

Tanpoh

RECEIVED

NS/19003227/T1td352

STANDARD

Location: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY: _____

To be used Vehicle No: _____

at Work/Shop/Office: _____

at: _____

Insured: **SIW 2713Z**

Policy No: **5100728804**

Claim No: **MT/1031996-002**

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

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS. : _____

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

Vehicle: **SHC931C** 2013 Oct.

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / ☒

Truck / Trailer or

Make: **Mercedes Benz Viano 2.2 CDI 243**

Colour: **White** A/C Insured / Std / Nil / NA

Sp Reading: **717649** T/Rack: Insured / Std / Nil / NA

Eng/No: **WDF6398/323802092**

C/Nr: _____

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Mod: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: **225/60R16** R: _____

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

TOYO / YOKO or

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm
D.O.A. 15/2/19	D.O.I. 15/2/19

Survey held at: **CDGE Weng**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or **Frt N/S**

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

SHC931C-X

SIW 2713Z-X

1/3/19 Email 25 \$ 4150, 3 days to Larry (Red. 1384.80; 25%)

RECEIVED 03 APR 2019

Cycle/Time File Pass to: ☐ : Preli. Report

314 Typist ☒ : Final Report

Date/Time File Return to: _____

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee: ☐ Site Insp. (\$) ☐ Interview (\$) ☐ Extra Fee (\$) ☐ Workshop (\$)

Survey Fee

Transportation

Other

Other

Other

Other

Report Format: _____

Lump Sum / LB: **4150-**

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Tuesday, 2 April 2019 2:22 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi All,

Claim created.

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1038472-001	SMART BUSES	SHB 388B	SGG 8844J	16/03/2019	00:00	7,447.28	1,800.00
2	MT/1031996-002	SMART BUSES	SHC 931C	SJW 2713Z	13/2/2019	19:40	5,534.80	4,150.00

With Regards

Joreen Ang
Senior Admin Assistant
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers

in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Tuesday, 2 April 2019 10:44 AM
To: MTCL@income.com.sg
Cc: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 2/4/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1		SMART BUSES	SHB 388B	SGG 8844J	16/03/2019	00:00	7,447.28	1,800.00

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/02/2019 19:40"/>							
Vehicle No.(For Motor)	<input type="text" value="SJW2713Z"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100728804		LIM KHENG GUAN THOMAS	S7801058D	GPC	drivo CLASSIC	SJW2713Z	SJW2713Z	20/05/2018	19/05/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5100728804	Policyholder Name	LIM KHENG GUAN THOMAS	Policyholder NRIC	S7801058D
Certificate No.					
Address	BLK 334 #07-258 HOUGANG AVENUE 5 SINGAPORE 530334				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/05/2018	Effective Date	20/05/2018 00:00	Expiry Date	19/05/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	DICKSON AUTO AGENCY	Agent Tel.	90000001	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 334 #07-258	Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE 530334
Address 4		Address Type	Singapore address	Post Code	530334
Unit No.		Related Policy Number	5100728804		

▶ Insured Object: SJW2713Z

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

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	14/02/2019 14:33
Date Of Accident	13/02/2019 19:40
Exact Location Of Accident	ALONG UPP PICKERING ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC931C
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	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	CHEW TING KEONG
NRIC No	S1822724Z
Date Of Birth	14/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/02/1985
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94505659
Fax Number	
Contact Number	
Email Address	CHEWDANIEL1@GMAIL.COM

Address	647 #01-158 JURONG WEST STREET 61
Postcode	640647
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)	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

SEE ATTACH.

