

(08/11/13)

Surveyor: Kalvin

REF: NS/INC 14010359 / R19d3 n2

## ASSIGNMENT

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

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

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

To Inspect Vehicle No: \_\_\_\_\_

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

of \_\_\_\_\_

Insured: SGM 2112X

Policy No: 5086493571-02 (26/11/2018 to 10/10/2019)

Claims No: MT/1047949-002

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: 2 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: SHC 79 64C Yr Regn: 16 Apr 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 24 c.c. 16PS

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 43 5345 T/Radio: Insured / Std / NI / NA

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

C/No: KM HLB 414MF 4068352

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 W6114

Front Rear

R/Bal. 3 mm R/Bal. 3 mm

L/Bal. 3 mm L/Bal. 3 mm

D.O.A. 2/6/19 D.O.I. 11/6/19

Survey held at CPHE (Loyang)

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

Rear n.b.

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

Date / Time	Action / Instruction
	SHC 7964 L-X
	SGM 2112 X - X
13/6/19	Labour 45 \$1150 / 2 Reps. (Red 680.88, 376)

RECEIVED 17 JUN 2019

Date/Time, File Pass to?

☐: Prel. Report

1) 12/6 10:00 AM

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: 78

Lump Sum / I.B. (\$

1150

160

# TP Claims against NTUC Income: Follow-Through Survey

Date : 14/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1043566-004	SMRT TAXIS PTE LTD	SHB 306M	SMA 4201B	08/05/2019	10:40	\$ 8,260.30
2	MT/1049036-001	COMFORT TRANSPORTATION PTE LTD	SHD 3604Y	PC 3697P	30/05/2019	18:30	\$ 1,502.40
3	MT/1047126-002	COMFORT TRANSPORTATION PTE LTD	SHD 7286E	SLS 8336L	31/05/2019	14:45	\$ 1,896.12
4	MT/1048935-002	COMFORT TRANSPORTATION PTE LTD	SHA 2456E	PC 6649J	11/06/2019	16:05	\$ 2,316.65
5	MT/1047949-002	CITYCAB PTE LTD	SHC 7964L	SGM 2112X	02/06/2019	22:30	\$ 1,520.00
6	MT/1048179-002	COMFORT TRANSPORTATION PTE LTD	SHD 6523C	GT 5718S	07/06/2019	13:00	\$ 2,099.08

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[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 checked="" type="radio"/>	5086493571-02		TAQARRUB SERVICES	53350762J	GPC	Third Party, Fire & Theft	SGM2112X	SGM2112X	26/11/2018	10/10/2019

## 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	07/06/2019 07:26
Date Of Accident	02/06/2019 22:30
Exact Location Of Accident	MANDAI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7964L
<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	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	SOH SENG WAH
NRIC No	S6947306G
Date Of Birth	07/08/1969
Occupation	OUTDOOR
Date Of Driving Pass	23/07/1992
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83281824
Fax Number	
Contact Number	
EEmail Address	WAHUATLIAO@GMAIL.COM

Address	406 #07-697 ANG MO KIO AVE 10
Postcode	560406
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	RAINING
Road Surface	WET

#### 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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	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

SEE ATTACH.

