

Form 21

Surveyor: Kelvin

REF:

NS/INC18023205 / KHbs

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / HS / TP RES / OD RES / EVA / INV / MV  
 To Inspected Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 Insured: SLV 49306  
 Policy No: 5098060055 120218 - 11022019  
 Claims No: MT/1024648-002  
 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  
 Lum Surv: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SHB31004 Yr Regn: 13 Jan 2013  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. Prime Mover /  
 Truck / Trailer or  
 Make: Mercedes Benz Viano CC: 2145  
 Colour: White A/C: Inc / Std / Nil / NA  
 Sp. Reading: 418601 T/Radio: Inc / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WPF 63981323798963  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inc / Jammed / Leaked / Burnt or  
 Brake: Inc / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD / Rim or  
 Tyre Size: F: 225 / 60 R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Han / Hank  
 Front Rear  
 R/Bal: 7 mm R/Bal: 7 mm  
 L/Bal: 7 mm L/Bal: 7 mm  
 D.O.A: 20/12/18 D.O.I: 27/12/18  
 Survey field at C D G E (Loyang)  
 Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or  
N/S Frl  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHB 31004 - CCS/TMC18010087 / KHbs2 DAF: 610618 <u>INC</u>
	SLV 49306 - NA/INC18023205 / 41 DAF: 101115 <u>41</u>
29/12/18	<u>Chrt L/S \$5000 / 217. Cred: 2924.80 / 36%</u>
	RECEIVED 02 JAN 2019

Date/Time, File Pass to?

☐ : Prel. Report

1.2/1 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Report Format:

TP

Lump Sum / 1.8 / 3

5000/-

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1024648-002	CITYCAB PTE LTD	SHB 3100U	SLV 4930G	20/12/2018
2	MT/1025117-002	COMFORT TRANSPORTATION PTE LTD	SHB 6671T	GBC 1458S	21/12/2018
3	MT/1025334-002	COMFORT TRANSPORTATION PTE LTD	SHA 4979A	SGD 198J	26/12/2018
4	MT/1025873-001	COMFORT TRANSPORTATION PTE LTD	SHD 6949H	SKZ 3566Y	24/12/2018
5	MT/1025217-002	COMFORT TRANSPORTATION PTE LTD	SHA 1073H	SJE 5047M	25/12/2018
6	MT/1024874-002	COMFORT TRANSPORTATION PTE LTD	SH 8203L	SLR 5726U	21/12/2018
7	MT/1025317-002	COMFORT TRANSPORTATION PTE LTD	SH 7573A	SKF 8716D	25/12/2018
8	MT/1025290-002	COMFORT TRANSPORTATION PTE LTD	SHD 6502M	SHD 2790Z	25/12/2018

eBaoTech

General Claim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090000055		JOHNNY LKS LIMOUSINE SERVICES	53377325C	GPC	drive CLASSIC	SLV4930G	SLV4930G	12/02/2018	11/02/2019

Date/Time: 27.12.2018 11:55

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305254653

STOMER

VMS CITYCAB PTE LTD  
ISTOMER NO. 7010070  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
L (R) 65551188 (O)  
(P)

VARs

REGN NO.: SHB3100U

MILEAGE

MAKE: MERCEDES BENZ

FUEL

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

MODEL VIANO CDI 2.2L

DATE/TIME IN 27.12.2018 10:20

YR OF MANU. 13.06.2013

TARGET DATE

CHASSIS CODE WDF63981323794987

COMPLETION DATE/TIME:

SCOUNT CARD NO.

## JOB DESCRIPTION

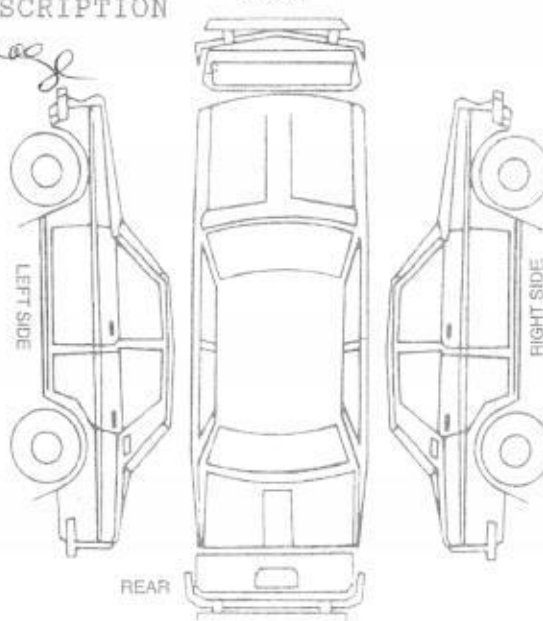
Accident Date: 20.12.2018  
NATURE: 3P 20.12.2018

