

Surveyor: Kavin

REF:

MS/INC19007652/KISD302

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Insp'd Vehicle No: _____
 at Workshop m/s _____
 Insured: SDG 7527S
 Policy No: _____
 Claims No: MT/1042298-002
 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: SHA 98156 Yr Regn: 30 May 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Trailer / Prime Mover /
 Truck / Trailer or _____
 Make: Hu L Z c.c. 1685
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 720062 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHCB814A64074878
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Alum or
 Tyre Size: F: 205/60 R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Campion
 Front 7 Rear 7
 R/Bal. _____ mm R/Bal. _____ mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 29/4/19 D.O.I. 30/4/19
 Survey held at CPAE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>NO policy found</u>
	<u>SHA 98156 - CCA / III 19001516 / Deb3</u>
	<u>SDG 7527S - NA / EDS 19016607 / 14</u>
<u>16/5/19</u>	<u>Checked c/s \$ 750 / 2 hrs.</u>
	<u>(+ 580/- Red - 44%)</u>
RECEIVED 17 MAY 2019	

Date/Time, File Pass to? 17/05/19
 1) Typist ☐ : Prell. Report
☒ : Final Report
 Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp (\$)
☐ : Fuel and

Survey Fee:
 Transportation:
 S + RS \$
 Photos
 Others
 TOTAL

<u>160</u>
<u>160</u>

Amount Paid: \$ 750/- HS

4/29/2019

Insurance Particulars Enquiry By Agents Detail

Attn: Kalvin

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SDG75275	29 Apr 2019 / 11:50:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous

OK

SHA9815GT

COMFORTDELGRO

Date/Time: 29.04.2019 17:27

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305291544

OWNER

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

NTUC

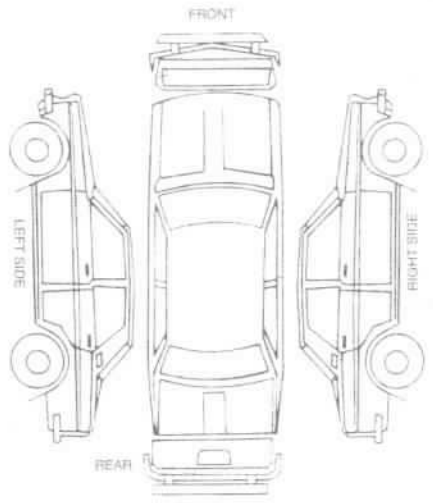
OUNT CARD NO.

REGN NO.: SHA9815G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 29.04.2019 15:10
YR OF MANU. 30.05.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU074878	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 29.04.2019
NATURE: 3P 29.04.2019

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Vehicle No.: SHA9815G

LKE

Kahn

Exit Pass

Vehicle No.: SHA9815G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

TP Claims against NTUC Income: Follow-Through Survey

Date : 16/05/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1042298-002	CITYCAB PTE LTD	SHA 9815G	SDG 7527S	29/04/2019	11:50	\$ 1,330.00	\$ 750.00
2	MT/1042124-002	COMFORT TRANSPORTATION PTE LTD	SHA 7643Z	SHB 8754A	29/04/2019	08:20	\$ 3,007.20	\$ 1,900.00
3	MT/1042408-002	COMFORT TRANSPORTATION PTE LTD	SHD 7243D	SHB 9000K	29/04/2019	23:25	\$ 9,630.50	\$ 6,352.98

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	29/04/2019 17:06
Date Of Accident	29/04/2019 11:50
Exact Location Of Accident	ALONG PAYA LEBAR RD TOWARDS MACPHERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9815G
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	SEE SIEW MANG
NRIC No	S0027844J
Date Of Birth	28/04/1952
Occupation	OUTDOOR
Date Of Driving Pass	29/03/1975
Driving Experience	44 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91820797
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 79A TOA PAYOH CENTRAL #10-05
Postcode	311079
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

PLS REFER TO 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	SDG7527S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOK KING NGAI
NRIC/Passport Number	S7561906E
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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

