

eBaoTech

General Claim

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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"/>	5104571874		MUHAMMAD THAAARIQ BIN KAMARUDIN	S8917056G	GMC	Third Party, Fire & Theft	FBK1729T	FBK1729T	16/10/2018	15/10/2019

TP Claims against NTUC Income: Follow-Through Survey

Date: 18/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1048918-002	COMFORT TRANSPORTATON PTE LTD	SHC 2398D	FBD 5893L	12/6/2019
2	MT/1049501-001	COMFORT TRANSPORTATON PTE LTD	SHD 6741P	SLP 8670L	12/6/2019
3	MT/1048784-002	CITYCAB PTE LTD	SHB 2235X	FBK 1729T	11/6/2019
4	MT/1049066-002	COMFORT TRANSPORTATON PTE LTD	SH 8977L	SGW 9023X	12/6/2019

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	12/06/2019 12:06
Date Of Accident	11/06/2019 20:50
Exact Location Of Accident	EUNOS RD 8 (SINGPOST TAXI STAND.)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2235X
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	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	WUNG CHIN KOK
NRIC No	S1566797D
Date Of Birth	02/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1983
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97859719
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	245 13-652 COMPASSVALE ROAD
Postcode	540245
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

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	FBK1729T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD THAARIG BIN KAMARUDIN
NRIC/Passport Number	S8917055D
Contact Number	96966953
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/6/2019 at about 2050hrs, I vehicle A was at Ennos Signpost Taxi Stand queue up for passenger. A few second later vehicle B came from my back bang onto vehicle A rear bumper cover causing the damaged. No one was injured at that time.

DECLARATION

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

CITYCAB PTE LTD
DO. REG. NO. 199502839G

Policyholder's Signature

Driver's Signature

12/6/19
Jackson Heng
CSO

Reporting Centre Personnel's Signature


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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)

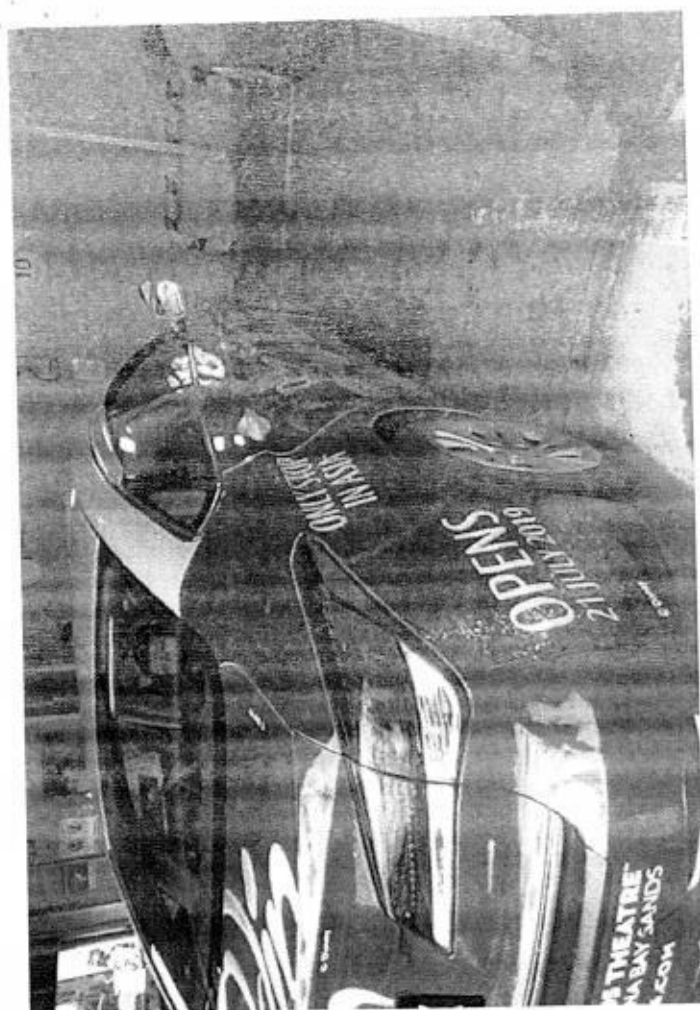
I understand, acknowledge, agree and consent that:

