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TP Claims against NTUC Income: Follow-Through Survey

Date: 21/12/2018

C/NIA	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Esti	Estimate
2	11.00	SMRT TAXIS PTE LTD	SHB 1793H	CB 7870M	18/9/2018	7:25	Ş	3,070.84
¥	WILL TOTAL SES COL			111111111111111111111111111111111111111	0.000,000,00	47.40	1	2 212 00
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	MT/1024193-002	COMFORT TRANSPORTATION PTE LTD	SHD 3272X	SJU 6390E	17/12/2018	10:30	٨	1,623.20
	200 001 101	ı						

MCD618162670 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 18/12/2018 11:48 SUBMITTED BY: Huang XiaoYan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.

- 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.

ACCI	DENT	STAT	TEM	ENT
ACCI			711	_

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

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC766M

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

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 THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

YES

Fleet Policy Policy Number

D-18088937MFSH

Cover Note Number

Driver

WONG KWAI NENG Name of Driver

S1305312Z NRIC No 14/07/1958 Date Of Birth OUTDOOR Occupation 22/07/1981 Date Of Driving Pass

Driving Experience

37 YEARS AND 4 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-83807431

Fax Number

Contact Number

NOEMAIL

EMail Address

Page 1 of 15

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)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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)

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

COMMERCIAL VEHICLE

Vehicle Category 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. 1

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.
- 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.
- 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.
- 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.
- By the ladgment of this report to the incurers, 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)
 - 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")
- 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:
 - 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.

CO. REG. NO. 199502839G

壶钢

Jackson Heng CSO

18/12/1K

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.:

GIARNIC ShetchPlanForm_V3

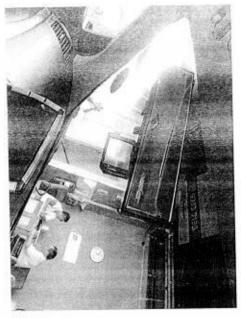
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2"

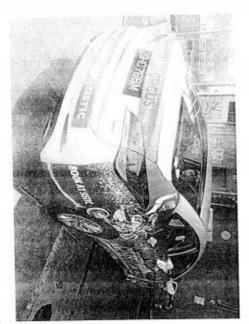
Sketch Plan Pg. 2

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	* T	radial rord
GBC 315314-1-1		
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	+++++++++++++++	
DESCRIBE CIRCUMSTANCES OF T	THE ACCIDENT	9.85
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ON 1411212012 6	or crack to the transfer	
		11.2.11
driving in tas	er along braddell	road (Slip road)
9		
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	*	5780
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		200 AN CHE CONTROL 200 AND CON
Programme and the second		
DECLARATION		P 1
I/We declare the foregoing particul:	ars are true in every respect.	18/12/18
XXXII (*********************************	E	Jackson Hand Furfictor
CITYCAB PTE LTD CO, REG. NO. 199502839G	- 花	CãO QUELLOS
	Driver's Signature	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	(If driver is not the policyholder)	Name:
		AUDIC (FINI No.)

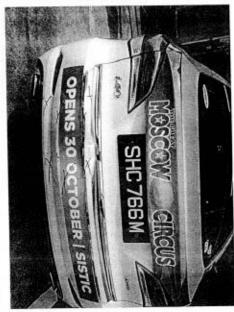
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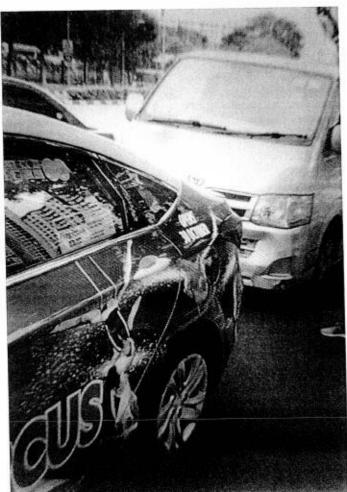


