

(08/11/13)

Surveyor: Kelvin

REF: NS/INC K013611 / Kqf312

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: _____

Policy No. _____

Claims No. M1/1056 277-02

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: 3 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: SHA 532 G Yr Regn: 22/2.6

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1600Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 432529 T/Radio: Insured / Std / NI / NA

Eng/No.: _____

C/No: 1CM H10 4rum 4409 220

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: 205/6 R16R: 7

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

TOYO / YOKO or Westale

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 1/8/19 D.O.I. 2/8/19Survey held at CPHE (Loyang)

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

Ken

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

Date / Time	Action / Instruction
	no Policy found <u>Inc</u>
	SHA 532G - C03 / C73 19010925 / K005 DOA - 14/06/2019 4,
	G12 1311B - C04 / A1G 19008649 / T16 DOA - 07/07/2019
6/8/19	Chassis 415 \$ 4050 / 3 Rpt. cited to 45442.47, 53/10
RECEIVED 05 AUG 2019	

Date/Time, File Pass to?

11/06/19 to 11/06/19

Date/Time, File Return to?

2)

☐ : Prel. Report☐ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site insp (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS \$ _____

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 06/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1056143-003	COMFORT TRANSPORTATION PTE LTD	SHA 7847C	PC 7281D	02/08/2019	6:55	\$ 3,066.68
2	MT/1056277-002	CITYCAB PTE LTD	SHA 532G	GZ 1311B	01/08/2019	13:25	\$ 8,592.42
3	MT/1056624-001	COMFORT TRANSPORTATION PTE LTD	SHA 4505J	GY 3888X	04/08/2019	13:10	\$ 1,048.56

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GZ1311B	01 Aug 2019 / 13:25:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)[OK](#)

SHA 532G

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	01/08/2019 15:30
Date Of Accident	01/08/2019 13:25
Exact Location Of Accident	YISHUN AVE 1 X YISHUN ST 81
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA532G
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	TAN WENG FOO
NRIC No	S1530348D
Date Of Birth	22/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	07/11/1979
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91066762
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 398 YISHUN RING ROAD #04-1729
Postcode	760398
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)	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

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	GZ1311B
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEOW AH KWEE
NRIC/Passport Number	S1335915F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name

TAN WENG FOO

Approximate Age

Injuries Sustain

NECK, BACK, SHOULDER & NUMBNESS ON UPP LIMB

Injured person in which vehicle?

SHA532G

Were seat belts worn?

YES

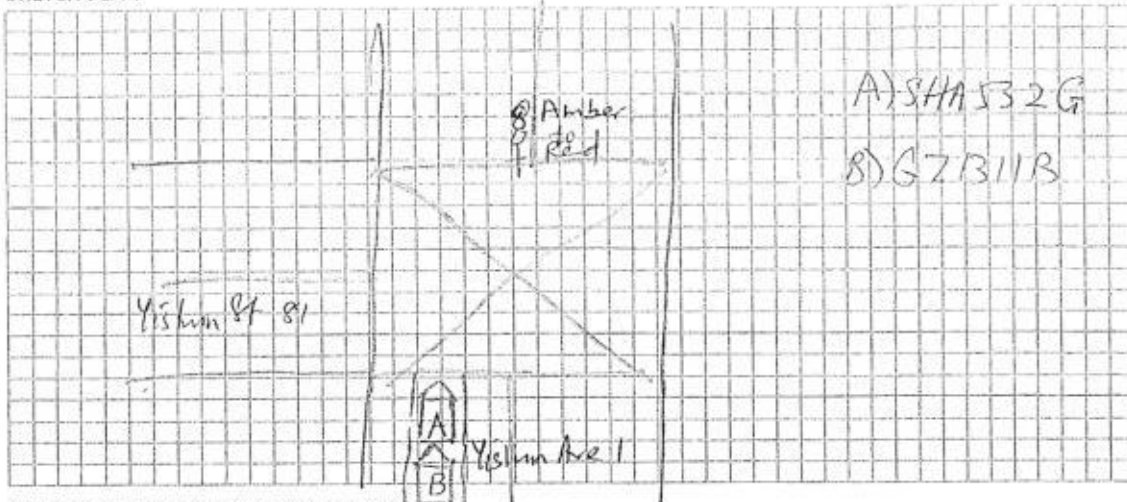
Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/8/19 at about 1325hrs when I Veh A stopped at the T-junction main road upon seeing the amber light, Veh B collided onto the rear of my stationary vehicle. I felt pain at the neck, back, shoulder and numbness on my upper limbs I will be consulting the doctor subsequently.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502939G

