

(08/11/13)

Surveyor: Kolvin

REF: NS/INC 19013807 / KLF 312

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: GBB 8704

Policy No. 5086907329-02 (01/01/2019)

Claims No. M1/1056575-02

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 Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 74025 Yr Regn: 17A 2017

Type: M. Car / M. Cycle / Bus / Van / Lorry / T. / Prime Mover / Truck / Trailer or

Make: Toyota Prius C.G. 1700

Colour: Yellow A/C: Ins 0 / Std / NI / NA

Sp. Reading: 328248 T/Radio: Ins 0 / Std / NI / NA

Eng/No: _____

C/No: J70KBJFY20356277

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In 0 / Jammed / Leaked / Burnt or

Brake: In 0 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD 0 / Rim or

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Pirelli

Front R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 3/8/19

Survey held at: CPGE (Loyang)

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

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

| Date / Time | Action / Instruction |
|----------------------|--|
| | SHC 74025 - CSI FC 17021483 / Dg d312 ROA - 23/11/2018 JMC |
| | GBB 8704 - X |
| 19/8/19 | Calcd P/P \$529.25 / 26%. (Red @ 2041.80, 79%) |
| RECEIVED 20 AUG 2019 | |

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

11/20/18 MM : Final Report

Date/Time, File Return to? _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp _____

150-250 \$ 160

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"/> | 5086907329-02 | | UNION ENERGY PTE. LTD. | 200809207Z | GFT | Third Party | GBB8710Y | GBB8710Y | 01/01/2019 | |

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date : 19/08/2019

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Estimate | Tentative repair cost |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|--------------|-----------------------|
| 1 | MT/1056954-002 | CITYCAB PTE LTD | SHC 342C | SIJ 3580C | 06/08/2019 | \$ 1,964.88 | \$ 600.00 |
| 2 | MT/1057535-002 | COMFORT TRANSPORTATION PTE LTD | SH 9332R | PC 401X | 10/08/2019 | \$ 5,853.92 | \$ 3,300.00 |
| 3 | MT/1057607-002 | COMFORT TRANSPORTATION PTE LTD | SH 8832X | SIX 2172D | 13/08/2019 | \$ 1,609.05 | \$ 1,000.00 |
| 4 | MT/1057573-002 | COMFORT TRANSPORTATION PTE LTD | SH 7896T | GBE 9881P | 12/08/2019 | \$ 1,298.48 | \$ 300.00 |
| 5 | MT/1056575-002 | CITYCAB PTE LTD | SHC 7402S | GBB 8710Y | 03/08/2019 | \$ 2,571.05 | \$ 529.25 |
| 6 | NOT OI | SMRT TAXIS PTE LTD | SHB 2P | SLA 1509J | 29/07/2019 | \$ 16,288.40 | \$ 2,000.00 |
| 7 | MT/1055544-002 | SMRT TAXIS PTE LTD | SHB 882R | YN 7384B | 27/07/2019 | \$ 5,863.56 | \$ 1,150.00 |
| 8 | MT/1056750-002 | COMFORT TRANSPORTATION PTE LTD | SHC 8047C | SLM 688E | 6/8/2019 | \$ 8,341.48 | \$ 3,100.00 |

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 08:56 |
| Date Of Accident | 03/08/2019 12:35 |
| Exact Location Of Accident | TANJONG KATONG COMPLEX |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------------|
| Vehicle Registration Number | SHC7402S |
| 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 | TOYOTA |
| Model | PRIUS |
| 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 | SHAROM BIN IBRAHIM |
| NRIC No | S1695368G |
| Date Of Birth | 11/12/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/05/1990 |
| Driving Experience | 29 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93228954 |
| Fax Number | |
| Contact Number | |
| EMail Address | HAROMIBRAHIM@GMAIL.COM |

Address 510 06-332 SERANGOON NORTH AVENUE 4
 Postcode 550510
 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 (TP reverse)
 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

