

Surveyor: Kalvin

REF: NS/INC19006397 / K19d 302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

ODITP/HS/TPRES/ODRES/EVA/INV/MY

To Inspected Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No: 5087622683-02 (24/04/2019 - 23/02/2020)

Claims No: MT/1038898-007

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: 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: SHC 9564 Yr Regn: "04, 2013

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

Truck / Trailer or

Make: Mercedes Benz Viano cc 2190

Colour: White A/C: Ins Ed / Std / NI / NA

Sp. Reading: 620581 T/Radio: Ins Ed / Std / NI / NA

Eng/No: _____

C/No: WDF 6398/12380299

Gen. Cond: Good / Ed / Poor / Burnt

Steering: Inor Ed / Jammed / Leaked / Burnt or

Brake: Inor Ed / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Ed / or

Tyre Size: F: 225 / 60 R16C

R: _____

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

TOYO / YOKO or Hankook

Front: _____ Rear: _____

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

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

D.O.A. 4/4/19 D.O.I. 8/4/19

Survey held at CDHE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or

1/1 Front

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 9564 - CC4 / LPC16021694 / H1h9 302 5.0A - 11/11/2016 INC
	GBE 470X - X 4s.
29/4/19	Calvin 118 5360/34, (Ref 1382, 27/10)

RECEIVED 30 APR 2019

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

11/30/4 turnover ☐ : Final Report

Date/Time, File Return to? _____

3) _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS \$ _____

160

71
Long Sun 3650

Income: Follow-Through Survey

Date : 29/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1041561-002	COMFORT TRANSPORTATION PTE LTD	SHD 3952S	SKR 6508M	23/04/2019
2	MT/1041777-002	COMFORT TRANSPORTATION PTE LTD	SHC 2142A	FBG 376E	24/04/2019
3	MT/1038898-002	CITYCAB PTE LTD	SHC 956G	GBE 6770X	04/04/2019
4	MT/1041562-002	COMFORT TRANSPORTATION PTE LTD	SHA 2506U	SJC 2359T	23/04/2019
5	MT/1041551-002	CITYCAB PTE LTD	SHC 7042Y	SBR 7674R	24/04/2019
6	MT/1042257-001	SMRT BUSES LTD	SG 5772K	PC 8211A	28/03/2019

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/04/2019 14:49"/>
Vehicle No. (For Motor)	<input type="text" value="GBE6770X"/>	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"/>	5087622683-02		ENTRUST ORGANISATION PTE LTD	200920253M	GCV	Comprehensive	GBE6770X	GBE6770X	24/02/2019	23/02/2020

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	04/04/2019 15:11
Date Of Accident	04/04/2019 12:20
Exact Location Of Accident	HOUGANG AVE 5 HDB OPEN AIR CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC956G
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 (MAXI CAB)

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	KUOR HAN WEN (XU HANWEN)
NRIC No	S7934647J
Date Of Birth	31/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90939123
Fax Number	
Contact Number	
Email Address	MICHAEL_KUOR79@YAHOO.COM.SG

Address	327 HOUGANG AVENUE 5 #08-152
Postcode	S530327
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 - MAJOR/MINOR RD
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?	
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 SEE ATTACHED.

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	GBE6770X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHUA ENG HOE
NRIC/Passport Number	S1258077J
Contact Number	81883509
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	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

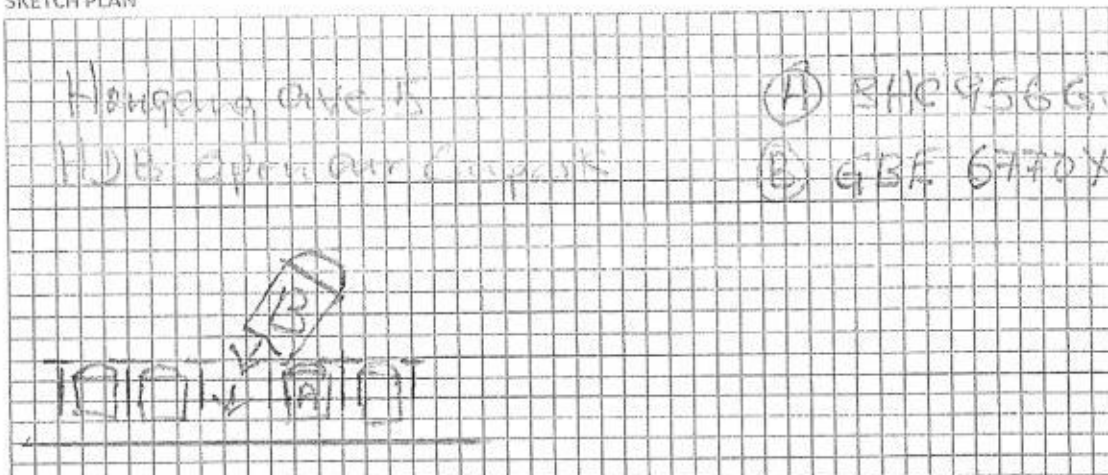
Policyholder's Signature
Date & Time:

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

4/4/19
Jackson Heng
CSO

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/4/2019 at about 1220 hrs, I vehicle A park at the parking lot in Hougang ave 5 HDB Open air carpark. I was in the taxi doing some thing and my engine was running. Suddenly vehicle B reverse his lorry and Collded onto Vehicle A left front portion. No one was injured at that time.

