

NS/INC18023294/Klsd35

Others

RECEIVED 67 JAN 2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1017945-002	SMRT BUSES LTD	SMB 1449T	SJQ 9012Z	30/10/2018	\$ 976.00	\$ 450.00
2	MT/1025511-002	CITYCAB PTE LTD	SHA 9574B	SJD 3483E	27/12/2018	\$ 14,135.90	TOTAL LOSS
3	MT/1025992-002	COMFORT TRANSPORTATION PTE LTD	SHA 7523L	FBH 5360L	28/12/2018	\$ 1,785.68	\$ 750.00
4	MT/1025605-002	COMFORT TRANSPORTATION PTE LTD	SHD 4757H	GBG 9028B	28/12/2018	\$ 1,570.00	\$ 950.00

Claim received from LKK Auto

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 checked="" type="radio"/>	5098931531		PANG SOO LIANG	S1325726D	GPC	drivo CLASSIC	SJD3483E	SJD3483E	15/03/2018	17/03/2019

OMFORDDELGRO ENGINEERING

member of COMFORTDELGRO

Team: CK ARC Repair TP(CFSO)1

OMER

IS CITYCAB PTE LTD
OMER NO. 7010070
LESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)

DUNT CARD NO.

NTUC

LIS

JOB CARD

LKK

Kalvin

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 2755

Workshops

59 Loyang Drive Singapore 508989

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

420 Ubi Road 3 Singapore 408669

24 Serangoon Loop Singapore 758156

7 Sungai Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 28.12.2018 11:51

Page : 1

Sales Order:

JC NO.: 305255130

REGN NO:	SHA9574B	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL	SONATA	E.....1/2.....F
YR OF MANU.	30.08.2012	DATE/TIME IN
CHASSIS CODE	KMHET41VMCA829718	27.12.2018 12:50
		TARGET DATE
		COMPLETION DATE/TIME:

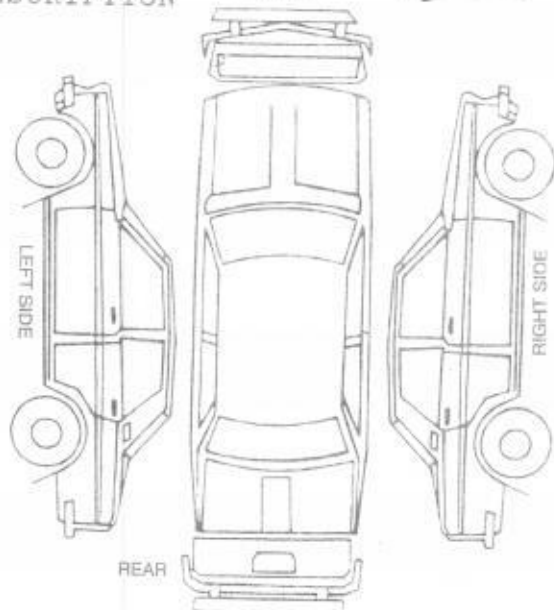
JOB DESCRIPTION

Accident Date: 27.12.2018
NATURE: 3P 27.12.18

S/NO LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHA9574B

LIMITS

Vehicle No.:

SHA9574B

Signature/Date

Signature/Date

Name of Service Advisor

Date

SHA 9574B

$$\textcircled{1} \text{ cost of taxi} - 68272.75$$

$$\text{ARF 65\%} - 9420$$

$$\begin{aligned} \text{Repayment} &= (68272.75 - 9420) \div 96 \\ &= 612.95 \end{aligned}$$

$$\begin{aligned} \textcircled{2} \text{ Pst wk} &= (612.95 \times 20) + 9420 \\ &= 216890 \end{aligned}$$

$$\textcircled{3} \text{ Public wk} - 216890 - 19631$$

$$\underline{\underline{\$2057}}$$

Report ID : ZFIC7132
DATE : 28.12.2018
TIME : 15:11:32

CityCab Pte Ltd
Vehicle New for Fleet Safety Division
AS AT 30.11.2018

USER ID : CTFENX03
PAGE : 1

Op. Code : C03
Licence Pl. No : S905743
Old Asset No :
Veh. Model : Hyundai Sonata
Reg. Date : 30.08.2012
Cap. Date : 30.08.2012
Accident Date : 27.12.2018
Veh. Age : 076

