

Surveyor: Kalvin

REF: NS/INC 19006220/K19d3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / MS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop No: _____

of _____

Insured: SJV 7183A

Policy No: _____

Claims No: MT/1039371-02

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

Remark: The vch 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: 3 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: SHA 95922 Yr Regn: Jan, 2012

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

Truck / Trailer or

Make: Hyundai Z4 cc: 1885

Colour: Yellow AJC: Ins d / Std / NI / NA

Sp. Reading: 409835 T/Radio: Ins d / Std / NI / NA

Eng/No: _____

C/N: KMHLB41UMH4098315

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Paranti

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 5/4/19

D.O.I. 8/4/19

Survey held at CPHE (Loyang)

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

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

Date / Time	Action / Instruction
	SHA 95922 - NS/INC.19006220/K19d3n2 D.O.A. - 19/12/2018 INC
	SJV 7183A - X
	NO Policy found.
10/4/19	Labour 45 @ 900 / 3 hrs. (Red @ 3080.48, 77%)

RECEIVED 11 APR 2019

Date/Time, File Pass to?

: Prel. Report

Days Of Repair: 3

1) 11/4
Type 4

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

2) _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

S + RS \$ _____

Photos

Others

TOTAL

160

Report Format: TP

Lump Sum / L.B.L. 900/.

TP Claims against NTUC Income: Follow-Through Survey

Date : 10/04/2019

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/1038128-002	COMFORT TRANSPORTATION PTE LTD	SHA 7793Z	SFL 765S	29/3/2019	22:05	\$ 3,818.88	\$ 2,650.00
2	MT/1039023-002	COMFORT TRANSPORTATION PTE LTD	SHD 4324Z	SLL 7478D	4/4/2019	19:00	\$ 2,690.82	\$ 1,450.00
3	MT/1039371-002	CITYCAB PTE LTD	SHA 9592Z	SIV 7183A	5/4/2019	18:35	\$ 1,480.00	\$ 900.00
4								
5								

Claim received from LKK

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	06/04/2019 09:51
Date Of Accident	05/04/2019 18:35
Exact Location Of Accident	ALONG RIVERVALE DR > SENGKANG E WAY AT T-JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9592Z
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	PEH KANG GUAN
NRIC No	S1439719A
Date Of Birth	24/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1978
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96221954
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 297B COMPASSVALE STREET #06-08
Postcode	542297
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?	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)	2
Passenger 1	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

REFER 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	SJV7183A
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

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

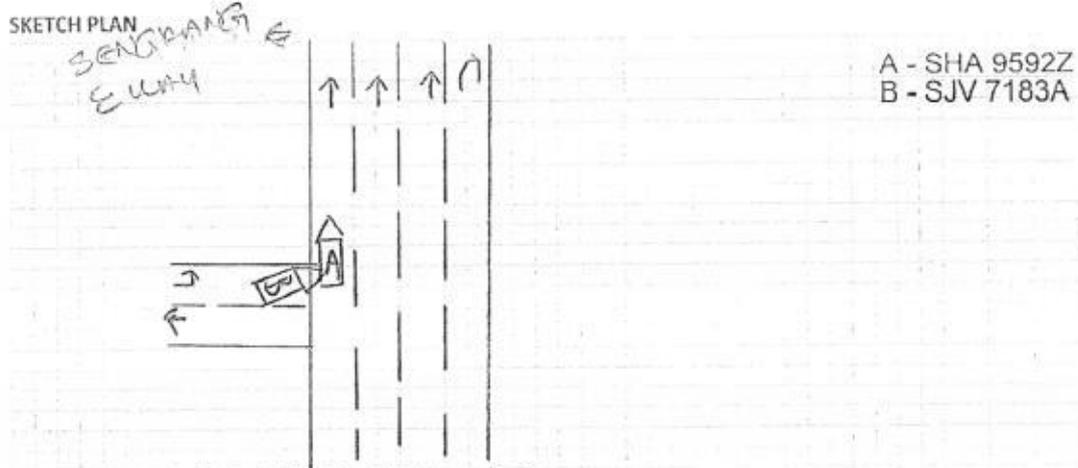
Olivia Wendy

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. 06 APR 2019





Along Rivervale Drive T Junction Of Rivervale Cres
 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05.04.2019 at about 18:35 hours I was travelling along Rivervale Drive T Junction Of
One Female Passenger FIN
Rivervale Cres with no passenger onboard.
While I was travelling straight, Suddenly Veh B (SJV 7183A) Dash out from my left and
collided into my taxi A - Left Rear Portion ,
As it took place too fast I could not take evasive action to prevent .
No injury in this accident.
I have company photos and video to support my claims
Veh B (SJV 7183A) - Male Driver

DECLARATION

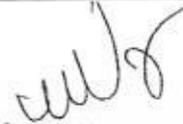
I/We declare the foregoing particulars are true in every respect.

