

(08/11/13)

REF:

Surveyor: Kalvin

NS/INC19014499/K25f302

### 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: SDX 7100A  
 Policy No. \_\_\_\_\_  
 Claims No. MT/1058512-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SHB 3883T Yr Regn: 31 Aug 2012  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Mercedes Benz E220 c.c. 2143  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 650657 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WDB 2120022A676752  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Insured / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Insured / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD / Rim or \_\_\_\_\_

(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

Tyre Size: F: 205/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Vestlake  
 Front Rear  
 R/Bal. 7 mm R/Bal. 7 mm  
 L/Bal. 7 mm L/Bal. 7 mm  
 D.O.A. 18/8/19 D.O.I. 19/8/19  
 Survey held at CYGE (Loyang)

CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
n/s Front  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	NO Policy Found
	SDX 7100A = X
	SHB 3883T - 00316051161342/K25f302 D.O.A: 12/07/2016
22/8/19	Inform U/S \$2800 / 2 Pys. ( \$ 2992.40 Red - 52% )
	RECEIVED 25 AUG 2019

Date/Time, File Pass to? 23/08/19  
 : Prell. Report  
 : Final Report

Days Of Repair: 2  
 Resurvey No. of Trip: 1

Date/Time, File Return to?  
 2) \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_ )  
 : Interview (\$ \_\_\_\_\_ )  
 : Tech. Invs (\$ \_\_\_\_\_ )  
 : Weekend (\$ \_\_\_\_\_ )

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS: \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL 160

Report Format:  
 Lump Sum / I.B.I: (\$ 2,900/- / 15)

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

Date: 22/08/2019

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/1058758-002	COMFORT TRANSPORTATION PTE LTD	SHA 7895M	FBK 2466U	19/08/2019	22:20	\$ 8,116.08	\$ 3,400.00
2	MT/1058512-002	CITYCAB PTE LTD	SHB 3883T	SDX 7100A	18/08/2019	12:05	\$ 5,792.40	\$ 2,800.00

Claim received from LKK Auto

**Enquire Vehicle Insurance Details**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SDX7100A	18 Aug 2019 / 12:05:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous      OK

SHB3883T

## 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	19/08/2019 14:12
Date Of Accident	18/08/2019 12:05
Exact Location Of Accident	ROCHOR ROAD TWDS ROCHOR CANAL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3883T
<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	MERCEDES-BENZ
Model	E220
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	YAP CHEE TAM
NRIC No	S1520195I
Date Of Birth	11/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	16/06/1982
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81639263
Fax Number	
Contact Number	
E-Mail Address	SUNYAP388@YAHOO.COM

Address BLK 163 BISHAN STREET 13 #05-166  
 Postcode 570163  
 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) 5

Passenger 1 NAME: : -  
 GENDER: : MALE  
 Passenger 2 NAME: : -  
 GENDER: : FEMALE  
 Passenger 3 NAME: : -  
 GENDER: : MALE  
 Passenger 4 NAME: : -  
 GENDER: : FEMALE

**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 SDX7100A  
 Vehicle Make/Model/Colour  
 Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	JULIA CHIA JIA YING
NRIC/Passport Number	S8541935H
Contact Number	87688587
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT
No. Of Passenger (Including Driver)	

SKETCH PLAN

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. 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.

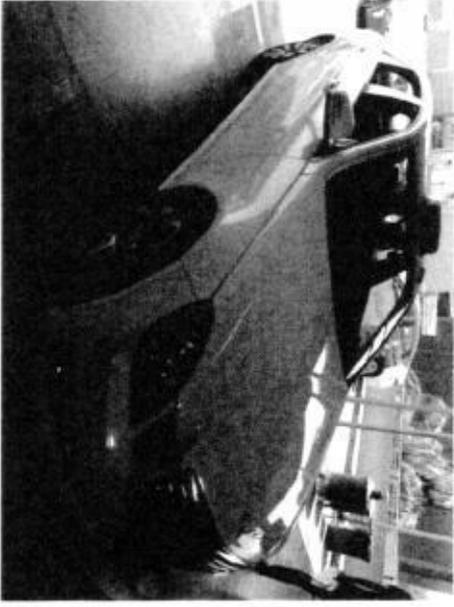
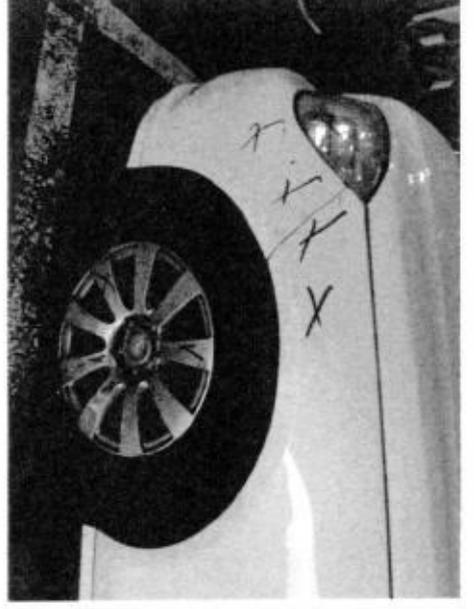
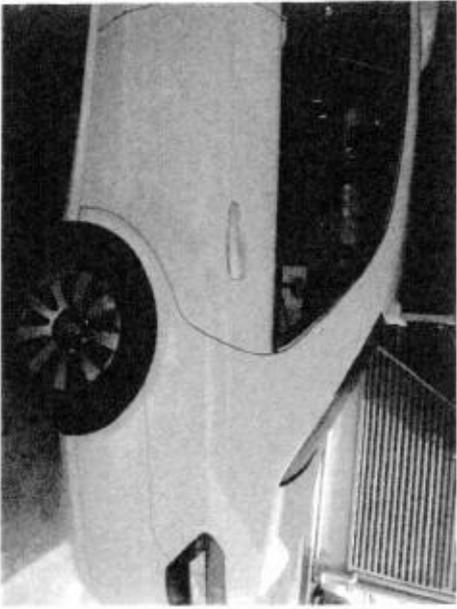
CITYGPD 11E 1111  
CO. REG. NO. 199502F39G

