

Surveyor: Kolvin

REF: NS/INC 19005957/K19d372

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/HS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No: 5087498236-01 (8/5/2018-07-05/2019)

Claims No: MT/1038897-002

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 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: SHC 7116T Yr Regn: "Aug, 2016"

Type: M.Car / M.Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 cc: 1685

Colour: Yellow AJC: Insured / Std / Nil / NA

Sp. Reading: 343253 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLBx14464092620

Gen. Cond: Good / F / Poor / Burnt

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

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

Modi: Nil / S/Rim / SD / Rim or

Tyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or Davanti

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 3/4/19 D.O.I. 3/4/19

Survey held at CDHE (Loyang)

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

O/S Front

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

Date / Time	Action / Instruction
	SHC 7116T - CC3/CT118008092/K19b392 DOA - 30/04/2018 INC
	SHN 1129A - NA/INC 18019974/K4 DOA - 02/11/2018 4/.
4/4/19	Amount 45 \$1900/242 (Red #4176.16, 68%)

RECEIVED 09 APR 2019

Date/Time, File Pass to? ☐ : Prell. Report

11/04/2019 ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ = RS. \$1

Photos

Others

TOTAL

160

Report Format: 71

Lump Sum / L.B. \$ 1900

eBaoTech

General Claim

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="03/04/2019 11:22"/>
Vehicle No.(For Motor)	<input type="text" value="SGN1129A"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087498276-01		JJ TRANSPORTION	53333990A	GPC	Third Party, Fire & Theft	SGN1129A	SGN1129A	08/05/2018	07/05/2019

TP Claims against NTUC Income: Follow-Through Survey

Date: 08/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1037915-002	COMFORT TRANSPORTATION PTE LTD	SHA 7964Y	XD 7250T	28/03/2019	10:15	\$ 3,308.62
2	MT/1038338-002	SMRT BUSES LTD	SMB 2E	SIG 2932S	22/03/2019	7:10	\$ 1,117.30
3	-	COMFORT TRANSPORTATION PTE LTD	SHA 3277Z	FBF 830R	01/04/2019	9:40	\$ 5,392.04
4	MT/1038897-002	CITYCAB PTE LTD	SHC 7116T	SGN 1129A	03/04/2019	0:20	\$ 6,026.16
5							

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	03/04/2019 13:52
Date Of Accident	03/04/2019 00:20
Exact Location Of Accident	SERANGOON RD TWDS MACPHERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7116T
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	I40
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	TAN KUAN GUAN
NRIC No	S8075813H
Date Of Birth	09/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2001
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97243198
Fax Number	
Contact Number	
Email Address	GUANTKG@HOTMAIL.COM

Address	BLK 120A EDGEDALE PLAINS #03-279
Postcode	821120
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

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	SGN1129A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT REAR
No. Of Passenger (Including Driver)	

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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.

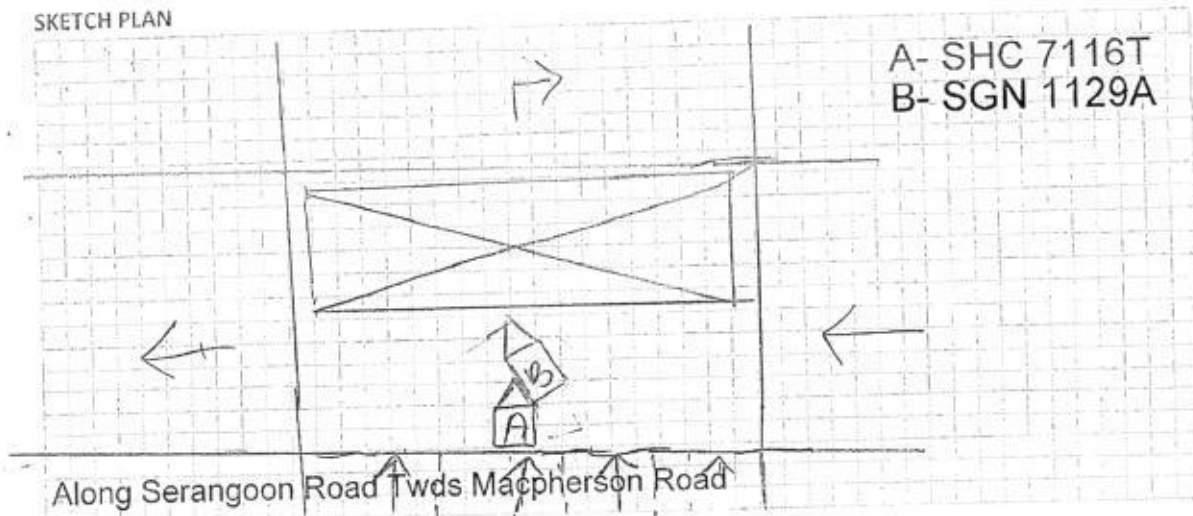
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03.04.2019 @ 0020HRS I was travelling along Serangoon Road Twds Macpherson Road with no passenger onboard.
As I was travelling straight suddenly veh(B) SGN 1129A cut into my lane and hit onto my vehicle front right portion.
As the accident took place too fast I could not take evasive action to prevent the accident.
I have company video and photos at scene to support my claims.
No injury in this accident.
Veh(B) SGN 1129A Male Driver

