

Surveyor: KalvinREF: NS/INC19011152/KV3302

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: FQ 9573TPolicy No. 5110219894 (7/6/2019 - 06/06/2020)Claims No. MT/1050534-002

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: _____ 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: SHB 39 63X Yr Regn: 17 Jun 2013

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

Truck / Trailer or

Make: Mercedes Benz Viano c.c. 2100Colour: White A/C: Insured / Std / NI / NASp. Reading: 786064 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF83981323797149

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/60R16

R: _____

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

TOYO / YOKO or Hankook

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 22/6/19 D.O.I. 24/6/19Survey held at CPHE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SHB 3963X - CS/FC115014081/RMC2 D.O.A. 05/08/2015 Inc
	FQ 9573T - NS/INC19011152/KV3 D.O.A. 22/06/2019 41
27/6/19	Vehicle 45 \$1200 / 20% (S 5,736.82 Red - 82%)

RECEIVED 28 JUN 2019

Date/Time, File Pass to?

28/06/19
Typist

Date/Time, File Return to?

2)

☐ : Preli. Report
☒ : Final Report
Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Test (\$)

Survey Fee:

Transportation:

S + RS \$

Phone

Fax

160

\$ 1,300/- 4/5

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"/>	5110219894		KIKI	59647052E	GMC	Third Party	FQ9573T	FQ9573T	07/06/2019	06/06/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 27/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1050534-002	CITYCAB PTE LTD	SHB 3963X	FQ 9573T	22/06/2019	15:10	\$ 7,036.82	\$ 1,300.00
2	MT/1048987-002	SMRT TAXIS PTE LTD	SHD 6403R	YN 3016R	24/05/2019	16:30	\$ 5,724.28	\$ 2,385.64
3	MT/1050302-002	COMFORT TRANSPORTATION PTE LTD	SHC 2799E	SLX 8307U	24/06/2019	13:30	\$ 5,255.80	\$ 2,500.00
4	MT/1050236-002	COMFORT TRANSPORTATION PTE LTD	SHA 7629R	SLK 2931A	23/06/2019	02:00	\$ 5,796.68	\$ 2,450.00
5	MT/1051021-001	COMFORT TRANSPORTATION PTE LTD	SHA 1060U	SGU 2286K	22/06/2019	17:00	\$ 3,834.66	\$ 767.88
5	MT/1051026-001	COMFORT TRANSPORTATION PTE LTD	SHC 8560L	SIN 2530G	22/06/2019	13:50	\$ 2,461.44	\$ 1,700.00

Received claim from LKK

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	24/06/2019 07:54
Date Of Accident	22/06/2019 15:10
Exact Location Of Accident	TPE TOWARDS WOODLANDS AFTER JALAN KAYU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3963X
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	VIANO

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	ABDUL RAHIM BIN ABU
NRIC No	S0047507F
Date Of Birth	28/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1975
Driving Experience	43 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97961736
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	560 03-1738 ANG MO KIO AVENUE 10
Postcode	560560
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)	6

Passenger 1	NAME: : -
	GENDER: : MALE
Passenger 2	NAME: : -
	GENDER: : FEMALE
Passenger 3	NAME: : -
	GENDER: : MALE
Passenger 4	NAME: : -
	GENDER: : MALE
Passenger 5	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.

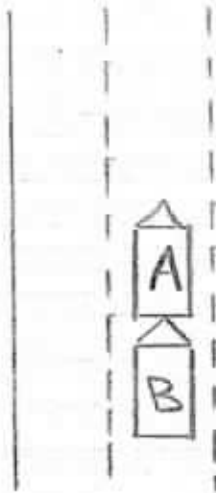
Attachment(s)

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	FQ9573T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD IZZ KHAIRUL BIN RAMZAN
NRIC/Passport Number	T0033412F
Contact Number	81259691
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



TPE Towards Woodlands
After JALAN KAYU

DOA: 22-6-19

Ca 1510hrs

A - SHB3963X

B - FQ9573T

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 22-6-2019 Ca 1510hrs, I was travelling with 5 passengers on board of my taxi along TPE towards Woodlands After Jalan Kayu and Traffic was heavy and slow moving and stop.

