

(08/11/13)

REF: NS/JNC 19010262/ Blvd 302

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SU 2238 PPolicy No. 5106388242 (18/04/2019 - )Claims No. MT/1048446-002

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

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHA 98TYr Regn: 31 Aug 2012Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Tr~~ / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz E220 C.C. 2143Colour: White A/C: Insured / Std / NI / NASp. Reading: 936973 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD2120022A677858Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / 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 Verkle

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 7/6/19D.O.I. 10/6/19Survey held at CPGE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

front ok

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

Date / Time	Action / Instruction
	SHA 98T - CS/THI/6015981 / H/Vbm2 D.O.A - 23/02/2016 INC
	SU 2238 P - X 41.
12/6/19	Confirmed R/P \$400 / 2 days. (Red 130, 259)
	RECEIVED 13 JUN 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 12/6 - typistReport Format: TPLump Sum / I.B.I. (\$) 400/-Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\_\_\_\_ \$ + RS \_\_\_\_ SI

Photos

Others

TOTAL

160160

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/1048446-002	CITYCAB PTE LTD	SHA 98T	SJU 2238P	7/6/2019	22:15	\$530.00	\$400.00
2	MT/1047235-002	COMFORT TRANSPORTATION PTE LTD	SH 9359P	SHB 8092B	31/5/2019	16:15	\$2,009.70	\$1,566.13
3	MT/1048455-002	COMFORT TRANSPORTATION PTE LTD	SHD 7265R	SGW 6244U	4/6/2019	16:00	\$1,929.70	\$1,249.90

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.	<input type="text"/>	Date of Accident	<input type="text" value="07/06/2019 14:14"/>
Vehicle No.(For Motor)	<input type="text" value="SJU2238P"/>	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"/>	5106388242		GOLDEN SHAW PTE. LTD.	201727976E	GFT	Third Party	SJU2238P	SJU2238P	18/04/2019	

## 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	08/06/2019 09:21
Date Of Accident	07/06/2019 22:15
Exact Location Of Accident	NANSON RD INFRONT OF INTERCONTINENTAL HOTEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA98T
<b>Insured/Policyholder</b>	
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	CAI JINXIANG
NRIC No	S8224735A
Date Of Birth	01/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81813420
Fax Number	
Contact Number	
EEmail Address	FUJITSU8282@HOTMAIL.COM

Address's	BLK 259C COMPASSVALE ROAD #12-633
Postcode	543259
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### 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 \* TYPE OF ACCIDENT :- 3P REVERSED

#### 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	SJU2238P
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHNG CHIN SONG
NRIC/Passport Number	S1517282G
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

NO DAMAGED

No. Of Passenger (Including Driver)

**IMPORTANT NOTICE**

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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

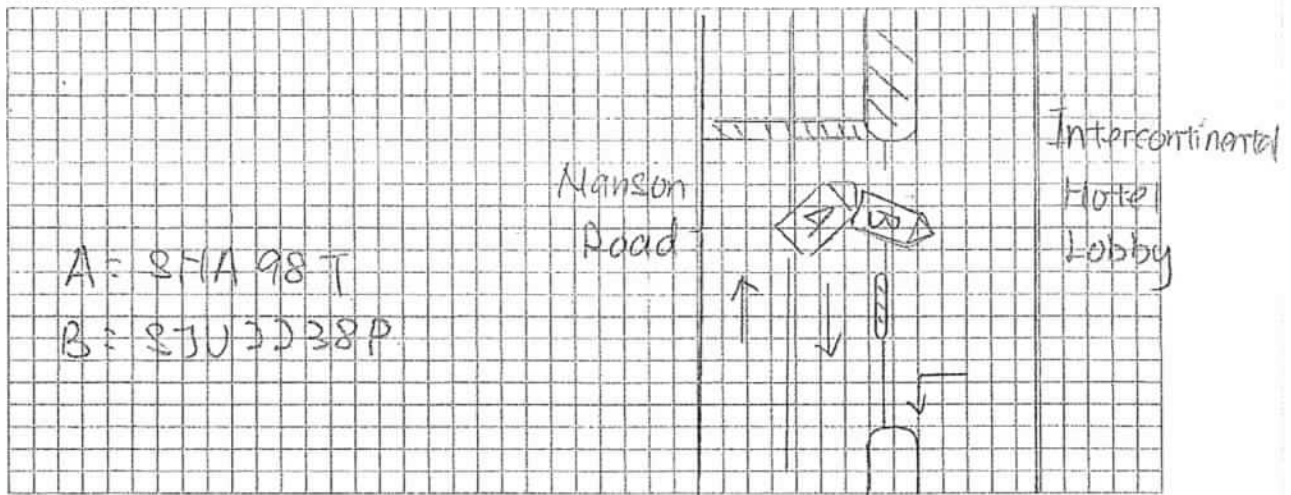
Policyholder's Signature  
Date & Time:

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

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

Loke Wei Yiong

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/6/19 at about 22:15 hrs, my taxi  
 Veh A stopped at above said location to  
 alighting passengers. While I processing payment,  
 Veh B reversing towards my taxi. I realised  
 Veh B has collided onto the front right portion  
 of my taxi when I felt a jerk. Then I stepped  
 out to take photo. 02 female passengers  
 onboard my taxi. No injury reported in this  
 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:

GIARMC SketchPlanForm\_V3

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

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

Loks Wei Yeng

8/6/19



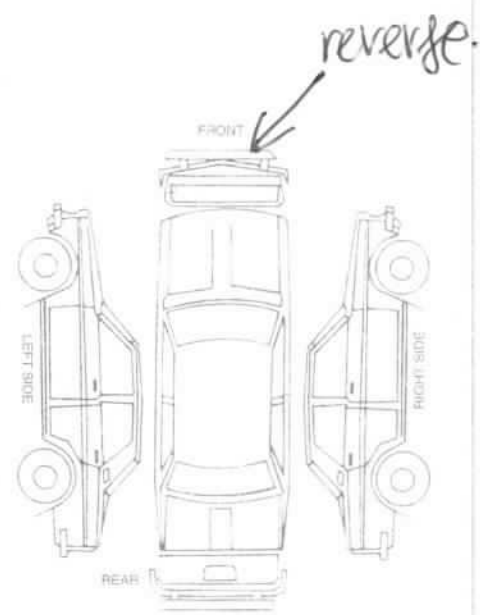
Team: CK ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.: 305301827

DIMER CITYCAB PTE LTD DIMER NO: 7010070 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P)	REGN NO.: SHA 98T	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL E220CDI (E5)	DATE/TIME IN 10.06.2019 08:55
	YR OF MANU. 31.08.2012	TARGET DATE
	CHASSIS CODE WDD2120022A677858	COMPLETION DATE/TIME:
	UNIT CARD NO.	

Accident Date: 07.06.2019  
NATURE: 3P 07.06.19

JOB DESCRIPTION

S/NO                      LABOR CODE                      DESCRIPTION



KEYED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR                      CUSTOMER'S SIGNATURE

Signature Slip	Exit Pass
Vehicle No.: SHA 98T                      LIMTS	Vehicle No.: SHA 98T
Service Advisor	Name of Service Advisor
Signature/Date	Date
Returned to Service Reception upon collection	To be kept by Security Guard

Date: 10.06.2019

Time: 10:48:00

REPAIR ESTIMATE

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO	:	305301827
REGN NO	:	SHA 98T
MILEAGE	:	0000000000
MAKE	:	MERCEDES BENZ
MODEL	:	E220CDI(E5)
DATE OF REGN	:	31.08.2012
DATE/TIME IN	:	10.06.2019 08:55
ACCIDENT DATE	:	07.06.2019

### JOB / PARTS DESCRIPTION

[illegible]

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

0000 PB      PANEL BEATING

~~280.00~~ 200

0001 SP SPRAYPAINT CHARGE

~~250.00~~ 200

SUB-TOTAL : 530.00

TOTAL : 530.00

MVA NAME &amp; SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE : \_\_\_\_\_

AUTHORISED : YES / NO

Kabir Khan  
10/6/19 11:10h  
2 Days  
US  
After Report please

Work being done on this frame notify the Resurveyer of the following:

- To resurvey before any body painting
- To display damaged parts during resurvey
- Parts & pieces 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: \_\_\_\_\_

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305301827

Date : 11/06/19

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA 98T

Date of Accident : 07-Jun-19

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

1. The repair job shall bill to: NTUC --- SJU2238P

2. The finalized amount shall be:

(a) Spare Parts after List discount NIL

(b) Labour Charges \$400.00

**Total for Part-By-Part Repair Cost \$400.00**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 12/6/19

## 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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_

\_\_\_\_\_

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305301827  
REGN NO : SHA 98T  
MILEAGE : 0000000000  
MAKE : MERCEDES BENZ  
MODEL : E220CDI(E5)  
DATE OF REGN : 31.08.2012  
DATE/TIME IN : 10.06.2019 08:55  
ACCIDENT DATE : 07.06.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

0000 PB PANEL BEATING 200.00

0001 SP SPRAYPAINT CHARGE 200.00

SUB-TOTAL : 400.00

TOTAL : 400.00



MVA NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME &amp; SIGNATURE

DATE :




## 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/INC19010262/K1vd3e2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 17-06-2019	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJU 2238P	Veh. Inspected	SHA 98T
Policy No.	5106388242	Coverage (\$)	0.00
Claim No.	MT/1048446-002	Excess (\$)	0.00
Assign From		Assign Date	10/06/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WDD2120022A677858	Colour	WHITE
Odometer	936973	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	07/06/2019	Inspection Date	10/06/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
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 98T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b>			
	PANEL BEATING.		280.00	200.00
	SPRAY PAINT.		250.00	200.00
			530.00	400.00
	<b>GRAND TOTAL</b>		<b>530.00</b>	<b>400.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>400.00</b>

Report Ref No. NS/INC19010262/K1vd3e2

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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