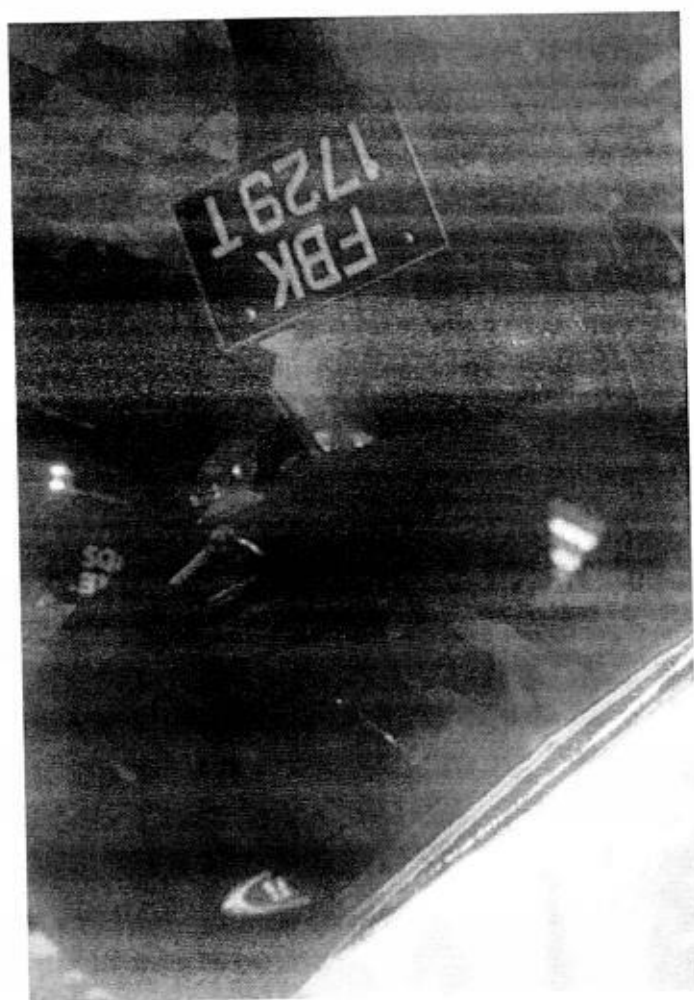
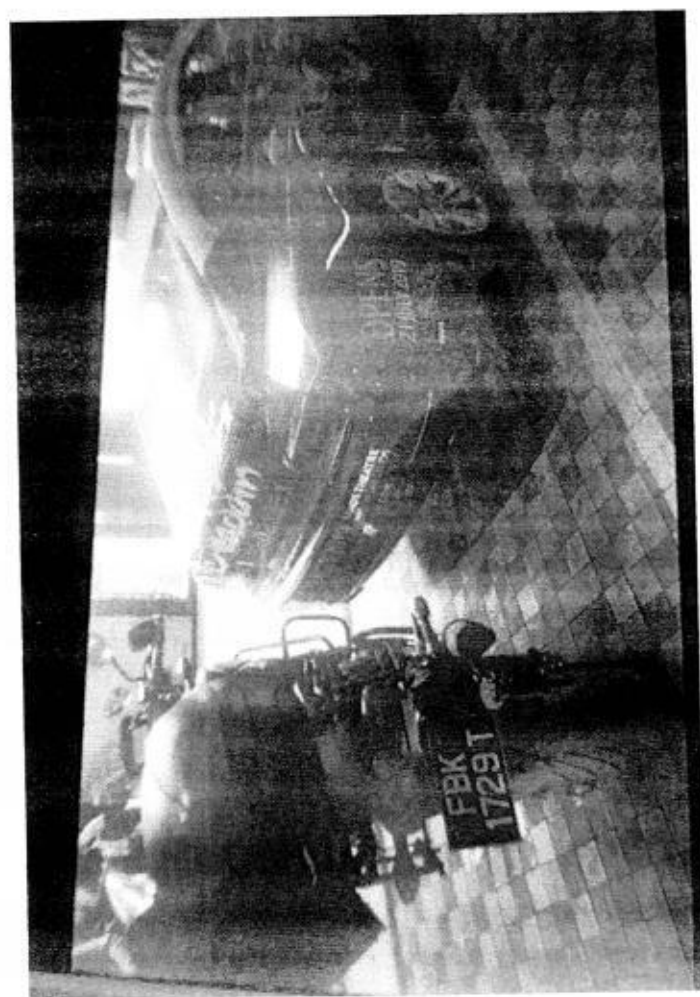