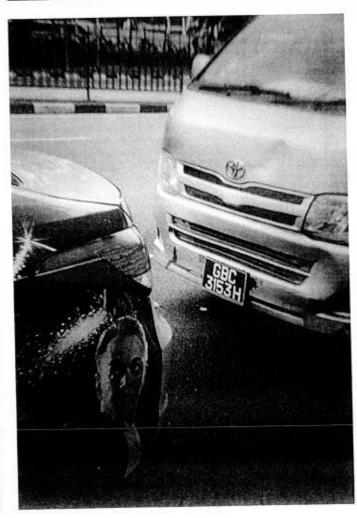












CITY CAB PTE LTD REPAIR ESTIMATE*

VEHICLE NO: SHC 766M

MAKE

DATE 18/12/2018 11:42

T/M

Qty	: HYUNDAI i40 Parts Description/ I	Labour	Type	Unit I	Price	I	Amount	
4.7	Rear Bumper / lih	1				S	553.00	
	Rear Bumper Reinforcement 3	ly-				S	428.40	
	Rear Bumper Reinforcement Bra	acket (LH/RH)		\$	80.30	\$	160.60	
	Rear Bumper Clip 10 pcs	ME .			100 200 400 000	\$	22.00	
	Rear Bumper Bracket			s	35.60	S	71.20	
				3	33.00	S	103.50	
	Rear Bumper Sponge TRear Bumper Under Cover	et				S	228.00	
	Rear Panel × repri					S	526.70	
	Rear Panel Garnish Y					\$	57.70	
	Rear Panel Lower Panel	et-				S	495.50	
	for Bothis x rayer					-	1,75.00	
	feer portis	CUDITOTAL				\$	2,646.60	1
		SUB TOTAL LESS 20%				5	529.32	
	DIS.	SCOUNTED TOTAL				\$	2,117.28	1
	DIS	SCOUNTED TOTAL				3	2,117.20	
		- (Metal)	m					
	Rear Bumper Rubber Mat	- (Mefal)		-10.6		S	50.00	1
				100	neologiji mosten	\$		N
	Rear Fender Advertisement Log	go (LH/RH)	-	S	100.00	\$	200.00	N
						S	385.70	
	Labour Charge						300	
	Panel Beating	Auto Consultants	ence not	y I		\$	490.00	
	Spray Painting Charge	researcer of the following beforelafter		1	50	\$	500 TO 10	4
	Wiring Charge	managed parts	G.	C 7		\$	× 30.00	1.
	Remove/Refix Reverse Sensor	es are sub		con basis		\$	\$0.00	
		and modifie		boom		L	<i>3</i> °	1
		TOTAL LABOUR		Company		\$	810.00	-
		100000				\$	-3,312.98	
	V / COCKY	Signate					3587.62	
	Kalin (CK14)	11e 1510hs.					3361 02	
	2021							
	LIS	1. 1%						
	Afle	Slegat pro						
	This is an initial estimate based on	a visual inspection of the	he above	vehicle. The f	inal repair (quan	tum wil	11

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Workshops
56 Loyang Drive Singapore 508989
24 Senoko Loop Singapore 756 [56]
283 Sin Ming Drive Singapore 575717
45 Pandan Road Sergapore 609286
45 Pandan Road Sergapore 609286
46 Tehan Industrie Park A Singapore 76876

Date/Time: 18 17 20 20 18 12:28 Page: 1

Team: ARC Repair TP(CFSO)1 JOB CARD	Sales Order:	JC NO.: 305252069
STOMER	REGN NO.: SHC 766M	MILEAGE
MS CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL 1/2F
STOMER NO. 383 SIN MING DRIVE DRESS Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 18.12.2018 10:30
(R) 65551188 (O)	YR OF MANU. 12.03.2015	TARGET DATE
(P)	CHASSIS CODE KMHLB41UMFU066	208 COMPLETION DATE/TIME:

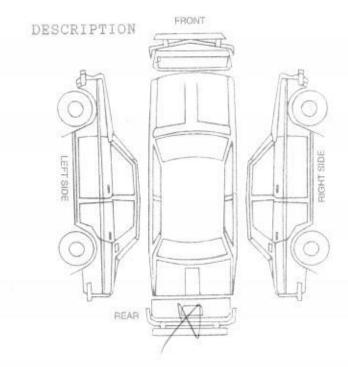
JOB DESCRIPTION

Accident Date: 17.12.2018

NATURE: 3P 17.12.18

S/NO

LABOR CODE



CUSTOMER'S SIGNATURE
Exit Pass
Vehicle No.: SHC 766M
Name of Service Advisor Date To be kept by Security Guard

COMFORTDELGRO ENGINEERING

 VEHICLE NO. : SHC 766M
 TYPE OF CASE : NTUC

 JOBCARD NO. 305252069
 SURVEY BY : LKK-KALVIN

 ACC.DATE
 17/12/2018
 DATE : ...

SUPPLEMENTARY (THID LADOR	JIN CO	313	
DESCRIPTION	QTY	ESTIMATE		REMARKS	45.0
EMBLEM I40		\$27.90		/	NI
EMBLEM CRDI		\$27.90		-	w
BOOTLID COMFORT & TELNO.LOGO		\$30.00	NET	× ^^	
CHECK ITEMS					
LABOUR					

