

Surrey: Kelvin

REF: NS/INC/19007311 / Klad32

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop no/s _____

of _____

Insured: **SBR 7674R**Policy No. **5096457881 (11/12/2017 - 30/04/2019)**Claims No. **MT/1041551-002**

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

Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHC 7042Y** Yr Regt: **4 Mar, 2016**Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: **Hyundai Zeta** cc **1685**Colour: **Yellow** A/C: Insured / Std / NI / NASp. Reading: **4 639 57** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KM HLB41UM94 085493**Gen. Cond: Good / F~~o~~ / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 **Maxx**

Front _____ Rear _____

R/Bal. **7** mm R/Bal. **7** mmL/Bal. **7** mm L/Bal. **7** mmD.O.A. **24/4/19** D.O.I. **24/4/19**Survey held at: **CDAE (Logan)**

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

Rear n/s.

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

Date / Time	Action / Instruction
	SHC 7042Y - CS/FCI 19006545, USD 3 D.O.A - 08/04/2019 INC
	SBR 7674R - x 4
29/4/19	Ch ¹ 45 \$800 / 2 Dy. (Red \$ 1289.60, 62%)

RECEIVED 30 APR 2019

Delete Time, File Pass to?

☐ : Prel. Report

1) 30/4 12:00 PM

☐ : Final Report

Delete Time, File Return to?

2)

Days Of Repair: **7**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + P.S. \$

Fuel

Toll

Other

Total

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Other (\$☐ Other (\$☐ Other (\$

Kemp Sum

800

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

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle Reg. (If for Road)

SBR7674R

Date of Accident

24/04/2019 14:55

Certificate Number

Search

Search	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5095417081		ONG TECK SOON	S8706787D	GPC	Third Party	SBR7674R	SBR7674R	11/12/2017	30/04/2019

Continue

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	24/04/2019 09:47
Date Of Accident	24/04/2019 08:05
Exact Location Of Accident	TPE TOWARDS PIE AFTER EXIT 1 UPPER CHANGI RD N
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7042Y
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	KOH YONG LIT (XU YONG LI)
NRIC No	S8115777D
Date Of Birth	31/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	25/11/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81610704
Fax Number	
Contact Number	
Email Address	YONGLIT@HOTMAIL.COM

Address	635A 16-613 PUNGGOL DRIVE
Postcode	821635
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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	SBR7674R
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

FRT RHT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

EXIT 1

PIC

A - SHC 70-ADY

B - SBR 76-AR
(TOYOTA)

JP

TP6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

CITYCAB.PTE.LTD.

CO-REG NO: 19801

Policyholder's Signature

Date & Time:

R Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/04/19

Olivia Wendy

Reporting Centre Personnel's Signature

Name: 24 APR 2019

NRIC/FIN No.:

Sketch Plan Pg. 2

Describe Circumstances of the Accident.

On the 24/04/2019 @ about 08:05hrs, I was driving along TPE towards PIE direction.

As I was driving suddenly the front vehicle jammed brake and I jammed brake as well to avoid the collision. Then there's an ^{impact} from behind my taxi so I stop to check and found out vehicle SBR7674R right front had collided onto my rear left portion of my taxi.

02 female & 01 baby passenger on board my taxi.

No injury reported at the point of accident.

Declaration


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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

