

Surveyor: Kelvin

## 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: SDT 1809A

Policy No: 5104094327-01 (24/06/2019, 14/5/19)

Claims No: MT/1057496-002

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: SHC 7823K Yr Regn: 18TY 203

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

Truck / Trailer or

Make: Hyundai Sonata c.c. 1991

Colour: Yellow A/C: Ins 6ed / Std / NI / NA

Sp. Reading: 32416 T/Radio: Ins 6ed / Std / NI / NA

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

C/No: KMHET41VMDA834538

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Incl 6er / Jammed / Leaked / Burnt or

Brake: Incl 6er / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STBA/Rim or

Tyre Size: F: 215/60 R16

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

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

TOYO / YOKO or

Han K.K.

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 11/8/19

D.O.I. 13/8/19

Survey held at

CPGE (Loyang)

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

n/s from

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

Date / Time Action / Instruction

SDT 1809A - X

Inc

SHC 7823K - NBA / INC 16005721 / Y

D.O.A. - 11/03/2016

41

19/8/19 Veh 45 \$1400 / 3 Pys.

(\$3,193.60 Res - 70%)

RECEIVED 19 AUG 2019

Date/Time, File Pass to?

19/08/19

1)

Type

Date/Time, File Return to?



Prel. Report



Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

Site Fee:

1-23-31

160

\$1,400/- L/S

eBaoTech

General Claim

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="11/08/2019 14:56"/>
Vehicle No.(For Motor)	<input type="text" value="SDT1809A"/>	Certificate Number	<input type="text"/>

[Search](#)

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104094327-01		THE CARHUB	53331158J	GPC	drive CLASSIC	SDT1809A	SDT1809A	24/06/2019	14/05/2020

[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	Time of Accident	Estimate	Tentative repair cost
1	MT/1057403-002	COMFORT TRANSPORTATION PTE LTD	SHC 1325X	SML 9534A	08/08/2019	22:30	\$ 1,126.80	\$ 777.12
2	MT/1057496-002	CITYCAB PTE LTD	SHC 7823K	SDT 1809A	11/08/2019	22:45	\$ 4,593.60	\$ 1,400.00
3	MT/1057164-002	CITYCAB PTE LTD	SHC 455K	SIX 4991T	08/08/2019	11:30	\$ 2,190.26	\$ 1,443.03
4	MT/1057544-002	CITYCAB PTE LTD	SHC 505A	SKC 61038	13/08/2019	10:55	\$ 3,690.95	\$ 2,202.10

Claim received from LKK Auto

## 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	13/08/2019 10:07
Date Of Accident	11/08/2019 22:45
Exact Location Of Accident	CIRCUIT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7823K
<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	SONATA
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	GOH HONG CHYE @ GOH HONG KHOON
NRIC No	S0051881F
Date Of Birth	16/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	24/08/1974
Driving Experience	44 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90051881
Fax Number	
Contact Number	
EMail Address	GOHHC8288@YAHOO.COM.SG

Address	BLK 5 HACIENDA GROVE #03-02
Postcode	457911
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

PLS REFER TO 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	SDT1809A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAMAD BIN HASSAN
NRIC/Passport Number	S7135875E
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT REAR
No. Of Passenger (Including Driver)	

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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. 199502F300

Policyholder's Signature  
Date & Time:

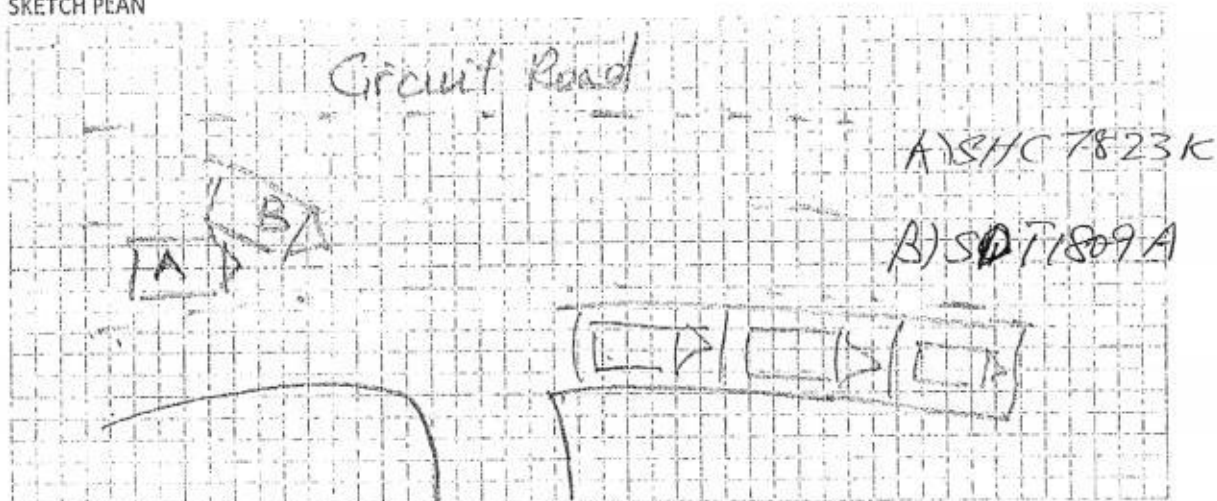
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