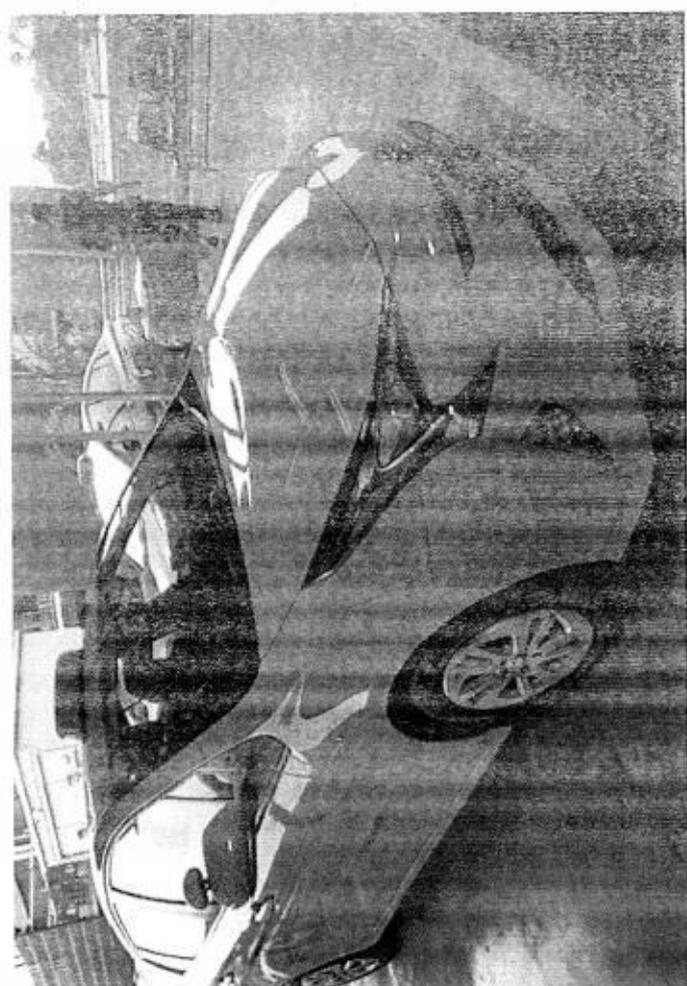
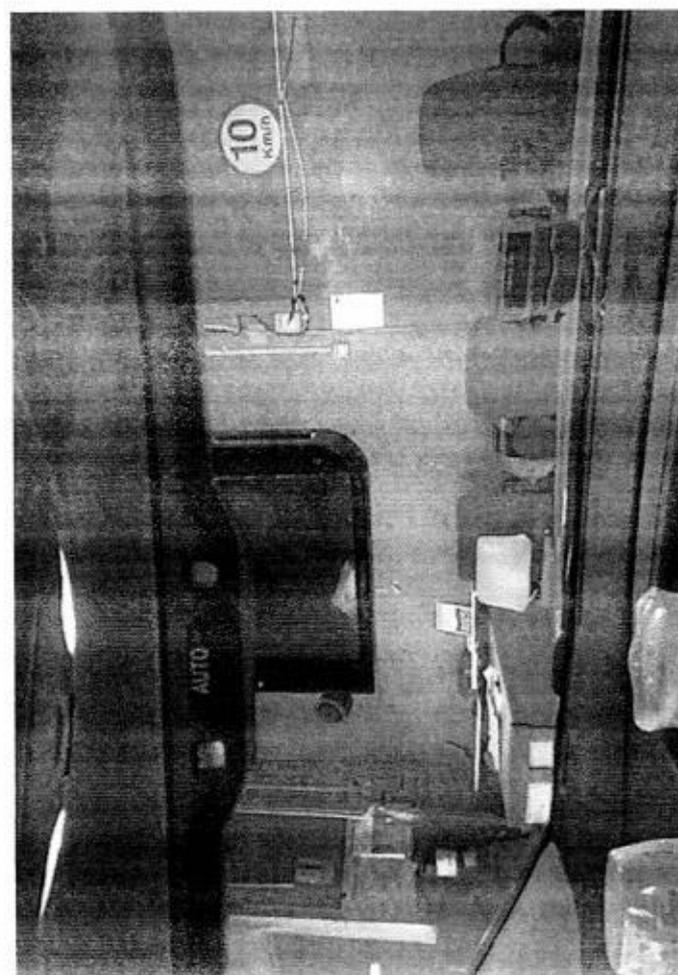
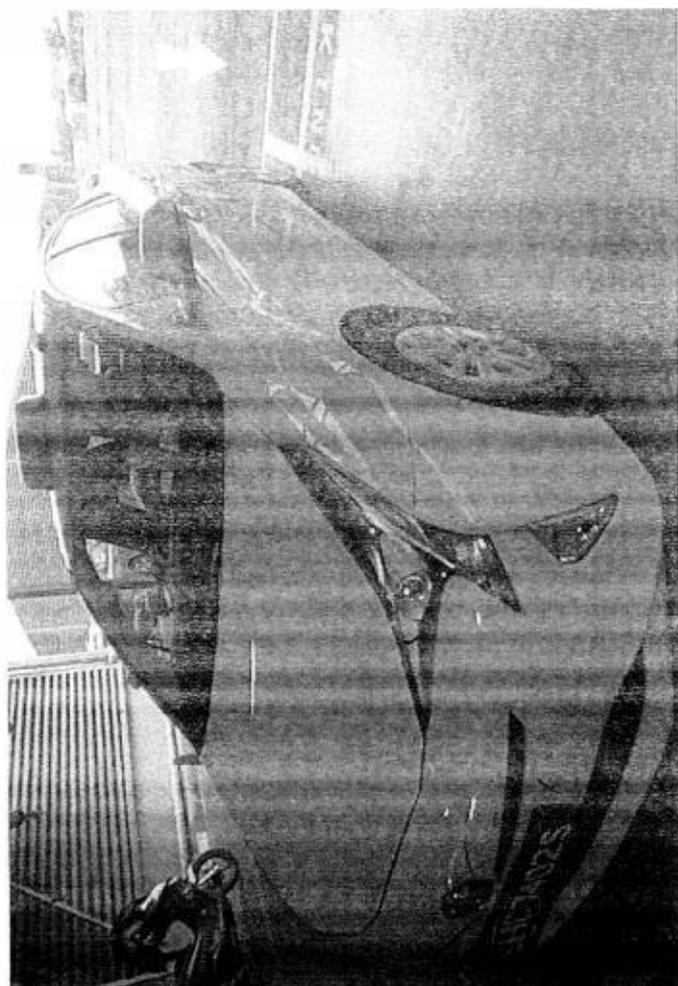
SEE ATTACH.