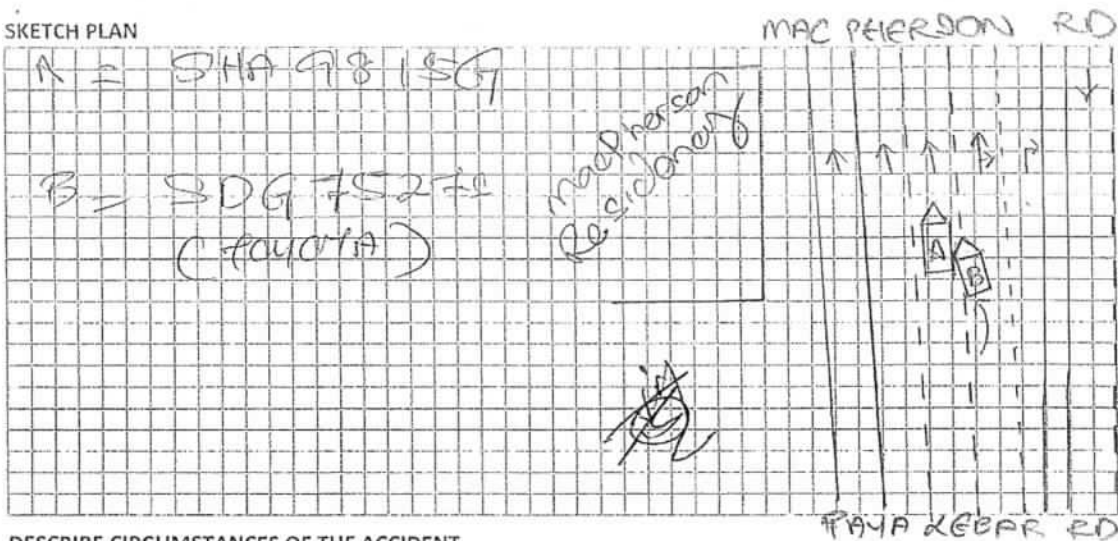
Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 29 APR 2019

SKETCH PLAN



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. 199502839G

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN NO. 9 APR 2019

Describe Circumstances of the Accident.
On the 29/04/2019 @ about 11:50hrs, I was driving along Paya Lebar Rd towards MacPherson
Rd direction. As I was driving suddenly there's a jerk on my right side of my taxi.
A vehicle SDG7527S was changing lane and grazed onto my right rear door of my taxi.
01 male passenger on board my taxi.
No injury at the point of accident.

