

ASSIGNMENT

160

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

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

YM9215Z

Date of Accident

06/06/2019 15:24

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093309842-01		BAN CHOON MARKETING PTE LTD	198304071N	GCV	Third Party, Fire & Theft	YM9215Z	YM9215Z	27/08/2018	26/08/2019

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	06/06/2019 15:38
Date Of Accident	06/06/2019 09:30
Exact Location Of Accident	QUEEN WAY TWDS FARRER RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7756X
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	SONATA-2.0 (A)

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	TAN HOCK BENG
NRIC No	S7525875E
Date Of Birth	31/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1998
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90237073
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 152 ANG MO KIO AVENUE 5 #02-3014
Postcode	560152
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190606/2092

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	YM9215Z
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DONG ZHIQIANG
NRIC/Passport Number	G2272808W
Contact Number	82845914
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT LH

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN HOCK BENG

Approximate Age

Injuries Sustain

LOWER BACK SHOULDER AND NECK

Injured person in which vehicle?

SHC7756X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

IMPORTANT NOTICE

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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.

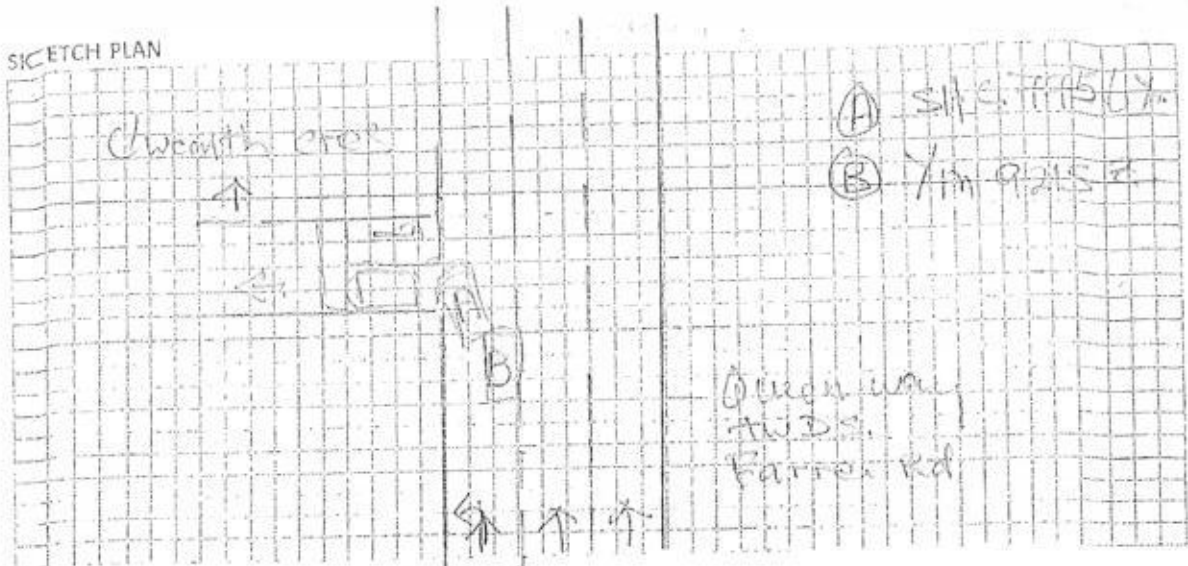
CITYCAR PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

6/6/19
Jackson Hong
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer. Police report attached.

T/20190606/2092

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:

6/6/19
Jackson Hen Jackson
CSO

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



SINGAPORE
POLICE FORCE



T/20190606/2092

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190606/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2019 13:37	Vide Report No.:	Station Diary No.: 92
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Informant's Particulars

Name of Informant: TAN HOCK BENG			Address: APT BLK 152 ANG MO KIO AVENUE 5 #02-3014 SINGAPORE 560152		
ID Type / ID No.: NRIC NO / S7525875E			Contact No.: Home/Office: Mobile: 90237073		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 31/08/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/06/2019 09:30	Type of Location:
Location: Along Road 1 QUEENSWAY TOWARDS FARRER ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7756X	TAXI				Slightly Damaged	0
YM9215Z	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190606/2092

2 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20190606/2092

CONTINUATION OF REPORT

Driver		ID No.	S7525875E
Name	TAN HOCK BENG		
Related Vehicle	SHC7756X (TAXI)	Contact No.	90237073
Hospital/Clinic	KOH CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/06/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver		ID No.	G2272808W
Name	DONG ZHIQIANG		
Related Vehicle	YM9215Z (Lorry)	Contact No.	82845914
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/06/2019 at about 0930hrs, I was driving my vehicle, one yellow colour CityCab bearing plate number SHC7756X along Queensway towards Farrer Road. At that time, I did not have any passenger on board my vehicle. Traffic was moderate and the road surface was wet.

I was driving on the third lane, intending to make a left turn towards Commonwealth Crescent, and I observed the vehicle in front to have slowed down and stop, as there was a pedestrian crossing the zebra crossing. I had slowed down and gradually come to a stop, however shortly afterwards, I felt an impact from the rear of my vehicle. Upon inspection, I discovered vehicle YM9215Z which had collided into the rear bumper of my vehicle which caused the rear of my vehicle to be damaged.

I wish to state that I sustained injuries and received three days of MC. There is in car camera installed in my vehicle.



