

Surveyor: Kelvin

REF: NS/INC19003847/Klsd3n2

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 QD/TP/HS/TP RES/OD RES/EVA/INV/MVA  
 To Inspected Vehicle No: \_\_\_\_\_  
 At Workshop m/s: \_\_\_\_\_  
 Insured: SJA 8745Z  
 Policy No: 5101431426 19/6/18  
 Claims No: MT/1034083-002 27/5/19  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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

NIS	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  
 Lim Sum: \_\_\_\_\_ % Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHB 4875K Yr Regn: 17 Aug 2018  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T: 0 Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai 2012 cc 1500  
 Colour: White A/C: CA Insured / Sid / HI / NA  
 Sp. Reading: 83834 T/Radio: 0 Insured / Sid / HI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHCB51CVRM106607  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / SIR / Rim / STD / Rim or  
 Tyre Size: 195/65R15  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Woolake.  
 Front: 6 mm RUBal. 6 mm  
 L/Bal. 6 mm  
 D.O.A. 27/2/19 D.O.I. 28/2/19  
 Survey held at C D & E (Loyang)  
 Des. of Damages: Frl / Rear / O/S / NIS / UIC / Rooftop or  
o/s Front  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHB 4875K NS/INC18018247/Klsb02 DAX: 06/10/18 Co2 Inc SK2676C P/P
11/3/19	SJA 8745Z Lund PIP \$621.28 / 2 Rn. ( \$ 1,767.20 Red - 74% )
RECEIVED 12 MAR 2019	

Date/Time, File Pass to: 12/03/19  
 Typist: \_\_\_\_\_  
 Date/Time, File Return to: \_\_\_\_\_  
☐ : Prel. Report  
☒ : Final Report

Days Of Repair: 2  
 Resurvey No. of Trip: 1

Survey Fee:  
 Transportation:

160

\$6  
 \$621.28 P/P

[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="27/02/2019 13:52"/>
Vehicle No.(For Motor)	<input type="text" value="SJQ8745Z"/>	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 checked="" type="radio"/>	5101431426		EC AUTO LEASING PTE LTD	201815817W	GPC	drivo CLASSIC	SJQ8745Z	SJQ8745Z	14/06/2018	27/05/2019

# TP Claims against NTUC Income: Follow-Through Survey

Date : 12/03/2019

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	MT/1034083-002	CITYCAB PTE LTD	SHB 4875K	SJQ 8745Z	27/02/2019	10:10	\$ 2,388.48	\$ 621.28

## 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	27/02/2019 15:21
Date Of Accident	27/02/2019 10:10
Exact Location Of Accident	TELOK BLANGAH RD TWDS HARBOURFRONT AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4875K
<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	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	HUANG YAOKUN
NRIC No	S8403612I
Date Of Birth	04/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	28/07/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83333909
Fax Number	
Contact Number	
Email Address	XIAONIKE84@YAHOO.COM.SG

Address	217 #16-615 LORONG 8 TOA PAYOH
Postcode	310217
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

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	SJQ8745Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD RAFFI BIN ISMAIL
NRIC/Passport Number	S1711491C
Contact Number	
Address	