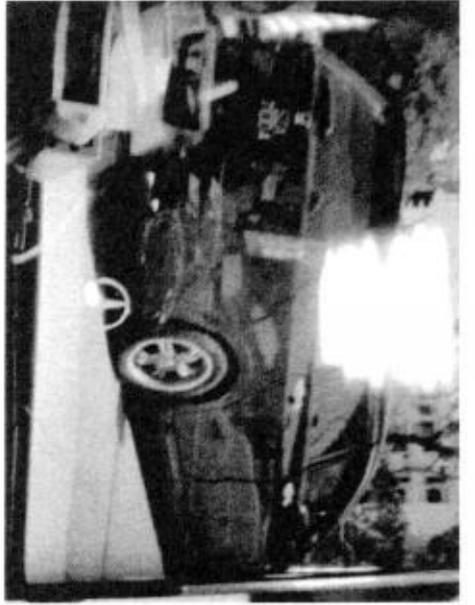
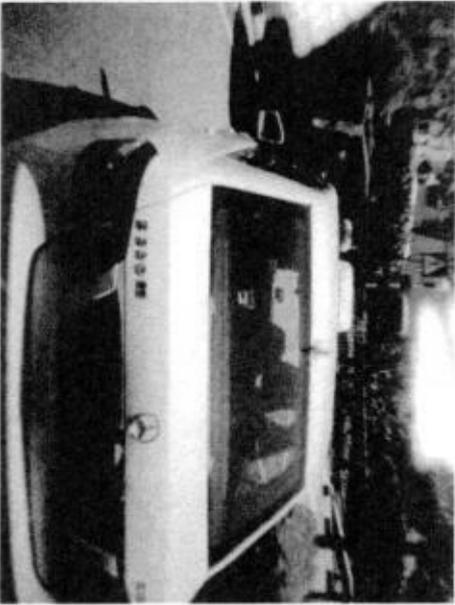
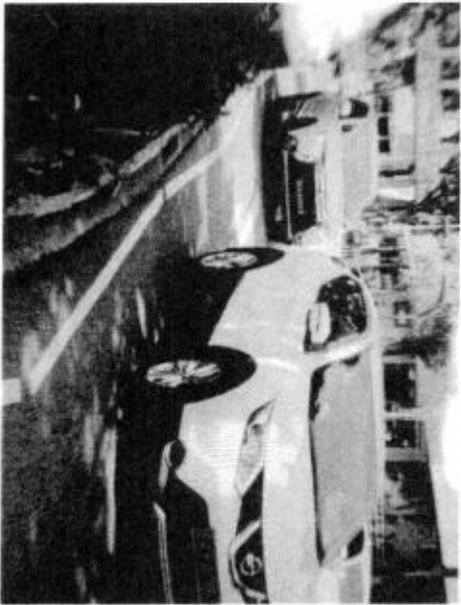
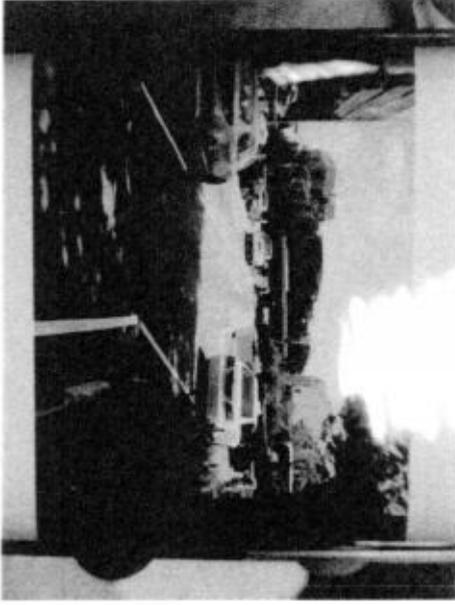
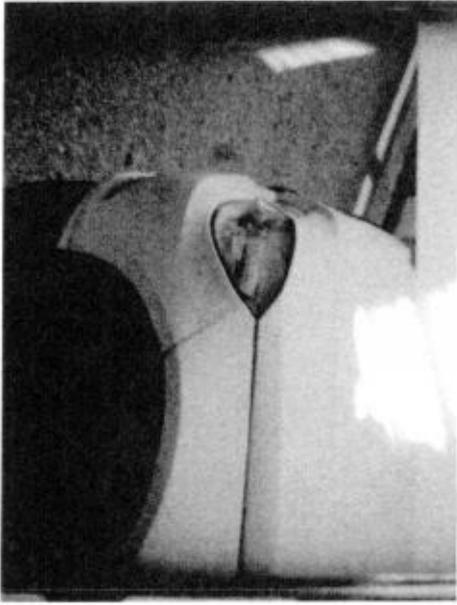
Policyholder's Signature  
Date & Time: 19/8/2019