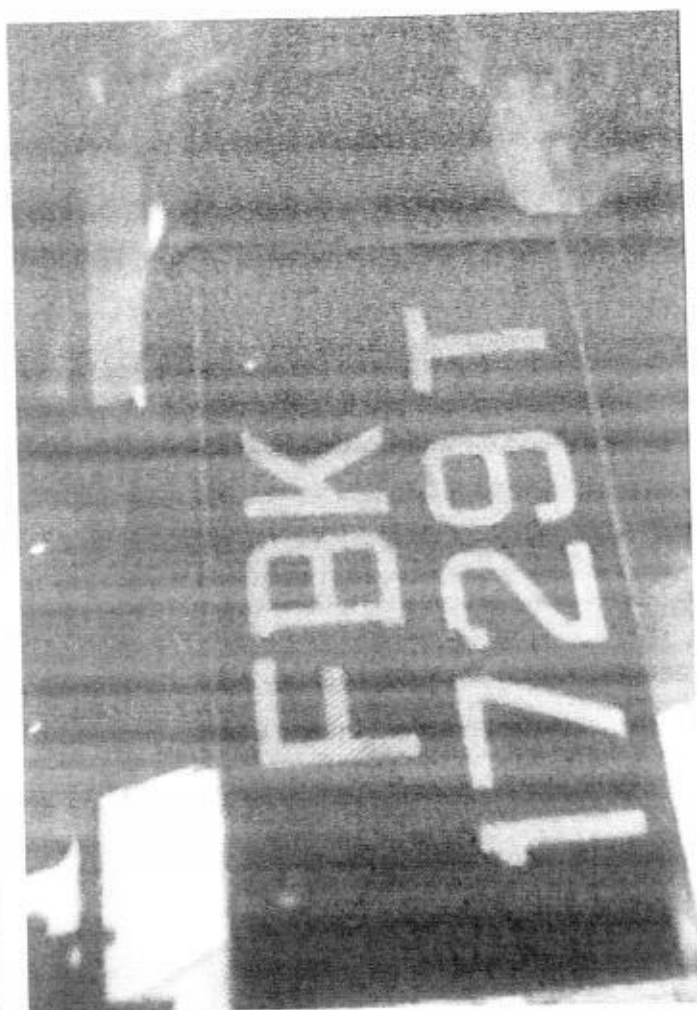
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


