

Surveyor: NAT

REF: NS/INC18022977/Ngbcr

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Inured: SJN 1105H

Policy No. 5099226593 15052018

Claims No. M/1074897-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SITC7382R Yr Regn: 1 Aug 2018

Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HYUNDAI IONIQ c.c. 1,580

Colour: YELLOW A/C: Insur./d/Std/NI/NA

Sp. Reading: 70,860 T/Radiop: Insured/Std/NI/NA

Eng/No: _____

C/No: KMHCB51CVJU103738

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R15

R: 11

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

TOYO / YOKO or WEST LAKE

Front: _____ Rear: _____

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 20/12/18 D.O.I. 21/12/18

Survey held at CDGE LOYANG

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

N/S

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

Date / Time	Action / Instruction
	SITC 7382R - CS/FCI15013574/51662 DA: 10052015 INC P11
	SJN 1105H - X
17/1/19	FINALIZED PART BY PART REPAIR \$2563.20 / (4 days) (Paid \$1577.92, 38%)
RECEIVED 23 JAN 2019	

Date/Time, File Pass to? : Prelim Report

1) 20/1/19 Final : Final Report

Date/Time, File Return to?

2) _____

Report Format: 71
Lump Sum / I.B.I. (\$) 2563.20

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:	_____
Transportation:	_____
S + RS:	_____ \$1
Photos:	_____
Others:	_____
TOTAL	_____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invo (\$ _____)

: Weekend (\$ _____)

TP Claims against NTUC Income: Follow-Through Survey

Date : 21/01/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1024897-002	CITYCAB PTE LTD	SHC 7382R	SIN 1105H	20/12/2018	10:40	\$ 4,137.12

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident
 Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5099226593		LUSH CAR RENTAL PTE. LTD.	201604958M	GFT	drive CLASSIC	S3N1105H	S3N1105H	15/05/2018	

Continue

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 willful 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	20/12/2018 15:38
Date Of Accident	20/12/2018 10:40
Exact Location Of Accident	PASIR PANJANG HILL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7382R
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	IONIQ HYBRID
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	YEO MIAU HUA
NRIC No	S1346973C
Date Of Birth	25/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1977
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90498187
Fax Number	
Contact Number	
EMail Address	MHYEO78@GMAIL.COM

Address BLK 106 WISHART ROAD #05-20
 Postcode 098751
 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 - OPENING DOOR OF VEHICLE
 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) 4

Passenger 1 NAME: : -
 GENDER: : FEMALE

Passenger 2 NAME: : -
 GENDER: : FEMALE

Passenger 3 NAME: : -
 GENDER: : MALE

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 / Type Of Accident : 3P OPEN DOOR

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 SJN1105H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver HADY RUTHMAN BIN ISMAIL
 NRIC/Passport Number S7314588J

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

RIGHT FRT DOOR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

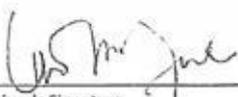
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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:

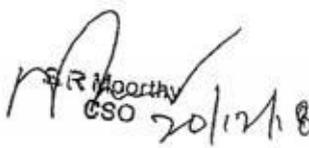
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