DECLARATION

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

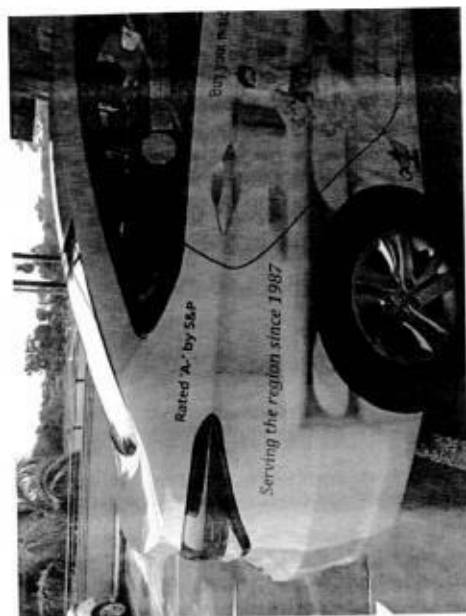
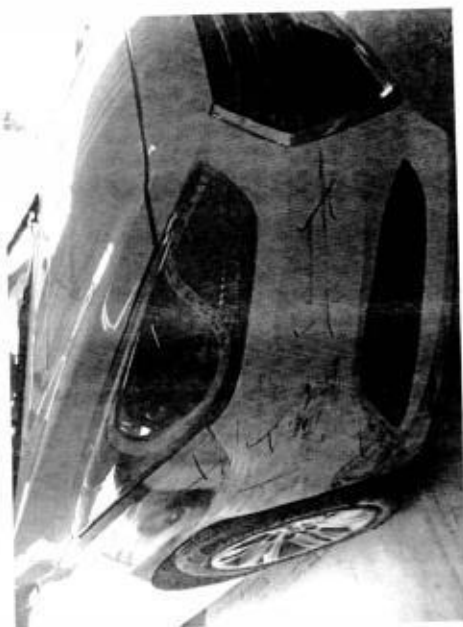
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 03.04.2019@ 1230HRS

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

[Signature] 3/4





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7116T

DATE : 3.04.2019

MAKE :

MODEL : HYUNDAI i40

MODEL : HYUNDAI i40		Qty	Parts Description/ Labour	Type	Unit Price	Amount
			Front Bumper Cover / <i>Repl</i>			\$ 1,052.20
			Front Bumper Sponge X <i>sm</i>			\$ 99.20
			Front Bumper Reinforcement X <i>sm</i>			\$ 402.10
			Front Bumper Grille (RH) X <i>sm</i>			\$ 93.60
			Front Bumper Grille Airduct (RH) X <i>sm</i>			\$ 26.20
			Front Bumper Bracket Top (RH) X <i>sm</i>			\$ 22.40
			Front Bumper Bracket (RH) <i>sm</i>			\$ 24.60
			Headlamp Support Top Cover X <i>sm</i>			\$ 222.60
			Headlamp Support Panel Assy X <i>sm</i>			\$ 907.40
			Headlamp (RH) X <i>sm</i>			\$ 1,388.00
			Front Fender (RH) / <i>Repl</i>			\$ 663.00
			Front Fender Shield (RH) X <i>sm</i>			\$ 174.90
			Wiper Container X <i>sm</i>			\$ 61.90
			Wiper Container Motor X <i>sm</i>			\$ 75.00
			Front Wheel Hub Cap (RH) - <i>Good</i>			\$ 107.10
			SUB TOTAL			\$ 5,320.20
			LESS 20%			\$ 1,064.04
			DISCOUNTED TOTAL			\$ 4,256.16
			Front Fender Advertisement Logo (RH) / <i>new</i>			\$ 100.00
						\$ 100.00
			Labour Charge			400
			Panel Beating			\$ 800.00
			Spray Painting Charge			\$ 500.00
			Wiring Charge			\$ 50.00
			Tuff Kote			\$ 50.00
			FRT Wheel Alignment			\$ 120.00
			Remove/Refix Aircon & Refill Gas			\$ 150.00
			TOTAL LABOUR			\$ 1,670.00
			ESTIMATE TOTAL			\$ 6,026.16
			<i>Kalvin 10/11/19</i>			
			<i>3/4/19 1510h</i>			
			<i>2 days</i>			
			<i>45</i>			
			<i>After Repair photo</i>			
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.						