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 GBB8710Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver GOVINDASAMY SENTHILKUMAR
 NRIC/Passport Number G7660900X
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage NO DAMAGE
 No. Of Passenger (Including Driver)



Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order:

JC NO.: 305322935

CUSTOMER
CITYCAB PTE LTD
7010070
CUSTOMER NO. 383 SIN MING DRIVE
ADDRESS SINGAPORE SINGAPORE 575717
65551188
L (R) (C)
(P)

WAS

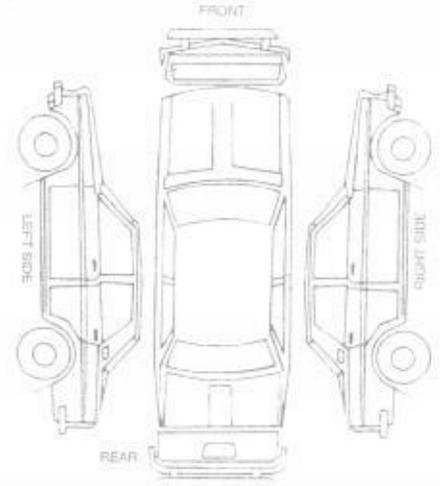
| | |
|--------------------------------|-------------------------------|
| REGN NO. SHC7402S | MILEAGE |
| MAKE: TOYOTA | FUEL E.....1/2.....F |
| MODEL PRIUS HYBRID(G4) | DATE/TIME IN 06.08.2019 09:30 |
| YR OF MANUF 17.08.2017 | TARGET DATE |
| CHASSIS CODE JTDKB3FU203562737 | COMPLETION DATE/TIME: |

(B)

JOB DESCRIPTION

Accident Date: 03.08.2019
NATURE: 3P 03.08.2019

| S/NO | LABOR CODE | DESCRIPTION |
|------|--------------|-------------|
| | NTUC - Front | |
| | LKR/Kohri - | |



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC7402S
Signature: LARRY

Vehicle No.: SHC7402S

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO : SHC 7402S

MAKE :