DECLARATION

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

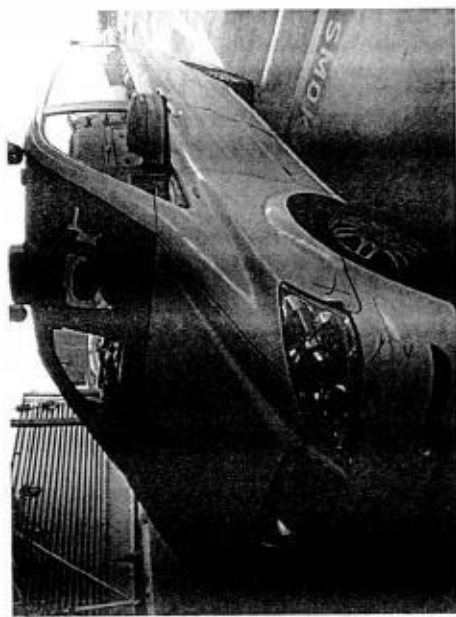
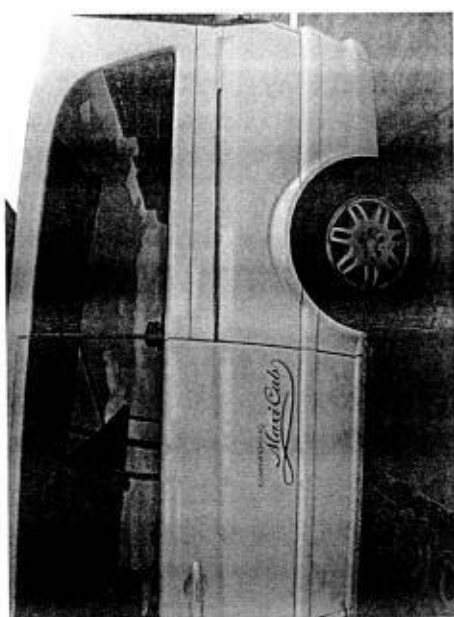
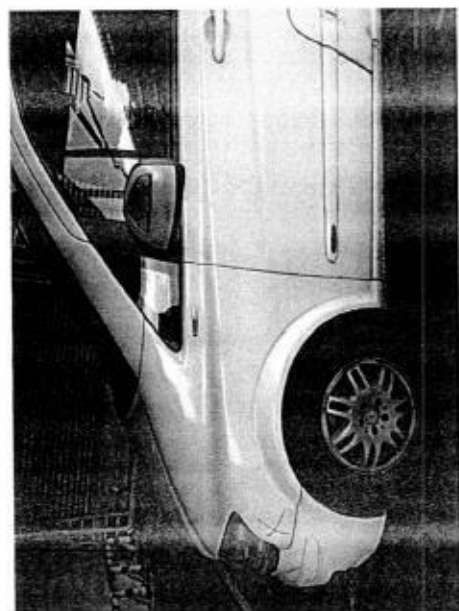
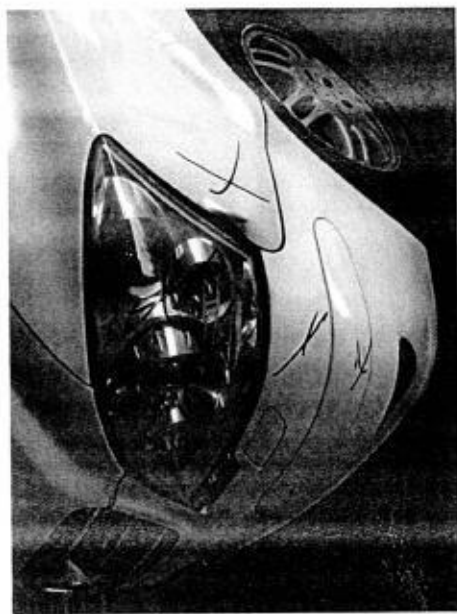
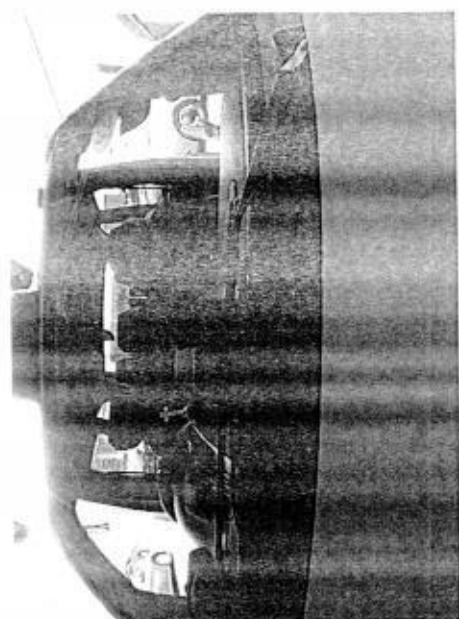
CITYCAB PTE LTD
CO. REG. NO. 199502839G

