

Tauflich

REF: NS/INC 19009839/715d352

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD: ☒ W5 / ☐ TR / ☐ RES / ☐ OD / ☐ RES / ☐ EVA / ☐ RV / ☐ MV

Inspect Vehicle No: _____

at Workshop n/s: _____

of: _____

Insured: **SMC 6715L**

Policy No: **5103006314** **10/8/18**

Class: No **09/8/19**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Val. or Mark of Value: _____

IRAC Accident Report: _____

GIA / PR: _____

Est. Repairs: _____ days Rep: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP / 24 HRS: _____

Date: _____ Person Contacted: _____

Vehicle: IN / OUT



Veh No: **SMC 833C** at Rep: **24/3 July**

Type: M/Car / M/Cycle / Bus / Van / Lorry / ☒ Car / Prime Mover /

Truck / Trailer or

Make: **Mercedes Benz E220** **2143**

Colour: **white** **8/1** Insured / Std / NI / HA

Sp Reading: _____ TR Radio Insured / Std / NI / HA

Eng No: _____

C/Po: **WDD212002247 57754**

Gen Cond: ☒ Good / Fair / Poor / Damd

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Mod: **NA / SBR** / STD ARim or

Tyre Size: **205/60R16**

R: _____

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

TOYO / YOKO or **Continental**

Front: **6** mm Rear: **6** mm

R/Rol: **6** mm L/Rol: **6** mm

D.O.A: **3/6/19 0355pm**

Survey held at: **Comfort Lodge**

Des. of Damages: ☒ Fit / ☐ Rear / ☐ OS / ☐ HS / ☐ UC / ☐ Rooftop or

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

Date / Time: **10/06/19** Action / Instruction: **Bulky work**

SMC 833C **SMC 6715L**

Confirmed 4/5 \$ 1,350/- @ 2 days with Tauflich.

(\$ 2,278.00 Red - 63%)

RECEIVED 11 JUN 2019

Date/Time, File Retain? **11/06/19**

1) **Typist**

Date/Time, File Return to? _____

2) _____

☐ : Prel. Report

☒ : Final Report

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Inv (\$)

☐ Weekend (\$)

Survey Fee: _____

Transportation: _____

5 x 100: **50**

Photos: _____

Others: _____

TOTAL: _____

Report Format: _____

Lump Sum / L.B.E: **(\$ 1,350/- 4/5)**

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1047790-002	COMFORT TRANSPORTATON PTE LTD	SH 9094C	SDW 1855A
2	MT/1047684-002	COMFORT TRANSPORTATON PTE LTD	SHA 4190H	SGG 1686U
3	MT/1048032-002	CITYCAB PTE LTD	SHC 7756X	YM 9215Z
4	MT/1047514-002	COMFORT TRANSPORTATON PTE LTD	SH 4374C	SKG 8820E
5	MT/1047926-002	COMFORT TRANSPORTATON PTE LTD	SH 6226J	GBH 8844M
6	MT/1047695-002	CITYCAB PTE LTD	SHD 8586H	SLC 4036M
7	MT/1048511-001	COMFORT TRANSPORTATON PTE LTD	SHA 7223C	GBA 9688C
8	MT/1047805-002	COMFORT TRANSPORTATON PTE LTD	SH 8585J	SKW 672J
9	MT/1047644-002	CITYCAB PTE LTD	SHC 833C	SMC 6715L

Claim received from LKK Auto

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103006314		CHRISTOPHER CHEN WEI CHING (CHRISTOPHER CHEN WEIQING)	S73261611	GPC	Third Party	SMC6715L	SMC6715L	10/08/2018	11/08/2019

Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order:

JC NO.: 305300441

CUSTOMER

CITYCAB PTE LTD

7010070

VMS

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

65551188

L (R)

(Q)

(P)

ACCOUNT CARD NO.