					_
	TOTAL:	\$85.80		JUMANI	

COMFORTDELGRO ENGINEERING

Our J	ob Ref	f No	3052520	169		2.0	NGINEERINÖ
Date	W. STANSON.		19/12/20			Comfort 59 Lova	DelGro Engineering Pte Lt ng Drive Singapore 50898
INA	LIZATI	ION FORM				Fax: 65	46 8156
То	12		LKK			Fax:	
Attn	: := ::		KAL			Tax.	
	105		SHC 766N	-	—— Date	of Accident :	17/12/2018
		100 100		A.7			
The s	urvey	and estima	tes of the re	pairs of the a	bove-mentioned	I vehicle are as t	follows:-
١.	The	repair Job si	nall bill to:		NTUC		GBC3153H
2.	The f	finalized am	ount shall b	e:		###	
	(a)	Spare Pa	rts after List	discount			
	(b)	Labour C	harges		###		1
		Total for	Part-By-Pa	rt Repair Co	st		÷15
	92,112	0.530				N	79
	(c.)		Repair (if a	applicable) epair cost afte	er Less: 20%		\$ 1400.00
			npsum Rep		2070	50	
	Wes		he above a	repairs:		rking days irmed if there is	no reply from you
4.	We s withi	shall treat t in 7 workin	he above a	mount as Co	prrect and Conf	irmed if there is	o a state contrast
4.	We s withi	shall treat t in 7 workin	he above a g days	mount as Co	prrect and Conf	irmed if there is	o a state contrast
4.	We s withi	shall treat t in 7 workin	he above a g days	mount as Co	prrect and Conf	irmed if there is	o a state contrast
4.	We s within	shall treat t in 7 workin	he above a g days	mount as Co	orrect and Conf Wi	irmed if there is	imates and
4.	We s within	shall treat ti in 7 workin ik you for yo ature :	he above a g days our assistan	mount as Co	orrect and Conf	Irmed if there is e confirm the est alized amount	imates and
4.	We s within	shall treat ti in 7 workin ik you for yo ature :	he above a g days our assistan MANI 6214	mount as Co	orrect and Conf	irmed if there is e confirm the est alized amount gnature :	imates and
4.	We s within Than Signa Nam	shall treat ti in 7 workin ik you for yo ature :	he above a g days our assistan MANI 6214	mount as Co	orrect and Conf	e confirm the est alized amount gnature:	imates and
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4.	We s within Than Signa Name Tel	shall treat tin 7 workin Ik you for you ature: e : JU	he above a g days our assistan MANI 6214	mount as Co	Prect and Conf	e confirm the est alized amount gnature:	imates and
4. 55.	We s within Than Signa Nam- Tel Fax	shall treat to in 7 working the year to the state of the	he above a g days our assistan MANI 6214	mount as Co	orrect and Conf	confirm the establized amount gnature: me : Confirm By	Katra 19/2/-8
4. 5.	We s within Than Signal Name Tel Fax Official	shall treat tin 7 workin lik you for yo ature: e: JU I Use Only	MANI 6214	mount as Co	Document Attached Yes or No	confirm the establized amount gnature: me : Confirm By	Katra 19/2/-8
4. 5. 1. R	We s within Than Signal Name Tel Fax Official	shall treat to in 7 working the your for you have the same the sam	MANI 6214	mount as Co	Document Attached Yes or No	confirm the establized amount gnature: me : Confirm By	Katra 19/2/-8
4. For C 1. R 2. Lc 3. S 4. L	We s within Than Signal Name Tel Fax Official	shall treat to in 7 workin to workin the you for you ature : e : JU! I Use Only Item Rate P/Day Income Pair	MANI 6214	mount as Co	Document Attached Yes or No	confirm the establized amount gnature: me : Confirm By	Katra 19/2/-8
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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





46			-	NO III III III III III III III III III I	201144 - 1-2
NTU	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1802273	38/K1qbn2
		D UNION HOUSESINGAPORE	Date:	27-12-2018 INC4	
1.		Policy Particulars	:- THIR		
	Insured Veh.	GBC 3153H	-	nspected	SHC 766M
	Policy No.	5105122339	+	rage (\$)	0.00
	Claim No.	MT/1024238-002	Exces	200 - 100 - 100 - 100	0.00
_	Assign From	A0000000000000000000000000000000000000	A 100 miles	n Date	18/12/2018
2.	Mark Committee	Vehicle Parti	culars	& Condition	
	Make & Model	HYUNDAI 140	c.c		1685
7	Engine No.	HIDDEN		of Reg.	2015
	Chassis No.	KMHLB41UMFU066208	Colou	ır	YELLOW
	Odometer	539179	Steer	ing	IN ORDER
	Brakes	IN ORDER	Modif	fication	STANDARD ALLOY RIM
	General	FAIR	T		
3.		Condit	ions 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.		Descript	ion of D	amages	
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	EAR POF	RTION.	
5.		Genera	al Inforr	nation	
	Accident Date	17/12/2018	Inspe	ection Date	18/12/2018
	Survey held at	COMFORTDELGRO ENGINEE	RING P	TE LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.			Remarks		
	A)THE INSPECTION B)IN ACCORDAN	ON WAS CONDUCTED ON A"WI	THOUT NE HAVI	PREJUDICE" BASIS E NOT AUTHORISE	S. ED REPAIRS.
5b.		Estimate	Days o	of Repair	
	T	· · · · · · · · · · · · · · · · · · ·			0.

ESTIMATED NORMAL PERIOD FOR REPAIR:

3 Working Days



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 766M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
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
	NETT ITEMS			
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT			-13.57
	And a second control of the control		135.70	122.13
	SPECIAL NETT ITEMS			
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

Report Ref No. NS/INC18022738/K1qbn2



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR PANEL, REAR PANEL LOWER PANEL AND REAR		400.00	300.00
	BOOTLID. 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
	GRAND TOTAL		3,587.62	1,789.17

RECOMMENDED COST OF LUMP SUM REPAIRS	1,400.
(TO ITS PRE-ACCIDENT CONDITION)	
(CONFIRMED)	

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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