#### Attachment(s)

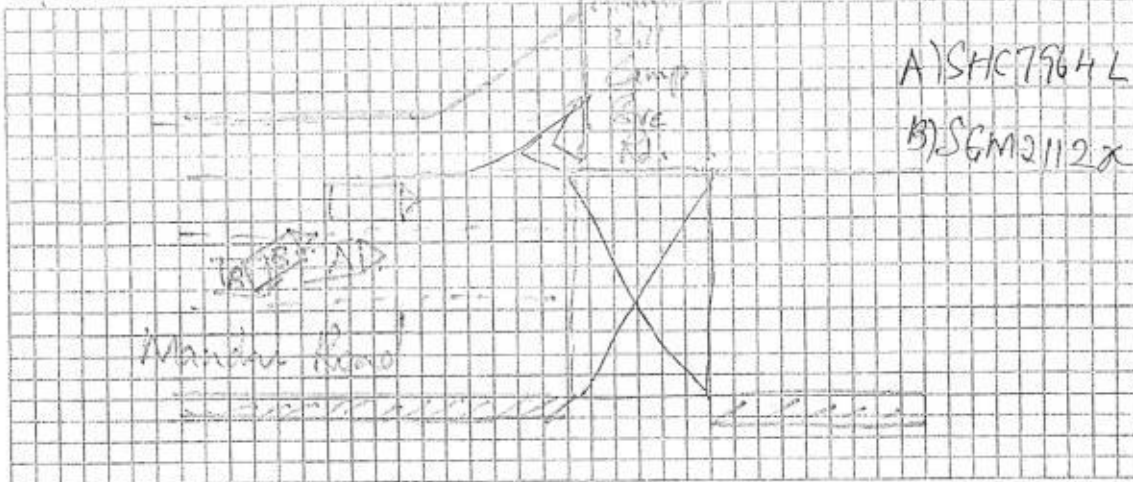
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM2112X
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD OTHMAN BIN ALWI
NRIC/Passport Number	
Contact Number	98525149
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/6/19 at about 2230hrs while I Veh A was about to filter to the left to enter the She Road and slowed down. Veh B could not stop in time and collided onto the rear left portion of my vehicle. Initially, the 3rd Party wanted to do a mutual settlement. But I was informed by CTPL that my passenger has made a claim to CTPL. I wish to state that 3rd Party would like to do a direct settlement on this accident.

## DECLARATION

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

CITYCAB PTE LTD  
O. REG. NO. 199502839C

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

R Moorthy  
CSO 6/6/19

# **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:

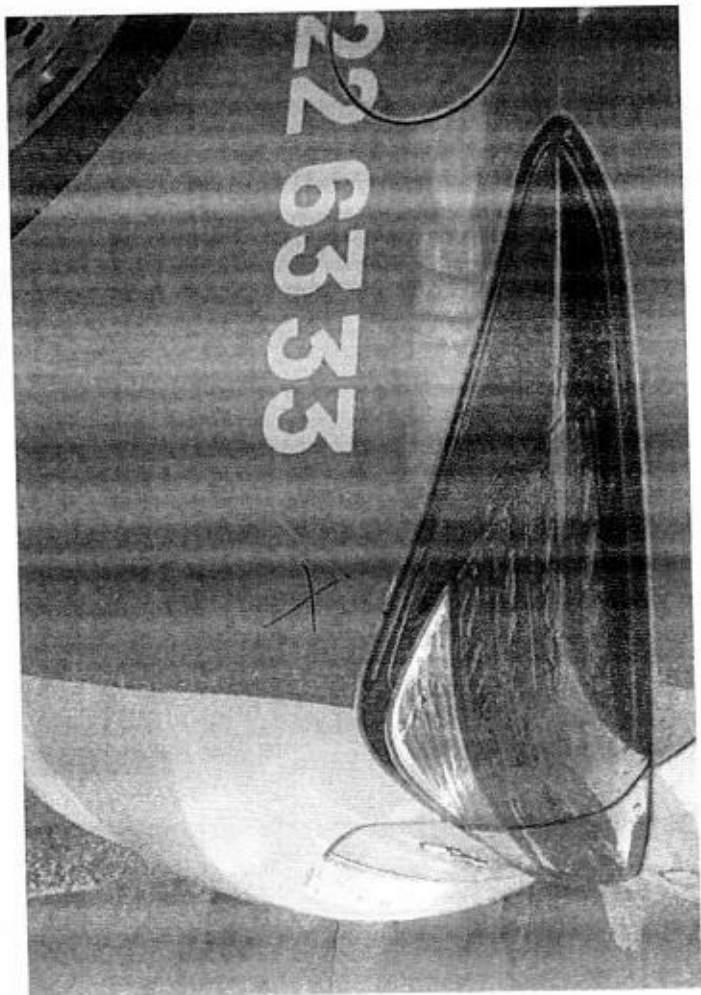
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
D. 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.:





# CHECKLIST

☐

Staddell

☐

Sungei Kadut

☐

Ubi

Assessor

CCYL

Customer and Vehicle Date (To be filled by MVA)

Name of Customer

SHH SENG WAM

Vehicle Reg. No.

