

08/11/13

Surveyor: Kelvin

REF:

NST/INC19011155/K19d3 n2

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: SMD 9034TPolicy No: 5103679111 (11/09/2018 - 10/09/2019)Claims No: M7/1050092-002

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 982 E Yr Regn: "Oct, 2013"

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

Truck / Trailer or

Make: Mercedes Benz Viano C.C. 2183Colour: White A/C: Insured / Std / NI / NASp. Reading: 812634 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF 6398132380 67 K

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16C

R: _____

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

TOYO / YOKO or HaltekFront 7 mm Rear 7 mmR/Bal. 7 mm L/Bal. 7 mmL/Bal. 7 mm D.O.A. 21/6/19 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
	SHC 982 E - CS/FC117011691/Kth.3n2 D.O.A: 13/06/2017 <u>INC</u>
	SMD 9034T - CS/FC118020993/Usd3n2 D.O.A: 19/11/2018 <u>41</u>
9/7/19	<u>Chd 4387000/ 2.17, (Chd 64929.87, 61%)</u>
	RECEIVED 18 JUL 2019

Date/Time, File Pass to?

1) 10/7/19 hup

Date/Time, File Return to?

2) _____

Report Format: 7PLump Sum / 18.11.18 3200Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech Invs (\$ _____)☐ Wear and (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 09/07/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1050092-002	CITYCAB PTE LTD	SHC 982E	SMD 9034T
2	MT/1046594-002	SMRT TAXIS PTE LTD	SHB 162K	SGK 9564P
3	MT/1046105-002	SMRT TAXIS PTE LTD	SHB 5506U	GBD 382C
4	MT/1052638-001	SMRT TAXIS PTE LTD	SHC 4614S	SLB 887E

Hello, NAC_PAYA_UBI_800601

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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"/>	5103679111		JUST4YEW	53386632D	GPC	drive CLASSIC	SMD9034T	SMD9034T	11/09/2018	10/09/2019

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	22/06/2019 10:51
Date Of Accident	21/06/2019 17:00
Exact Location Of Accident	RAFFLES BLVD TURNING RIGHT TWDS TEMASEK AVE.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC982E
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 (CDI 2.2 EU5) 2013

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	POH LEONG CHIEW (FU LIANGZHOU)
NRIC No	S7804523Z
Date Of Birth	11/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1997
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87773400
Fax Number	
Contact Number	
EEmail Address	RAYMOND8658@GMAIL.COM

Address	BLK 549A SEGAR ROAD #12-654
Postcode	671549
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?	YES
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

REFER ATTACHED

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	SMD9034T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEW HOCK KHOON
NRIC/Passport Number	S6831795I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

POH LEONG CHIEW (FU LIANGZHOU)

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SHC982E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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5. Any false reporting may be referred to the Police for investigation.
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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.

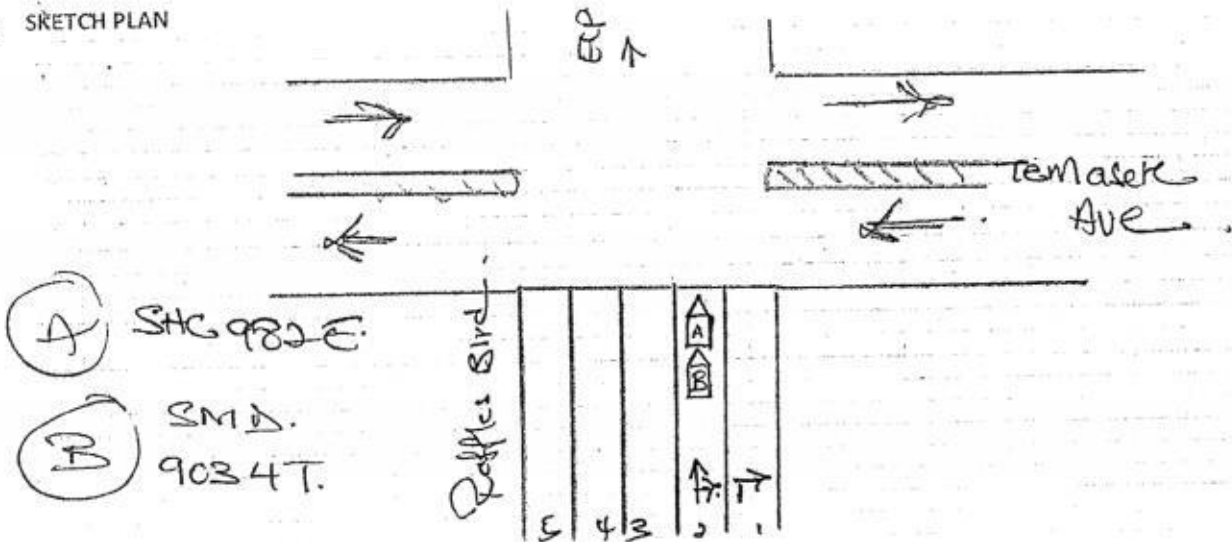
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On. 21 June 2019 @ 1700h J.