Declaration

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature/Date &
Time

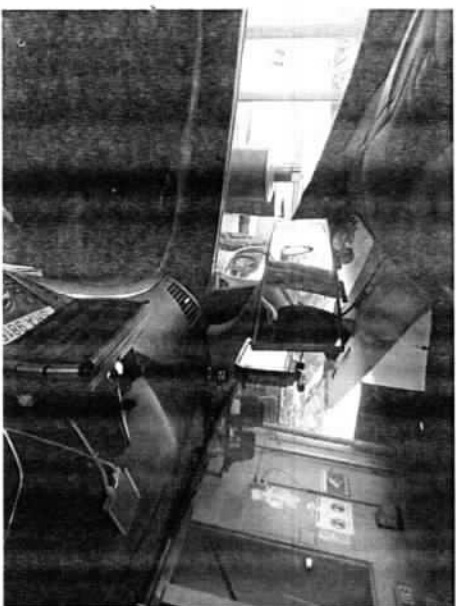


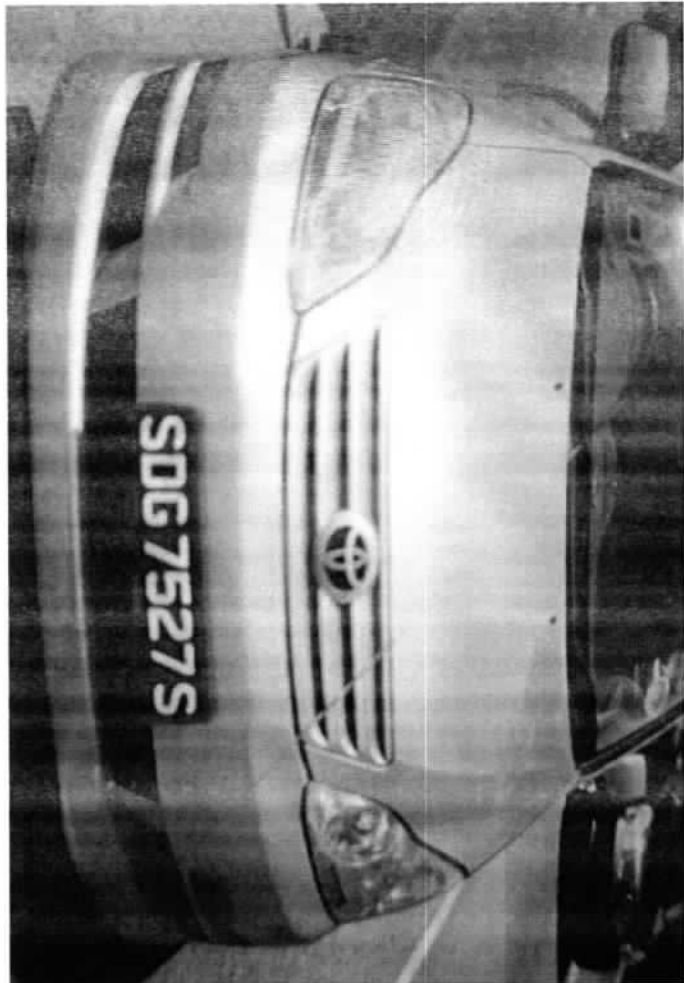
Driver's Signature(If driver is not the policyholder)/Date
& Time

Olivia Wendy 

Witnessed by Reporting
Centre Personnel

29 APR 2019





CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 9815G

DATE 30/4/2019 10:29

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Fender Advertisement Logo (RH) — <i>see</i>			\$ 100.00	Nett
	Rear Door Advertisement Logo (RH) — <i>see</i>			\$ 100.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH) — <i>see</i>			\$ 80.00	Nett
	<i>Wheel Cover (RH Rear) — 100</i>		<i>106</i>	<i>\$ 67.10</i>	
				\$ 280.00	
	Labour Charge			<i>200</i>	
	Panel Beating			\$ 400.00	
	Spray Painting Charge-Fender/Door			\$ 600.00	<i>600</i>
	Tuff Kote			\$ 50.00	<i>x 3</i>
	TOTAL LABOUR			\$ 1,050.00	
	ESTIMATE TOTAL			\$ 1,330.00	
				<i>1677.10</i>	
	<i>1 Cabin 1 UCL</i>				
	<i>30/4/19 1226</i>				
	<i>2 h,</i>				
	<i>415</i>				
	<i>Alfa Repir, Lh</i>				
<div> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p> </div>					
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.					

HKK/Rebwin

C/S

LKe

NTUC

Date : 14.05.19

Fax :

Vehicle Reg No. SHA9815G CCPL

29.04.19

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

2. The finalized amount shall be:

- (b) Labour Charges

Total for Part-By-Part Repair Cost

- Total for Lumpsum repair cost after Less:

20%

\$750.00

Final Lumpsum Repair cost

\$750.00

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: 

Name : Kahn

Date : 16/5/19

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/INC19007652/K1sd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 27-05-2019	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SDG 7527S	Veh. Inspected	SHA 9815G
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1042298-002	Excess (\$)	0.00
Assign From		Assign Date	30/04/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU074878	Colour	YELLOW
Odometer	720062	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	29/04/2019	Inspection Date	30/04/2019
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. SHA 9815G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	WHEEL COVER (RH REAR)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-	-21.42
			107.10	85.68
	<u>NETT ITEMS</u>			
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-8.00
			80.00	72.00
	<u>SPECIAL NETT ITEMS</u>			
1	REAR FENDER ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
1	REAR DOOR ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
			200.00	200.00
	<u>LABOUR</u>			
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE - FENDER / DOOR.		600.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,050.00	600.00
GRAND TOTAL			1,437.10	957.68
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				750.00

Report Ref No. NS/INC19007652/K1sd3e2

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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