Suddenly Vehicle (B) FQ 9573T hit my taxi on the right portion cause damaged.

There is (5) passengers on board of my taxi No injury. There is video footage on the scene.

DECLARATION

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

CITYCAB PTE LTD
O. REG. NO. 199502839C

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:

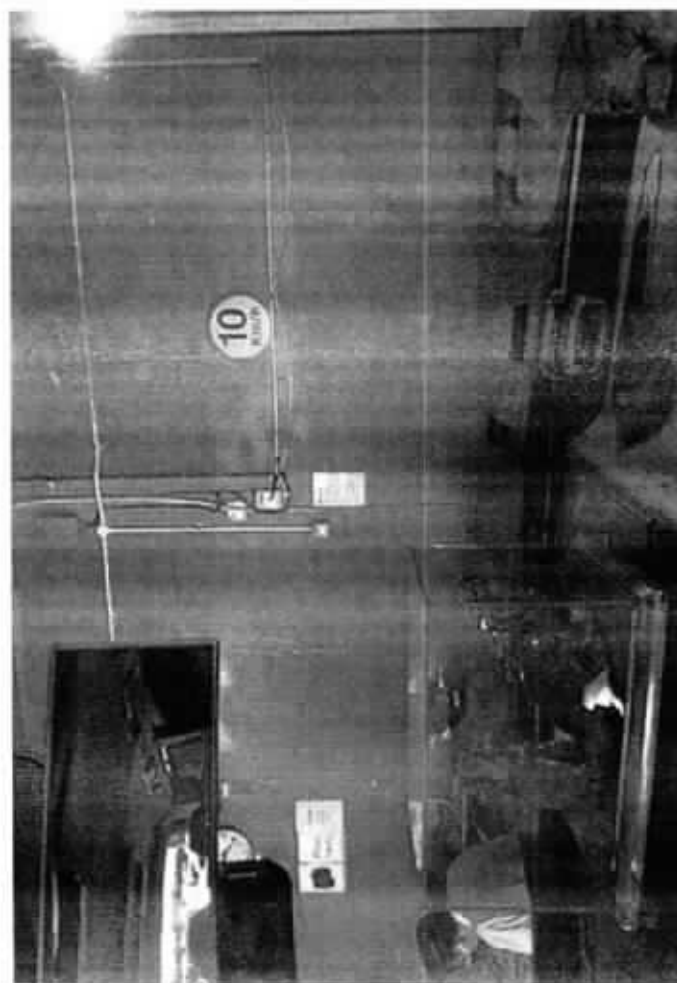
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

CHY CAB 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.: Fauzy





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 3963X

DATE 24/6/2019 11:53

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X <i>1400</i>			\$ 1,372.00
	Bumper R/H Side, RR <i>an</i>			\$ 473.60
	Tail Gate "2.2" Logo X <i>an</i>			\$ 78.00
	Tail Gate "CDI" Logo X <i>an</i>			\$ 78.00
	Tail Gate Via No Logo X <i>an</i>			\$ 78.00
	Tail Lamp Assy, RH <i>an</i>			\$ 622.44
	Tail Lamp Reflector Upper, RH <i>an</i>			\$ 105.74
	Rear Fender (RH) X <i>500</i>			\$ 3,188.00
	Rear Fender Inner Shield X <i>500</i>			\$ 204.00
	SUB TOTAL			\$ 6,199.78
	LESS 20%			\$ 1,239.96
	DISCOUNTED TOTAL			\$ 4,959.82
	Reverse Sensor X <i>500</i>			\$ 288.00
	Rear Bumper Rubber Mat X <i>an</i>			\$ 50.00
	Tail Gate "MAXICAB" Logo X <i>an</i>			\$ 30.00
	Rear Windscreen Sealant X <i>an</i>			\$ 46.00
				\$ 414.00
	Labour Charge			200
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 80.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass (sealant)			\$ 180.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 1,630.00
	ESTIMATE TOTAL			\$ 7,003.82
	<i>Kalvin 10/10/19</i>			<i>7036.82</i>
	<i>24/6/19 1400hrs</i>			
	<i>2 hrs</i>			
	<i>45</i>			
	<i>After Repair photo</i>			
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(CPSO)1