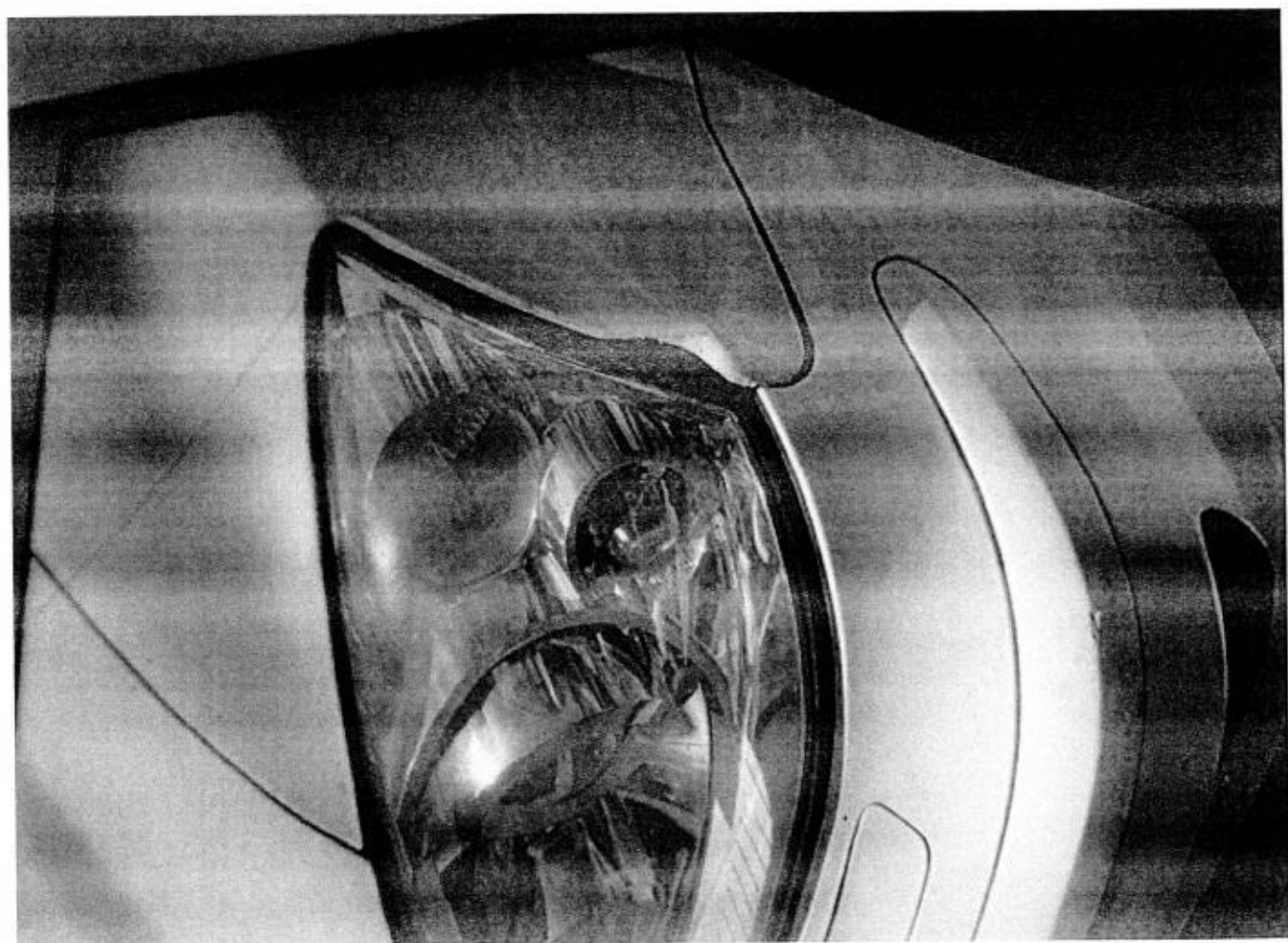
Policyholder's Signature
Date & Time:

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

4/4/19
Jackson Heng Jackson
CSO

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





CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 956G

DATE 8/4/2019 11:28

MAKE :

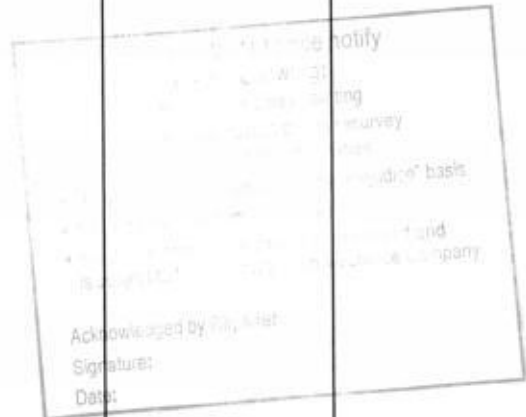
MODEL : MERCEDES BENZ VIANO

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Head Lamp Assy, LH <i>hrc21</i>			\$ 3,620.00
	Fender, FRT/LH <i>hrc1</i>			\$ 1,320.00
	<i>Front Bumper x repa-</i>			
	SUB TOTAL			\$ 4,940.00
	LESS 20%			\$ 988.00
	DISCOUNTED TOTAL			\$ 3,952.00
	Labour Charge			
	Panel Beating			\$ 400.00 ²⁰⁰
	Spray Painting Charge-Fender/Bumper			\$ 400.00 ^{600.00}
	Wiring Charge			\$ 20.00 ^{30.00}
	Tuff Kote			\$ 20.00 ^{50.00}
	TOTAL LABOUR			\$ 1,080.00
	ESTIMATE TOTAL			\$ 5,032.00
<p><i>Kali 12/10/19</i></p> <p><i>8/4/19 1245hr</i></p> <p><i>3 hrs</i></p> <p><i>4/5</i></p> <p><i>After Repair photo.</i></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>				

LKK/Kalvin 4/sum

Like

NTUC



Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JO NO: 305285253

CUSTOMER

CITYCAB PTE LTD

7010070

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(R)

(P)

(C)

NTUC

REGN NO:

SHC 956G

MILEAGE

MAKE:

MERCEDES BENZ

FUEL

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

MODEL

VIANO CDI 2.2L

DATE/TIME IN

08.04.2019 09:45

YR OF MANU.

11.10.2013

TARGET DATE

CHASSIS CODE

WDF63981323802119

COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

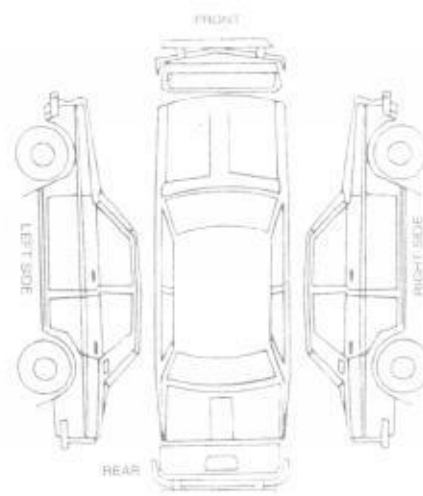
Accident Date: 04.04.2019

NATURE: 3P 04.04.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

(C)

(P)

Vehicle No.:

SHC 956G

LKE

Exit Pass

Vehicle No.:

SHC 956G

Signature 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 305285253
Date : 27.04.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC956G CCPL


Fax :
04.04.19


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

1. The repair job shall bill to: NTUC --- GBE6770X
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% \$3,650.00
 - Final Lumpsum Repair cost** \$3,650.00

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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kalvin
Date : 29/4/19

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		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/INC19006397/K1qd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 06-05-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBE 6770X	Veh. Inspected	SHC 956G	
Policy No.	5087622683-02	Coverage (\$)	0.00	
Claim No.	MT/1038898-002	Excess (\$)	0.00	
Assign From		Assign Date	08/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ VIANO	c.c	2143	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	WDF63981323802119	Colour	WHITE	
Odometer	620581	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/60 R16C	HANKOOK	6 mm	
L/H Front Tyre	225/60 R16C	HANKOOK	6 mm	
R/H Rear Tyre	225/60 R16C	HANKOOK	6 mm	
L/H Rear Tyre	225/60 R16C	HANKOOK	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	04/04/2019	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. SHC 956G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	HEAD LAMP ASSY, LH	GRAZED	3,620.00	3,620.00
1	FENDER, FRT/LH	DENTED	1,320.00	1,320.00
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-988.00	-988.00
			3,952.00	3,952.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE -FENDER/BUMPER.		600.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
			1,080.00	640.00
GRAND TOTAL			5,032.00	4,592.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)(CONFIRMED)				3,650.00

Report Ref No. NS/INC19006397/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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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.