

Tanjil

REF

NS/1WC1909843/715d302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OR: ☒ WS / ☐ TR / ☐ S / ☐ OD / ☐ RE / ☐ LVA / ☐ HRV / ☐ HW

To inspect Vehicle No: _____

at Work shop no: _____

at: _____

Insured: **SKS 6795U**

Policy No: **5097440979-01** **29/4/19**

Excess: **28/4/20**

Excess No: **MT/1047038 - 002**

Same Insured: _____

(Client's Record): _____

Make of Veh: _____

(Policy Condition): _____

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

Est. or Market Value: _____

IDAC Accident Report: _____ Consistent? Yes or No

GIA / PR: _____ Consistent? Yes or No

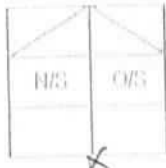
Est. Repairs: _____ days Res: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS: **WP**

Date: _____ Person Contacted: **Lim**

Vehicle: INT / OUT



Veh No: **SM08863H** at: **2012 Sep**

Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Boat / ☐ Prime Mover / ☐ Truck / ☐ Trailer or

Make: **Mercedes Benz E 220** CC: **2143**

Color: **White** No: **905 975** Insured: ☒ Sd / ☐ HT / ☐ HA

Sp. Reading: **905 975** (Radio: Insured / Sd / HT / HA)

Eng/No: _____

C/Nr: **WBD21200224650689**

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Mod: **NR / SRim / STD A/Rim or**

Tyre Size: **205/60R16**

BS / DUN / EXHOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or **Westlake**

Front: _____ Rear: _____

R/Bal: **6** mm R/Bal: **6** mm

L/Bal: **6** mm L/Bal: **6** mm

D.O.A: **3/6/19 25pm**

Survey held at: **Complet by way**

Des. of Damages: ☒ Fnt / ☐ Rear / ☐ Qtr / ☐ HS / ☐ D/C / ☐ Rooftop or

The D/C / Chassis frame / Body Structure affected due to collision.

Date / Time: **25/6/19** Action / Instruction: **4/5 \$1300, 2days Email to Lim**

SKS 6795U

C \$ 2,278.00 Rel - 64%

RECEIVED 08 JUL 2019

Dated/Time: File Page to: **08/07/19**

b) **Typist**

Date/Time: File Return to: _____

☐ : Prof. Report

☒ : Final Report

Days Of Repair: **2**

Resurvey No. of Trip: **1**

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

Survey Fee: **160**

Transportation: _____

Photos: _____

Others: _____

TOTAL: **160**

Report Format: **Lump Sum / L.B.L. (\$ 1,300/- 4/5)**

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="30/05/2019 09:55"/>
Vehicle No.(For Motor)	<input type="text" value="SKS6795U"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097440979-01		CHAN KOK YANG	S1289515A	GPC	drivo CLASSIC	SKS6795U	SKS6795U	29/04/2019	28/04/2020

COMFORT - 1

DATE: 03.06.2019 14:45

PAGE: 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO: 305300444

TOMER

CITYCAB PTE LTD

7010070

TOMER NO.

383 SIN MING DRIVE

RESS

Singapore SINGAPORE 575717

65551188

(R)

(O)

(P)

COUNT CARD NO.

REGN NO.

SHD8863H

MILEAGE

MAKE:

MERCEDES BENZ

FUEL

E 1/2 F

MODEL

E220CDI (E5)

DATE/TIME IN 03.06.2019 10:00

YR OF MANU

12.09.2012

TARGET DATE

CHASSIS CODE

WDD2120022A680689

COMPLETION DATE/TIME

JOB DESCRIPTION

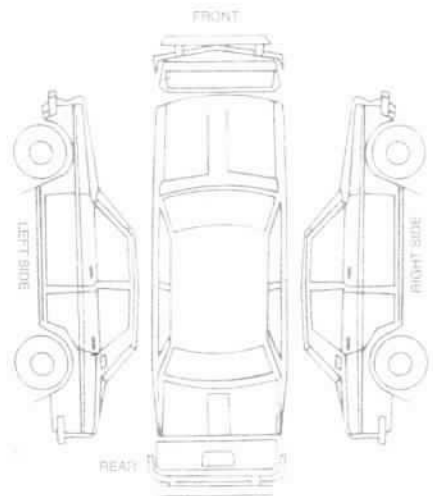
Accident Date: 30.05.2019

NATURE: 3P 30.05.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

K:

e No.:

SHD8863H

LKE

Exit Pass

Vehicle No.:

SHD8863H

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 : 05/07/2019

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/1045701-002	SMRT TAXIS PTE LTD	SHF 485H	XE 2513M	22/05/2019	12:35	\$ 3,926.54	\$ 1,950.00
2	MT/1047038-002	CITYCAB PTE LTD	SHD 8863H	SKS 6795U	30/05/2019	16:10	\$ 3,578.00	\$ 1,300.00

Shirley Hiew (LKK Auto)

From: Taufikh (LKKAuto) <Taufikh@lkkauto.com>
Sent: Tuesday, 25 June 2019 10:41 AM
To: 'Lim Kwok Eng'
Cc: Shirley Hiew (LKK Auto)
Subject: SHD8863H

Hi Lim,

COR L/\$\$1300 , 2 DAYS.

Regards
Taufikh
Lkk Auto

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	31/05/2019 10:58
Date Of Accident	30/05/2019 16:10
Exact Location Of Accident	PIE EXIT 2 TOWARDS UPPER CHANGI RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8863H
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	GOH BENG KEONG
NRIC No	S0069894F
Date Of Birth	25/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1975
Driving Experience	44 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90615205
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 151 SIMEI STREET 1 #05-25
Postcode	520151
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	SKS6795U
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

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.
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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. 199602839G

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 31 MAY 2019
NRIC/FIN No.:

SKETCH PLAN

As per attached

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. 1995028393

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Olivia Wendy
Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: 31 MAY 2019

[illegible]

