

Surveyor: KalvinREF: NS/INCL 1906754/K1vd3n2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SJU 7501 R

Policy No. \_\_\_\_\_

Claims No. MT/1040 848-002

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 Report: \_\_\_\_\_ 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 968Y Yr Regn: Oct, 2013Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz Viano cc 2148Colour: White A/C: Insured / Std / NI / NASp. Reading: 581095 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDF63981323802651Gen. Cond: Good / ~~F~~ / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD ABS orTyre Size: F: 225 / 60 R16C

R: \_\_\_\_\_

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

TOYO / YOKO or Har/Kate

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 17/4/19 D.O.I. 22/4/19Survey held at CPAE (Logan)

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

Rear o/s.

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

Date / Time	Action / Instruction
	SHC 968Y - C03/CT118013923/K1w6392 D.O.A - 27/07/2018 INCL
	4/s.
	more than one matching Policy - (SJU 7501 R)
29/4/19	Label 45 \$1850 / 20% (Red 973.68, 34%)

RECEIVED 30 APR 2019

Date/Time, File Pass to? ☐ : Prel. Report1) ☐ : Final Report

Date/Time, File Return to?

2) 30/4 - typistReport Format: TPLump Sum / F.E.I. 45 \$1850Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

160



S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1009890-002	SMRT BUSES	SG 5773H	SIX 8235S	2/9/2018
2	MT/1040324-002	COMFORT TRANSPORTATION PTE LTD	SHD 7103A	SHB 8868E	13/4/2019
3	MT/1040700-002	COMFORT TRANSPORTATION PTE LTD	SHA 1271C	FBD 4873B	14/4/2019
4	MT/1040463-002	COMFORT TRANSPORTATION PTE LTD	SHD 4354L	SIX 3780S	16/4/2019
5	MT/1041520-002	COMFORT TRANSPORTATION PTE LTD	SHD 3193R	SJP 4115Z	23/4/2019
6	MT/1040848-002	CITYCAB	SHC 968Y	SIV 7501R	17/4/2019
7	MT/1041199-002	COMFORT TRANSPORTATION PTE LTD	SHA 5630Z	SJP 9605T	18/4/2019



## 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	18/04/2019 14:17
Date Of Accident	17/04/2019 19:00
Exact Location Of Accident	AIRPORT BLVD TWDS T2 TAXI Q
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC968Y
<b>Insured/Policyholder</b>	
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

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	ADRIAN SONG KIAN YIP (SONG JIANYE)
NRIC No	S7825128Z
Date Of Birth	28/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2005
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93838698
Fax Number	
Contact Number	
Email Address	ADRIZZLES@GMAIL.COM



Address	BLK 879A TAMPINES AVE 8 #13-29
Postcode	521879
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)	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

REFER 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	SJV7501R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEREMY LEW DE WEI
NRIC/Passport Number	S8941523C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
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

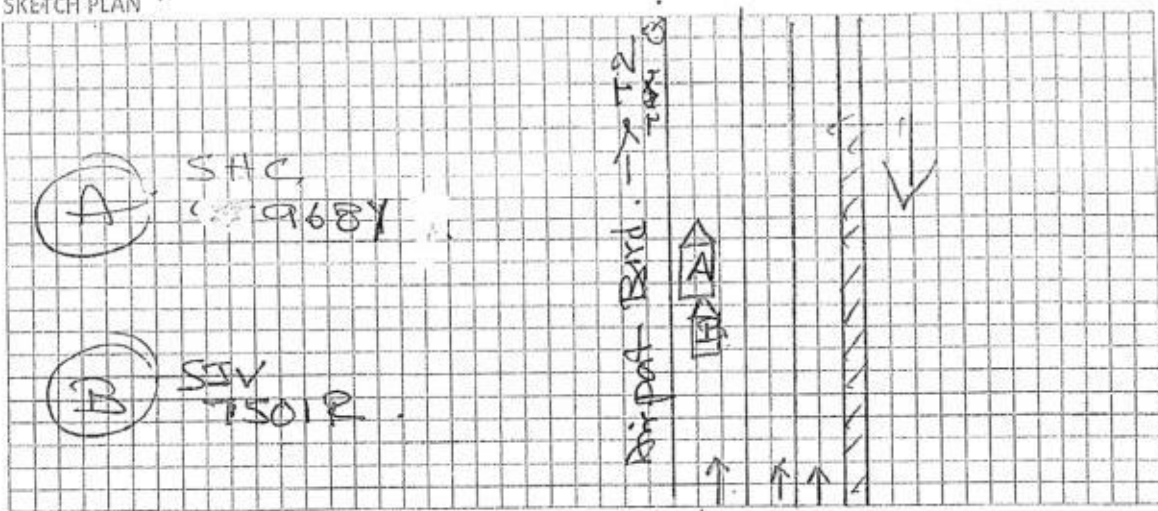
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19/10 1:25 PM

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I. VEH. A slowdown one stop at taxi Q.

Then suddenly veh B from rear hit veh A

Rear. at the point of accident veh A

NO PAK.

