

Surveyor: Kolvin

REF: NS/INC 19013738/ K1543n2

## ASSIGNMENT

SHB 3063T

15 Dec 2019

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: PLB27LPolicy No 5106975807 (22/01/2019)Claims No MT/1056745-002

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: \_\_\_\_\_ Yr Regn: \_\_\_\_\_

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

Truck / Trailer or

Make: Hyundai C.C. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 243122 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCB416AH409987

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Harvard

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 4/8/19 D.O.I. 5/8/19Survey held at CPGE (Loxeng)

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

n/s Per

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

Date / Time	Action / Instruction
	SHB 3063T - CS/FCI 14004050/T1ghv2 DOA - 27/01/2019 <u>PL</u>
	PLB27L - X <u>P11</u>
13/8/19	Contract P/P \$1157.68/30 days. (C\$ 706.00 Ret - 38%)

RECEIVED 19 AUG 2019

Date/Time, File Pass to?

19/08/19

1)

Type 34

Date/Time, File Return to?

☐ : Prel. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

Shelley

C = P.S. 31

160

\$1157.68 P/P

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/08/2019 14:06"/>							
Vehicle No.(For Motor)	<input type="text" value="PC6827L"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106975807		NAM HO DMC PTE LTD	201725207M	GFT	Comprehensive	PC6827L	PC6827L	22/01/2019	
<input type="button" value="Continue"/>										

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 16/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	<b>MT/1035664-002</b>	SMRT TAXIS PTE LTD	SHB 63M	SKW 1461U	13/03/2019	\$ 11,100.66	\$ 2,650.00
2	<b>MT/1054579-002</b>	SMRT TAXIS PTE LTD	SHC 4233H	SJP 3607C	22/07/2019	\$ 8,968.18	\$ 3,000.00
3	<b>MT/1057600-002</b>	COMFORT TRANSPORTATION PTE LTD	SHC 3085A	GBH 1832T	08/08/2019	\$ 8,727.84	\$ 4,450.00
4	<b>MT/1056745-002</b>	CITYCAB PTE LTD	SHB 3063T	PC 6827L	04/08/2019	\$ 1,863.68	\$ 1,157.68

Claim received from LKK Auto

JC NO.: 305322431

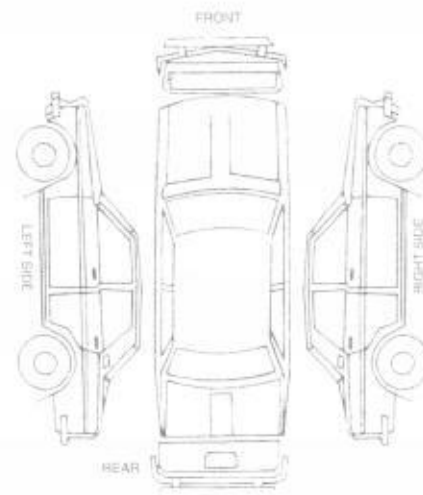
MILEAGE

DATE/TIME IN  
05.08.2019 08:25

TARGET DATE

COMPLETION DATE/TIME

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

SERVICE ADVISOR

CUSTOMER'S SIGNATURE \_\_\_\_\_

ledgement Slip

Exit Pass

No. SHB3063T LIMTS

Vehicle No.: SHB3063T

f Service Advisor

Signature/Date

Name of Service Advisor

Date \_\_\_\_\_

turned to Service Reception upon collection

To be kept by Security Guard

## 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	05/08/2019 10:05
Date Of Accident	04/08/2019 21:25
Exact Location Of Accident	MOULMEIN RD TWDS THOMSON RD.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3063T
<b>Insured/Policyholder</b>	
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	LOW JOO LEE
NRIC No	S2192597G
Date Of Birth	26/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1992
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97861973
Fax Number	
Contact Number	
Email Address	CPTN67@YAHOO.COM.SG

Address	204B 13-425 COMPASSVALE DRIVE
Postcode	542204
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	SIDE SWIPE
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.

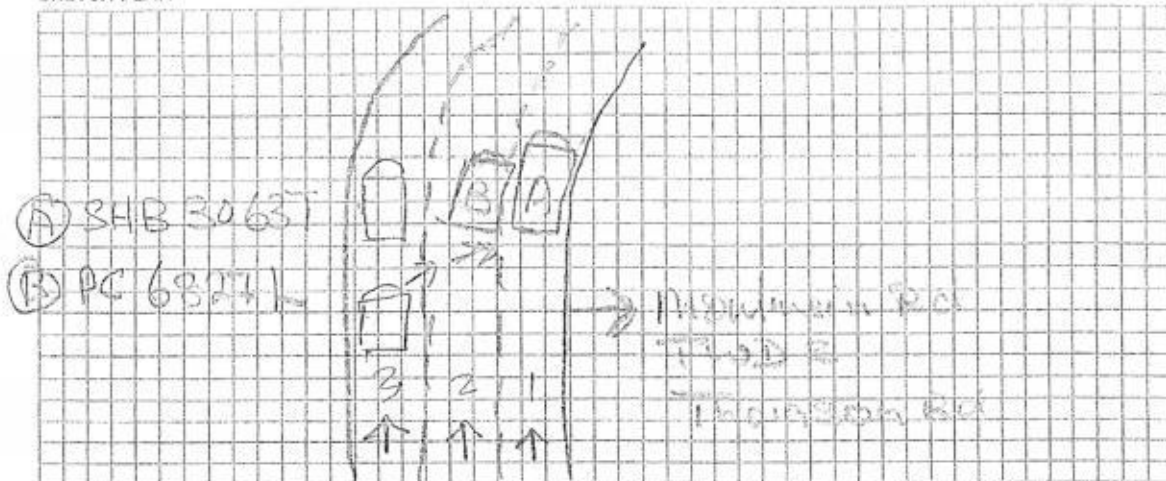
#### Attachment(s)