Postcode

Insurance Company Name

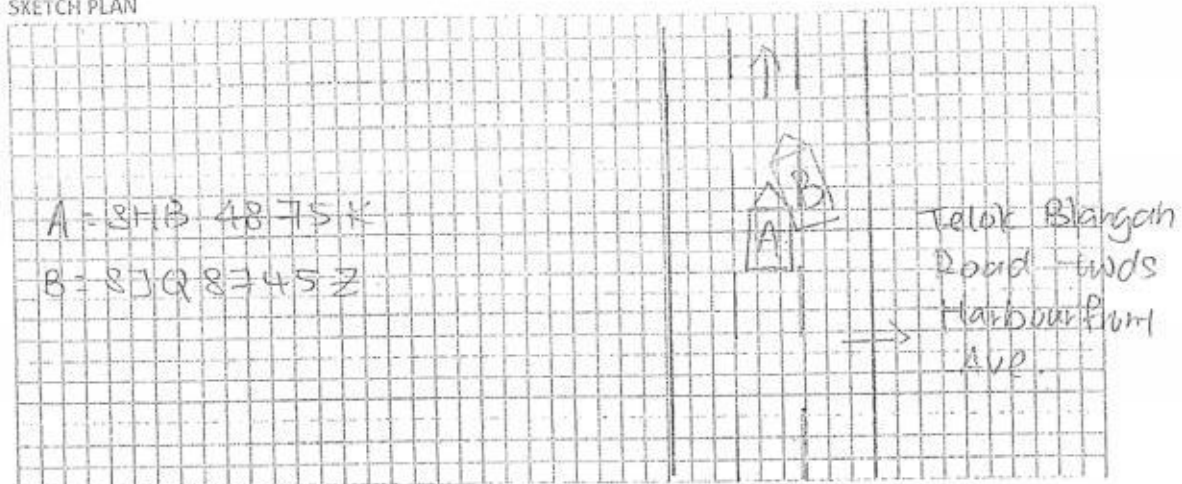
Nature Of Damage

NO DAMAGE

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/2/19 at about 10:10 hrs, I

veh A was driving at above said location with

1 pax. Suddenly veh B encroached into my

lane from right hand side. I immediately applied

brake upon seeing this, but veh B keep

moving forward and grazed onto my taxi front

right portion. Both of us then alighted to

take photo. No injury reported in this accident.

## DECLARATION

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

CITYCAB PTE LTD  
 REG. NO. 199502839G  
 Policyholder's Signature  
 Date & Time:

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

Reporting Centre Personnel's Signature  
 Name: 22/2/19


**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:

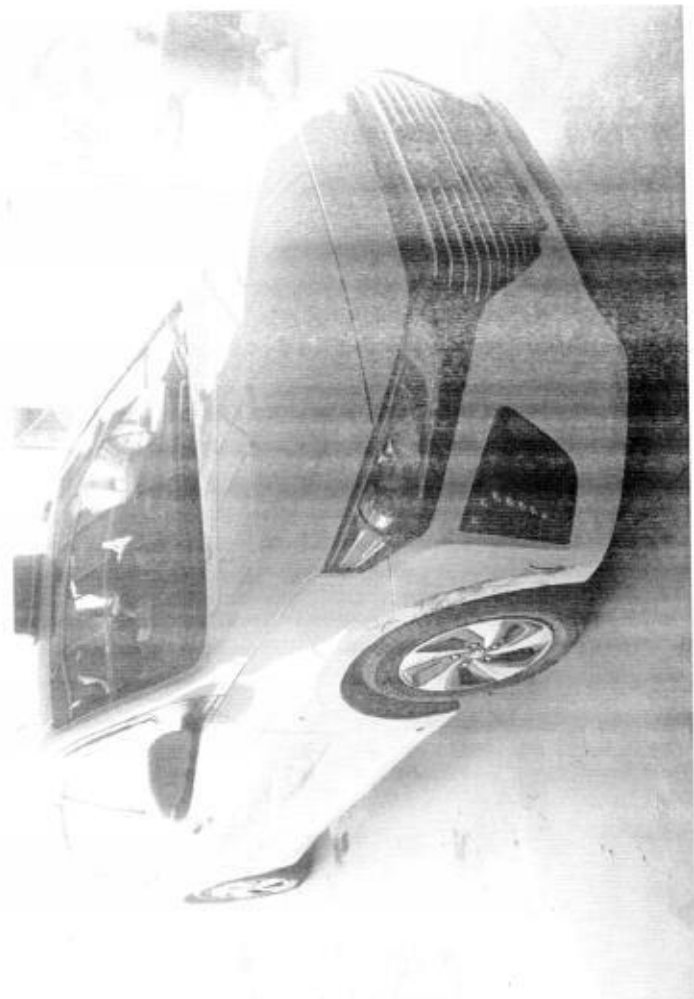
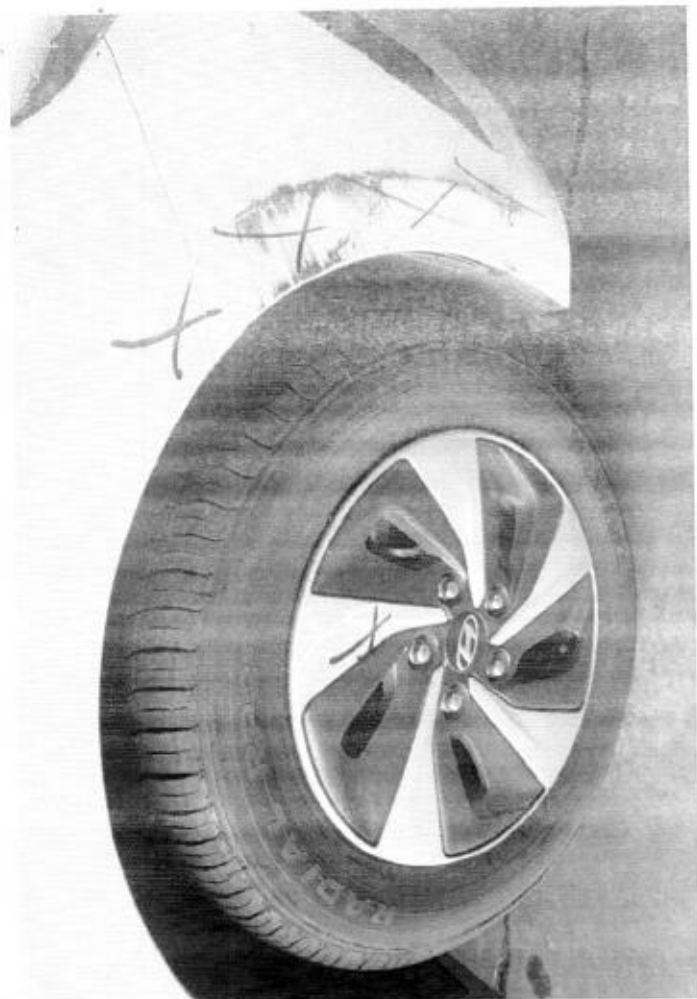
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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