W 1-1-1  
11-1-1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/8/19 at about 22.45hrs when I Veh A was travelling along lane 2, Veh B from lane 3 filtered right onto my lane despite my sounding of the horn and slowing down and collided on the left front portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.  
CITYCAB PTE LTD  
CO. REG. NO. 199502F39G

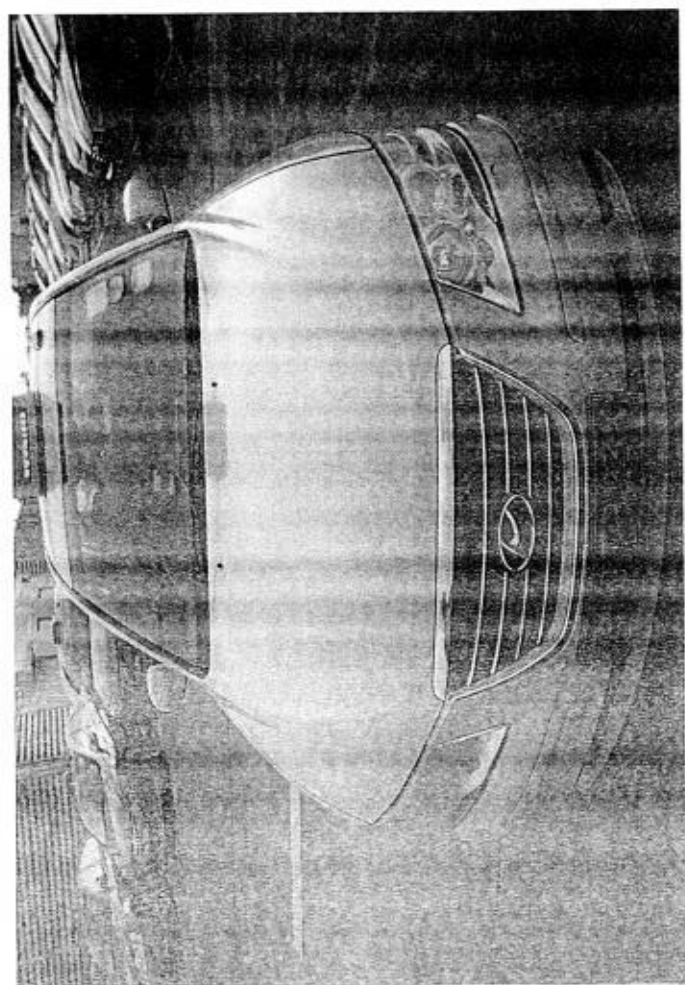
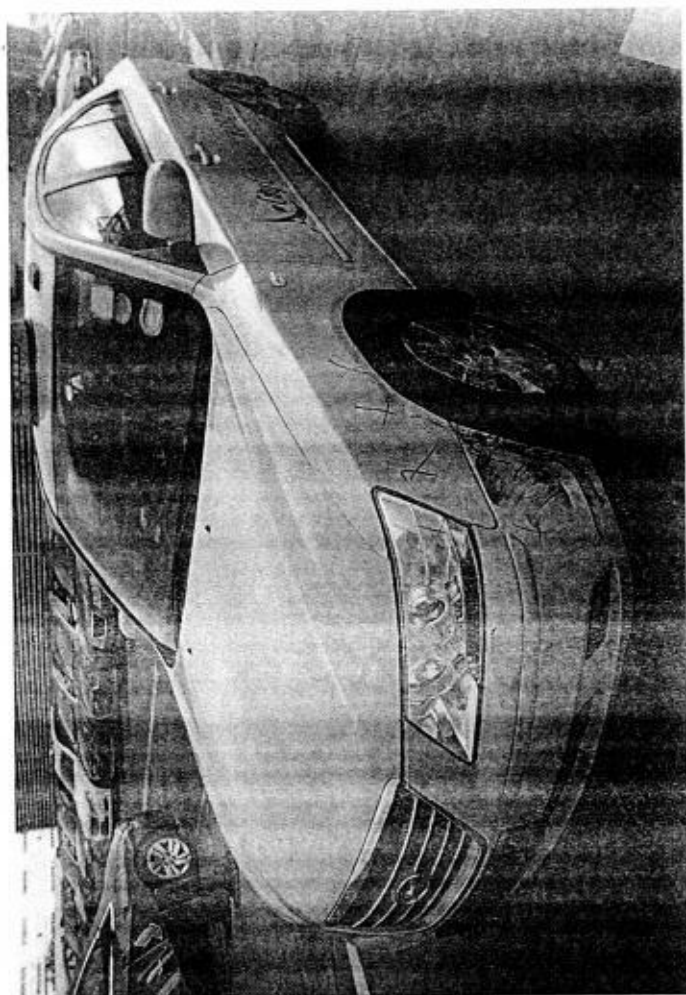
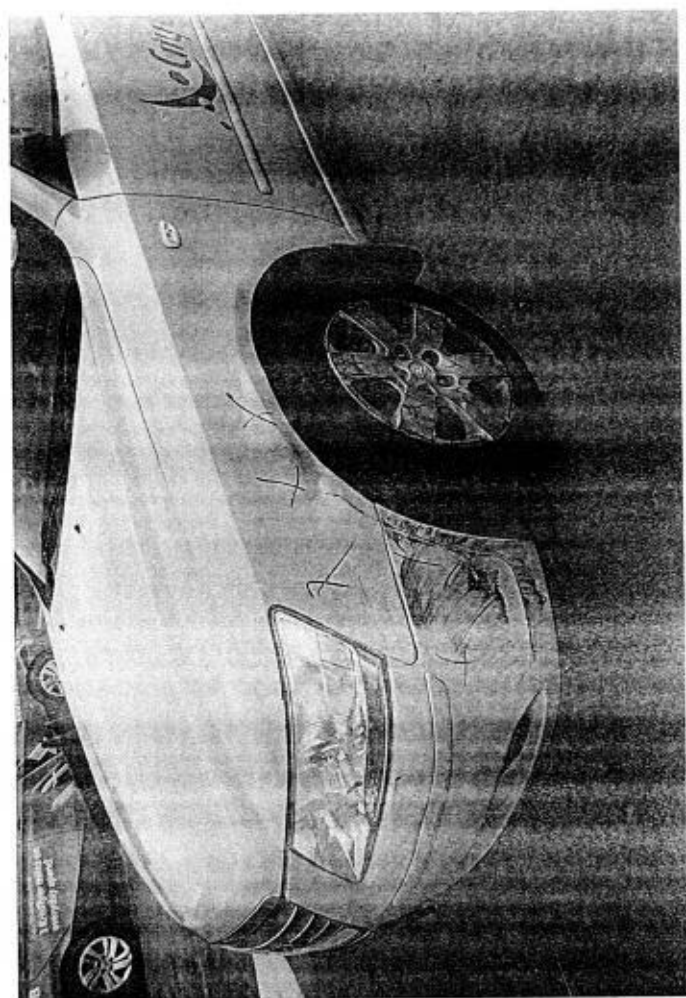
Policyholder's Signature  
Date & Time:

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

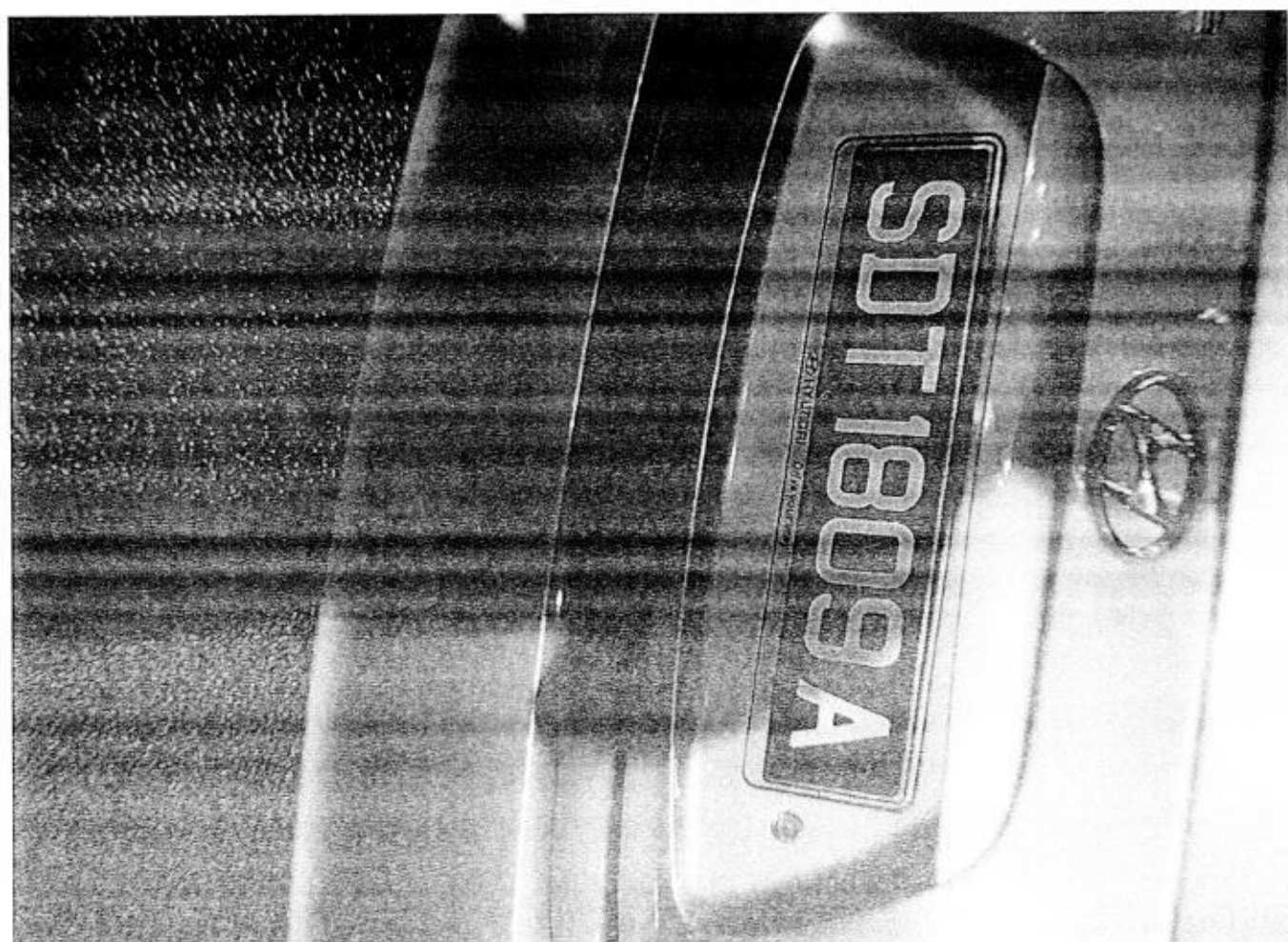
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*SRM Moorthy*  
DSO  
18/8/19









Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305324072

DMER

S CITYCAB PTE LTD  
DMER NO. 7010070  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65551188 (O)

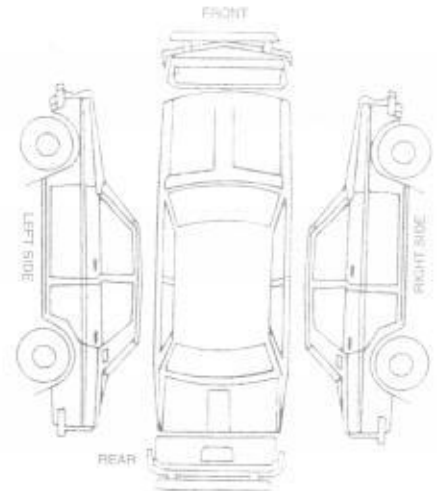
UNIT CARD NO.

