

Surveyor: KalvinREF: NS/INC 1900 7191 / K1vd 3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Insp Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SST 8619PPolicy No. 5040062954-09 (04/11/2018-03/11/2019)Claims No. MT 1041254-002

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: _____

IDAG 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: SHA 8029R Yr Regt: 11 Aug 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 cc 1685Colour: Yellow A/C: Insured / Std / Nil / NASp. Reading: 484835 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLP41446469259Gen. Cond: Good / OK / Poor / BurntSteering: Inorder / OK / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim orTyre Size: F: 205 / 60R16

R: _____

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

TOYO / YOKO or Dava

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 18/4/19 D.O.I. 22/4/19Survey held at CPAE (Logan)

Des. of Damages: Fri / Rear / OIS / NIS / UIC / Rooftop or

o/s Body

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

Date / Time	Action / Instruction
24/4/19	Continued up \$700 / 2 days. (Ref 1080.54, 619) INC
	SHA 8029R - CS / FCI 18020311 / NVB2 DOA 5/11/2018 u/s
	SST 8619P - CC6 / A1416018519 / Apb342 DOA - 30/04/2016

RECEIVED 25 APR 2019

Date/Time, File Pass to?

☐ : Prelim. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 25/4 - typist

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

Survey Fee:

Transportation:

S + RS \$

Photo:

Others:

TOTAL

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

Reason for visit:

TP

HS Tool/2

160

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="18/04/2019 11:49"/>							
Vehicle No. (For Motor)	<input type="text" value="SJT8619P"/>	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"/>	5040062954-09		CHENG YEW TUAN	50162785F	GPC	drive CLASSIC	SJT8619P	SJT8619P	04/11/2018	03/11/2019
<input type="button" value="Continue"/>										

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/1040780-002	COMFORT TRANSPORTATION PTE LTD	SHA 2877Z	EJ 3030G	18/4/2019	7:00	\$9,993.32	\$6,700.00
2	MT/1040749-002	COMFORT TRANSPORTATION PTE LTD	SHB 6398H	YM 7115S	17/4/2019	11:50	\$8,498.40	\$4,450.00
3	MT/1041000-002	COMFORT TRANSPORTATION PTE LTD	SHA 7719P	PC 1403J	18/4/2019	7:50	\$5,190.08	\$3,750.00
4	MT/1041254-002	CITYCAB PTE LTD	SHA 8029R	SJT 8619P	18/4/2019	20:00	\$1,680.54	\$700.00
5	-	COMFORT TRANSPORTATION PTE LTD	SHD 6909Z	SMK 5784B	21/4/2019	0:30	\$4,027.84	\$2,650.00

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	21/04/2019 08:29
Date Of Accident	18/04/2019 20:00
Exact Location Of Accident	ECP TWDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8029R
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 KHIM CHONG
NRIC No	S0181258J
Date Of Birth	18/01/1947
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1969
Driving Experience	49 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98509838
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	318C 13-221 ANCHORVALE LINK
Postcode	543318
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

SEE ATTACH.

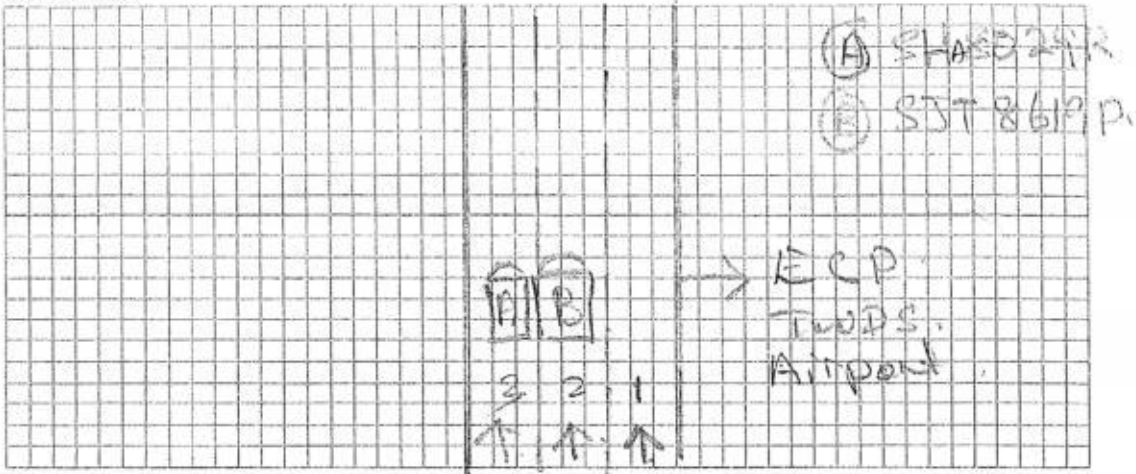
Attachment(s)

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	SJT8619P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/4/2019 at about 2000hrs, I vehicle A was driving my taxi along ECP towards airport while I was on the extreme left lane. Vehicle B came from second lane and switch right to third lane grazed against vehicle A right front portion.