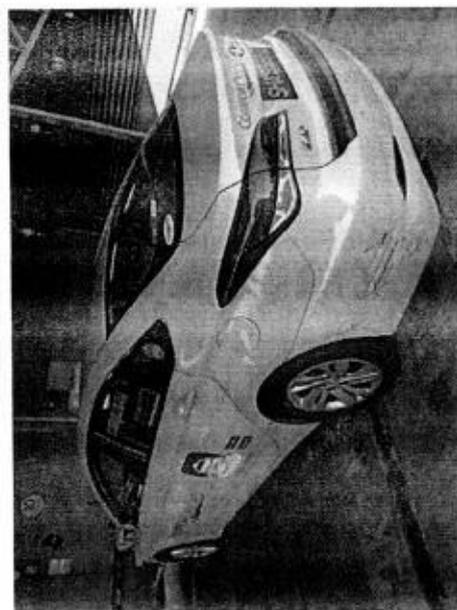
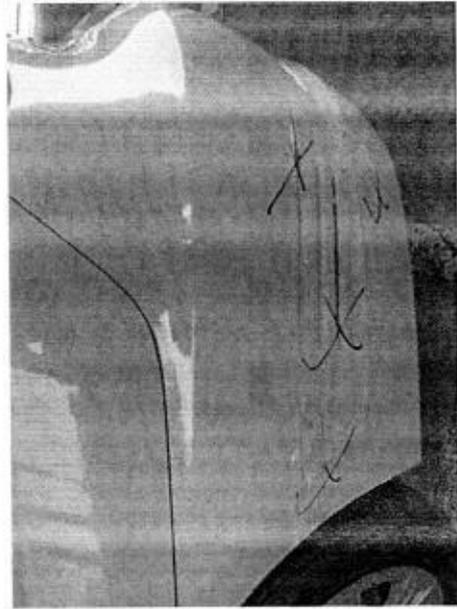
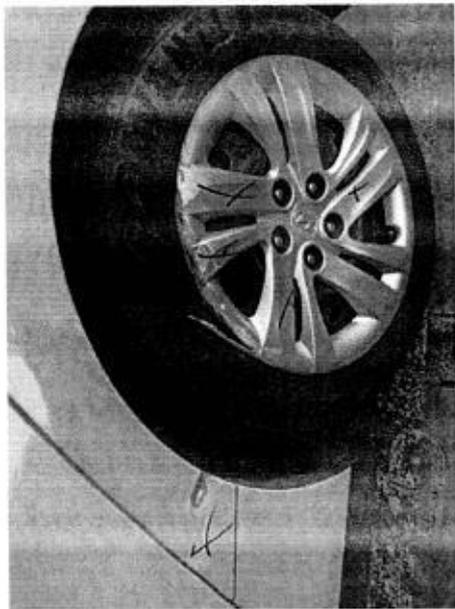
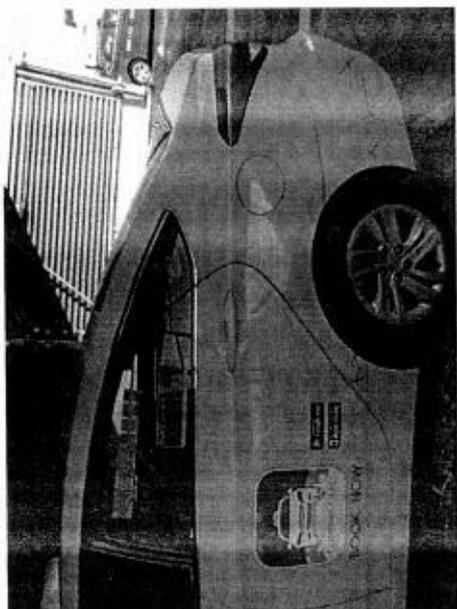
CITYCAB PTE LTD
 CO. REG. NO. 1S9502839G

Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 06.04.2019
 @ 09:30 hrs

Olivia Wendy


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



REPAIR ESTIMATE*

VEHICLE NO : SHA9592Z

DATE: 6. Apr. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 5. Apr. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Fender - LH <i>X repair</i>			\$2,020.10
1	Rear Wheel Cover - LH <i>OK</i>			\$107.10
1	Rear Wheel Rim - LH <i>OK / Bent</i>			\$325.30
1	Rear Bumper <i>X repair</i>			\$553.00
10	Rear Bumper clips <i>X OK</i>		\$2.20	\$22.00
1	Rear Bumper Bracket - LH <i>X OK</i>			\$35.60
SUB TOTAL				\$3,063.10
LESS 20% DISCOUNTED TOTAL				\$2,450.48
1	Rear Bumper Rubber Mat <i>X OK</i>			\$50.00 Nett
Labour Charge				
1	Panel Beating			\$750.00 ⁴⁰⁰
1	Spray Painting Charge			\$500.00 ⁴⁰⁰
1	Wiring Charge			\$50.00 ^{X OK}
1	Remove/refix Reverse Sensor			\$100.00 ^{X OK}
1	Tuff Kote			\$80.00 ^{X OK}
TOTAL LABOUR				\$1,480.00
ESTIMATE TOTAL				\$3,980.48

LKK Auto Consultants hence notify the Receiver of the following:

- To be carried out before any spray painting
- To be carried out on any damaged parts during resurvey
- All work to be subject to confirmation
- All work to be done on a "Without Prejudice" basis
- All work to be done in accordance with the relevant insurance policy
- All work to be done in accordance with the relevant insurance policy

Acknowledged by Receiver
 Signature: _____
 Date: _____

Kelvin LKK
8/4/19 10 50h
3 hrs
PIP
After Repair photo

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.

Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order:

JC NO.: 305284904

CUSTOMER
 NAME: CITYCAB PTE LTD
 CUSTOMER NO: 7010070
 ADDRESS: 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 TEL (R): 65551188 (O):
 (P):
 SCOUNT CARD NO:

VAR3

(B)

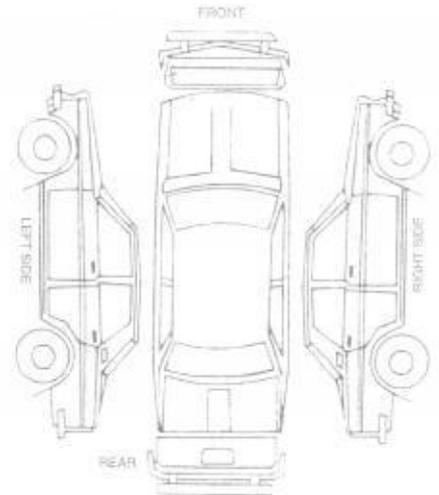
REGN NO.: SHA9592Z	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN 06.04.2019 08:30
YR OF MANU: 11.01.2017	TARGET DATE
CHASSIS CODE: KMHLB41UMHU098315	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.04.2019
 NATURE: 3P 05.04.2019

S/NO ✓ LABOR CODE DESCRIPTION

*NTUC - Left Rear
 LRR/Kalmi*



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA9592Z** **LARRY**

Vehicle No.: **SHA9592Z**

Larry Ng

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305284904

Date : 9. Apr. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA9592Z

Date of Accident: 5. Apr. 2019

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

1. The repair job shall bill to: NTUC SJV7183A

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 \$900.00

3. Estimated normal period for repairs: 3 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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 10/4/19

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				
3. Survey Fees				
4. LTA Search Fee				
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/INC19006220/K1qd3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 15-04-2019
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJV 7183A	Veh. Inspected	SHA 9592Z
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1039371-002	Excess (\$)	0.00
Assign From		Assign Date	08/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU098315	Colour	YELLOW
Odometer	409835	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 N/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/04/2019	Inspection Date	08/04/2019
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: **3 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9592Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR FENDER-LH	TO REPAIR SEE LABOUR	2,020.10	-
1	REAR WHEEL COVER-LH	CRACKED	107.10	107.10
1	REAR WHEEL RIM-LH	BENT	325.30	325.30
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	REAR BUMPER BRACKET-LH	SERVICEABLE	35.60	-
	LESS 20% DISCOUNT		-612.62	-86.48
			2,450.48	345.92
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER-LH AND REAR BUMPER.		750.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	100.00	-
	TUFF KOTE.	NOT NECESSARY	80.00	-
			1,480.00	800.00
GRAND TOTAL			3,980.48	1,145.92
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC19006220/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

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.