REGN NO.	SHC7823K	MILEAGE
MAKE	HYUNDAI	FUEL E.....1/2.....F
MODEL	SONATA	DATE/TIME IN 12.08.2019 10:55
YR OF MANU	18.07.2013	TARGET DATE
CHASSIS CODE	KMHET41VMDA834538	COMPLETION DATE/TIME

Accident Date: 11.08.2019  
NATURE: 3P 11.08.19

JOB DESCRIPTION

3/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHC7823K

JU NTUC LKK

Vehicle No.:

SHC7823K

ervice Advisor

Signature/Date

Name of Service Advisor

Date

ted to Service Reception upon collection

To be kept by Security Guard

**REPAIR ESTIMATE\***

VEHICLE NO : SHC 7823K

DATE 13/8/2019 11:46

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>at</i>			\$ 538.80
	Front Bumper Bracket Top (LH) <i>x m</i>			\$ 22.40
	Front Bumper Protector (LH) <i>x m</i>			\$ 29.20
	Headlamp (LH) <i>x m</i>			\$ 797.90
	Front Fender (LH) — <i>at</i>			\$ 593.00
	Front Fender Apron Panel (LH) <i>x m</i>			\$ 1,120.50
	Front Fender Shield (LH) <i>x m</i>			\$ 86.00
	Front Fender Retainer <i>x m</i>			\$ 9.20
	Front Wheel Hub Cap (LH) — <i>grated</i>			\$ 145.00
	<b>SUB TOTAL</b>			<b>\$ 3,342.00</b>
	<b>LESS 20%</b>			<b>\$ 668.40</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,673.60</b>
	<b>Labour Charge</b>			
	Panel Beating			<i>300</i> \$ <del>800.00</del>
	Spray Painting Charge		<i>400</i>	\$ <del>900.00</del>
	Wiring Charge			\$ <del>50.00</del>
	Tuff Kote			\$ <del>50.00</del>
	FRT Wheel Alignment		<i>21</i>	\$ <del>120.00</del>
	<b>TOTAL LABOUR</b>			<b>\$ 1,920.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 4,593.60</b>
<p><i>Kalin 16/8/19</i></p> <p><i>13/8/19 1430 hrs.</i></p> <p><i>3 Dgys</i></p> <p><i>45</i></p> <p><i>Atk Repair photo</i></p> <div> <ul style="list-style-type: none"> <li>• To display damaged parts during repair</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be approved</li> <li>• is subject to final approval from the insurance company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p> </div>				
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.				

Our Job Ref No 3053240172

Date : 15/08/2019

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

To : LKK

Fax :

Attn : KALVIN

: SHC7823K

Date of Accident : 11/08/19

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

1. The repair job shall bill to: NTUC --- SDT1809A  
###
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% **\$1,400.00**  
**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 amountSignature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

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		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/INC19014108/K1sf3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 21-08-2019	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SDT 1809A	Veh. Inspected	SHC 7823K	
Policy No.	5104094327-01	Coverage (\$)	0.00	
Claim No.	MT/1057496-002	Excess (\$)	0.00	
Assign From		Assign Date	13/08/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	KMHET41VMDA834538	Colour	YELLOW	
Odometer	32416	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	215/60 R16	HANKOOK	7 mm	
L/H Front Tyre	215/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	11/08/2019	Inspection Date	13/08/2019	
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. SHC 7823K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER COVER	CUT	538.80	538.80
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER PROTECTOR (LH)	SERVICEABLE	29.20	-
1	HEADLAMP (LH)	SERVICEABLE	797.90	-
1	FRONT FENDER (LH)	BUCKLED	593.00	593.00
1	FRONT FENDER APRON PANEL (LH)	SERVICEABLE	1,120.50	-
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	86.00	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT WHEEL HUB CAP (LH)	GRAZED	145.00	145.00
	LESS 20% DISCOUNT		-668.40	-255.36
			2,673.60	1,021.44
<b><u>LABOUR</u></b>				
	PANEL BEATING.		800.00	300.00
	SPRAY PAINTING CHARGE.		900.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	30.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,920.00	730.00
<b>GRAND TOTAL</b>			<b>4,593.60</b>	<b>1,751.44</b>

<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>1,400.00</b>
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Report Ref No. NS/INC19014108/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

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