DECLARATION

I/We declare the foregoing particulars are true in every respect.  
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature

Date & Time: 18/4 1:28pm

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/4 1:28pm

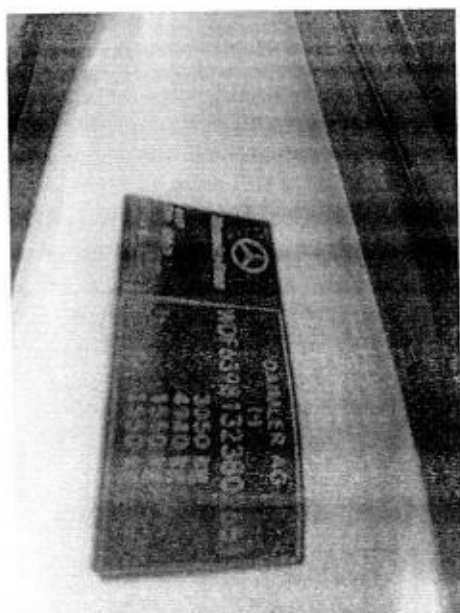
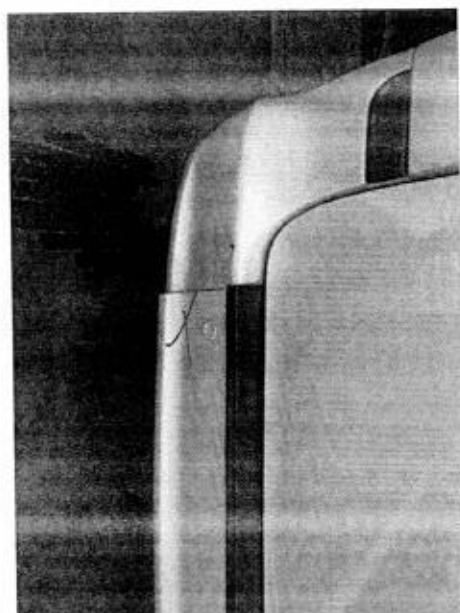
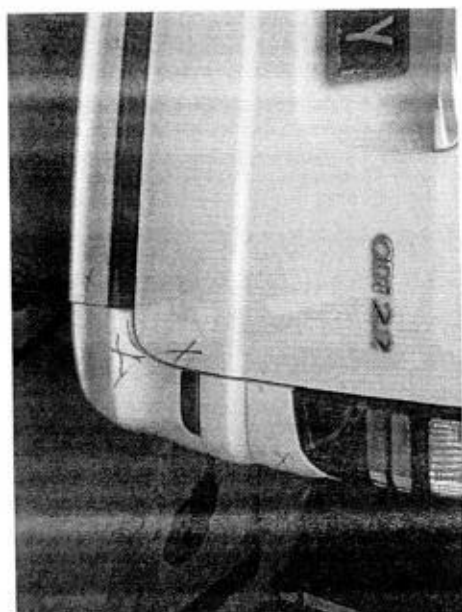
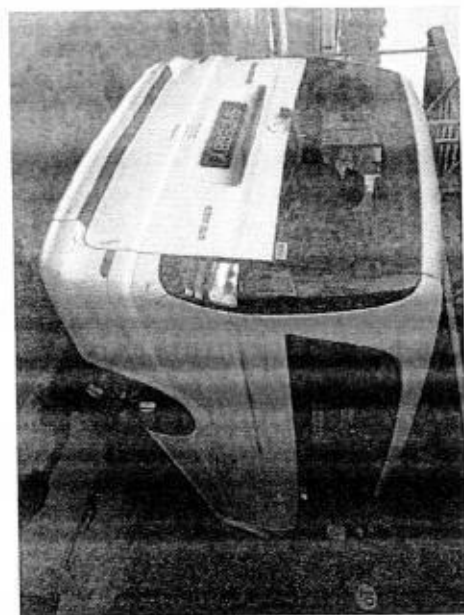
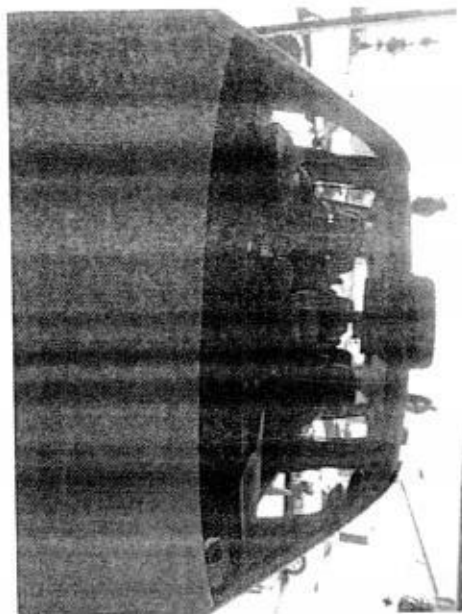
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

