

Surveyor: Kolvin

REF: NS/INC 19006541 / K15d392

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/HS/ITP/RES/OD/RES/EVA/INV/MV
 To Insp'd Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. MT/1039734-002
 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: _____ 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 7954R Yr Regn: 16 Apr 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Tr~~ / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 2x c.c. 1685
 Colour: Yellow A/C: Insured / Std / Nil / NA
 Sp. Reading: 500281 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KMHLB41WAFU068360
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inoper / Jammed / Leaked / Burnt or _____
 Brake: Inoper / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD AB / Rim or _____
 Tyre Size: F: 205/60R16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or HandCar

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>11/4/19</u>		D.O.I. <u>11/4/19</u>

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	SHC 7954R - C03/A16/16022602/4149392 D.O.A - 26/11/2016 INC
	SKL 403211 - X 42
15/4/19	Labrad 4/5 \$2350 / 2dy. (\$1,129.68 Red - 33%)
RECEIVED 16 APR 2019	

Date/Time, File Pass to?

1) 16/4/19
Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum: 2,350/- HS

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$ _____)
☐ Interview (\$ _____)
☐ Tech. Insp (\$ _____)
☐ Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

TP Claims against NTUC Income: Follow-Through Survey

Date: 15/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1039503-002	COMFORT TRANSPORTATION PTE LTD	SHA 2607L	SFH 6018Y	8/4/2019
2	MT/1037163-002	COMFORT TRANSPORTATION PTE LTD	SHC 8114S	SKS 7095A	23/3/2019
3	MT/1039404-002	COMFORT TRANSPORTATION PTE LTD	SHB 4150T	FBC 1381D	6/4/2019
4	MT/1039734-002	CITYCAB PTE LTD	SHC 7954R	SKL 4032M	11/4/2019
5	MT/1040229-001	COMFORT TRANSPORTATION PTE LTD	SHC 1972C	FBD 5744J	8/4/2019
6	MT/1040234-001	COMFORT TRANSPORTATION PTE LTD	SHD 6667X	SHD 2183B	8/4/2019
7	MT/1039489-002	COMFORT TRANSPORTATION PTE LTD	SHA 6342Z	SJR 7841E	8/4/2019

COMFORTDELGRO

Date/Time: 11.04.2019 13:15 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305286572

OMER#
IS CITYCAB PTE LTD
OMER NO. 7010070
LESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (P) (O)

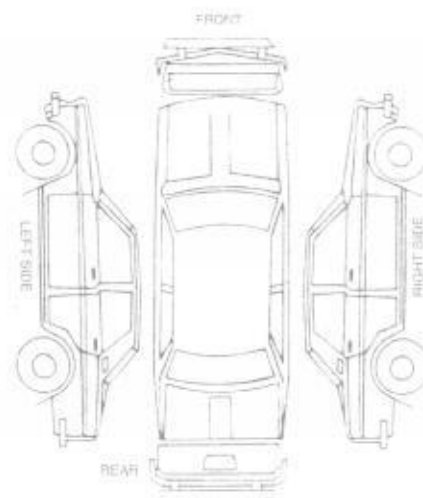
JUNT CARD NO.

REGN NO.	SHC7954R	MILEAGE
MAKE	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 11.04.2019 10:05
YR OF MANU	16.04.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMFU068360	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 11.04.2019
NATURE: 3P 11.04.2019

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC7954R

LKE

Vehicle No.:

SHC7954R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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	11/04/2019 11:32
Date Of Accident	11/04/2019 07:50
Exact Location Of Accident	UPPER EAST COAST RD / HOLLY GRACE PRESBYTERIAN CH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7954R
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	LIM LYE HOCK
NRIC No	S1485974H
Date Of Birth	01/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1981
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94763453
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	70 10-278 BEDOK SOUTH AVENUE 3
Postcode	460070
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