~~CO REG. NO. 19505821K~~
Policyholder's Signature/Date &

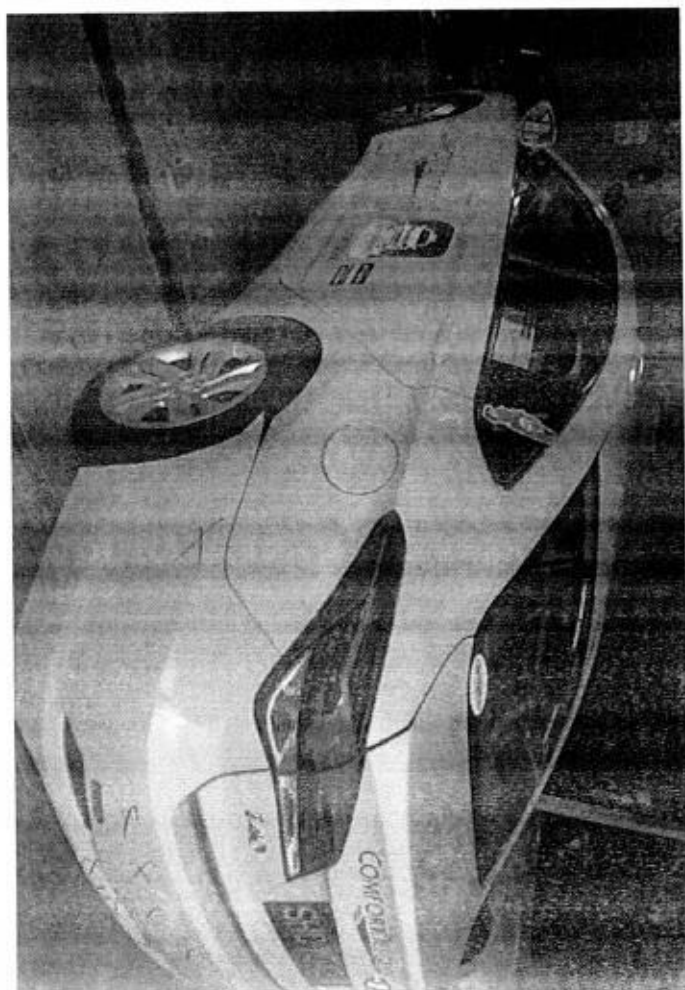
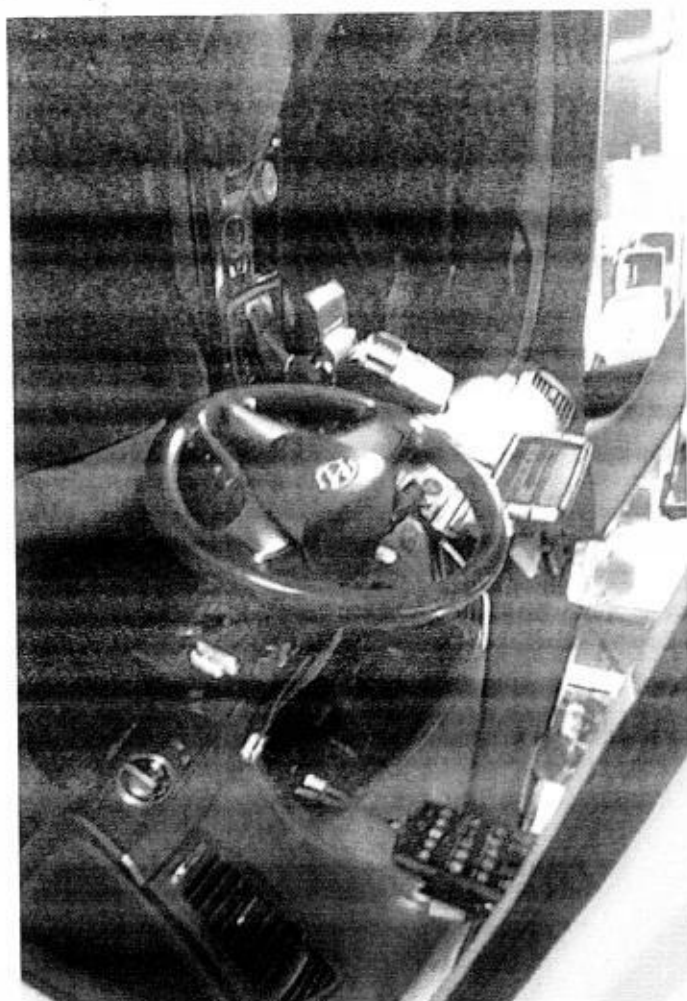
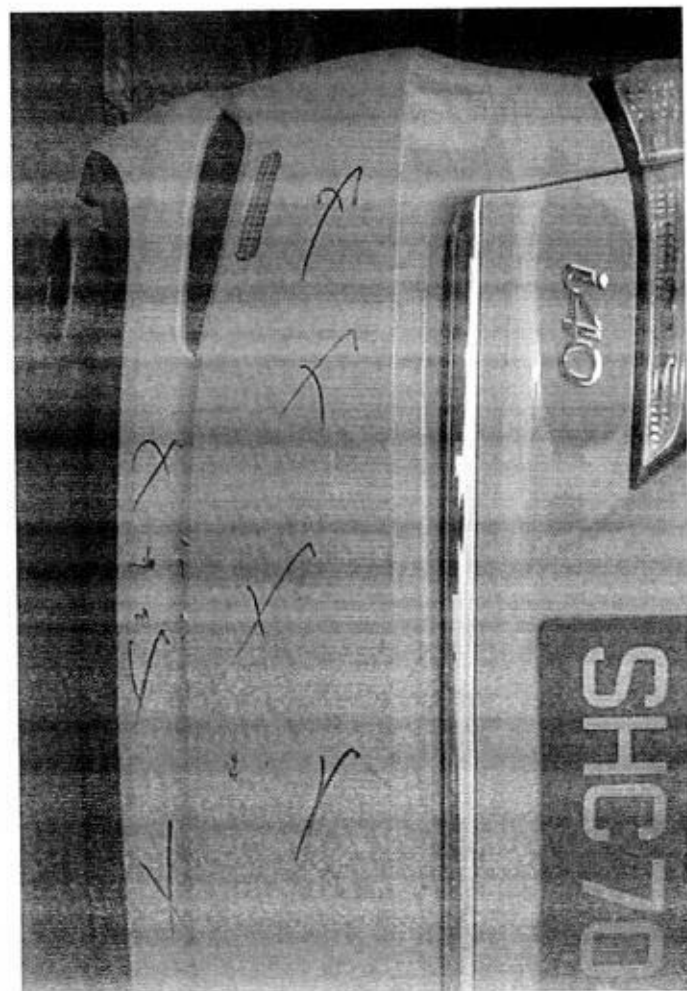
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time 24/04/19