12/6/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

12/6/19
Jackson Heng
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





REPAIR ESTIMATE*

DATE: 12. Jun. 2019

DOA: 11. Jun. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>Paint</i>			\$553.00
10	Rear Bumper Clips <i>new</i>		\$2.20	\$22.00
1	Rear Bumper Sponge <i>x su</i>			\$103.50
2	Rear Bumper Reinforcement Brackets - LH/RH <i>x su</i>		\$80.30	\$160.60
1	Rear Bumper Reinforcement <i>x su</i>			\$428.40
1	Rear Bumper Undercover <i>ent</i>			\$225.00
SUB TOTAL				\$1,492.50
LESS 20%				\$298.50
DISCOUNTED TOTAL				\$1,194.00
1	Reverse Sensor <i>x an</i>			\$135.70
1	Rear Bumper Rubber Mat <i>new</i>			\$50.00
1	Advertisement - Rear Bumper <i>new</i>			\$50.00
2	Advertisement - Rear Fender RH/LH <i>new</i>		\$100.00	\$200.00
\$435.70				
Labour Charge				
1	Panel Beating			200 \$300.00
1	Spray Painting Charge			200 \$300.00
1	Remove/refix Reverse Sensor			70 \$100.00
TOTAL LABOUR				\$700.00
ESTIMATE TOTAL				\$2,329.70

Kahz 16/10/19

12/6/19 13:15h

2 hrs

415

After Rep- & hls

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.

COMFORT DELORO
ENGINEERING

COMFORT DELORO

Date/Time: 12.06.2019 12:53

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305302706

CUSTOMER

CITYCAB PTE LTD

7010070

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS: Singapore SINGAPORE 575717

65551188

L (R)

(P)

(O)

SCOUNT CARD NO.

VARS

REGN NO.: SHB2235X

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 12.06.2019 11:05

YR OF MANU 24.11.2016

TARGET DATE

CHASSIS CODE KMHLB41UMHU097146

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.06.2019

NATURE: 3P 11.06.2019

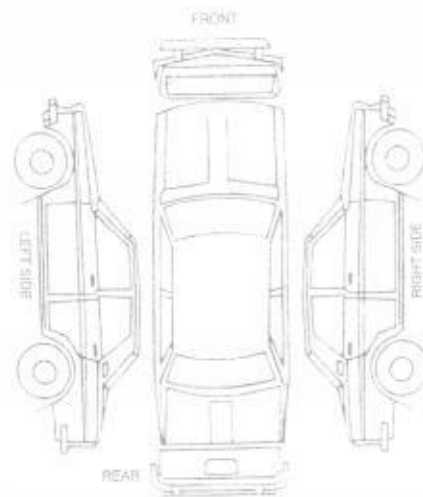
S/NO

LABOR CODE

DESCRIPTION

NTU(- Rear

Ltlc/ Kdm -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

E:

JO:

File No.:

SHB2235X

LARRY

Vehicle No.:

SHB2235X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

Larry Ng

ACCIDENT STATEMENT

12/06/2019

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305302706
Date : 15. Jun. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN


Vehicle Reg No. : SHB2235X


Date of Accident: 11. 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 FBK1729T
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: _____ **\$1,100.00**
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 : Kahz
Date : 18/6/19

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				
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/INC19010457/K1sd3n2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-06-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBK 1729T	Veh. Inspected	SHB 2235X
Policy No.	5104571874	Coverage (\$)	0.00
Claim No.	MT/1048784-002	Excess (\$)	0.00
Assign From		Assign Date	12/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU097146	Colour	YELLOW
Odometer	338155	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	11/06/2019	Inspection Date	12/06/2019
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. SHB 2235X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
2	REAR BUMPER REINFORCEMENT BRACKETS -LH/RH @\$80.30	SERVICEABLE	160.60	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
1	REAR BUMPER UNDERCOVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-298.50	-160.00
			1,194.00	640.00
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	ADVERTISEMENT -REAR BUMPER (SN)	NECESSARY	50.00	50.00
2	ADVERTISEMENT-REAR FENDER RH/LH @\$100.00 (SN)	NECESSARY	200.00	200.00
			435.70	300.00
<u>LABOUR</u>				
	PANEL BEATING.		300.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	REMOVE/REFIX REVERSE SENSOR.		100.00	30.00
			700.00	430.00
GRAND TOTAL			2,329.70	1,370.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,100.00

Report Ref No. NS/INC19010457/K1sd3n2

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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