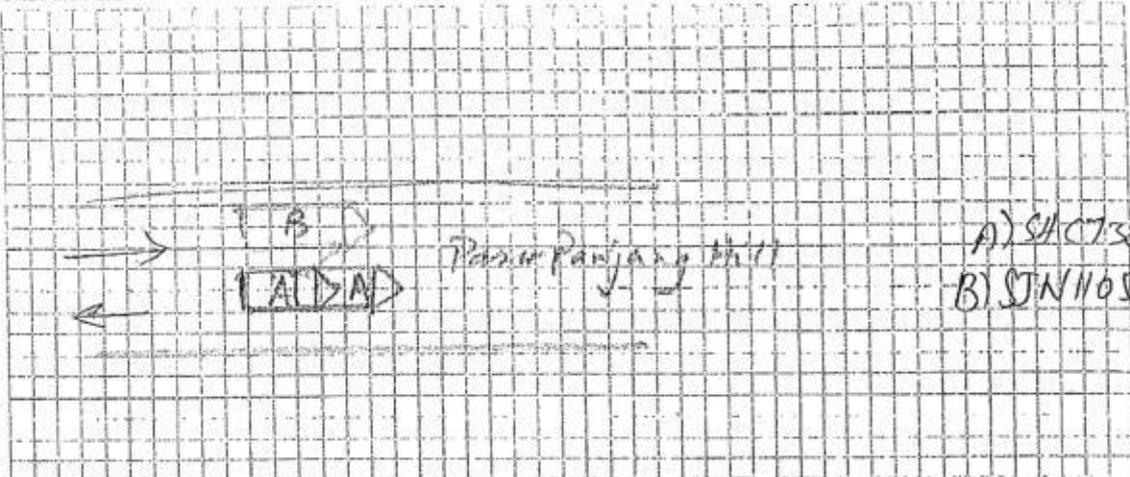


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/12/18 at about 1040hrs while I Veh A was travelling, Veh B opened the right front door which collided onto the left portion of my moving vehicle. My vehicle sustained damages on the whole left portion.

DECLARATION

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

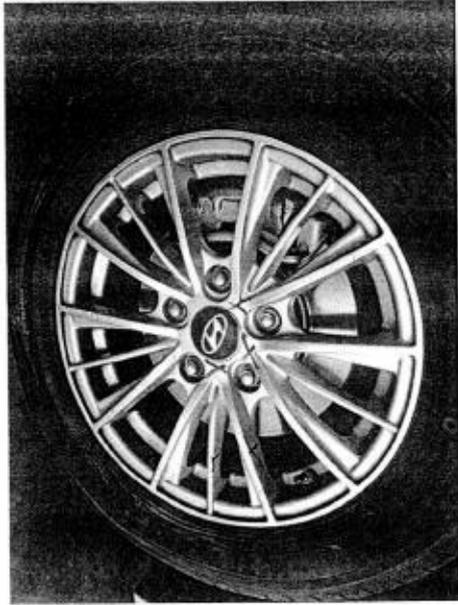
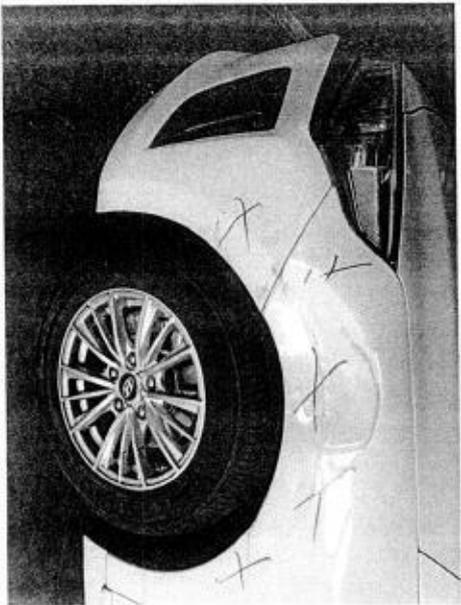
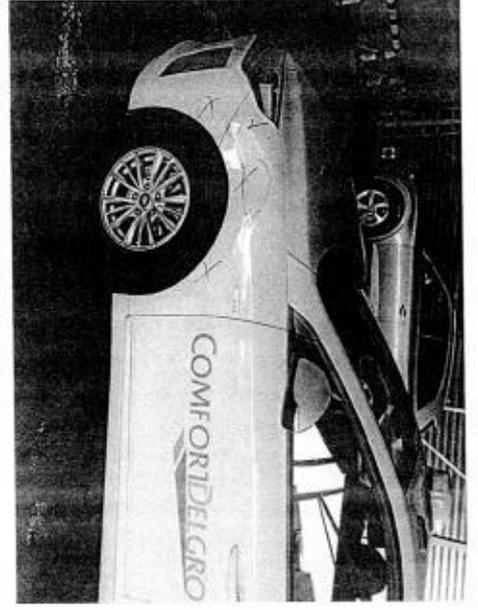
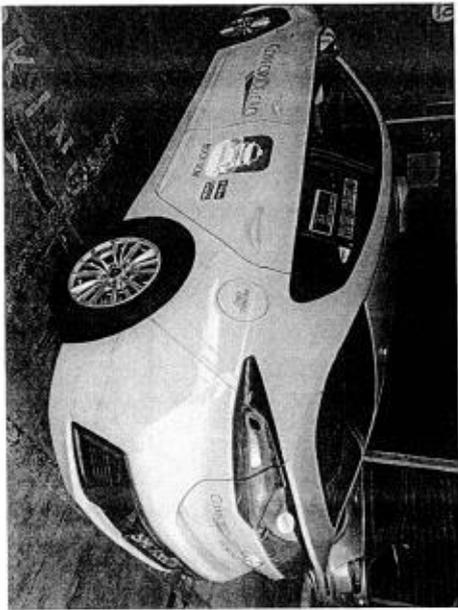
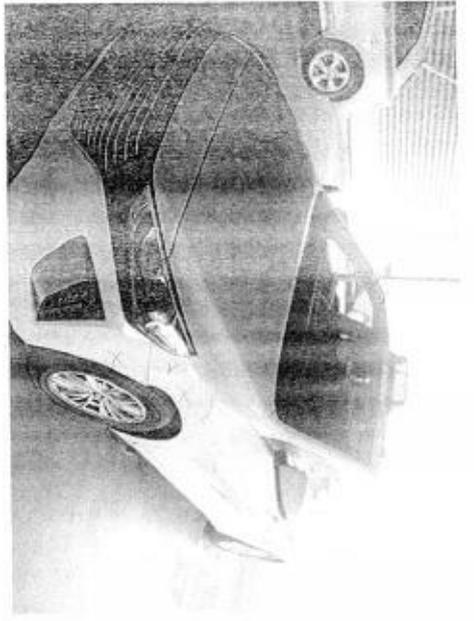
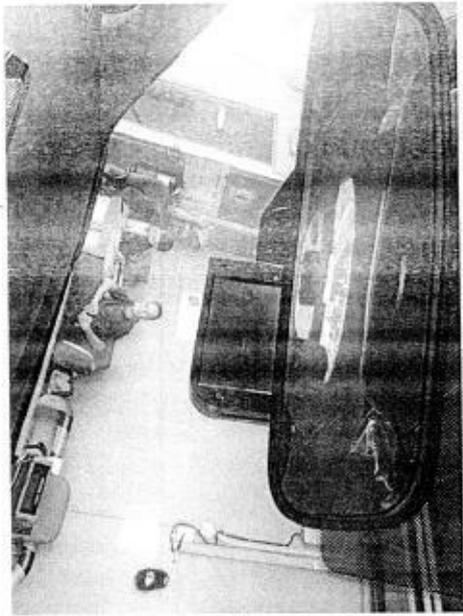
CITYCAB PTE LTD
CO. REG. NO. 199502839G