MODEL : TOYOTA PRIUS

| PARTS DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|---|-----|------------|---------------------------|
| FRONT BUMPER COVER <i>X Rep</i> | | | \$ 499.90 |
| FRONT BUMPER CENTRE GRILLE <i>X 500</i> | | | \$ 301.90 |
| FRONT BUMPER LOWER GRILLE <i>X 166</i> | | | \$ 166.90 |
| FRONT BUMPER CLIPS <i>X 22</i> | | | \$ 22.00 |
| FRONT BUMPER SIDE RETAINER <i>X 500</i> | | \$ 77.00 | \$ 154.00 |
| | | | \$ 1,144.70 |
| SUB TOTAL | | | \$ 2,289.40 |
| LESS 25% | | | \$ 572.35 |
| DISCOUNTED TOTAL | | | \$ 4,717.05 <i>858.52</i> |
| FRONT NO. PLATE <i>Part</i> | | | \$ 25.00 |
| FRONT NO PLATE TRIM COVER <i>100</i> | | | \$ 30.00 |
| FRONT NO.PLATE GARNISH <i>100 -25%</i> | | | \$ 99.00 |
| SUB TOTAL | | | \$ 154.00 |
| LABOUR CHARGE | | | <i>200</i> |
| Panel Beating | | | \$ 400.00 |
| Spray Painting Charge | | | \$ 300.00 |
| TOTAL LABOUR | | | \$ 700.00 |
| ESTIMATE TOTAL | | | \$ 2,571.05 |
| | | | 1712.52 |

NETT
NETT
NETT

Kahri 11/10/19
6/8/19 1235L
2 Pp
P/P
Alfa Repair p lto

LKR... hence notify
... of the following:
 • To supply damaged part(s) during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification(s) is allowed
 • Supplementary item(s) must be resurveyed
 is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Larry Ng

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.

COMFORTDELGRO ENGINEERING PTE LTD

Date: 15.08.2019

REPAIR ESTIMATE

Time: 10:07:21

Page: 1

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

JOB NO : 305322935
REGN NO : SHC7402S
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 17.08.2017
DATE/TIME IN : 06.08.2019 09:30
ACCIDENT DATE : 03.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2170-G PRIG4 BRACKET FRT BUMPER 1 99.00 25.00 74.25

0002 FNPS NO PLATE(S) & TRIM COVER 1 L 55.00 55.00

SUB-TOTAL : 129.25

JOB NATURE

0000 PB PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 529.25

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305322935

Date : 15. Aug. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC7402S

Date of Accident: 3. 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 GBB8710Y

2. The finalized amount shall be:

(a) Spare Parts after List discount \$129.25

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$529.25

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost _____

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 19/8/19

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/INC19013807/K1qf3n2 | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | Date: 20-08-2019 |
| | Code: INC4 |



1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | GBB 8710Y | Veh. Inspected | SHC 7402S |
| Policy No. | 5086907329-02 | Coverage (\$) | 0.00 |
| Claim No. | MT/1056575-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 06/08/2019 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2017 |
| Chassis No. | JTDKB3FU203562737 | Colour | YELLOW |
| Odometer | 328248 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | FAIR | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|---------|---------|
| R/H Front Tyre | 195/65 R15 | DAVANTI | 7 mm |
| L/H Front Tyre | 195/65 R15 | DAVANTI | 7 mm |
| R/H Rear Tyre | 195/65 R15 | DAVANTI | 7 mm |
| L/H Rear Tyre | 195/65 R15 | DAVANTI | 7 mm |

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 03/08/2019 | Inspection Date | 06/08/2019 |
| 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: **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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7402S

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|--|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | FRONT BUMPER COVER | TO REPAIR SEE LABOUR | 499.90 | - |
| 1 | FRONT BUMPER CENTRE GRILLE | SERVICEABLE | 301.90 | - |
| 1 | FRONT BUMPER LOWER GRILLE | SERVICEABLE | 166.90 | - |
| 10 | FRONT BUMPER CLIPS | NOT NECESSARY | 22.00 | - |
| 2 | FRONT BUMPER SIDE RETAINER @\$77.00 | SERVICEABLE | 154.00 | - |
| | LESS 25% DISCOUNT | | -286.18 | - |
| | | | 858.52 | - |
| 1 | FRONT NO PLATE GARNISH | CRACKED | 99.00 | 99.00 |
| | LESS 25% DISCOUNT | | - | -24.75 |
| | | | 99.00 | 74.25 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | FRONT NO PLATE (SN) | DENTED | 25.00 | 25.00 |
| 1 | FRONT NO PLATE TRIM COVER (SN) | CRACKED | 30.00 | 30.00 |
| | | | 55.00 | 55.00 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER. | | 400.00 | 200.00 |
| | SPRAY PAINTING CHARGE. | | 300.00 | 200.00 |
| | | | 700.00 | 400.00 |
| GRAND TOTAL | | | 1,712.52 | 529.25 |
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | | 529.25 |

Report Ref No. NS/INC19013807/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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