KK/Kalvin *4/sum*
Like *NTUC*

COMFORTDELGRO

Date/Time: 03.04.2019 14:32 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JG NO: 305284039

OWNER

CITYCAB PTE LTD

7010070

IS

OWNER NO

383 SIN MING DRIVE

LESS

Singapore SINGAPORE 575717

65551188

(R)

(P)

(O)

NTUC

REGN NO: SHC7116T

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 03.04.2019 11:30

YR OF MANU 11.08.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU092620

COMPLETION DATE/TIME

QUANTITY CARD NO.

JOB DESCRIPTION

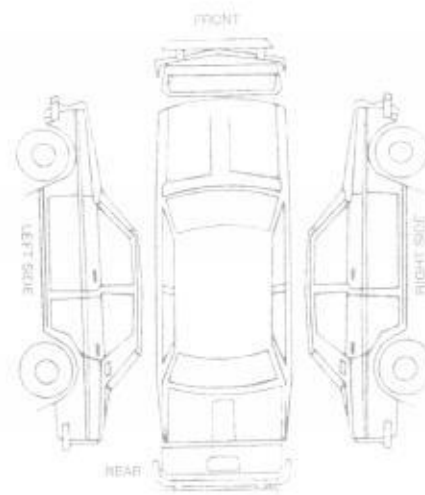
Accident Date: 03.04.2019

NATURE: 3P 03.04.19

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedgement Slip

Exit Pass

No: SHC7116T

LKE

Kalvin

Vehicle No.:

SHC7116T

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

FINALIZATION FORM

Fax:

Vehicle Reg No. SHC7116T CCPL

03.04.19

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

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:

20%

\$1,900.00

Final Lumpsum Repair cost

\$1,900.00

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 : _____

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature :

Name :

Date : _____

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/INC19005957/K1qd3n2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 10-04-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGN 1129A	Veh. Inspected	SHC 7116T
Policy No.	5087498276-01	Coverage (\$)	0.00
Claim No.	MT/1038897-002	Excess (\$)	0.00
Assign From		Assign Date	03/04/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU092620	Colour	YELLOW
Odometer	343253	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	DAVANTI	6 mm
L/H Front Tyre	205/60 R16	DAVANTI	6 mm
R/H Rear Tyre	205/60 R16	DAVANTI	6 mm
L/H Rear Tyre	205/60 R16	DAVANTI	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	03/04/2019	Inspection Date	03/04/2019
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	



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7116T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	99.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	402.10	-
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	93.60	-
1	FRONT BUMPER GRILLE AIRDUCT (RH)	SERVICEABLE	26.20	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	CRACKED	24.60	24.60
1	HEADLAMP SUPPORT TOP COVER	SERVICEABLE	222.60	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	907.40	-
1	HEADLAMP (RH)	SERVICEABLE	1,388.00	-
1	FRONT FENDER (RH)	DENTED	663.00	663.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	174.90	-
1	WIPER CONTAINER	SERVICEABLE	61.90	-
1	WIPER CONTAINER MOTOR	SERVICEABLE	75.00	-
1	FRONT WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-1,064.04	-369.38
			4,256.16	1,477.52
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		800.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
			1,670.00	820.00
GRAND TOTAL			6,026.16	2,397.52

Report Ref No. NS/INC19005957/K1qd3n2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,900.00
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Report Ref No. NS/INC19005957/K1qd3n2



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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