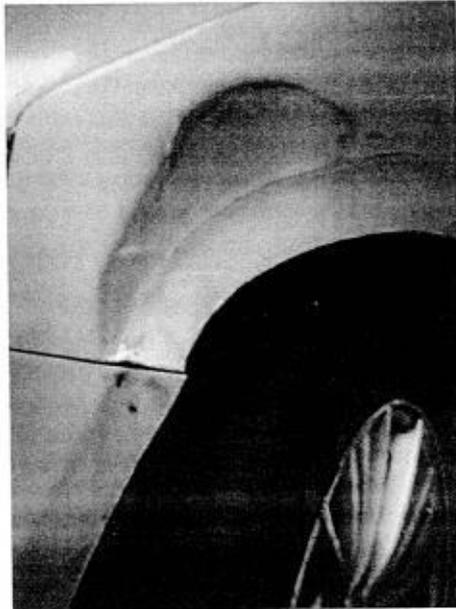
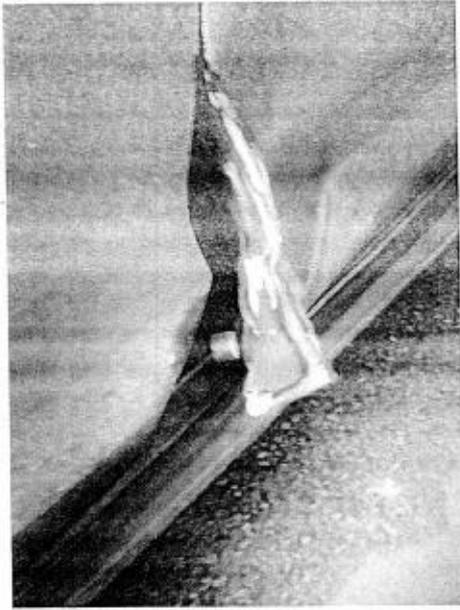
Policyholder's Signature
Date & Time:

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

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

[Signature]
S R Moorthy
CSO
20/12/18





member of COMFORTDELGRO

Date/Time: 20.12.2018 17:47 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JG NO.: 305253052

TOMER

AS CITYCAB PTE LTD
TOMER NO. 7010070
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

REGN NO.: SHC7382R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 20.12.2018 12:55
YR OF MANU 01.08.2018	TARGET DATE
CHASSIS CODE KMHC851CVJU103738	COMPLETION DATE/TIME:

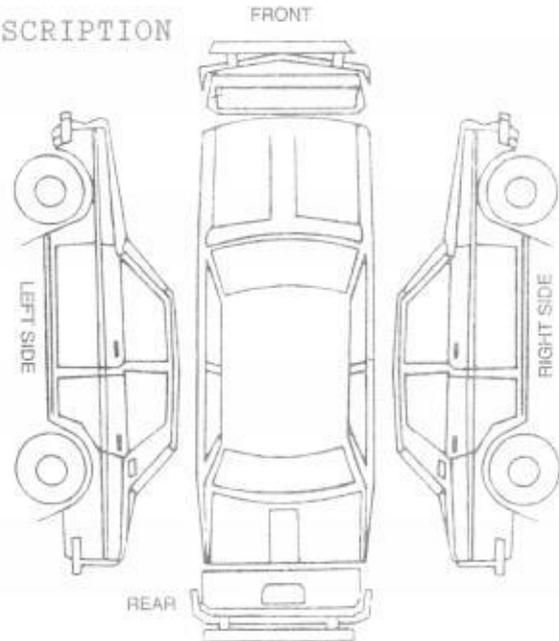
NTUC

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 20.12.2018
NATURE: 3P 20.12.2018

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

No.: SHC7382R

LKE

Na3

Exit Pass

Vehicle No.: SHC7382R

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHC 7382R

DATE 21/12/2018 10:59

MAKE :

MODEL : HYUNDAI IONIQ

LKK/NAZ

pbyp

Lke

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 418.30
	Front Bumper Bracket (LH)			\$ 28.00
	Front Fender (LH)			\$ 490.70
	Front Fender Shield (LH)			\$ 114.70
	Emblem-Blue Drive (LH)			\$ 26.60
	Front Wheel Rim (LH)			\$ 1,124.20
	Rear Bumper			\$ 459.40
	Rear Bumper Cover Clips			\$ 22.00
	SUB TOTAL		1641.5	\$ 2,683.90
	LESS 20%			\$ 536.78
	DISCOUNTED TOTAL		1313.20	\$ 2,147.12
	Labour Charge			
	Panel Beating			\$ 900.00
	Spray Painting Charge-Rear Fender & View Mirror (LH)			\$ 800.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Rear Wheel Alignment			\$ 120.00
	TOTAL LABOUR		1250	\$ 1,990.00
	ESTIMATE TOTAL		\$ 2563.20	\$ 4,137.12

TR
?XSVL
DEF
?XSVL
NEC
TR
XNV

600
800
30
20
XNV

[Signature]
24/12/18

NAZ LK
21/12/18
P/P
U-22

CHECK ITEMS PHOTO
BEFORE PAINT PHOTO

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final 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.

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305253052

Date : 09.01.19

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr NAZ

Vehicle Reg No. : SHC7382R CCPL

20.12.18

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

1. The repair job shall bill to: NTUC --- SJN1105H
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$1,313.20</u>
(b) Labour Charges	<u>\$1,250.00</u>
Total for Part-By-Part Repair Cost	<u>\$2,563.20</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u> </u>
Final Lumpsum Repair cost	<u> </u>

3. Estimated normal period for repairs: 4 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 : LIM KWOK ENG

Name : NAZ LKK

Tel : 62148316

Date : 17/1/19

Fax : 65468156

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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

F

Reply | Delete | Junk | ...



