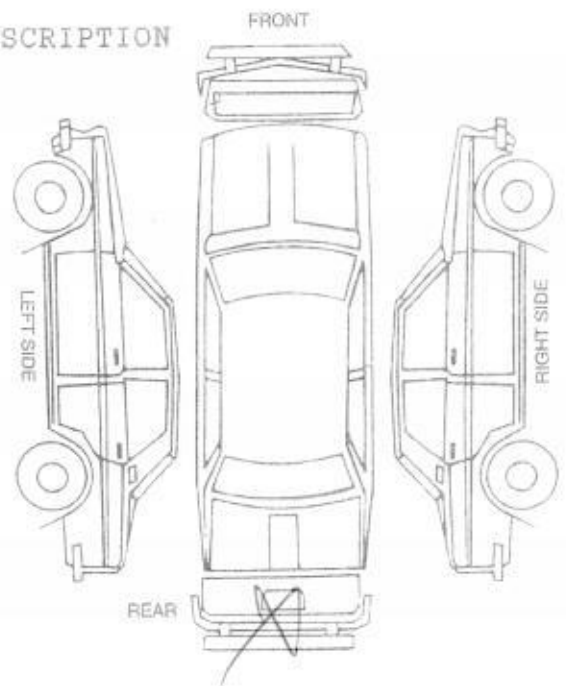
Sales Order:	JC NO.: 305252069
REGN NO.: SHC 766M	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 18.12.2018 10:30
YR OF MANU. 12.03.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU066208	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.12.2018  
NATURE: 3P 17.12.18

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC 766M JU NTUC

Vehicle No.: SHC 766M

Signature/Date

Name of Service Advisor Date

Returned to Service Reception upon collection

To be kept by Security Guard

JUMANI

Our Job Ref No 305252069  
Date : 19/12/2018

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHC 766M

Fax :

Date of Accident : 17/12/2018

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

1. The repair job shall bill to: NTUC -- GBC3153H  
###
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) <sup>N</sup> \$ 1400.00  
Total for Lumpsum repair cost after Less: 20% \_\_\_\_\_  
Final Lumpsum Repair cost \_\_\_\_\_

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 : [Signature]  
Name : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature : [Signature]  
Name : Kalv  
Date : 19/12/18

### 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/INC18022738/K1qbn2

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.	GBC 3153H	Veh. Inspected	SHC 766M
Policy No.	5105122339	Coverage (\$)	0.00
Claim No.	MT/1024238-002	Excess (\$)	0.00
Assign From		Assign Date	18/12/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU066208	Colour	YELLOW
Odometer	539179	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 PORTION. DAMAGES SEE DETAILS.
--

## 5. General Information

Accident Date	17/12/2018	Inspection Date	18/12/2018
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:	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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 766M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	REAR PANEL	TO REPAIR SEE LABOUR	526.70	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR SEE LABOUR	495.50	-
1	REAR BOOTLID (NPA)	TO REPAIR SEE LABOUR	-	-
1	EMBLEM I40	NECESSARY	27.90	27.90
1	EMBLEM CRDI	NECESSARY	27.90	27.90
	LESS 20% DISCOUNT		-540.48	-171.76
			2,161.92	687.04
<b><u>NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER RUBBER MAT (METAL)(SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	BOOTLID COMFORT & TEL NO LOGO (SN)	NOT NECESSARY	30.00	-
			280.00	250.00





## National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b>			
	PANEL BEATING INCLUSIVE OF THE REPAIR OF REAR PANEL, REAR PANEL LOWER PANEL AND REAR BOOTLID.		400.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			1,010.00	730.00
	<b>GRAND TOTAL</b>		<b>3,587.62</b>	<b>1,789.17</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>1,400.00</b>

Report Ref No. NS/INC18022738/K1qbn2

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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