Vehicle A slow down and stop. Few minutes later Vehicle B from the Rear hit vehicle A.

(A) Rear. at the point of accident vehicle A carry a male passenger not injured.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 190502839G

Policyholder's Signature

Date & Time:

Driver's Signature

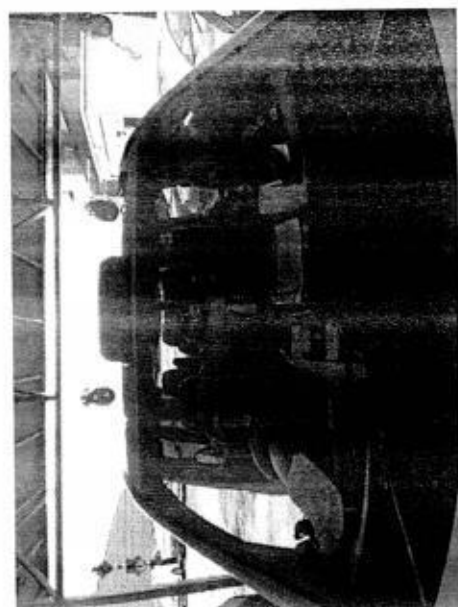
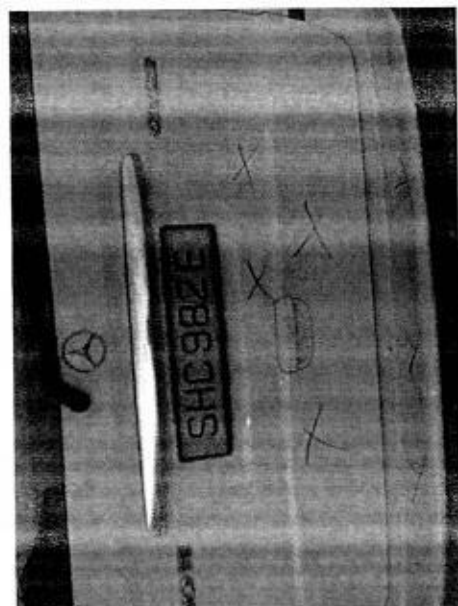
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408640

34 Serangoon Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

A member of COMFORTDELGRO

Date/Time: 22.06.2019 12:24

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3932184

JC NO.: 305305506

Customer

MS CITYCAB PTE LTD
Customer NO. 7010070
Address 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

REGN NO.: SHC 982E	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL VIANO CDI 2.2L	DATE/TIME IN 22.06.2019 10:10
YR OF MANU. 11.10.2013	TARGET DATE
CHASSIS CODE WDF63981323806741	COMPLETION DATE/TIME:

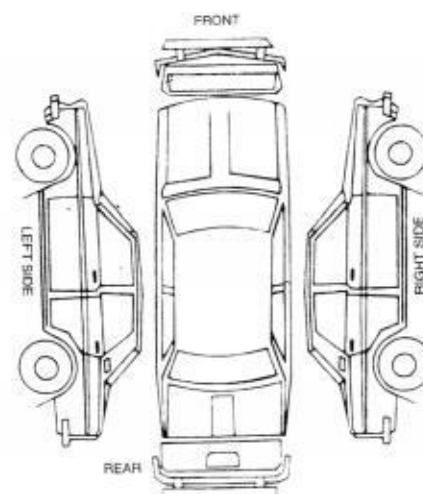
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 21.06.2019
NATURE: 3P 21.06.19/B

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC 982E JU NTUC

Vehicle No.: SHC 982E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 982E

DATE 22/6/2019 10:37

MAKE :