Declaration

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

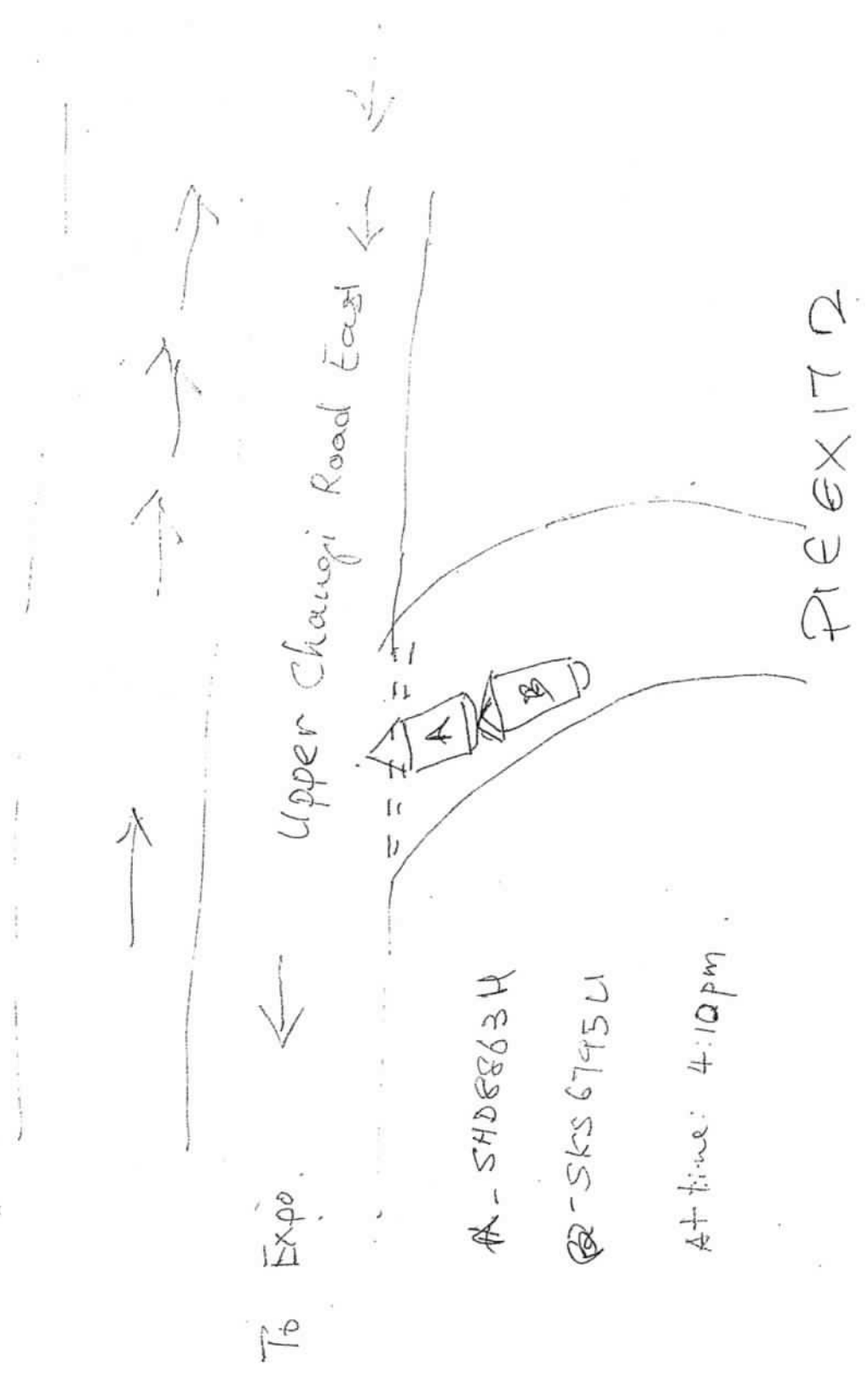
Policyholder's Signature/Date &
Time

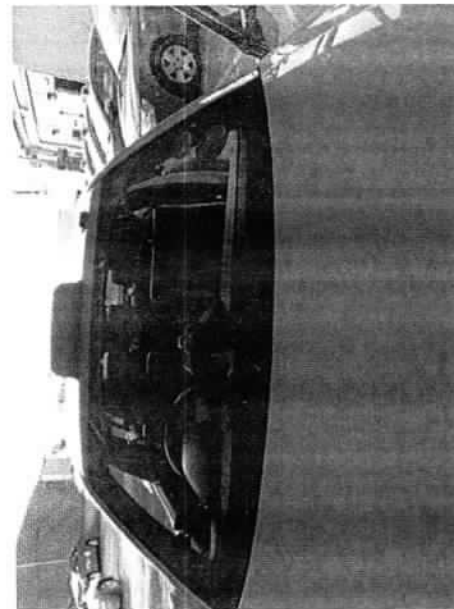
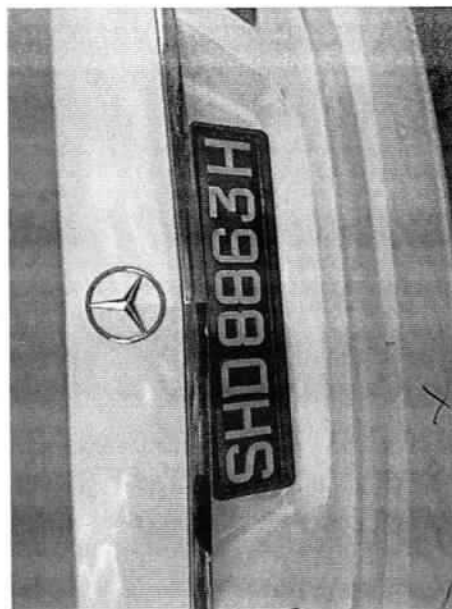
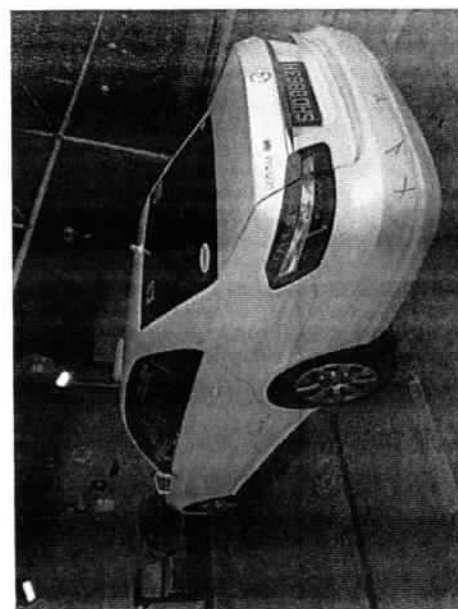
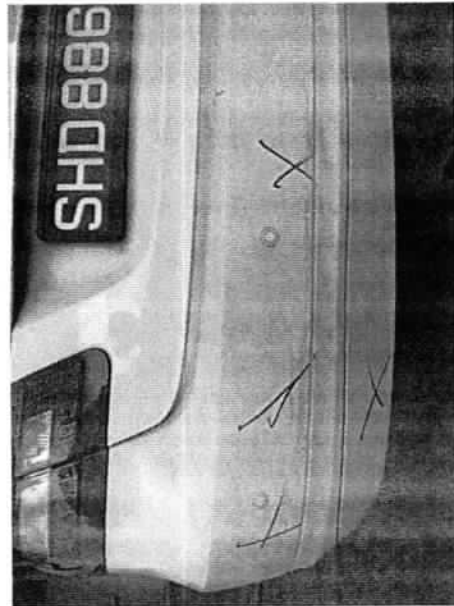
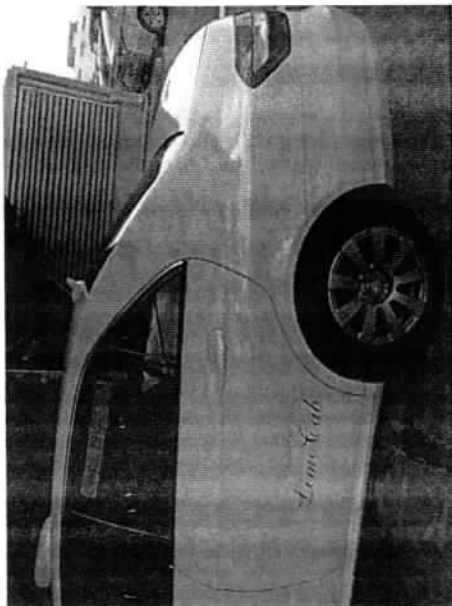
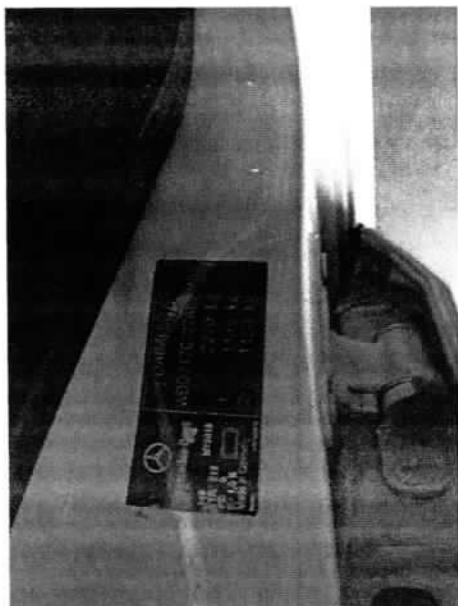
Driver's Signature (If driver is not the policyholder) / Date & Time