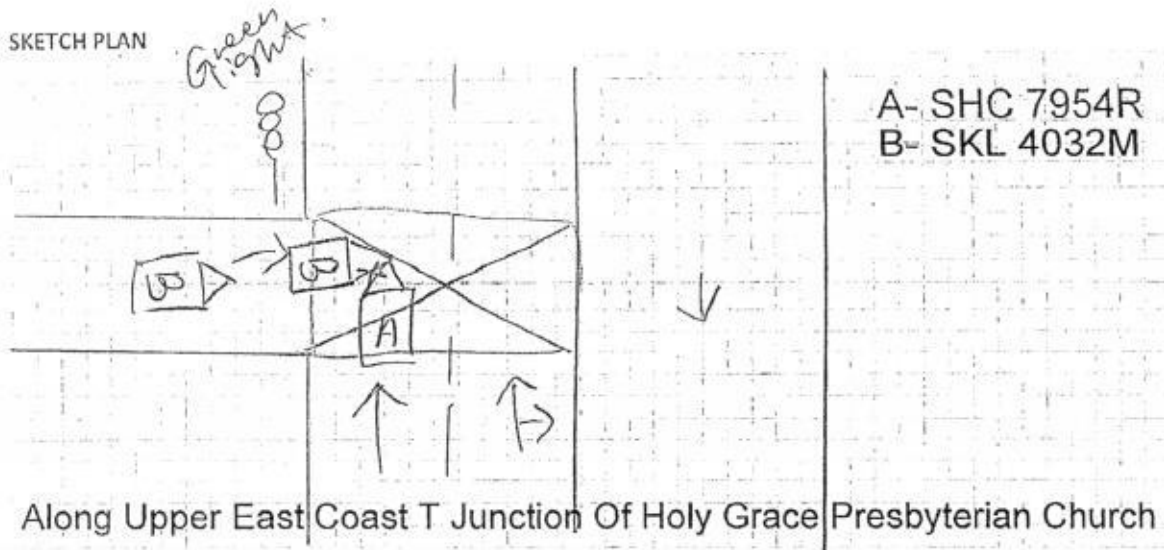
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL4032M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SENG KWEE
NRIC/Passport Number	S0214032B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



Along Upper East Coast T Junction Of Holy Grace Presbyterian Church

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11.04.2019 @ 0750hrs I was travelling along Upper East Coast
T Junction Of Holy Grace Presbyterian Church with one male passenger
onboard.
As I was travelling straight suddenly veh(B) SKL 4032M dashed out
from my left and hit onto and my vehicle front left 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) SKL 4032M MR Lee Seng Kwee S 0214032B

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 19950283gr

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11.04.2019@1100HRS

Reporting Centre Personnel's Signature
Name: Loke Wai Yiong
NRIC/FIN No.: 114119

SKETCH PLAN

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:

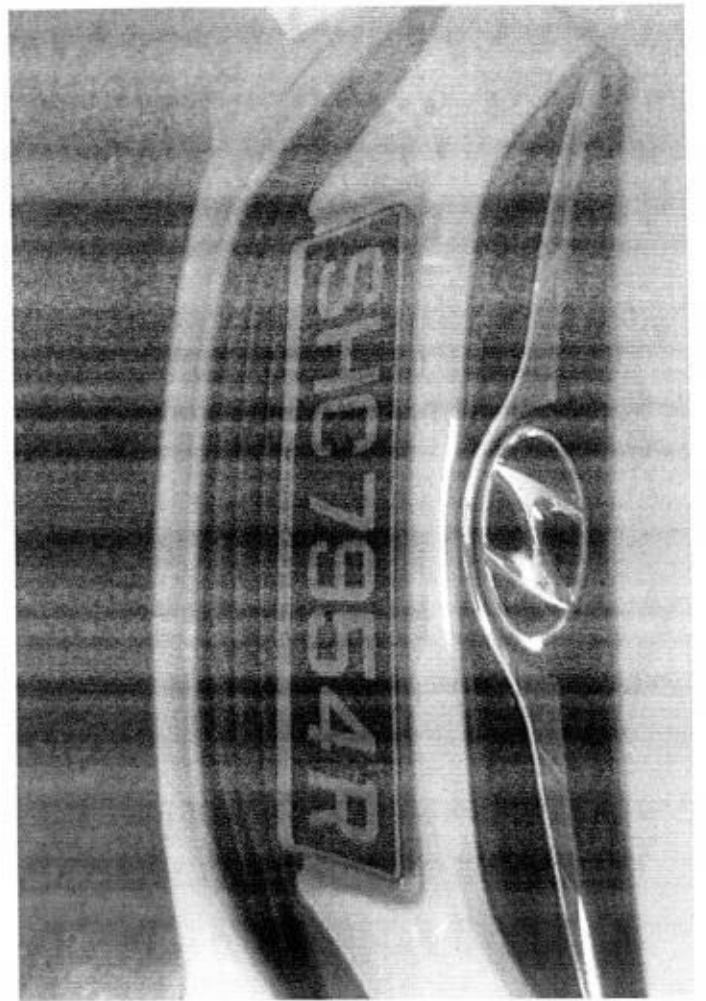
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

