

Surveyor: Kevin

ASSIGNMENT

From: _____ Date: _____

Veh No: SHC 848 K Yr Regn: 17 Oct 2013

Estimated Cost: _____

Type: M.Car / M.Cycle / Bus / Van / Lorry / 0 Taxi / Prime Mover /

OD (TP) NS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No: _____

Make: Mercedes Benz E 220 c.c. 2103

at Workshop no/s _____

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

of _____

Sp. Reading: 764223 T/Radio: Insured / Std / NI / NA

Insured: GM3434K

Eng/No.: _____

Policy No: 5104517067 (08/10/2018 - 07/10/2019)

C/No: WPD 2120022A 75 9 62x

Claims No: MT/1050552-001

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: _____

Modi: Nil / S/Rim / STD/Rim or

(Policy Condition)

Tyre Size; F: 205/60R16

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

N/S	O/S

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Wulke

Bal. or Market Value: _____

Front 7 mm Rear 7 mm

IDAC Accident Rpt: _____ Consistent? : Yes or No

R/Bal. 7 mm L/Bal. 7 mm

GIA / PR Seen: _____ Consistent? : Yes or No

L/Bal. 7 mm D.O.A. 16/6/19 D.O.I. 18/6/19

Est. Repairs: _____ days Res.: Yes or No

Survey held at CPGE (Loyang)

Lum Sum: _____ % 3 Val.: Yes or No

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

CA / REV / REP. / 24 HRS

The UIC / Chassis frame / Body Structure affected due to collision.

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	SHC 848K - CS/FCS 1300793/K9d302 DOA- 14/11/2018 INC
	GM 3434K - MBA/EAJ 1701087014 DOA- 02/06/2017 42
24/6/19	Check 45\$1600/ 2 hrs. (Red 1516, 491)
RECEIVED 26 JUN 2019	

Date/Time, File Pass to? : Prel. Report

Days Of Repair: 2

1) : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 26/6 - typist

Add Fee: : Site Insp (\$ _____)

Survey Fee:	
Transportation:	
S + RS: \$ _____	
Photos	<u>160</u>
Stamp	

Report Format:

TP
LS \$1600k

TP Claims against NTUC Income: Follow-Through Survey

Date : 25/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	Not our insured	COMFORT TRANSPORTATON PTE LTD	SH 7347L	GZ 6109L	18/6/2019	10:20	\$ 8,696.12
2	MT/1047694-002	COMFORT TRANSPORTATON PTE LTD	SHC 8877Z	SFY 1297B	3/6/2019	21:30	\$ 6,102.34
3	MT/1049949-003	COMFORT TRANSPORTATON PTE LTD	SHC 789Y	SGJ 1811J	19/6/2019	21:00	\$ 4,997.84
4	MT/1050552-001	COMFORT TRANSPORTATON PTE LTD	SHC 848K	GM 3434K	16/6/2019	20:50	\$ 3,116.00

Claim received from LKK

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104517067		GIS HEALTHCARE COURIERS PTE LTD	200306279D	GCV	Preferred Workshop Plan	GM3434K	GM3434K	08/10/2018	07/10/2019

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	17/06/2019 16:50
Date Of Accident	16/06/2019 20:50
Exact Location Of Accident	DESKER RD X SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC848K
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	MERC

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	NEO HOCK GUAN ROY (LIANG FUYUAN ROY)
NRIC No	S7833509B
Date Of Birth	06/11/1978
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96508388
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	438A 02-337 SENGKANG WEST AVENUE
Postcode	791438
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)	2
Passenger 1	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)