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	PC6827L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MADIAALAKAN S/O MUTHUSAMY
NRIC/Passport Number	S2504101A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/08/2019 at about 2125 hrs, I vehicle A was driving my taxi along moulmein road towards Thompson road. While I was in third lane following a car behind, then I try to change my lane into lane one. That lane was empty at that time. Then I was in my lane going straight. Suddenly I passed vehicle B then I felt a impact from my back of the taxi.

DECLARATION

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

CITYCAB PTE LTD  
REG. NO. 199502839G  
Policyholder's Signature  
Date & Time:

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

5/8/19  
Jackson Heng  
CSG  
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 regulate 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  
REG. NO. 199502839G  
Policyholder's Signature  
Date & Time:

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

5/8/19  
Jackson Heng  
CSO  
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



NTUC-CP/P)

LKK-kalvin

TS

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305322431  
 REGN NO : SHB3063T  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 15.12.2017  
 DATE/TIME IN : 05.08.2019 08:25  
 ACCIDENT DATE : 04.08.2019

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	28-01-0103-2014-A	REAR DOOR APPS LH	1	80.00 10.00 72.00 / ne
0002	04-01-0103-0658-G	REAR WHEEL CAP LH	1	107.10 20.00 85.68 / brand
		Rear Bumper x repair		
		Rear Bar (LH) x repair		
		Rear Fender (LH) x repair		
SUB-TOTAL :				157.68

## JOB NATURE

0000	20-05	REAR WHEEL TYRE LH	X	216.00	su
0001	PB	PANEL BEATING-Rear Fender LH		560.00	400
0002	SP	SPRAYPAINT-Rear Bumper ETC		750.00	600
0003	20-00	TUFF COAT ON AFFECTED PARTS.		60.00	X "
0004	L	WHEEL ALIGNMENT		120.00	X "
SUB-TOTAL :				1,706.00	
TOTAL :				1,863.68	

MVA NAME &amp; SIGNATURE

DATE :

SURVEYOR NAME &amp; SIGNATURE

DATE :

Kalvin  
 5/8/19 1200  
 302  
 PIP  
 After Repair photo

AUTHORISED: YES / NO

- To supply, or
- Parts prices
- Third party survey and
- No illegal modification or alterations
- Supplementary items must be reviewed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMPANY: THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS: CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305322431  
REGN NO : SHB3063T  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 15.12.2017  
DATE/TIME IN : 05.08.2019 08:25  
ACCIDENT DATE : 04.08.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 28-01-0103-2014-A	REAR DOOR APPS LH	1	80.00	10.00	72.00
0002 04-01-0103-0658-G	REAR WHEEL CAP LH	1	107.10	20.00	85.68

SUB-TOTAL : 157.68

## JOB NATURE

0000 PB	PANEL BEATING-Rear Fender LH	400.00
0001 SP	SPRAYPAINT-Rear Bumper ETC	600.00

SUB-TOTAL : 1,000.00

TOTAL : 1,157.68

MVA NAME &amp; SIGNATURE

DATE :

SURVEYOR NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305322431  
Date : 03/08/19

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHB3063T

Date of Accident : 04-Aug-19

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

1. The repair job shall bill to: NTUC --- PC6827L

2. The finalized amount shall be:

(a) Spare Parts after List discount \$157.68

(b) Labour Charges \$1,000.00

**Total for Part-By-Part Repair Cost \$1,157.68**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**Final Lumpsum Repair cost**

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 : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 13/8/19

## 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		NO		
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/INC19013738/K1sf3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 20-08-2019	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	PC 6827L	Veh. Inspected	SHB 3063T	
Policy No.	5106975807	Coverage (\$)	0.00	
Claim No.	MT/1056745-002	Excess (\$)	0.00	
Assign From		Assign Date	05/08/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KMHLB41UMHU099987	Colour	YELLOW	
Odometer	243122	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	04/08/2019	Inspection Date	05/08/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3063T**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR WHEEL CAP LH	GRAZED	107.10	107.10
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR DOOR (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-21.42	-21.42
			85.68	85.68
	<b><u>NETT ITEMS</u></b>			
1	REAR DOOR APPS LH (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-8.00	-8.00
			72.00	72.00
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR WHEEL TYRE LH (SN)	SERVICEABLE	216.00	-
			216.00	-
	<b><u>LABOUR</u></b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER,REAR DOOR (LH) AND REAR FENDER (LH).		560.00	400.00
	SPRAYPAINT-REAR BUMPER ETC.		750.00	600.00
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	60.00	-
	WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,490.00	1,000.00
	<b>GRAND TOTAL</b>		<b>1,863.68</b>	<b>1,157.68</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,157.68</b>

Report Ref No. NS/INC19013738/K1sf3n2

**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****DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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