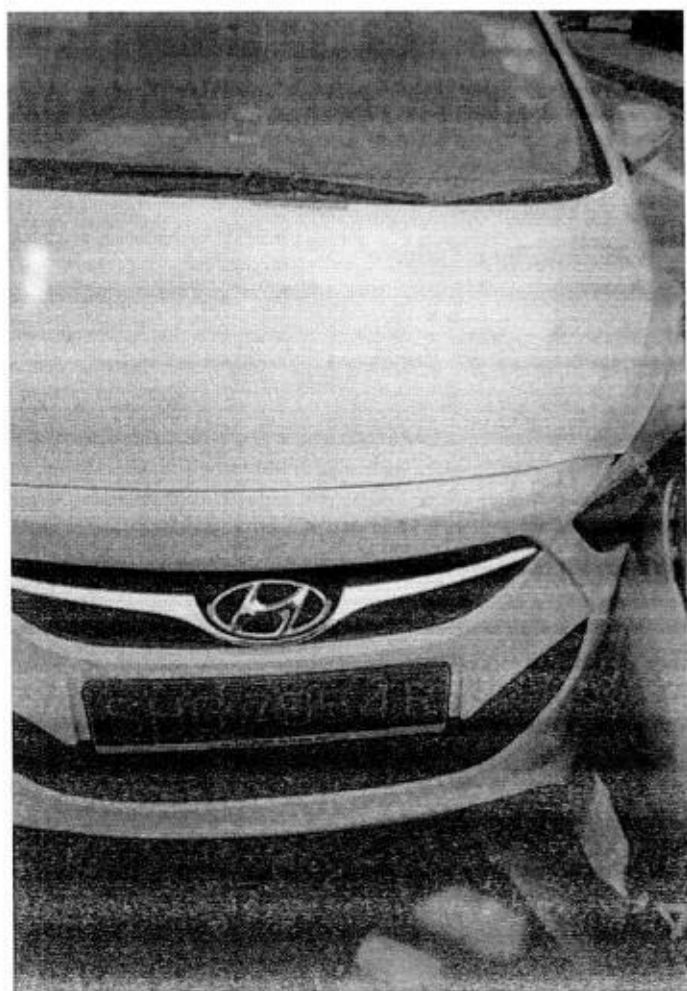
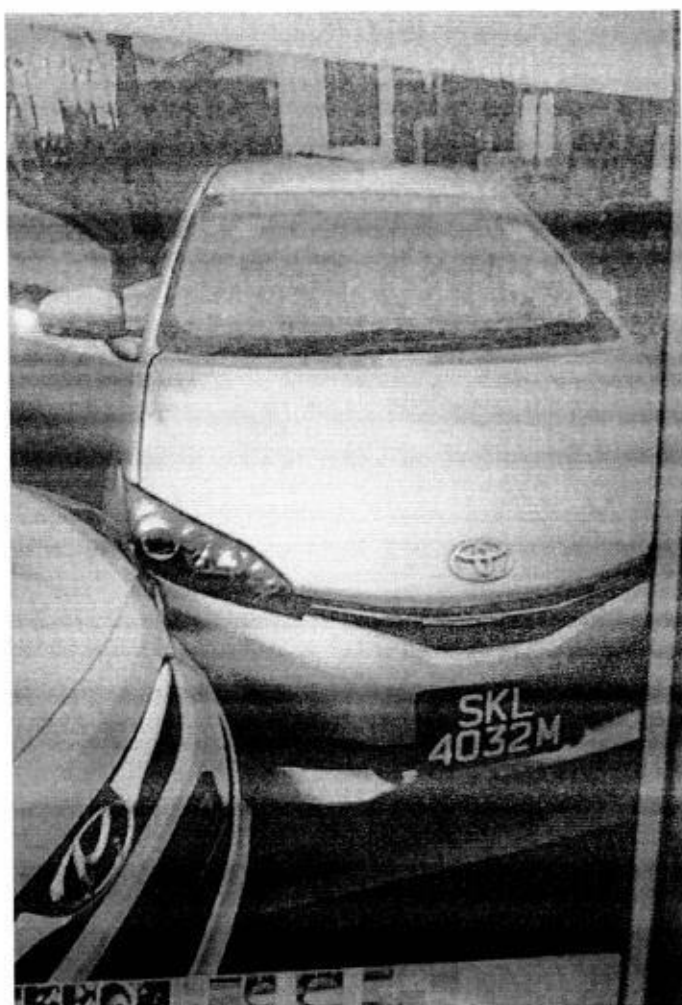
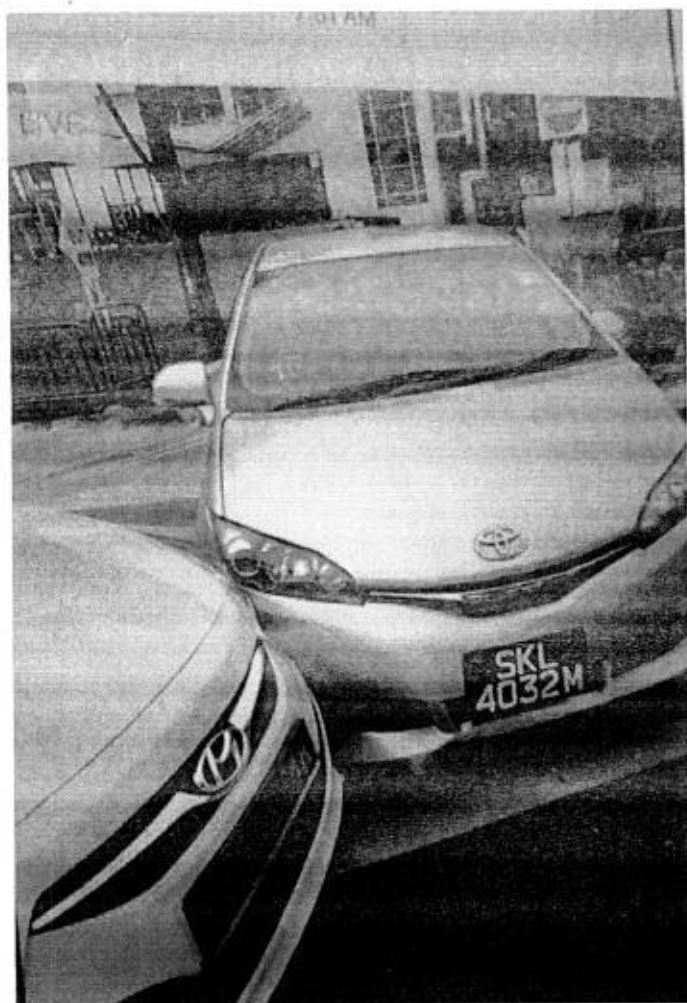
CITYCAB PTE LTD
CO. REG. NO. 199502839C