S/NO LABOR CODE

NTUC - Left Front damage

DESCRIPTION

FRONT



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHB3100U LARRY

Vehicle No.: SHB3100U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## 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	21/12/2018 08:44
Date Of Accident	20/12/2018 13:45
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 2 DEPARTURE HALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3100U
<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

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VIANO

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	LEE HUA HUAT @ FREDDIE LEE
NRIC No	S2012652C
Date Of Birth	26/04/1948
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1967
Driving Experience	51 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90469832
Fax Number	
Contact Number	
EMail Address	FREDLEE922MAXI@YAHOO.COM

**Address**

BLK 603 ANG MO KIO AVENUE 5 #06-2683

Postcode

560603

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

SIDE SWIPE

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)

5

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2

NAME: : -

GENDER: : MALE

Passenger 3

NAME: : -

GENDER: : FEMALE

Passenger 4

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**

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

**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

SLV4930G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE KWANG SOY

NRIC/Passport Number

S1565549F

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

LEFT REAR DOOR

No. Of Passenger (Including Driver)

# 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

20/12/18  
Jackson Heng  
CSO

Policyholder's Signature  
Date & Time:

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

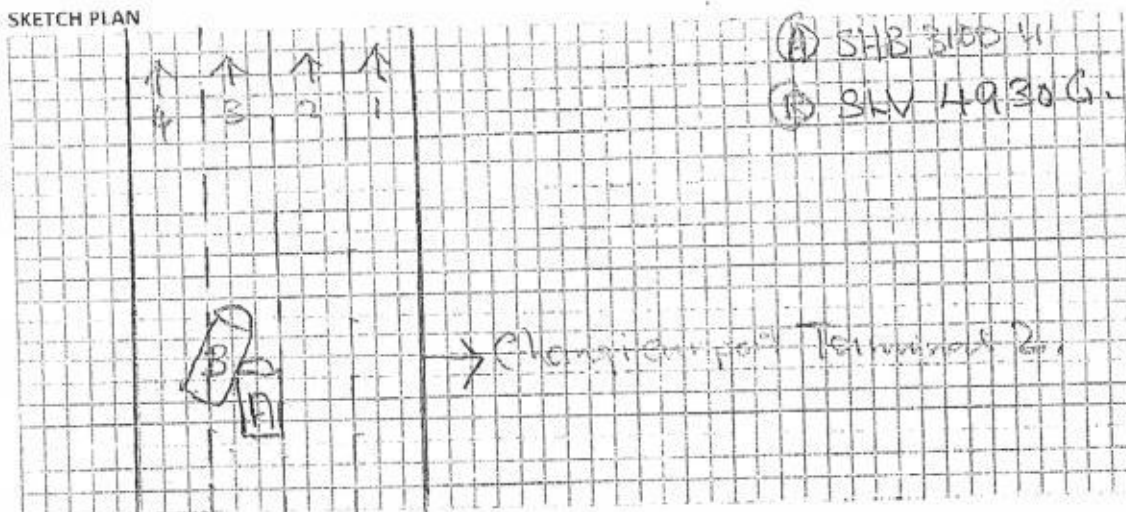
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/12/2018 at about 1345 hrs, I vehicle A was driving my taxi along Changi airport Terminal 2 Departure Hall while I going straight, vehicle B suddenly dash out to the right lane. But I couldn't brake in time and collided onto vehicle A. left front portion. No one was injured at that time.