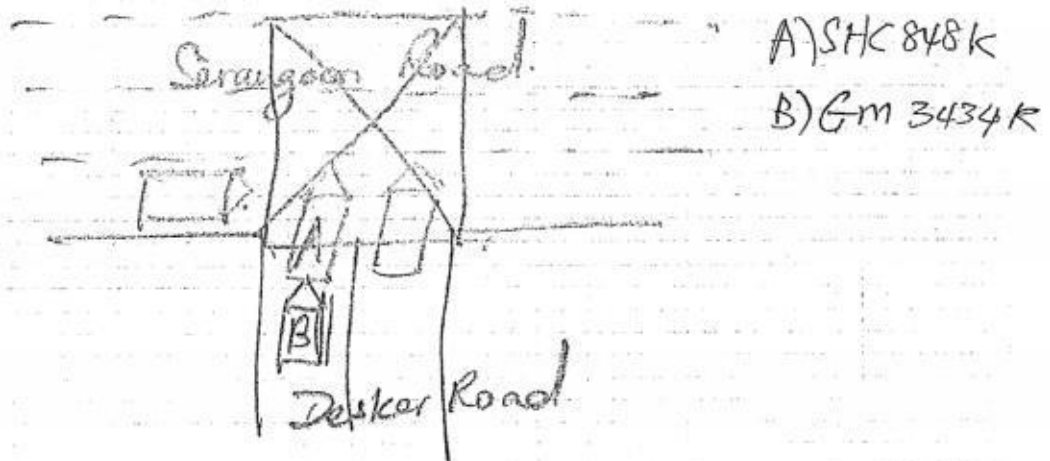
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GM3434K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAMAKRISHNAN SENTHIL KUMAR
NRIC/Passport Number	G5046498P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/6/19 at about 2050hrs while I veh A just moved from the side road and stopped to give way to passing vehicles, Veh B from the rear collided on the rear portion of my vehicle.

DECLARATION

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

CITYCAB PTE LTD
REG. NO. 199502839G

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

IMPORTANT NOTICE

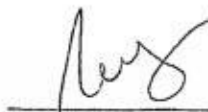
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

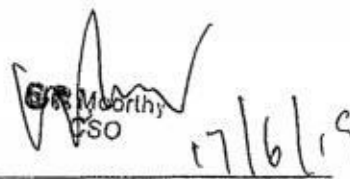
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
CO. REG. NO. 199502839G

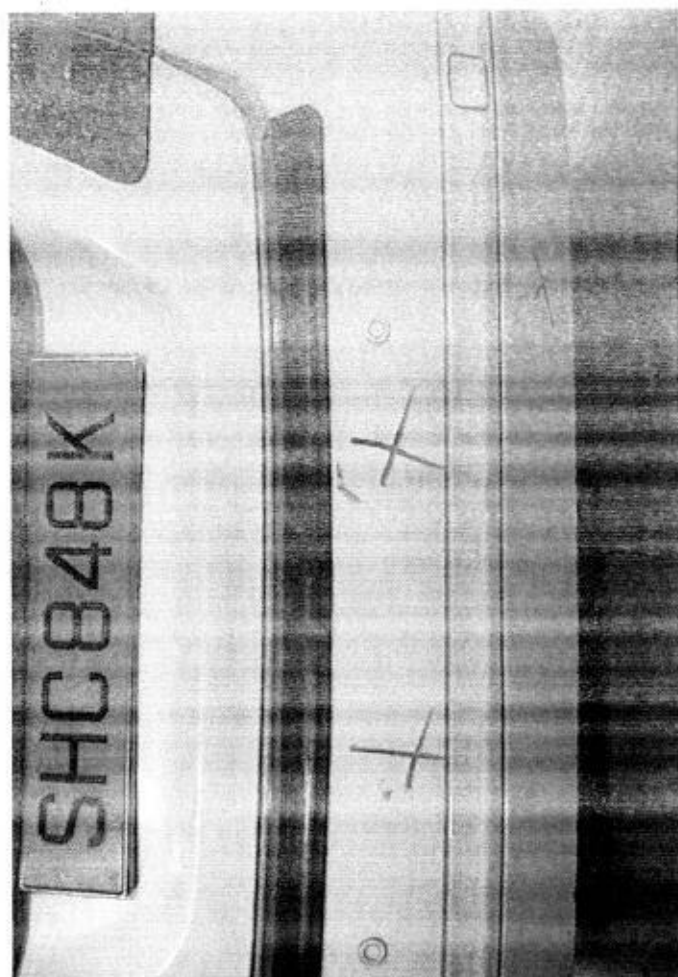
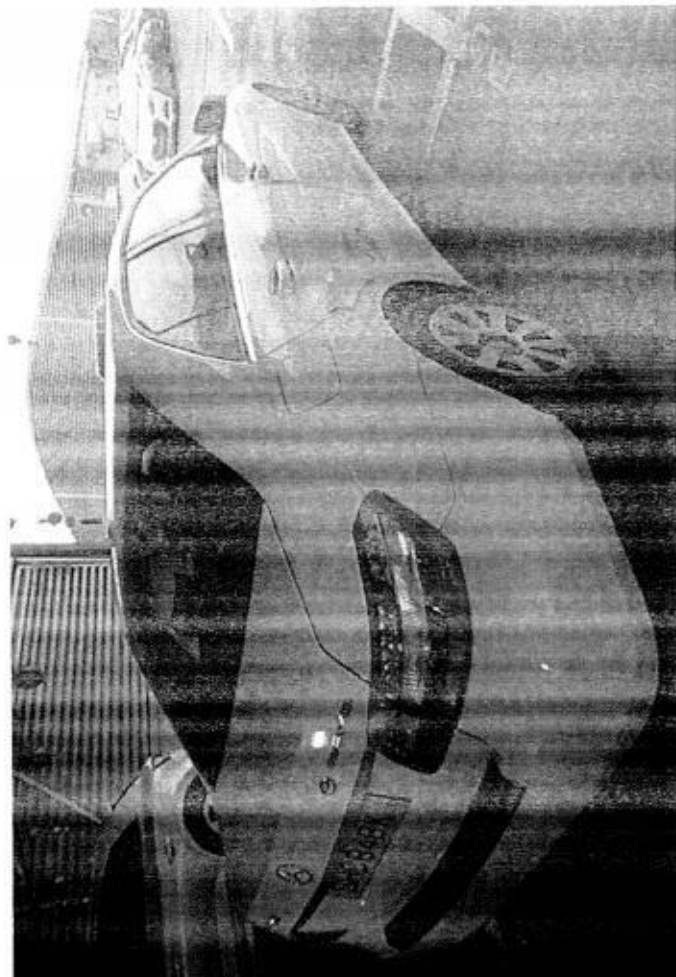
Policyholder's Signature
Date & Time:

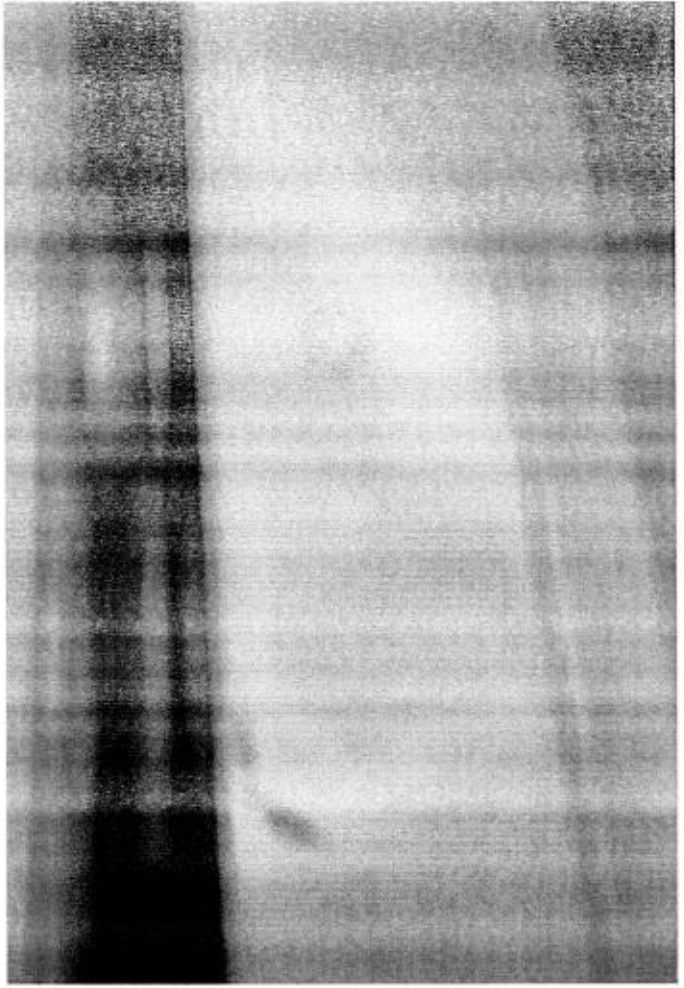


Driver's Signature
(If driver is not the policyholder)
Date & Time:




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





Download SG WorkPass App to check status



VISIT PASS
Immigration Regulations

NAME: RAMAKRISHNAN Senthil Kumar

FIN: G5046498P



Date of Birth: 09-07-1982

Sex: M

Nationality: INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU



CITY CAB PTE LTD
REPAIR ESTIMATE*

NTUC-45

LC

VEHICLE NO : SHC 848K

DATE 18/6/2019 11:59

MAKE :

MODEL : MERCEDES BENZ

Lkk - kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Rebuilt</i>			\$ 1,510.00
	Rear Bumper Bracket Lower (LH/RH) <i>X re</i>		\$ 135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH) <i>X re</i>		\$ 125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) <i>here</i>		\$ 115.00	\$ 230.00
	SUB TOTAL			\$ 2,260.00
	LESS 20%			\$ 452.00
	DISCOUNTED TOTAL			\$ 1,808.00
	Rear Bumper Sensor <i>shhd re</i>			\$ 388.00
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 438.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>X</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>70</i>
	TOTAL LABOUR			\$ 870.00
	ESTIMATE TOTAL			\$ 3,116.00

Kalvin 10/10/19
M 18/6/19 12:15h
2 by
45
Adh Pr p lth

Also Done: Please notify the Police if you are involved in an accident. If you are involved in an accident, please contact your insurance company immediately. This estimate is based on a visual inspection of the vehicle. This estimate is subject to final approval by the insurance company.

Acknowledged by Repairer:
 Signature: _____
 Date: _____

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.

Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order:

JC NO.: 305304197

OMER

S CITYCAB PTE LTD
OMER NO. 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

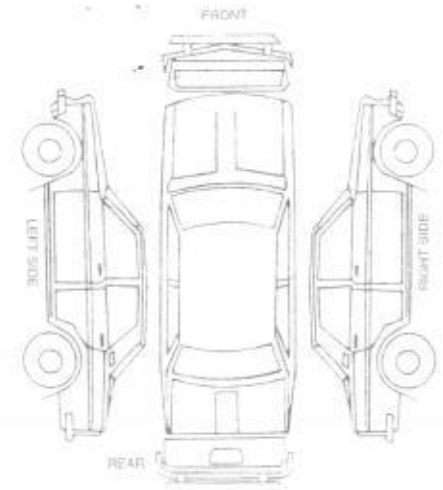
JUNT CARD NO.

REGN NO.: SHC 848K	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL E220CDI (E5)	DATE/TIME IN 17.06.2019 14:30
YR OF MANU. 17.10.2013	TARGET DATE
CHASSIS CODE WDD2120022A759624	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 16.06.2019
NATURE: 3P 16.06.2019

S/NO	LABOR CODE	DESCRIPTION
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RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

No.: SHC 848K

CHIANG

Vehicle No.:

SHC 848K

Signature/Date

Signature/Date

Name of Service Advisor

Date

shc / chiang

Date/Time: 17.06.2019 17:45 Page : 1

Team: ARC Repair TP(CFSO)

Sales Order:

305304197

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

SHC 848K

MERCEDES BENZ

E220CDI(E5)

17.06.2019 14:3

17.10.2013

WDD2120022A759624

Accident Date: 16.06.2019

NATURE: 3P 16.06.2019

S/NO	LABOR CODE	DESCRIPTION
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SHC 848K

CHIANG

SHC 848K

Our Job Ref No : 305304197
Date : 24/06/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM



To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHC848K 16/06/2019

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

Z The repair job shall bill to: NTUC GM3434K
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: _____
Final Lumpsum Repair cost \$1,600.00

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 : CHIANG Name : Kalvin
Tel : 62148314 Date : 24/6/19
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		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/INC19010826/K1vd3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 02-07-2019
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GM 3434K	Veh. Inspected	SHC 848K
Policy No.	5104517067	Coverage (\$)	0.00
Claim No.	MT/1050552-001	Excess (\$)	0.00
Assign From		Assign Date	18/06/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A759624	Colour	WHITE
Odometer	764223	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 PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	16/06/2019	Inspection Date	18/06/2019
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
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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 848K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
	LESS 20% DISCOUNT		-452.00	-302.00
			1,808.00	1,208.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER SENSOR (SN)	SHORTED	388.00	388.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			438.00	438.00
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			870.00	430.00
GRAND TOTAL			3,116.00	2,076.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,600.00

Report Ref No. NS/INC19010826/K1vd3n2

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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