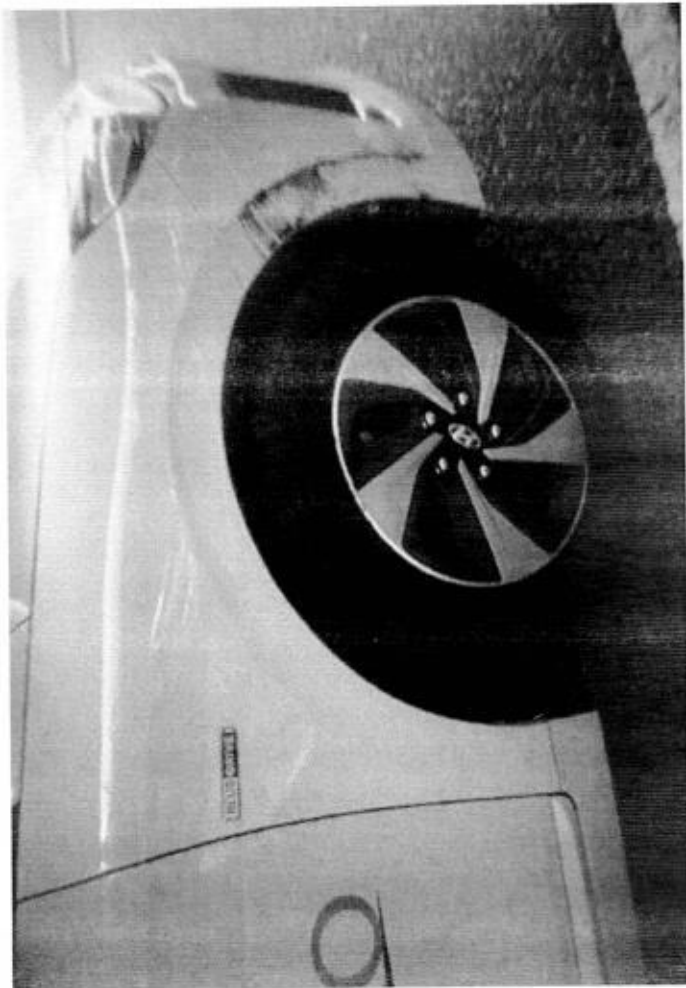
CITYCAB PTE LTD  
 SO REG NO 199502839G  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name: Loke Wei Yeng  
 NRIC/FIN No.: 22/2/19







REPAIR ESTIMATE\*

VEHICLE NO : SHB 4875K

DATE 27/2/2019 17:07

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover X <i>mpad</i>			\$ 418.30
	Front Bumper Bracket Top (RH) X <i>su</i>			\$ 35.00
	Front Bumper Bracket (RH) X <i>su</i>			\$ 28.00
	Front Bumper Clips 10 pcs X <i>"</i>			\$ 22.00
	Front Fender (RH) X <i>mpad</i>			\$ 490.70
	Front Fender Shield (RH) X <i>su</i>			\$ 114.70
	Front Fender Retainer X <i>su</i>			\$ 41.40
	Emblem-Blue Drive (RH) <i>su</i>			\$ 26.60
	Front Wheel Hub Cap (RH) X <i>su</i>			\$ 346.40
	<b>SUB TOTAL</b>			<b>\$ 1,523.10</b>
	<b>LESS 20%</b>			<b>\$ 304.62</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,218.48</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>400.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>600.00</del> <i>400</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	Frt Wheel Alignment			\$ <del>120.00</del> <i>80</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,170.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,388.48</b>
<p><i>Ka hwa 16Kk</i></p> <p><i>28/2/19 1030h</i></p> <p><i>2 hrs</i></p> <p><i>P/P</i></p> <p><i>After Repair pht</i></p> <div data-bbox="852 1532 1402 2002" data-label="Text"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "without prejudice" basis</li> <li>No illegal modifications are allowed</li> <li>Supplies/materials must be from approved suppliers</li> <li>is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p> </div>				
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.				