Olivia Wendy 

Witnessed by Reporting
Centre Personnel

24 APR 2019





COMFORTDELGRO

Date/Time: 24.04.2019 12:47

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305290084

CUSTOMER
CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

VARS

REGN NO:	SHC7042Y	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL	I-40	DATE/TIME IN
YR OF MANU	04.03.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMGU085493	COMPLETION DATE/TIME:

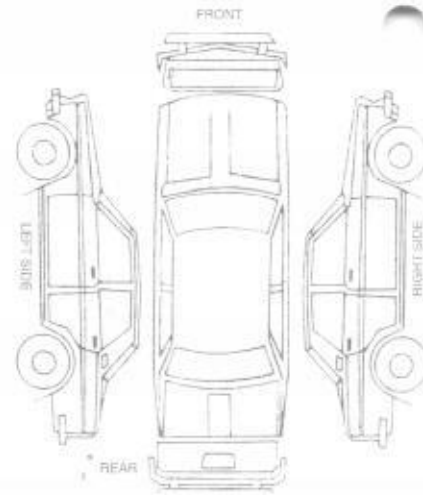
SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 24.04.2019
NATURE: 3P 24.04.2019

S/NO	LABOR CODE	DESCRIPTION
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NTUC - Rear Left
LKR/Kalni -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC7042Y
LARRY

Vehicle No.: SHC7042Y

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

NTUL

DATE 24/4/2019 9:53

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>Defunct Xsu</i>			\$ 553.00
	Rear Bumper Reinforcement <i>Xsu</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Xsu</i>		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs — <i>all</i>			\$ 22.00
	Rear Bumper Bracket <i>Xsu</i>		\$ 35.60	\$ 71.20
	Rear Bumper Sponge <i>Xsu</i>			\$ 103.50
	Rear Bumper Under Cover — <i>at</i>			\$ 228.00
	SUB TOTAL			\$ 1,566.70
	LESS 20%			\$ 313.34
	DISCOUNTED TOTAL			\$ 1,253.36
	Rear Bumper Reverse Sensor <i>X n7</i>			\$ 135.70
				\$ 135.70
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 2,089.06
	(Kahin 12K/K)			
	M 24/4/19 1325hr			
	2 Drgs			
	4/5			
	After Repair photo			

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 : 305290084
Date : 25. Apr. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC7042Y

Date of Accident: 24. 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 SBR7674R

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: \$800.00

Final Lumpsum Repair cost

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : K/L

Name : K/L

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				
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/INC19007311/K1qd3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 07-05-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SBR 7974R	Veh. Inspected	SHC 7042Y	
Policy No.	5096457881	Coverage (\$)	0.00	
Claim No.	MT/1041551-002	Excess (\$)	0.00	
Assign From		Assign Date	24/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU085493	Colour	YELLOW	
Odometer	463957	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	HANKOOK	7 mm	
L/H Front Tyre	205/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	24/04/2019	Inspection Date	24/04/2019	
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 7042Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) \$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-313.34	-160.60
			1,253.36	642.40
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
			135.70	-
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	400.00
GRAND TOTAL			2,089.06	1,042.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				800.00

Report Ref No. NS/INC19007311/K1qd3s2

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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