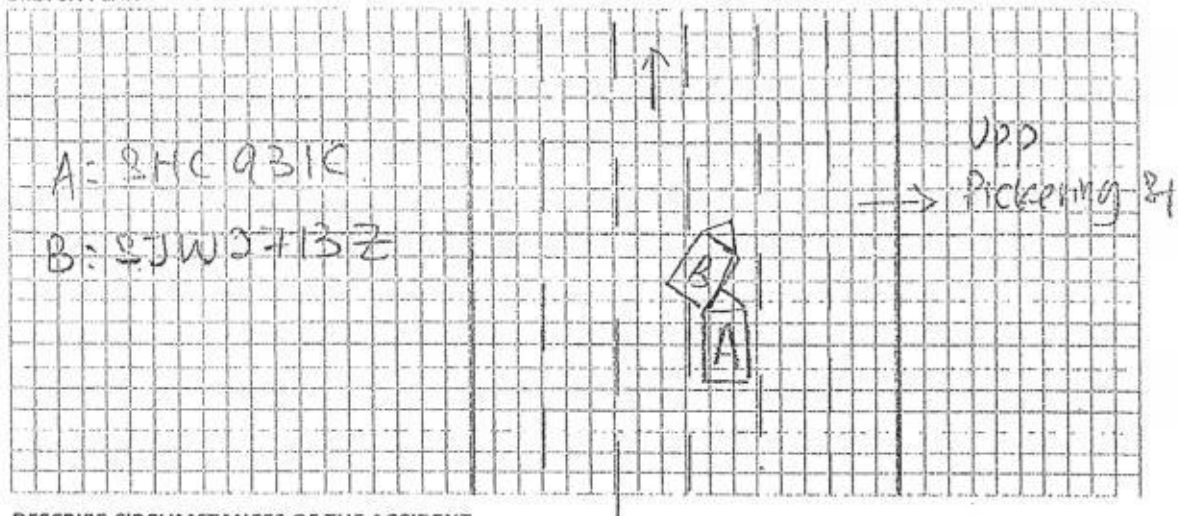
Attachment(s)

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	SJW2713Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KHENG GUAN THOMAS
NRIC/Passport Number	S7801058D
Contact Number	83237313
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR RHT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/2/19 at about 19:40 hrs, I Veh A driving straight at above said location with no pax. Weather is clear and moderate traffic. Suddenly Veh B sharply cut into my lane from left hand side. As the place took too fast, I couldn't take evasive action to prevent collision. As a result Veh B right rear portion hit & grazed onto the front left portion of my car. No injury reported in this accident.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Loke Yee Yiong

14/2/19

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)

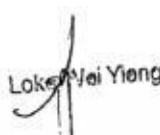
I understand, acknowledge, agree and consent that:

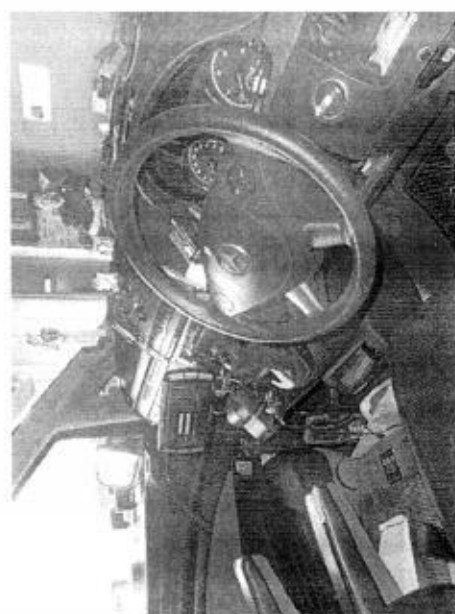
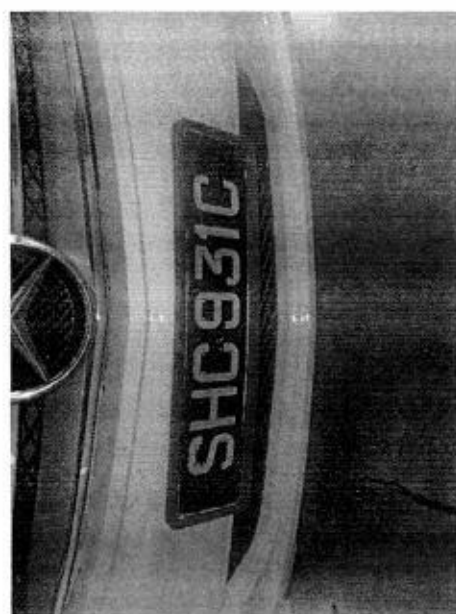
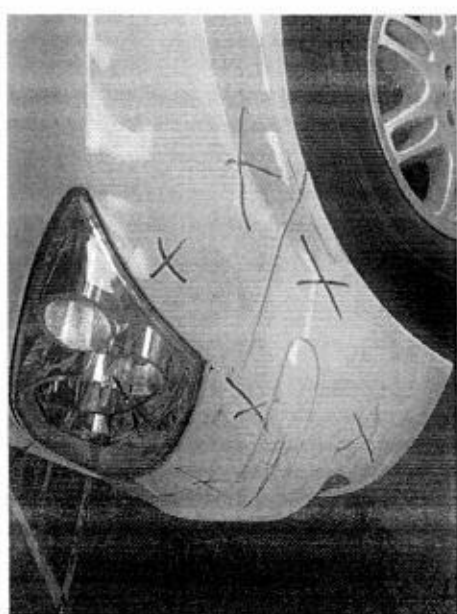
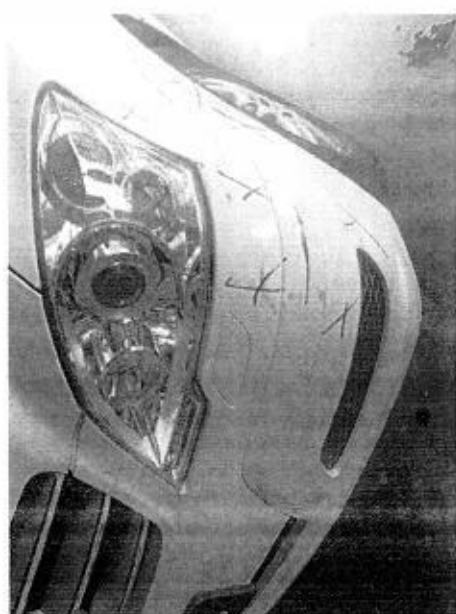
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

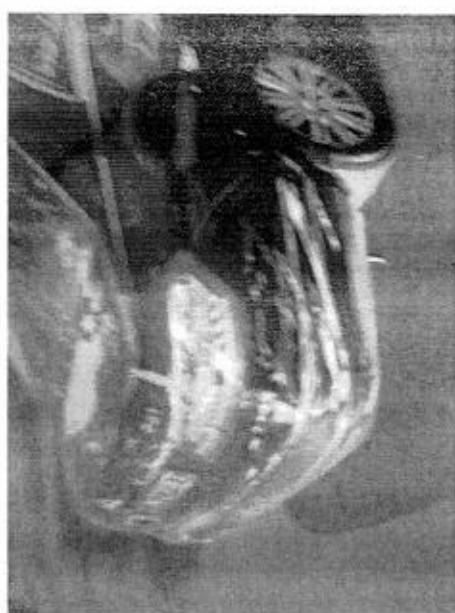
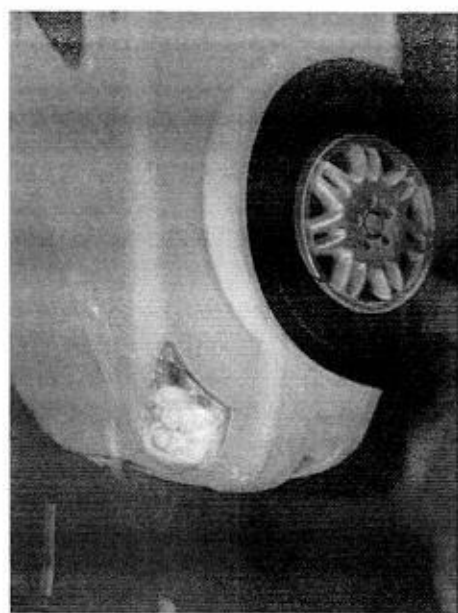
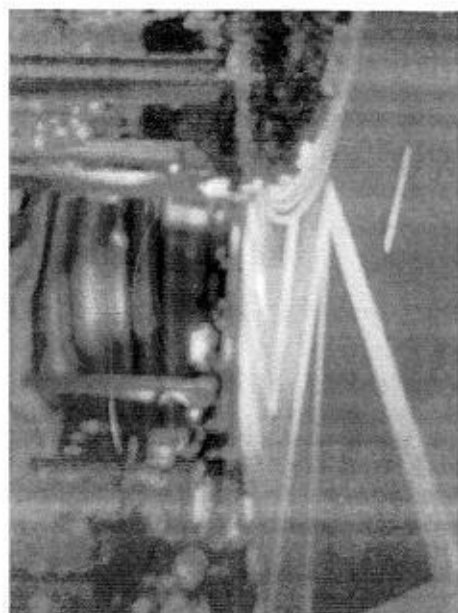
CITYCAB PTE LTD
CO. REG. NO. 199502839G