Asset No	SA No	Bal. Dep. Mths	Per. Mth. Dep	Bal. Dep. Value	Asset Description 1	Cost	Op. Acc. Dep	Cur. Year Dep	Accum. Dep	Net Book Value	Scrap value/Estimated PNRF Refund
				\$		\$	\$	\$	\$	\$	\$
10008903	0	014	242.54	3,395.56	SH95743 HSN 30.08.2012 BASIC COST \$21830 W ALCON	21,830.00	15,765.39	2,667.99	18,433.38	3,396.62	1.00
10008903	1	014	32.24	451.36	SH95743 HSN 30.08.2012 IMPACT DUTY	2,901.75	2,095.71	354.66	2,450.37	451.38	0.00
10008903	2	014	64.49	902.85	SH95743 HSN 30.08.2012 ASP 100%ONV14509	14,509.00	4,191.78	709.38	4,901.16	9,607.84	8,705.00
10008903	3	014	543.24	7,605.36	SH95743 HSN 30.08.2012 CCE 80%	48,892.00	35,310.89	5,975.69	41,286.58	7,605.42	0.00
10008903	4	000	0.00	0.00	SH95743 HSN 30.08.2012 CCE TOP UP	0.00	0.00	0.00	0.00	0.00	0.00
10008903	5	014	0.00	0.00	SH95743 HSN 30.08.2012 AIR CONDITIONER	0.00	0.00	0.00	0.00	0.00	0.00
10008903	6	014	0.00	0.00	SH95743 HSN 30.08.2012 PRINTER DIGITAL THERMAL	0.00	0.00	0.00	0.00	0.00	0.00
10008903	7	014	0.00	0.00	SH95743 HSN 30.08.2012 TAXI-METER DIGITAL F1	0.00	0.00	0.00	0.00	0.00	0.00
10008903	8	014	1.56	21.84	SH95743 HSN 30.08.2012 VEH REG FEE	340.00	201.11	17.11	118.22	21.78	0.00
			884.07	22,376.98		88,272.75	57,464.88	9,724.83	67,189.71	21,083.04	
	CCE				Vehicle : Without T/M & CCE	39,380.75	22,159.99	3,749.54	25,903.13	13,477.62	
	Vehicle		543.24	7,605.36	Vehicle : Without T/M, With CCE	68,272.75	57,464.88	9,724.83	67,189.71	21,083.04	
			340.83	6,771.62	Taxi-meter	0.00	0.00	0.00	0.00	0.00	
			884.07	12,376.98							

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	28/12/2018 09:57
Date Of Accident	27/12/2018 12:50
Exact Location Of Accident	SEBBAWANG CRESCENT TWDS SEBBAWANG WAY.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9574B
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	SONATA

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	GAY PENG HWA
NRIC No	S0035487B
Date Of Birth	05/06/1952
Occupation	OUTDOOR
Date Of Driving Pass	11/02/1971
Driving Experience	47 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96656228
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	334 12-795 UBI AVENUE 1
Postcode	400334
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES N NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SJD3483E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG KOK HOON
NRIC/Passport Number	S8003277C
Contact Number	81005068
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	GAY PENG HWA
Approximate Age	66
Injuries Sustain	HEAD,HAND
Injured person in which vehicle?	SHA9574B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

Refer to attach

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer: Police report attach T/20181227/2104

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502332

Policyholder's Signature
Date & Time:

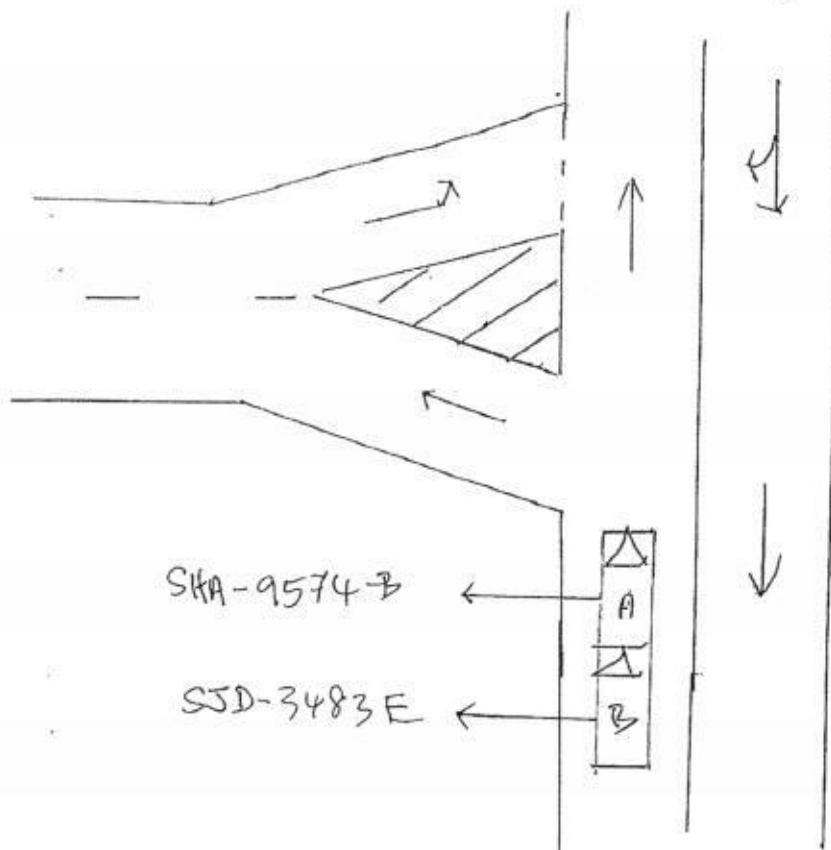
Driver's Signature
(If driver is not the policyholder)
Date & Time:

28/12/18
Jackson Heng
CSO

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

454R044C SketchPlanForm_V3

Semburan Cres.