SHC 79642

Model of Vehicle

14

Mileage

Fuel Tank level

E 1/4 1/2 3/4 F

Have been advised to remove all valuable items  
and understand that the company



## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 7964L

MAKE :

MODEL : HYUNDAI i40

DATE 11/6/2019 11:24

(FZ)

NTuc / LKK  
Left REAR

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 553.00	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	Rear Bumper under cover			\$ 22.00	
	Rear Bumper stay (LH/RH)			\$ 160.60	
	SUB TOTAL			\$ 575.00	
	LESS 20%			\$ 115.00	
	DISCOUNTED TOTAL			\$ 460.00	
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
				\$ 250.00	
	Labour Charge			\$ 200	
	Panel Beating			\$ 400.00	
	Spray Painting Charge			\$ 300.00	200
	Wiring Charge			\$ 30.00	500
	Remove/Refix Reverse Sensor			\$ 80.00	30
	TOTAL LABOUR			\$ 810.00	
	ESTIMATE TOTAL			\$ 1,520.00	
Kabin LKK 11/6/19 1505h 2 Days 4/5 After Repair p LKK					
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.					

 Acknowledged by:   
 Signature:   
 Date: 1830 88

Team: ARC Repair TP(CFSO)1

### JOB CARD

Sales Order: 3929229

JC NO.: 305302562

TOMER

CITYCAB PTE LTD

7010070

MS

TOMER NO.

383 SIN MING DRIVE

RESS

Singapore SINGAPORE 575717

65551188

(R)

(O)

(P)

OUNT CARD NO.

REGN NO.: SHC7964L

MILEAGE

MAKE : HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 11.06.2019 10:10

YR OF MANU 16.04.2015

TARGET DATE

CHASSIS CODE KMHLB41UMFU068382

COMPLETION DATE/TIME:

### JOB DESCRIPTION

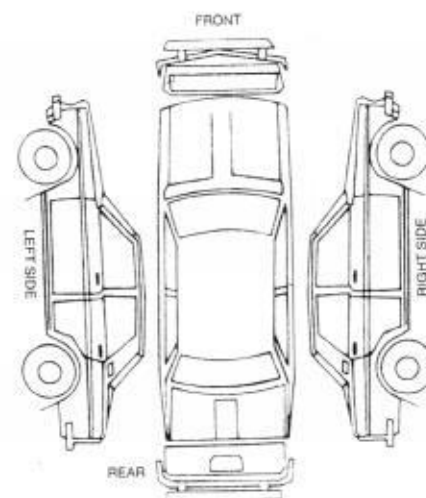
Accident Date: 02.06.2019

NATURE: 3P 02.06.19/ C

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.:

SHC7964L

FZ NTUC

Vehicle No.:

SHC7964L

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305302562  
Date : 12.06.2019

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC7964L

Fax :

Date of Accident : 02.06.2019

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

1. The repair job shall bill to: NTUC --- SGM2112X
2. The finalized amount shall be:
 


(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<u>\$0.00</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$1,150.00</u>
<b>Final Lumpsum Repair cost</b>	<u>\$1,150.00</u>


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 : FAUZY BIN MOKHTAR  
Tel : 62148319  
Fax : 65468156

Signature :   
Name : Calvin  
Date : 13/6/19

### 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		N		
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/INC19010359/K1qd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-06-2019

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGM 2112X	Veh. Inspected	SHC 7964L
Policy No.	5086493571-02	Coverage (\$)	0.00
Claim No.	MT/1047949-002	Excess (\$)	0.00
Assign From		Assign Date	11/06/2019

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMF068382	Colour	YELLOW
Odometer	435345	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

## 3. Conditions of Tyres

	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

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	02/06/2019	Inspection Date	11/06/2019
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 7964L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
2	REAR BUMPER STEP (LH/RH)	BENT	160.60	160.60
	LESS 20% DISCOUNT		-192.72	-192.72
			770.88	770.88
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	250.00
<b>LABOUR</b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
<b>GRAND TOTAL</b>			<b>1,830.88</b>	<b>1,450.88</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,150.00</b>

Report Ref No. NS/INC19010359/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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