C. Nant 18/4







NTMC - FZ

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 968Y

DATE 18/4/2019 16:12

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Rebuilt</i>			\$ 1,372.00	
	Bumper R/H Side, RR <i>new</i>			\$ 473.60	
	Tail Gate "2.2" Logo <i>new</i>			\$ 78.00	
	Tail Gate "CDI" Logo <i>new</i>			\$ 78.00	
	Tail Gate Via No Logo <i>new</i>			\$ 78.00	
	<b>SUB TOTAL</b>			<b>\$ 2,079.60</b>	
	<b>LESS 20%</b>			<b>\$ 415.92</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,663.68</b>	
	Rear Bumper Rubber Mat <i>new</i>			\$ 50.00	Nett
	Tail Gate "MAXICAB" Logo <i>X new</i>			\$ 30.00	Nett
				<b>\$ 80.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			<del>\$ 400.00</del> <i>200</i>	
	Spray Painting Charge			<del>\$ 600.00</del> <i>400</i>	
	Wiring Charge(Tailgate/Bumper)			\$ 30.00 <i>X</i>	
	Tuff Kote			<del>\$ 50.00</del> <i>X</i>	
	<b>TOTAL LABOUR</b>			<b>\$ 1,080.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,823.68</b>	
<p><i>1 Call in 1 Call</i></p> <p><i>22/4/19 1035hrs</i></p> <p><i>2 Days</i></p> <p><i>L/S</i></p> <p><i>After Repair pLh</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 Auto Cons. I hereby notify  
 the holder of the following:  
 I have had the vehicle inspected by a  
 qualified surveyor.  
 Acknowledged by:  
 Signature:  
 Date:



COMFORTDELGRO

Date/Time: 18.04.2019 16:20

Page : 1

Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order: 3915742

JC NO.: 305288543

STOMER

/MS CITYCAB PTE LTD  
STOMER NO 7010070  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65551188 (R) (O)  
(P)

COUNT CARD NO.

REGN NO.:

SHC 968Y

MILEAGE

MAKE:

MERCEDES BENZ

FUEL

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

MODEL

VIANO CDI 2.2L

DATE/TIME IN

18.04.2019 00:35

YR OF MANU.

11.10.2013

TARGET DATE

CHASSIS CODE

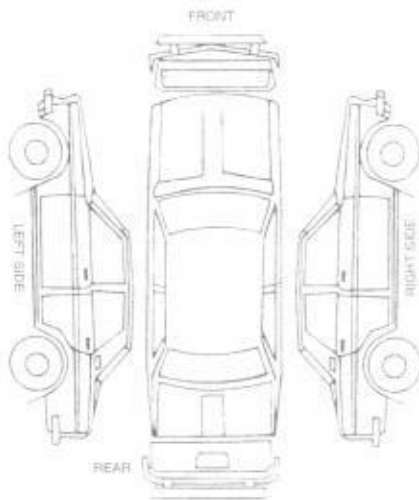
WDF63981323802651

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 17.04.2019  
NATURE: 3P 17.04.19

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

30

Q.

4e No.:

SHC 968Y

FZ NTUC

Vehicle No.:

SHC 968Y

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 : 305288543  
Date : 25.04.2019

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No : SHC 968Y

Fax :  
Date of Accident : 17.04.2019


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


1. The repair job shall bill to: NTUC -- SJV7501R
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$0.00
(b) Labour Charges	\$0.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$0.00</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	\$1850.00
<b>Final Lumpsum Repair cost</b>	<b>\$1850.00</b>

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 : FAUZY BIN MOKHTAR  
Tel : 62148319  
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		N		
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/INC19007254/K1vd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 08-05-2019	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJV 7501R	Veh. Inspected	SHC 968Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1040848-002	Excess (\$)	0.00	
Assign From		Assign Date	22/04/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MERCEDES BENZ VIANO	c.c	2143	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	WDF63981323802651	Colour	WHITE	
Odometer	581095	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	225/60 R16C	HANKOOK	7 mm	
L/H Front Tyre	225/60 R16C	HANKOOK	7 mm	
R/H Rear Tyre	225/60 R16C	HANKOOK	7 mm	
L/H Rear Tyre	225/60 R16C	HANKOOK	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	17/04/2019	Inspection Date	22/04/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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 968Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	DEFORMED	1,372.00	1,372.00
1	BUMPER R/H SIDE,RR	CRACKED	473.60	473.60
1	TAIL GATE "2.2" LOGO	NECESSARY	78.00	78.00
1	TAIL GATE "CDI" LOGO	NECESSARY	78.00	78.00
1	TAIL GATE VIA NO LOGO	NECESSARY	78.00	78.00
	LESS 20% DISCOUNT		-415.92	-415.92
			1,663.68	1,663.68
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	TAIL GATE "MAXICAB" LOGO (SN)	NOT NECESSARY	30.00	-
			80.00	50.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE (TAILGATE/BUMPER).	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,080.00	600.00
	<b>GRAND TOTAL</b>		<b>2,823.68</b>	<b>2,313.68</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>1,850.00</b>

Report Ref No. NS/INC19007254/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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