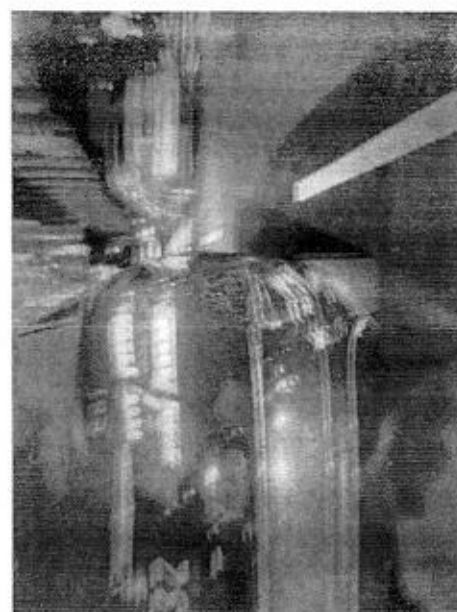
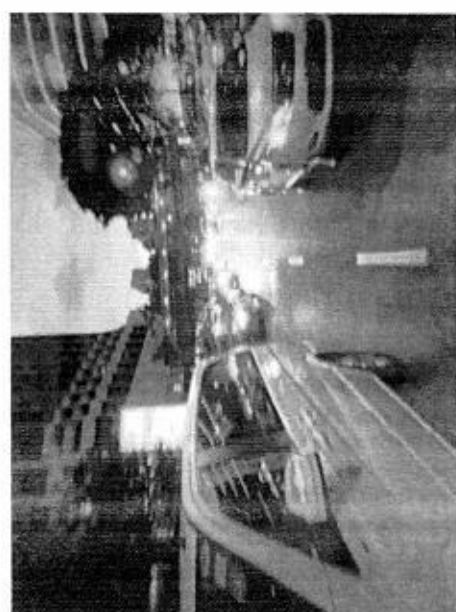
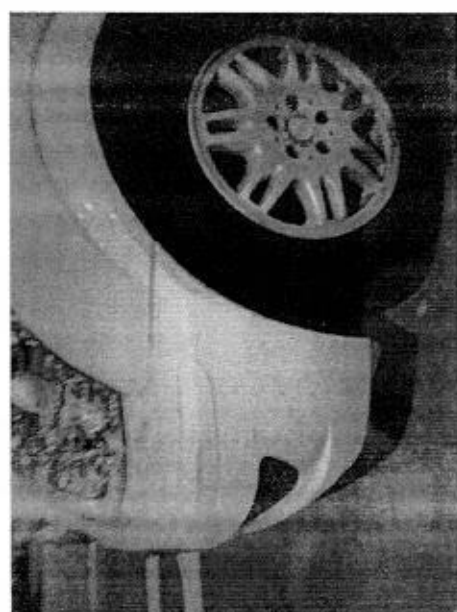
Policyholder's Signature
Date & Time:


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


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







Date/Time: 14.02.2019 15:55

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305268886

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

VAR3

REGN NO:	SHC 931C	MILEAGE
MAKE:	MERCEDES BENZ	FUEL E.....1/2.....F
MODEL	VIANO CDI 2.2L	DATE/TIME IN 13.02.2019 23:15
YR OF MANU.	14.10.2013	TARGET DATE
CHASSIS CODE	WDF63981323802092	COMPLETION DATE/TIME:

(B)

JOB DESCRIPTION

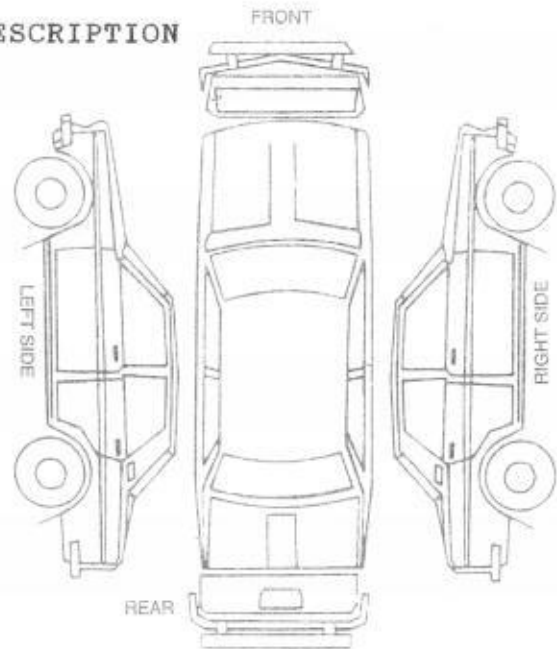
Accident Date: 13.02.2019

NATURE: 3P 13.02.2019

S/NO LABOR CODE

NTUC - Left Front
LKK/Kahni -

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip:

at:
o:
ile No.: SHC 931C LARRY

Larry Ng

Exit Pass

Vehicle No.: SHC 931C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 931C

NTUC

DATE 15/2/2019 9:24

MAKE :

DOA: 13.02.2019

MODEL : MERCEDES BENZ VIANO

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper, FRT			\$ <i>dev</i> 1,920.00
	Bumper Bracket, FRT/LH			\$ <i>rev</i> 66.00
	Head Lamp Assy, LH			\$ <i>cur</i> 3,620.00
</				

Larry Ng



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/INC19003227/T1td3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 09-04-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJW 2713Z	Veh. Inspected	SHC 931C
Policy No.	5100728804	Coverage (\$)	0.00
Claim No.	MT/1031996-002	Excess (\$)	0.00
Assign From		Assign Date	15/02/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ VIANO 2.2 CDI	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDF63981323802092	Colour	WHITE
Odometer	717649	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/60R16	HANKOOK	6 mm
L/H Front Tyre	225/60R16	HANKOOK	6 mm
R/H Rear Tyre	225/60R16	HANKOOK	6 mm
L/H Rear Tyre	225/60R16	HANKOOK	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	13/02/2019	Inspection Date	15/02/2019
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:	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

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 931C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BUMPER, FRT	DEFORMED	1,920.00	1,920.00
1	BUMPER BRACKET, FRT/LH	NECESSARY	66.00	66.00
1	HEAD LAMP ASSY, LH	CRACKED	3,620.00	3,620.00
	LESS 20% DISCOUNT		-1,121.20	-1,121.20
			4,484.80	4,484.80
	LABOUR			
	PANEL BEATING - REPAIR FRT LH FENDER.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	20.00
			1,050.00	720.00
	GRAND TOTAL		5,534.80	5,204.80
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PER-ACCIDENT CONDITION) (CONFIRMED)			4,150.00

Report Ref No. NS/INC19003227/T1td3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

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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