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.:

IMPORTANT NOTICE

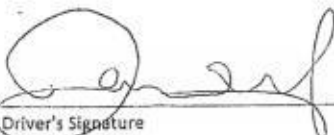
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

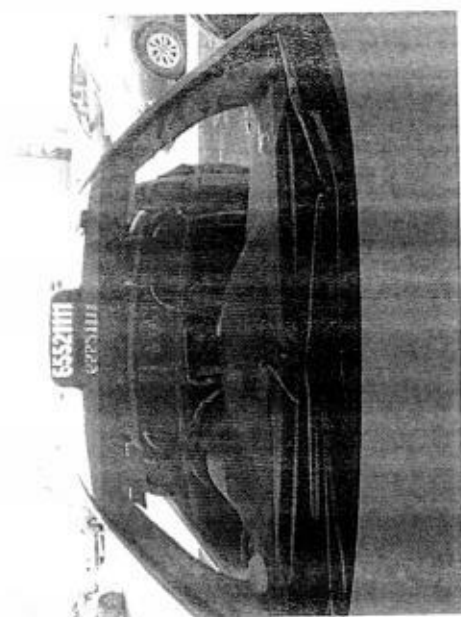
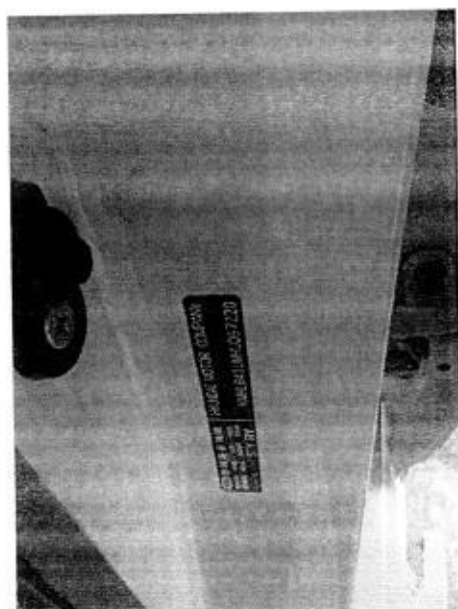
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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. 190502339G

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: SR Moorthy
NRIC/FIN No.: 118/19



CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 532G

DATE 1/8/2019 14:36

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Butt</i>			\$ 2,174.90
	Boot Lid Lock Upper <i>x one</i>			\$ 102.60
	Boot Lid Lock Lower <i>x one</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>- one</i>			\$ 28.70
	Boot Lid CRDI Plate <i>- one</i>			\$ 27.90
	Boot Lid Lamp (LH) <i>x one</i>			\$ 565.60
	Boot Lid Trimboard <i>x one</i>			\$ 116.40
	Boot Lid Trimboard Clips (10pcs) <i>x 10</i>			\$ 11.00
	Bootlid Moulding <i>x one</i>			\$ 85.00
	Bootlid i40 Emblem <i>- one</i>			\$ 27.90
	Bootlid Lower Garnish <i>x repair</i>			\$ 227.90
	Rear Bumper <i>- But</i>			\$ 553.00
	Rear Bumper Reinforcement <i>x one</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>x one</i>	\$	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>- one</i>			\$ 22.00
	Rear Bumper Bracket <i>x one</i>	\$	35.60	\$ 71.20
	Rear Bumper Sponge <i>x one</i>			\$ 103.50
	Rear Bumper Under Cover <i>- one</i>			\$ 228.00
	Rear Bumper Reflector Lamp (LH) <i>x one</i>			\$ 30.60
	Tail Lamp (LH) <i>x repair</i>			\$ 697.80
	Rear Panel <i>x repair</i>			\$ 526.70
	Rear Panel Garnish <i>one</i>			\$ 57.70
	Rear Panel Lower Panel <i>x repair</i>			\$ 89.40
	Exhaust Pipe Insulator, LH <i>x one</i>			\$ 58.55
	Exhaust Silencer, LH <i>- But</i>			\$ 967.70
	Exhaust Pipe Hanger, LH <i>x one</i>			\$ 58.55
	Exhaust Pipe Centre <i>- But</i>			\$ 730.10
	SUB TOTAL			\$ 8,183.40
	LESS 20%			\$ 1,636.68
	DISCOUNTED TOTAL			\$ 6,546.72
	Boot Lid Comfort Logo & Tel No. Sticker <i>- one</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>- one</i>			\$ 135.70
	<i>Rear Bumper Reverse Sensor Not - one</i>			\$ 50.00
				\$ 165.70
	Labour Charge			
	Panel Beating <i>Kahin</i>			\$ 800.00 <i>4.00</i>
	Spray Painting Charge			\$ 900.00 <i>6.00</i>
	Wiring Charge			\$ 50.00 <i>2.00</i>
	Tuff Kote			\$ 50.00 <i>2.00</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>3.00</i>
	TOTAL LABOUR			\$ 1,880.00
	ESTIMATE TOTAL			\$ 8,592.42
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.				

8642.42

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305321767

Date : 5. Aug. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA 532G

Date of Accident: 1. Aug. 2019

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

1. The repair job shall bill to: NTUC GZ1311B
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 \$4,050.00
3. Estimated normal period for repairs: 3 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 : L. Ng
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : Kali
Name : Kali
Date : 6/8/19

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	\$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/INC19013611/K1qf3n2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 08-08-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GZ 1311B	Veh. Inspected	SHA 532G
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1056277-002	Excess (\$)	0.00
Assign From		Assign Date	02/08/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU097220	Colour	YELLOW
Odometer	432529	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	01/08/2019	Inspection Date	02/08/2019
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:		3 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. SHA 532G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BOOT LID	BUCKLED	2,174.90	2,174.90
1	BOOT LID LOCK UPPER	SERVICEABLE	102.60	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
1	BOOT LID LAMP (LH)	SERVICEABLE	565.60	-
1	BOOT LID TRIMBOARD	SERVICEABLE	116.40	-
10	BOOT LID TRIMBOARD CLIPS	NOT NECESSARY	11.00	-
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	NECESSARY	27.90	27.90
1	BOOTLID LOWER GARNISH	TO REPAIR SEE LABOUR	227.90	-
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	REAR BUMPER REFLECTOR LAMP (LH)	SERVICEABLE	30.60	-
1	TAIL LAMP (LH)	TO REPAIR SEE LABOUR	697.80	-
1	REAR PANEL	TO REPAIR SEE LABOUR	526.70	-
1	REAR PANEL GARNISH	NOT NECESSARY	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR SEE LABOUR	89.40	-
1	EXHAUST PIPE INSULATOR,LH	SERVICEABLE	58.55	-
1	EXHAUST SILENCER,LH	BENT	967.70	967.70
1	EXHAUST PIPE HANGER,LH	SERVICEABLE	58.55	-
1	EXHAUST PIPE CENTRE	BENT	730.10	730.10

Report Ref No. NS/INC19013611/K1qf3n2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 20% DISCOUNT		-1,636.68	-952.04
			6,546.72	3,808.16
	<u>SPECIAL NETT ITEMS</u>			
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			215.70	215.70
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH,TAIL LAMP (LH),REAR PANEL AND REAR PANEL LOWER PANEL.		800.00	400.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			1,880.00	1,070.00
	GRAND TOTAL		8,642.42	5,093.86
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,050.00

Report Ref No. NS/INC19013611/K1qf3n2

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.