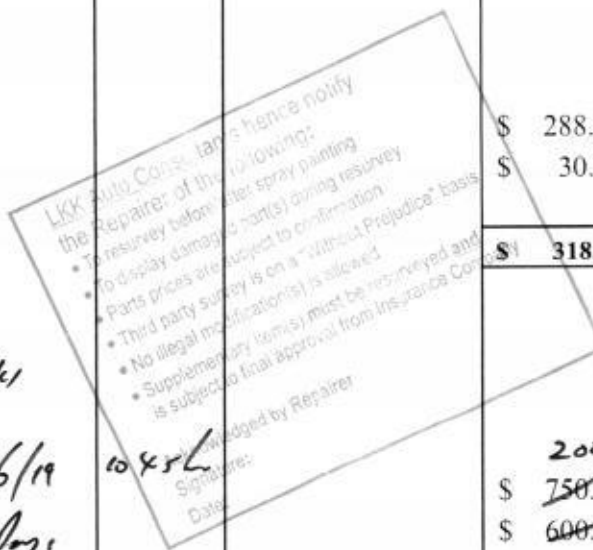
MODEL : MERCEDES BENZ VIANO (REAR)

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X <i>spk</i>			\$ 1,372.00
	Bumper L/H Side, RR X <i>su</i>			\$ 473.60
	Bumper R/H Side, RR X <i>su</i>			\$ 473.60
	Crossmember Rear X <i>su</i>			\$ 462.48
	Crossmember Stay Rear (2 Pcs) X <i>su</i>			\$ 141.14
	Tail Gate Assy — <i>RK4</i>			\$ 3,951.98
	Tail Gate Trim Cover X <i>su</i>			\$ 320.00
	Tail Gate Weathership X <i>su</i>			\$ 166.63
	Tail Gate Mercedes Star Logo — <i>su</i>			\$ 45.46
	Tail Gate "2.2" Logo — <i>su</i>			\$ 78.00
	Tail Gate "CDI" Logo — <i>su</i>			\$ 78.00
	Tail Gate Via No Logo — <i>su</i>			\$ 78.00
	Tail Gate Step Garnish X <i>su</i>			\$ 161.45
	SUB TOTAL			\$ 7,802.34
	LESS 20%			\$ 1,560.47
	DISCOUNTED TOTAL			\$ 6,241.87
	Reverse Sensor X <i>su</i>			\$ 288.00
	Tail Gate "MAXICAB" Logo X <i>su</i>			\$ 30.00
				\$ 318.00
	Labour Charge			200
	Panel Beating			\$ 750.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 1,570.00
	ESTIMATE TOTAL			\$ 8,129.87
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.				

NTUC/HKK

REAR -

J



Nett
Nett

400
20
20
X 2

COMFORTDELGRO ENGINEERING

Our Job Ref No 305305506

Date : 08/07/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC 982E

Date of Accident : 21.06.19

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

1. The repair job shall bill to: NTUC --- SMD9034T
###

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: 20%

Final Lumpsum Repair cost

\$ 3200.00

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature :

Name : /Cah2

Date : 9/7/19

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/INC19011155/K1qd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 15-07-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMD 9034T	Veh. Inspected	SHC 982E
Policy No.	5103679111	Coverage (\$)	0.00
Claim No.	MT/1050092-002	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.	WDF63981323806741	Colour	WHITE
Odometer	812634	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	21/06/2019	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.
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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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 982E

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 L/H SIDE, RR	SERVICEABLE	473.60	-
1	BUMPER R/H SIDE, RR	SERVICEABLE	473.60	-
1	CROSSMEMBER REAR	SERVICEABLE	462.48	-
2	CROSSMEMBER STAY REAR	SERVICEABLE	141.14	-
1	TAIL GATE ASSY	BUCKLED	3,951.98	3,951.98
1	TAIL GATE TRIM COVER	SERVICEABLE	320.00	-
1	TAIL GATE WEATHERSTRIP	SERVICEABLE	166.63	-
1	TAIL GATE MERCEDES STAR LOGO	NECESSARY	45.46	45.46
1	TAIL GATE "2.2" LOGO	NECESSARY	78.00	78.00
1	TAIL GATE "CDI" LOGO	NECESSARY	78.00	78.00
1	TAIL GATE VIA NO LOGO	NECESSARY	78.00	78.00
1	TAIL GATE STEP GARNISH	SERVICEABLE	161.45	-
	LESS 20% DISCOUNT		-1,560.47	-846.29
			6,241.87	3,385.15
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR (SN)	SERVICEABLE	288.00	-
1	TAIL GATE "MAXICAB" LOGO (SN)	NOT NECESSARY	30.00	-
			318.00	-
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		750.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			1,570.00	640.00
GRAND TOTAL			8,129.87	4,025.15

Report Ref No. NS/INC19011155/K1qd3n2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,200.00
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Report Ref No. NS/INC19011155/K1qd3n2

Siew Shiau Chan



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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