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11.04.2019@1100HRS

Reporting Centre Personnel's Signature
Name: Loke Wei Yiong
NRIC/FIN No.: 11/4/119





CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7954R

DATE 11/4/2019 11:50

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Rebuilt</i>			\$ 544.50
	Front Bumper Bracket Top (LH) <i>on</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>new</i>			\$ 24.60
	Headlamp (LH) <i>on</i>			\$ 1,388.00
	Frt Wheel Alignment <i>Excess on old money</i>			\$ 107.10
	<i>Front (LH) Fender Rebuilt</i>			
	SUB TOTAL			\$ 2,086.60
	LESS 20%			\$ 417.32
	DISCOUNTED TOTAL			\$ 1,669.28
				2199.68
	Front Fender Advertisement Logo (LH) <i>new</i>			\$ 100.00
				\$ 100.00
	Labour Charge			700
	Panel Beating-Repair Fender			\$ 400.00
	Spray Painting Charge			\$ 400.00
	Wiring			\$ 20.00
	Tuff Kote			\$ 20.00
	Frt Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 1,180.00
	ESTIMATE TOTAL			\$ 2,949.28
				3479.68

Kalin KKK

11/4/19 1400hr

2 Days

4's

After Repair photo

Signature:	
Date:	

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305286572
Date : 13.04.19

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

FINALIZATION FORM


To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC7954R CTPL

Fax :

11.04.19

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

1. The repair job shall bill to: NTUC --- SKL4032M
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% \$2,350.00
 - Final Lumpsum Repair cost \$2,350.00
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.


Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

We confirm the estimates and finalized amount

Signature : 

Name : Kahi

Date : 15/4/19

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:

SUPPLEMENTARY OF PARTS AND LABOUR COSTS			
DESCRIPTION	QTY	ESTIMATE	REMARKS
1- Lt Fender Lh	1	\$663.00	
TOTAL:		\$0.00	



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/INC19006541/K1sd3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 24-04-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKL 4032M	Veh. Inspected	SHC 7954R	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1039734-002	Excess (\$)	0.00	
Assign From		Assign Date	11/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMFU068360	Colour	YELLOW	
Odometer	500281	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60R16	HANKOOK	6 mm	
L/H Front Tyre	205/60R16	HANKOOK	6 mm	
R/H Rear Tyre	205/60R16	HANKOOK	6 mm	
L/H Rear Tyre	205/60R16	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	11/04/2019	Inspection Date	11/04/2019	
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7954R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER BRACKET TOP (LH)	CRACKED	22.40	22.40
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
1	FRT WHEEL COVER (CRACKED)	OLD DAMAGE	107.10	-
1	FRONT (LH) FENDER	BUCKLED	663.00	663.00
	LESS 20% DISCOUNT		-549.92	-523.58
			2,199.68	2,094.32
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
	<u>LABOUR</u>			
	PANEL BEATING - REPAIR FENDER.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,180.00	740.00
	GRAND TOTAL		3,479.68	2,934.32
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,350.00

Report Ref No. NS/INC19006541/K1sd3s2

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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