Notification - General(CESO)

JOB CARD

Sales Order:

JC NO: 305273058

CUSTOMER

CITYCAB PTE LTD

7010083

CUSTOMER NO

383 SIN MING DRIVE

ADDRESS

Singapore SINGAPORE 575717

(R)

65533880

(O)

(P)

NTUC

REGN NO:

SHB4875K

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

DATE/TIME IN

27.02.2019 13:45

YR OF MANU.

17.08.2018

TARGET DATE

CHASSIS CODE

KMHC851CVKU106607

COMPLETION DATE/TIME

COUNT CARD NO.

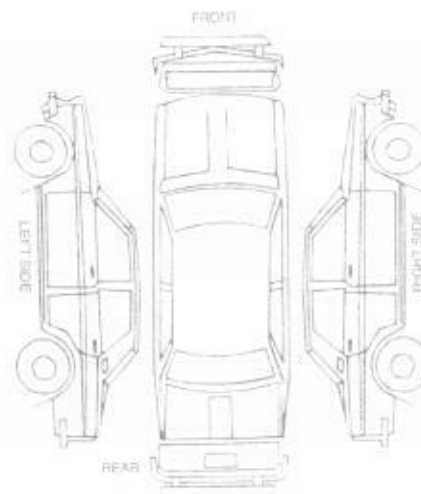
JOB DESCRIPTION

NATURE: 3P 27.02.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

SHB4875K

LKE

Vehicle No.:

SHB4875K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305273058  
REGN NO : SHB4875K  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 17.08.2018  
DATE/TIME IN : 27.02.2019 13:45  
ACCIDENT DATE : 27.02.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-3913-G IONIQ EMBLEM-BLUE DRIVE R 1 L 26.60 20.00 21.28

SUB-TOTAL : 21.28

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

SUB-TOTAL : 600.00

TOTAL : 621.28

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305273058  
Date : 08.03.19

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

## FINALIZATION FORM

To : LKK  
Attn : Mr KALVIN ANG  
Vehicle Reg No. SHB4875K CCPL

Fax :

27.02.19

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

1. The repair job shall bill to: NTUC SJQ8745Z
2. The finalized amount shall be:
 


(a) Spare Parts after List discount	\$21.28
(b) Labour Charges	\$600.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$621.28</b>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	
<b>Final Lumpsum Repair cost</b>	


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 :   
Name : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156

Signature :   
Name : Calvin  
Date : 11/3/19

### 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:





## 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/INC19003847/K1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 13-03-2019



Code: INC4

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

Insured Veh.	SJQ 8745Z	Veh. Inspected	SHB 4875K
Policy No.	5101431426	Coverage (\$)	0.00
Claim No.	MT/1034083-002	Excess (\$)	0.00
Assign From		Assign Date	28/02/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU106607	Colour	YELLOW
Odometer	83834	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	6 mm
L/H Front Tyre	195/65 R15	WEST LAKE	6 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	6 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	27/02/2019	Inspection Date	28/02/2019
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:	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



Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4875K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	418.30	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	35.00	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	28.00	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
1	FRONT FENDER (RH)	TO REPAIR SEE LABOUR	490.70	-
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	114.70	-
1	FRONT FENDER RETAINER	SERVICEABLE	41.40	-
1	EMBLEM-BLUE DRIVE (RH)	NECESSARY	26.60	26.60
1	FRONT WHEEL HUB CAP (RH)	SERVICEABLE	346.40	-
	LESS 20% DISCOUNT		-304.62	-5.32
			1,218.48	21.28
<b>LABOUR</b>				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT FENDER (RH).		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,170.00	600.00
<b>GRAND TOTAL</b>			<b>2,388.48</b>	<b>621.28</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>621.28</b>

Report Ref No. NS/INC19003847/K1sd3n2

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

**DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.