DECLARATION

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

CITYCAB PTE LTD
POLICY NO. 109502830
Policyholder's Signature
Date & Time:

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

20/4/19
Jackson Heng
CSO
Reporting Centre Personnel's Signature
Name:

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. 199502830R

Policyholder's Signature
Date & Time:

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

20/4/19
Jackson Hong
CSO

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

NTUC-LFS
LKF-Kalvin

IS

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

JOB NO : 305288884
 REGN NO : SHA8029R
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 11.08.2016
 DATE/TIME IN : 20.04.2019 10:25
 ACCIDENT DATE : 18.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-0573-G	FRT FENDER RH	1	566.30 20.00 453.04
0002	28-01-0103-0003-A	Frt Door COMFORTDELGRO RH	1	75.00 10.00 67.50
SUB-TOTAL : 520.54				

JOB NATURE

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000	20-05	Frt Fender Adv.Sticker RH	100.00	100.00
0001	20-05	Frt Door Adv.Sticker RH	100.00	100.00
0002	PB	PANEL BEATING	500.00	200.00
0003	SP	SPRAYPAINT CHARGE	500.00	400.00
0004	20-00	TUFF COAT ON AFFECTED PARTS.	60.00	60.00
SUB-TOTAL : 1,160.00				

SUB-TOTAL : 1,160.00

TOTAL : 1,680.54

1780.54

MVA NAME & SIGNATURE
 DATE :

SURVEYOR NAME & SIGNATURE
 DATE :

1/Calvin Ellick
 22/4/19
 2 Pys.
 L/S
 After Repair pth

AUTHORISED : YES / NO

the repairer must
 • To reserve
 • To display
 • Parts prices are subject to
 • Third party survey is on a
 • No illegal modification(s) is allowed
 • Supplementary item(s) must be resubmitted and
 is subject to final approval from Insurance Company
 As provided by Repairer

NTUC-45

1

Member of COMFORTDELGRO

Date/Time: 22.04.2019 08:04

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO: 305288884

OWNER

15 CITYCAB PTE LTD
OWNER NO. 7010070
LESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

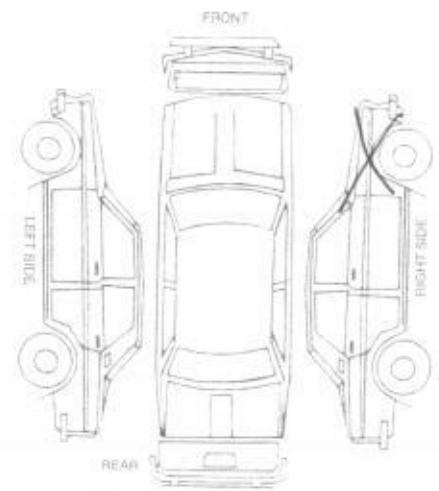
UNIT CARD NO.

REGN NO:	SHA8029R	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL	I-40	DATE/TIME IN
YR OF MANU	11.08.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMGU092593	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 18.04.2019
NATURE: 3P 18.04.19/C

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

SHA8029R

LIMITS

Vehicle No.:

SHA8029R

Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305288884
Date : 23/04/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA8029R

Date of Accident : 18-Apr-19

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

1. The repair job shall bill to: NTUC --- SJT8619P

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% \$700.00

Final Lumpsum Repair cost \$700.00

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 : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 24/4/19

Fax : 65468156

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/INC19007191/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 02-05-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJT 8619P	Veh. Inspected	SHA 8029R
Policy No.	5040062954-09	Coverage (\$)	0.00
Claim No.	MT/1041254-002	Excess (\$)	0.00
Assign From		Assign Date	22/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU092593	Colour	YELLOW
Odometer	484835	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	7 mm
L/H Front Tyre	205/60 R16	DAVANTI	7 mm
R/H Rear Tyre	205/60 R16	DAVANTI	7 mm
L/H Rear Tyre	205/60 R16	DAVANTI	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	18/04/2019	Inspection Date	22/04/2019
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.
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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. SHA 8029R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRT FENDER RH	TO REPAIR SEE LABOUR	566.30	-
1	FRONT RH DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-113.26	-
			453.04	-
	<u>NETT ITEMS</u>			
1	FRT DOOR COMFORTDELGRO RH (N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-7.50	-7.50
			67.50	67.50
	<u>SPECIAL NETT ITEMS</u>			
1	FRT FENDER ADV STICKER RH (SN)	NECESSARY	100.00	100.00
1	FRT DOOR ADV STICKER RH (SN)	NECESSARY	100.00	100.00
			200.00	200.00
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRT FENDER RH AND FRONT RH DOOR.		500.00	200.00
	SPRAYPAINT CHARGE.		500.00	400.00
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	60.00	-
			1,060.00	600.00
	GRAND TOTAL		1,780.54	867.50
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			700.00

Report Ref No. NS/INC19007191/K1vd3n2

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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