SHC7382R finalize

LE

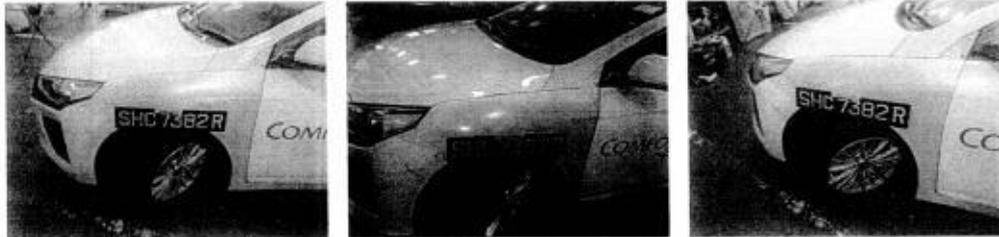
Lim Kwok Eng

Today, 11:58 AM

naz@lkkauto.com; Roger How Keen Meng; Tan Pei Wei

Reply |

Sent Items



img-109113623-0001.pdf
747 KB

4 attachments (1 MB) Download all Save all to OneDrive - ComfortDelGro Corporation Limited

Dear Naz,

Pls refer attached

Best Regards
Lim Kwok Eng
Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd
Tel. 6214-8355 / 6214-8156

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305253052
 REGN NO : SHC7382R
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 01.08.2018
 DATE/TIME IN : 20.12.2018 12:55
 ACCIDENT DATE : 20.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-0574-G	IONIQVC PANEL-FENDER LH#	1 L	490.70	20.00	392.56
0002	04-01-0104-3813-G	IONIQ EMBLEM-BLUE DRIVE L	1 L	26.60	20.00	21.28
0003	03-01-0104-2020-G	IONIQ WHEEL ASSY-ALLOY (S	1 L	1,124.20	20.00	899.36

SUB-TOTAL : 1,313.20

JOB NATURE

0000	L	PANEL BEATING				600.00
0001	23-502	SPRAYPAINT ON AFFECTED AREA				600.00
0002	17-01	CHECK ALL LIGHTING				30.00
0003	L	RENEW/REFIX REVERSE SENSOR				20.00

SUB-TOTAL : 1,250.00

TOTAL : 2,563.20

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE :

DATE :



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/INC18022977/Nqbs2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 23-01-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJN 1105H	Veh. Inspected	SHC 7382R
Policy No.	5099226593	Coverage (\$)	0.00
Claim No.	MT/1024897-002	Excess (\$)	0.00
Assign From		Assign Date	21/12/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVJU103738	Colour	YELLOW
Odometer	70860	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65R15	WEST LAKE	5 mm
L/H Front Tyre	195/65R15	WEST LAKE	5 mm
R/H Rear Tyre	195/65R15	WEST LAKE	5 mm
L/H Rear Tyre	195/65R15	WEST LAKE	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	20/12/2018	Inspection Date	21/12/2018
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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 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 7382R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	418.30	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	28.00	-
1	FRONT FENDER (LH)	DEFORMED	490.70	490.70
1	FRONT BUMPER SHIELD (LH)	SERVICEABLE	114.70	-
1	EMBLEM - BLUE DRIVE (LH)	NECESSARY	26.60	26.60
1	FRONT WHEEL RIM (LH)	CUT	1,124.20	1,124.20
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
10	REAR BUMPER COVER CLIPS LESS 20% DISCOUNT	NOT NECESSARY	22.00 -536.78	- -328.30
			2,147.12	1,313.20
LABOUR				
PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND REAR BUMPER.			900.00	600.00
SPRAY PAINTING CHARGE - REAR FENDER & VIEW MIRROR (LH)			800.00	600.00
WIRING CHARGE.			50.00	30.00
REMOVE / REFIX REVERSE SENSOR.			120.00	20.00
REAR WHEEL ALIGNMENT.			120.00	-
			1,990.00	1,250.00
GRAND TOTAL			4,137.12	2,563.20
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,563.20

Report Ref No. NS/INC18022977/Nqbs2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

K.K.LAU CPT(RET)

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