**SINGAPORE
POLICE FORCE**



T/20181227/2104

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20181227/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2018 18:34	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars				
Name of Informant: GAY PENG HWA		Address: APT BLK 334 UBI AVENUE 1 #12-795 SINGAPORE 400334		
ID Type / ID No.: NRIC NO / S0035487B		Contact No.: Home/Office: Mobile: 96656228		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 66	Date of Birth: 05/06/1952	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2018 12:50	Type of Location: Straight Road
Location: Along Road 1 SEMBAWANG CRESCENT TOWARDS SEMBAWANG WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHA9574B	Car				Seriously Damaged	0
SJD3483E	Car					3

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181227/2104

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20181227/2104

CONTINUATION OF REPORT

Driver			
Name	GAY PENG HWA	ID No.	S0035487B
Related Vehicle	SHA9574B (Car)	Contact No.	96656228
Hospital/Clinic	OEI FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	PANG KOK HOON	ID No.	S8003277C
Related Vehicle	SJD3483E (Car)	Contact No.	81005068
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/12/2018 at about 1250hr, I was driving my vehicle SHA9574B along Sembawang Crescent towards Sembawang Way on the left lane. As I was driving, there was a sudden collision to the rear of my vehicle. I got out of my vehicle to inspect the damages and exchange particulars with the other driver. I believed the other driver was driving very fast as the airbag was deployed. Due to the collision, the rear of my vehicle is badly dented and there is a crack on my bumper. The rear passenger door is unable to close properly due to the collision to the rear of my vehicle.

I wish to state that I went to the clinic on 27/12/2018 and received 5 days of MC. I have a in car camera that is front facing only. That is all.



SINGAPORE
POLICE FORCE



T/20181227/2104

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20181227/2104

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 3 SIM FAWWAZ BIN SIM HASHIM

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
27/12/2018 18:34

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436



SINGAPORE
POLICE FORCE

Classification Of Case:

[Handwritten Signature]

Authentication Stamp
NP168

SIGNATURE

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

2839G

Vehicle Details

Vehicle No.:

SHA9574B

Vehicle to be Exported:

Yes

Intended Deregistration Date:

28 Dec 2018

Vehicle Make:

HYUNDAI

Vehicle Model:

SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO

Primary Colour:

Yellow

Manufacturing Year:

2012

Engine No.:

D4EAC168170

Chassis No.:

KMHET41VMCA829718

Maximum Power Output:

110.0 kW (147 bhp)

Open Market Value:

\$14,509.00

Original Registration Date:

30 Aug 2012

First Registration Date:

30 Aug 2012

Transfer Count:

0

Actual ARF Paid:

\$14,509.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

29 Aug 2020

PARF Rebate Amount:

\$9,430.00

Intended COE Rebate Details

COE Expiry Date:

29 Aug 2020

COE Category:

A - Car (1600cc & below)

COE Period(Years):

8

PQP Paid:

\$48,892.00

COE Rebate Amount:

\$10,202.00

Total Rebate Amount:

\$19,632.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 28 Dec 2018

OK

NTUC

TS

SEA 9574.B

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			1000
	Panel Beating			\$ 2,000.00
	Spray Painting Charge			\$ 1,000.00 1200 1000
	Wiring Charge			\$ 50.00 20
	Tuff Kote			\$ 50.00 20
	Rear Chassis Alignment Charge			\$ 400.00 50
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 50
	Remove/Refix Rear Windscreen Glass			\$ 120.00 100
	Remove/Refix Reverse Sensor			\$ 120.00 30
	Remove/Refix Fuel Tank			\$ 150.00 50
	Remove/Refix Exhaust Pipe			\$ 150.00 X
	TOTAL LABOUR			\$ 4,190.00
	ESTIMATE TOTAL			\$ 14,135.90
<p>Kah (K/K)</p> <p>28/12/18 1430hrs.</p> <p>Repair by TBA</p> <p>4/5</p> <p>Check Book value</p> <p>Rear Both chassis Damaged unsafe to repair To Scape</p>				
<p>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.</p>				

LK Consultants hence notify the Repairer of the following:

- To repair before/after spray painting
- To ensure damaged part(s) during recovery
- To ensure the subject is confirmed
- To ensure survey on a "Without Prejudice" basis
- To ensure that the survey is done
- To ensure that the survey is done
- To ensure that the survey is done

Armed by Repairer

Signed

Date



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: _____ Time Received: _____		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Mr Lim</u> Contact No. : <u>966 5567 6238</u> Vehicle No. : <u>SHA 95748</u> Make / Model / Colour : <u>SONATA</u> Email : _____			
7. Location: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
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10. Odometer Reading : _____	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input checked="" type="checkbox"/> Not tested	 # : Cracked X : Dented / : Scratched O : Missing Signature of Customer: _____			
Fuel Level : <table border="1"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>	F		1/4	1/2	3/4
F	1/4	1/2	3/4	E	

Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS	
Name of Driver : <u>Sivan</u>	TOWING
Vehicle No. : <u>CBH 240065</u>	
Time Dispatch : _____	
Time of Arrival : _____	
Time Completed : _____	

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date Time Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard

WORKSHOP COPY