SINGAPORE
POLICE FORCE



T/20190606/2092

3 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20190606/2092

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MOHAMED FADHLY BIN MOHAMED
AYOPSignature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

06/06/2019 13:37

Classification Of Case:

SINGAPORE
POLICE FORCE

SIGNATURE

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC-CL4S)
LKK-Kalvin

Date: 07.06.2019

Time: 09:12:09

Page: 1/2

TS

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO	:	305301237
REGN NO	:	SHC7756X
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	SONATA
DATE OF REGN	:	30.01.2013
DATE/TIME IN	:	06.06.2019 14:10
ACCIDENT DATE	:	06.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0101-0001-U	REAR BUMPER	1 L	578.40	20.00	462.72	-	Return
0002 04-01-0101-0034-G	REAR BUMPER MOULDING RH	1	38.00	20.00	30.40	-	in
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60	-	in
0004 04-01-0101-0048-A	TAILLAMP RH	1	344.00	20.00	275.20	-	in
0005 04-01-0101-0080-G	REAR FENDER RH	1	1,935.90	20.00	1,548.72	X	Repair
0006 04-01-0101-0052-G	REAR WINDSCREEN MOULDING	1	60.00	20.00	48.00	X	in
0007 05-01-0199-0032-A	WINDSCREEN AHESIVE-310MLC	2	92.00	10.00	82.80	X	in
0008 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00	1.00	50.00	-	in

SUB-TOTAL : 2,515.44

JOB NATURE

0000 20-05	Rear Fender Adv.Sticker RH
0001 PB	PANEL BEATING
0002 SP	SPRAYPAINT CHARGE

100.00

~~500.00~~ 300~~500.00~~ 400

JOB CARD

Sales Order:

JC NO.: 305301237

Team: ARC Repair TP(CFSO)1

REGN NO.	SHC7756X	MILEAGE
MAKE	HYUNDAI	FUEL E 1/2 F
MODEL	SONATA	DATE/TIME IN 06.06.2019 14:10
YR OF MANU.	30.01.2013	TARGET DATE
CHASSIS CODE	KMHET41VMCA831459	COMPLETION DATE/TIME

CITYCAB PTE LTD

7010070

383 SIN MING DRIVE
Singapore SINGAPORE 575717

65551188

(Q)

JUNT CARD NO.

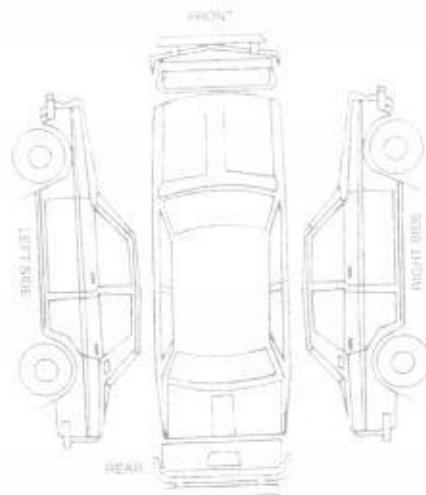
JOB DESCRIPTION

Accident Date: 06.06.2019
NATURE: 3P 06.06.19

S/NO

LABOR CODE

DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Settlement Slip

Exit Pass

No.:

SHC7756X

LIMITS

Vehicle No.:

SHC7756X

Signature/Date

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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/INC19010163/K1qd3n2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 18-06-2019



Code: INC4

Policy Particulars :- THIRD PARTY CLAIM

1.	Insured Veh.	YM 9215Z	Veh. Inspected	SHC 7756X
	Policy No.	5093309842-01	Coverage (\$)	0.00
	Claim No.	MT/1048032-002	Excess (\$)	0.00
	Assign From		Assign Date	07/06/2019

Vehicle Particulars & Condition

2.	Make & Model	HYUNDAI SONATA	c.c	1991
	Engine No.	HIDDEN	Year of Reg.	2013
	Chassis No.	KMHET41VMCA831459	Colour	YELLOW
	Odometer	717176	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		

Conditions of Tyres

3.		Size	Make	Balance
	R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
	L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
	R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
	L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

Description of Damages

4.	THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
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General Information

5.	Accident Date	06/06/2019	Inspection Date	07/06/2019
	Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

Remarks

5a.	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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Estimate Days of Repair

5b.	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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7756X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER MOULDING RH	CRACKED	38.00	38.00
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	TAILLAMP RH	CRACKED	344.00	344.00
1	REAR FENDER RH	TO REPAIR SEE LABOUR	1,935.90	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
	LESS 20% DISCOUNT		-595.66	-196.48
			2,382.64	785.92
<u>SPECIAL NETT ITEMS</u>				
2	WINDSCREEN AHESIVE-310MLC (SN)	NOT NECESSARY	82.80	-
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
1	REAR FENDER ADV. STICKER RH (SN)	NECESSARY	100.00	100.00
			232.80	150.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR FENDER RH.		560.00	300.00
	SPRAY PAINT CHARGE.		500.00	400.00
	CHECK ALL LIGHTING.		40.00	30.00
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	60.00	-
	R/I UPHOPSTERY ETC.		120.00	50.00
	R/I REAR WINDSCREEN.	NOT NECESSARY	120.00	-
	R/I REVERSE SENSOR.		120.00	30.00
	-		-	-
	-		-	-
	-		-	-
			1,520.00	810.00
GRAND TOTAL			4,135.44	1,745.92

Report Ref No. NS/INC19010163/K1qd3n2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,400.00
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Report Ref No. NS/INC19010163/K1qd3n2

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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