## DECLARATION

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

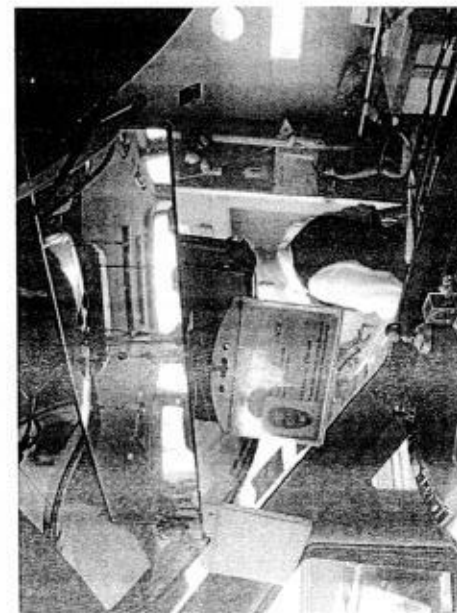
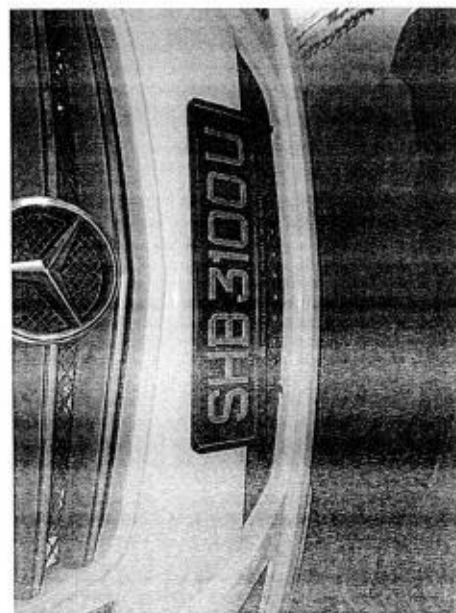
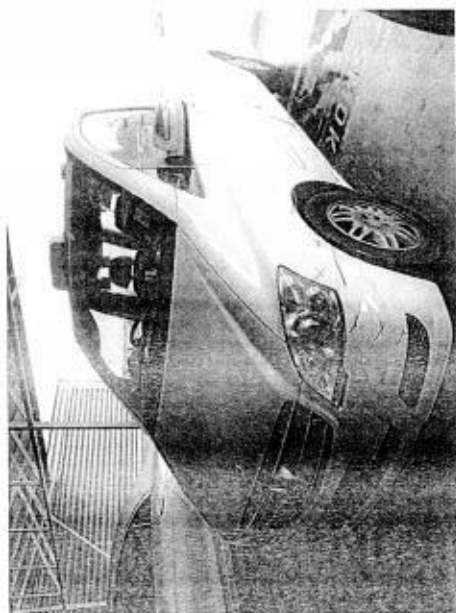
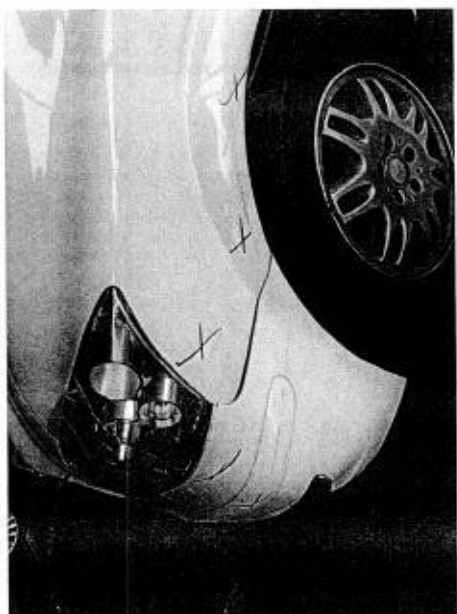
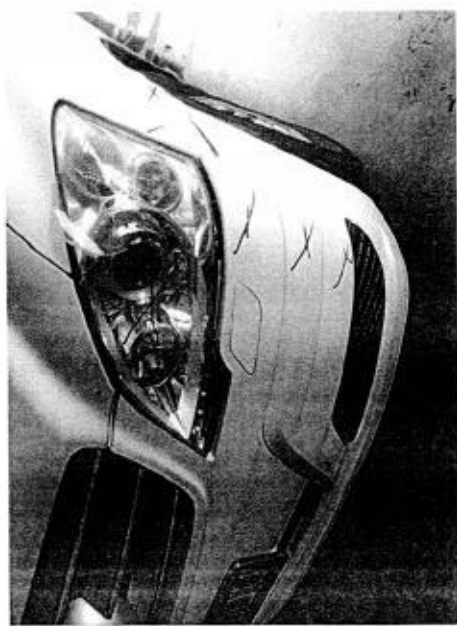
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