REGN NO: SHC 833C

MILEAGE

MAKE: MERCEDES BENZ

FUEL

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

MODEL E220CDI(E5)

DATE/TIME IN 02.06.2019 10:10

YR OF MANU 04.07.2013

TARGET DATE

CHASSIS CODE WDD2120022A757784

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.06.2019

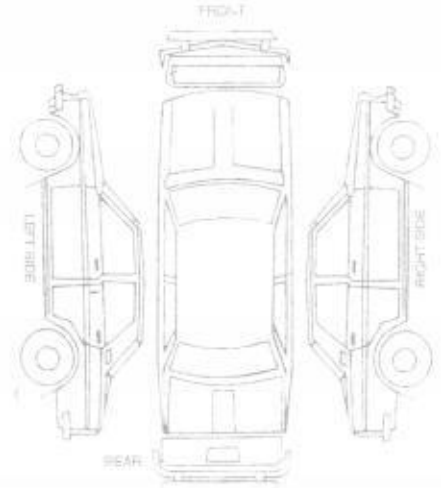
NATURE: 3P 02.06.2019

S/NO

LABOR CODE

DESCRIPTION

NTUC - Rear Right



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

ie:

No.:

File No.:

SHC 833C

LARRY

Vehicle No.:

SHC 833C

Larry Ng

ie of Service Advisor

Signature/Date

Name of Service Advisor

Date

e 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	03/06/2019 09:10
Date Of Accident	02/06/2019 03:10
Exact Location Of Accident	ALONG RIVER VALLEY RD NEAR TAN TYE PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC833C
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	MERCEDES-BENZ
Model	E220

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	SUPPIAH S/O MANIKUM
NRIC No	S1678302A
Date Of Birth	27/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	23/02/1999
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90067347
Fax Number	
Contact Number	
Email Address	RAJINIMURUGAN1987@GMAIL.COM

Address	BLK 930 HOUGANG STREET 91 #02-109
Postcode	530930
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?	YES
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

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	SMC6715L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SHENG YAO
NRIC/Passport Number	S9221577F
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name

SUPPIAH S/O MANIKUM

Approximate Age

55

Injuries Sustain

NECK AND BACK PAIN

Injured person in which vehicle?

SHC833C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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. 199502839G

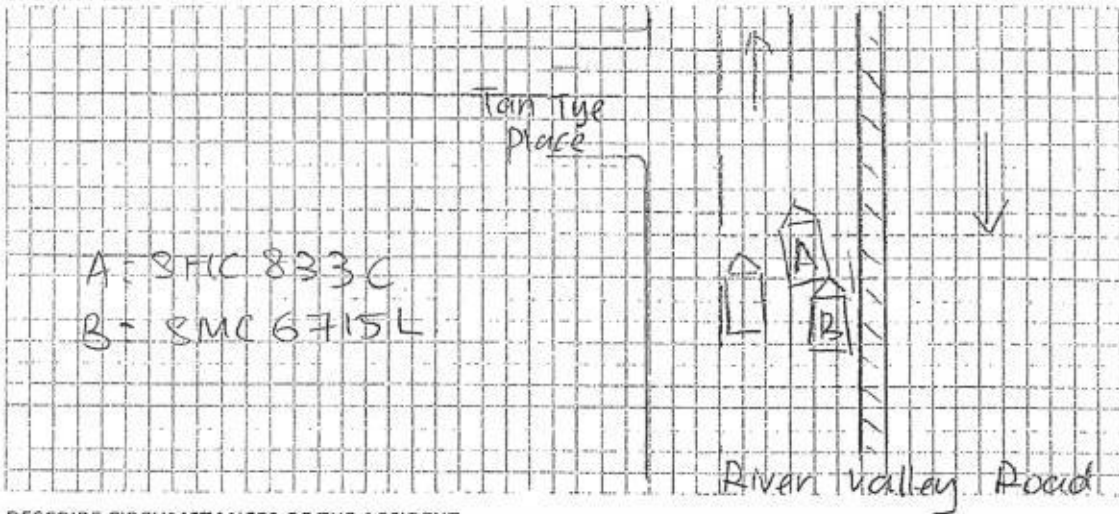
Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: Loke Wai Yiong
NRIC/FIN No.: 216119

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/6/19 at about 03:10 hrs, I was driving at above said location without pass. I switched on signal to alert other road user of my intention. In the midst I applied brake give way to another vehicle travelling on middle lane. A split second later, I felt an impact from behind. I went down to have a check and found veh B at front left portion collided onto the rear right portion of my taxi. I suffered pain on neck and back, will consult doctor later on.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