Olivia Wendy

Witnessed by Reporting
Centre Personnel

31 MAY 2019





REPAIR ESTIMATE*

CCPL

VEHICLE NO : SHD 8863H

DATE 3/6/2019 11:40

MAKE :

MODEL : MERCEDES BENZ

LKK/Kalvin 4/Sum

Like

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper		✓	\$ 1,510.00
	Rear Bumper Reinforcement		un✓	\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH)		\$ x 135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH)		\$ x 125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH)		\$ x 115.00	\$ 230.00
			1510	
	SUB TOTAL			\$ 3,410.00
	LESS 20%		20% 1208	\$ 682.00
	DISCOUNTED TOTAL			\$ 2,728.00
	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			\$ 3,578.00
			1668	
			us\$ 1300	
			2dys	
	<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.				

COMFORTDELGRO ENGINEERING

Our Job Ref No 305300444

Date : 10.06.19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr **TAUFIK**

Vehicle Reg No. SHD8863H CCPL

30.05.19

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

1. The repair job shall bill to: **NTUC** --- **SKS6795U**

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%

\$1,300.00

Final Lumpsum Repair cost

\$1,300.00

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 KWOK ENG

Name : _____

Tel : 62148316

Date : _____

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:

REPAIR ESTIMATE*

CCPL

VEHICLE NO : SHD 8863H

DATE 3/6/2019 11:40

MAKE :

MODEL : MERCEDES BENZ

Lice

NTMC

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)		\$ x 135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH)		\$ x 125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH)		\$ x 115.00	\$ 230.00
	SUB TOTAL		1,510	\$ 3,410.00
	LESS 20%		-20%	\$ 682.00
	DISCOUNTED TOTAL		1,208	\$ 2,728.00
	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		430	\$ 850.00
	ESTIMATE TOTAL		1,638	\$ 3,578.00
			-20%	
			1,310.40	

Tanflm 9749549
-wp'
3/6/19 C Spm
02 days
lumpsum \$1,300
Resum after repair
sure the auto.com.

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.




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/INC19009843/T1sd3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 17-07-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKS 6795U	Veh. Inspected	SHD 8863H	
Policy No.	5097440979-01	Coverage (\$)	0.00	
Claim No.	MT/1047038-002	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.	2012	
Chassis No.	WDD2120022A680689	Colour	WHITE	
Odometer	905975	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	WEST LAKE	6 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	30/05/2019	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.				
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. SHD 8863H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
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
LABOUR				
	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			3,578.00	1,668.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,300.00

Report Ref No. NS/INC19009843/T1sd3e2

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.