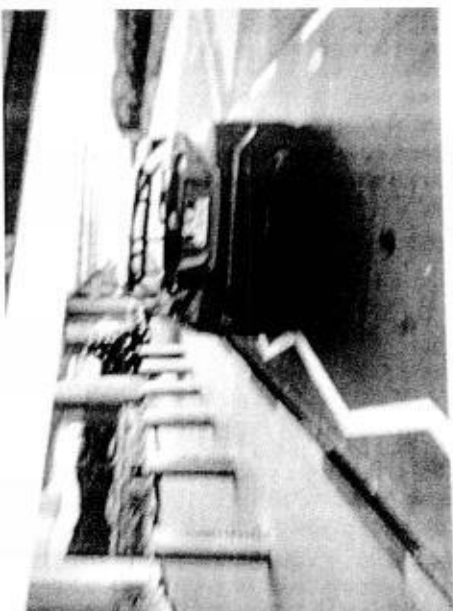
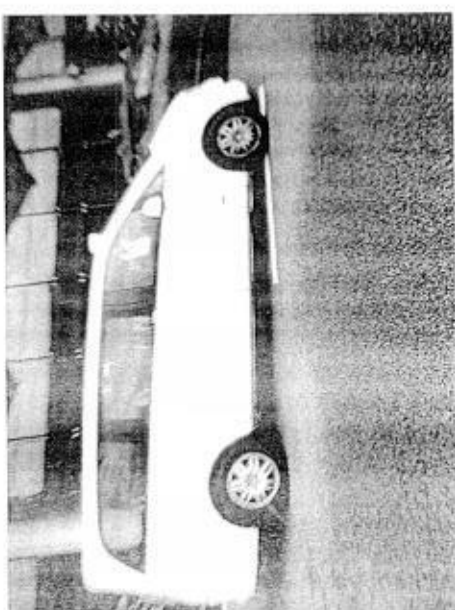
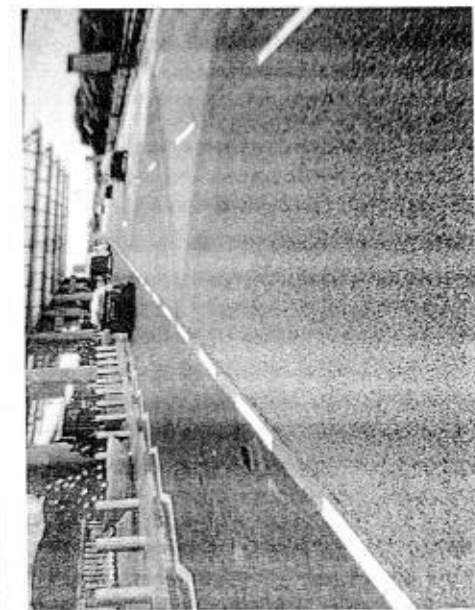
Policyholder's Signature  
Date & Time:

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

20/12/18  
Jackson Hong Jackson  
CSO

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





# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305254653

Date : 28. Dec. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB3100U

Date of Accident: 20. Dec. 2018

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

1. The repair job shall bill to: NTUC SLV4930G

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)

Total for Lumpsum repair cost after Less:

**Final Lumpsum Repair cost** **\$5,000.00**

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kahn

Name : Kahn

Date : 29/12/18

## 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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORT DELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE\*

VEHICLE NO : SHB 3100U

DATE 12/27/2018 16:56

MAKE :

MODEL : MERCEDES BENZ VIANO

NMC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper, FRT <i>Adapt</i>			\$ 1,920.00
	Bumper Reinforcement, FRT <i>8m</i>			\$ 1,480.00
	Bumper Bracket, FRT/LH <i>2m</i>			\$ 66.00
	Head Lamp Assy, LH <i>1m</i>			\$ 3,620.00
	Fender, FRT/LH <i>Adapt</i>			\$ 1,320.00
	SUB TOTAL			\$ 8,406.00
	LESS 20%			\$ 1,681.20
	DISCOUNTED TOTAL			\$ 6,724.80
	Labour Charge			
	Panel Beating			<i>300</i>
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 600.00 <i>400</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	TOTAL LABOUR			\$ 1,200.00
	ESTIMATE TOTAL			\$ 7,924.80

*Kahir (Ulas)*  
*27/12/18 1620h.*  
*2 hrs*  
*L/S*  
*After Repair plz*

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 litigation/mediation is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

Larry Ng

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.





## 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/INC18023205/K1tbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-01-2019

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLV 4930G	Veh. Inspected	SHB 3100U
Policy No.	5098060055	Coverage (\$)	0.00
Claim No.	MT/1024648-002	Excess (\$)	0.00
Assign From		Assign Date	27/12/2018

### 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ VIANO	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDF63981323794987	Colour	WHITE
Odometer	418601	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/60R16C	HANKOOK	7 mm
L/H Front Tyre	225/60R16C	HANKOOK	7 mm
R/H Rear Tyre	225/60R16C	HANKOOK	7 mm
L/H Rear Tyre	225/60R16C	HANKOOK	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	20/12/2018	Inspection Date	27/12/2018
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



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3100U**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	BUMPER, FRT	DEFORMED	1,920.00	1,920.00
1	BUMPER REINFORCEMENT, FRT	SERVICEABLE	1,480.00	-
1	BUMPER BRACKET, FRT/LH	SERVICEABLE	66.00	-
1	HEAD LAMP ASSY, LH	CRACKED	3,620.00	3,620.00
1	FENDER, FRT/LH	DENTED	1,320.00	1,320.00
	LESS 20% DISCOUNT		-1,681.20	-1,372.00
			6,724.80	5,488.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.		500.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
			1,200.00	740.00
	<b>GRAND TOTAL</b>		<b>7,924.80</b>	<b>6,228.00</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>5,000.00</b>

Report Ref No. NS/INC18023205/K1tbs2

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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