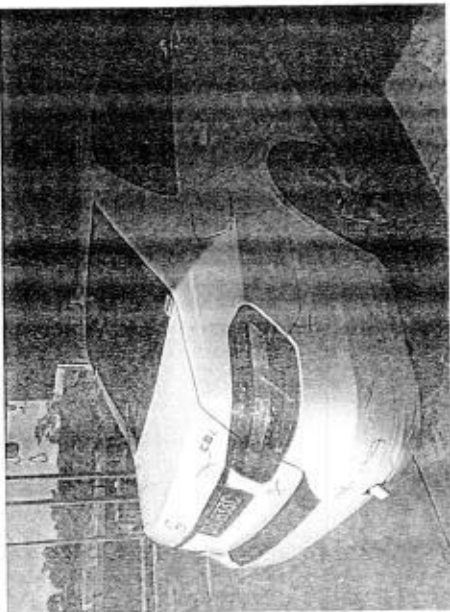
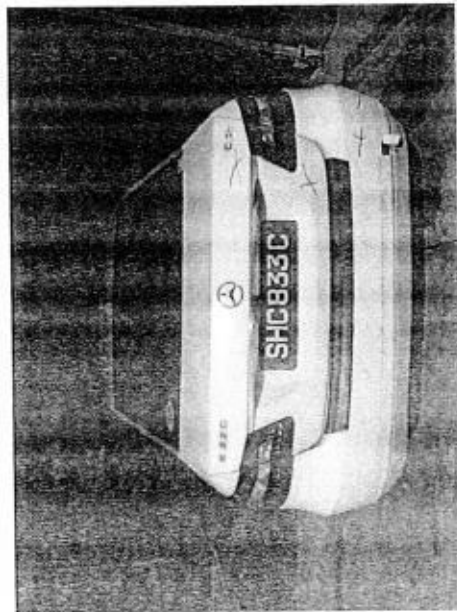
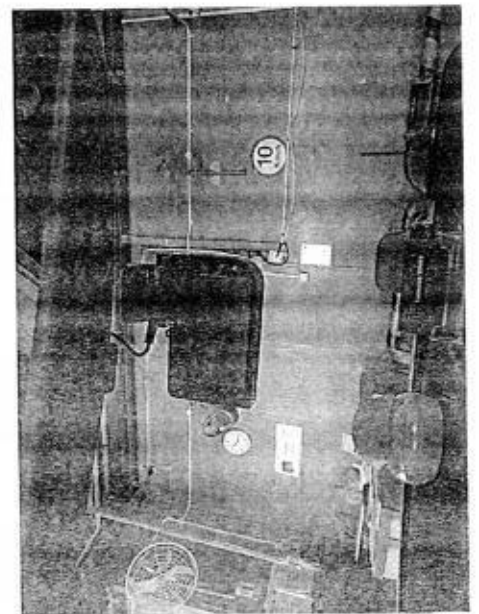
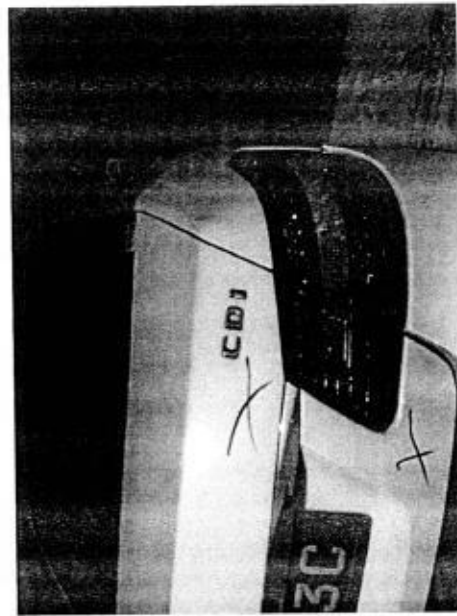
Driver's Signature
(If driver is not the policyholder)
Date & Time:

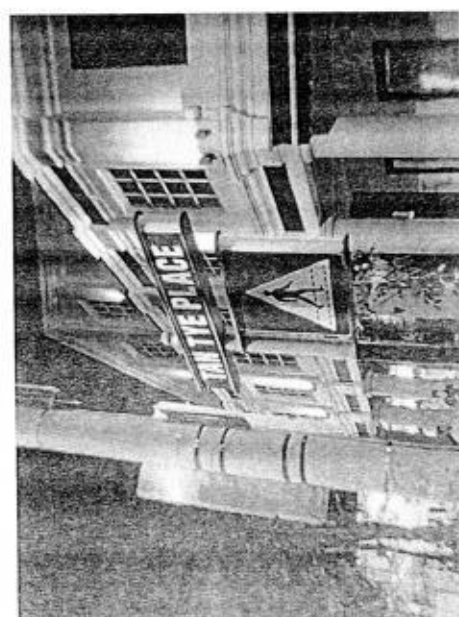
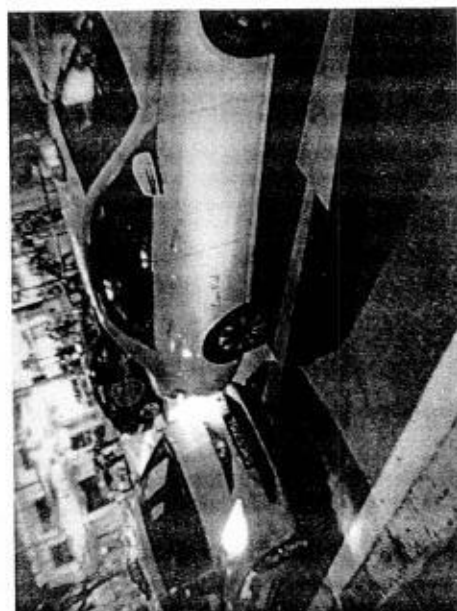
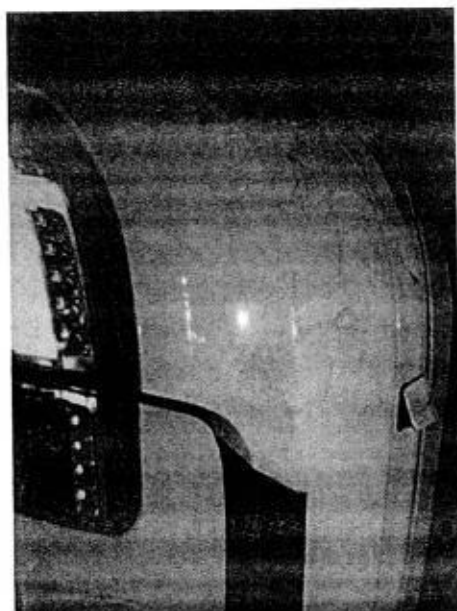
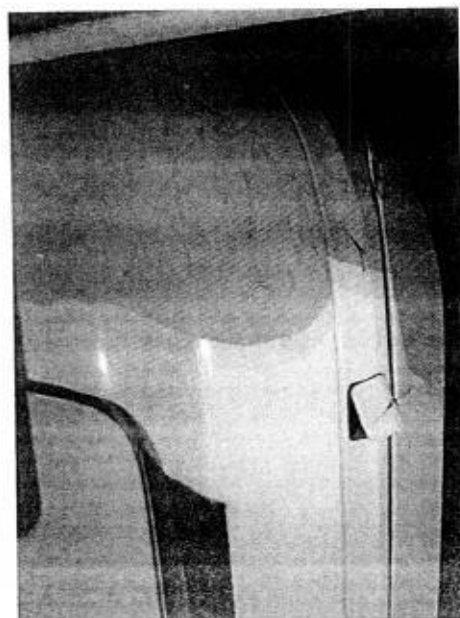
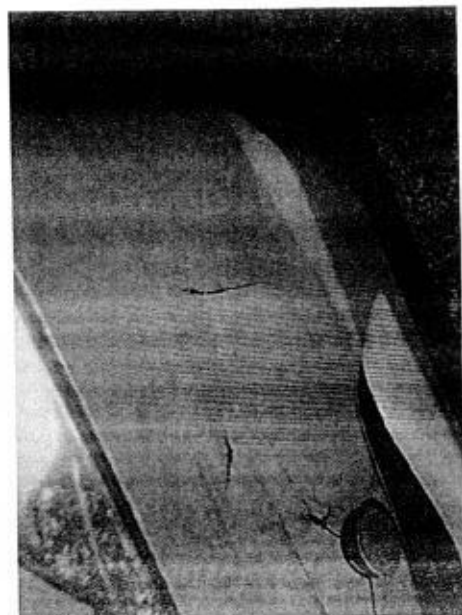
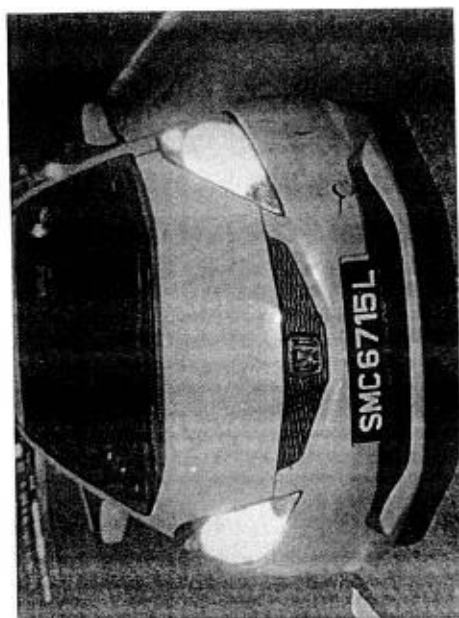
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Loke Wai Yeng