JOB CARD

Sales Order:

JC NO: 305305720

CUSTOMER:

CITYCAB PTE LTD
CUSTOMER NO: 7010070
ADDRESS: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
IRB: 65551188
IP:

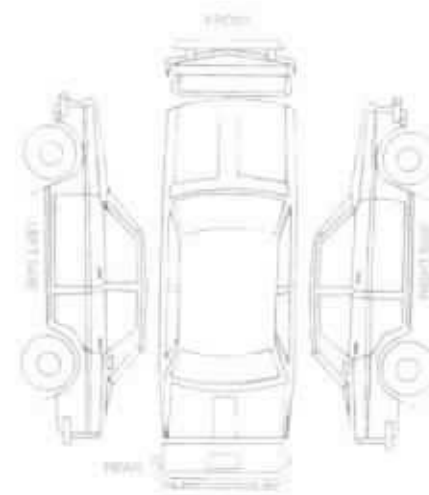
COUNT CARD NO

REGN NO	SHB3963X	MILEAGE
MAKE	MERCEDES BENZ	FUEL
MODEL	VIANO CDI 2.2L	DATE/TIME IN
YR OF MANU	13.06.2013	TARGET DATE
CHASSIS CODE	WDF63981323793949	COMPLETION DATE/TIME

Accident Date: 22.06.2019
NATURE: 3P 22.06.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No: SHB3963X CHIANG

Vehicle No.: SHB3963X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

TYPE OF C: TP

SURVEY B': KALVIN

DATE : 22/06/2019

[illegible]

Our Job Ref No : 305305720
Date : 25/06/19

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508909
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHB3963X

Fax :

22/06/2019

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


- 2 The repair job shall bill to: NTUC FQ9573T
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 \$1,300.00


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 : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kahr
Date : 27/6/19

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/INC19011152/K1sd3n2				
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.	FQ 9573T	Veh. Inspected	SHB 3963X	
Policy No.	5110219894	Coverage (\$)	0.00	
Claim No.	MT/1050534-002	Excess (\$)	0.00	
Assign From		Assign Date	24/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ VIANO	c.c	2143	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	WDF63981323793949	Colour	WHITE	
Odometer	786084	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/60 R16C	HANKOOK	7 mm	
L/H Front Tyre	225/60 R16C	HANKOOK	7 mm	
R/H Rear Tyre	225/60 R16C	HANKOOK	7 mm	
L/H Rear Tyre	225/60 R16C	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	22/06/2019	Inspection Date	24/06/2019	
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		

**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. SHB 3963X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	1,372.00	-
1	BUMPER R/H SIDE,RR	CRACKED	473.60	473.60
1	TAIL GATE "2.2" LOGO	NOT NECESSARY	78.00	-
1	TAIL GATE "CDI" LOGO	NOT NECESSARY	78.00	-
1	TAIL GATE VIA NO LOGO	NOT NECESSARY	78.00	-
1	TAIL LAMP ASSY,RH	CRACKED	622.44	622.44
1	TAIL LAMP REFLECTOR UPPER,RH	NECESSARY	105.74	105.74
1	REAR FENDER (RH)	SERVICEABLE	3,188.00	-
1	REAR FENDER INNER SHIELD	SERVICEABLE	204.00	-
1	TAIL LAMP LWR GARNISH	CRACKED	41.25	41.25
	LESS 20% DISCOUNT		-1,248.21	-248.61
			4,992.82	994.42
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR (SN)	SERVICEABLE	288.00	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	TAIL GATE "MAXICAB" LOGO (SN)	NOT NECESSARY	30.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			414.00	-
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		560.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	30.00
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.	NOT NECESSARY	150.00	-
	REMOVE/REFIX REAR WINDSCREEN GLASS (SEALANT).	NOT NECESSARY	150.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			1,630.00	630.00
GRAND TOTAL			7,036.82	1,624.42

Report Ref No. NS/INC19011152/K1sd3n2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,300.00
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Report Ref No. NS/INC19011152/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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