2/6/19

Sketch Plan (Sketch Plan) Pg. 2





CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 833C

DATE 3/6/2019 10:54

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 1,510.00
	Rear Bumper Reinforcement			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH)		\$ LH-X 135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH)		\$ LH-X 125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH)		\$ LH-X 115.00	\$ 230.00
	SUB TOTAL			\$ 3,410.00
	LESS 20%			\$ 682.00
	DISCOUNTED TOTAL			\$ 2,728.00
	Rear Bumper Rubber Mat			\$ 50.00
	Labour Charge			
	Panel Beating		200	\$ 400.00
	Spray Painting Charge		200	\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor		30	\$ 120.00
	TOTAL LABOUR			\$ 850.00
	ESTIMATE TOTAL			\$ 3,628.00

LKK Auto Consultants hence notify the Repairer of the following:

- 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

Acknowledged by Repairer
Signature:
Date:

TOTAL LABOUR

ESTIMATE TOTAL

Tanfik 97495749

3/6/19 @ 355pm

02 days Lumpsum
Resurvey after repair
sure 11hantoban

Larry Ng

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 : 305300441

Date : 10. Jun. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : TAUFIKH

Vehicle Reg No. : SHC 833C

Date of Accident: 2. Jun. 2019

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

1. The repair job shall bill to: **NTUC** **SMC6715L**
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: **\$1,350.00**
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 : 

Name : **Larry Ng**

Tel : 6214 8316

Fax : 6546 8156

Signature : _____

Name : _____

Date : _____

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/INC19009839/T1sd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-06-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMC 6715L	Veh. Inspected	SHC 833C
Policy No.	5103006314	Coverage (\$)	0.00
Claim No.	MT/1047644-002	Excess (\$)	0.00
Assign From		Assign Date	03/06/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A757784	Colour	WHITE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	CONTINENTAL	6 mm
L/H Front Tyre	205/60R16	CONTINENTAL	6 mm
R/H Rear Tyre	205/60R16	CONTINENTAL	6 mm
L/H Rear Tyre	205/60R16	CONTINENTAL	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	02/06/2019	Inspection Date	03/06/2019
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. SHC 833C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	1,150.00	-
2	REAR BUMPER BRACKET LOWER (LH/RH) @ \$135.00	NOT NECESSARY	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @ \$125.00	NOT NECESSARY	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @ \$115.00	NOT NECESSARY	230.00	-
	LESS 20% DISCOUNT		-682.00	-302.00
			2,728.00	1,208.00
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	<u>LABOUR</u>			
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		30.00	30.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
			850.00	460.00
	GRAND TOTAL		3,628.00	1,718.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,350.00

Report Ref No. NS/INC19009839/T1sd3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

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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