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19/8/2019

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







A member of COMFORTDELGRO

Date/Time: 19.08.2019 15:27 Page : 1

Team: CK ARC Repair TP(CFS0)1

**JOB CARD**

Sales Order:

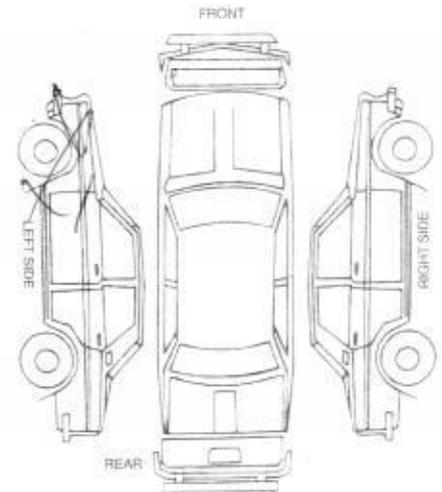
JC NO.: 305325741

CUSTOMER  CITYCAB PTE LTD 7010070 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65551188 TEL (R) (O) (P)	REGN NO. SHB3883T	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL E220CDI (E5)	DATE/TIME IN 18.08.2019 15:30
	YR OF MANUF 31.08.2012	TARGET DATE
	CHASSIS CODE WDB2120022A676752	COMPLETION DATE/TIME:
DISCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 18.08.2019  
NATURE: 3P 18.08.2019

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name: \_\_\_\_\_  
Vehicle No.: SHB3883T                      CHIANG

Vehicle No.: SHB3883T

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

**COMFORTDELGRO ENGINEERING PTE LTD**

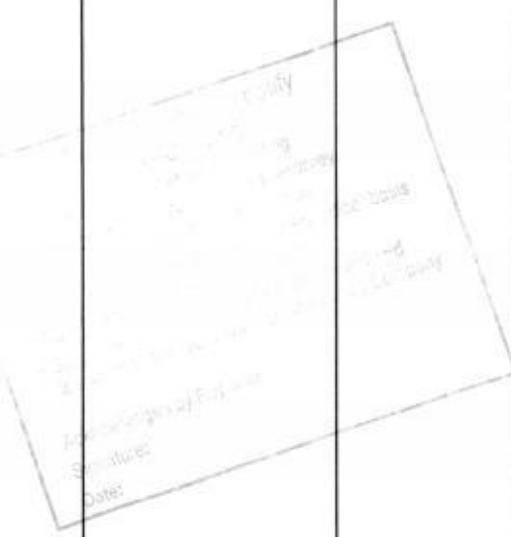
**REPAIR ESTIMATE\***

VEHICLE NO : SHB 3883T

DATE 19/8/2019 15:47

MAKE :

MODEL : MERCEDES

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt <i>x repair</i>			\$ 1,890.50
	Bumper Bracket, Frt/LH <i>x su</i>			\$ 95.00
	Head Lamp Assy (LH) <i>- cut</i>			\$ 2,380.00
	Wheel Rim, LH <i>- handle</i>			\$ 1,250.00
	<i>Front Fender (LH) x repair</i>			
	<b>SUB TOTAL</b>			<b>\$ 5,615.50</b>
	<b>LESS 20%</b>			<b>\$ 1,123.10</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 4,492.40</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>500.00</del> <sup>200</sup>
	Spray Painting Charge			\$ <del>500.00</del> <sup>400</sup>
	Wiring Charge			\$ <del>30.00</del> <sup>20</sup>
	Tuff Kote			\$ <del>50.00</del> <sup>10</sup>
	FRT Wheel Alignment			\$ <del>120.00</del> <sup>10</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 1,300.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,792.40</b>
<p><i>K. Loh (CIC)</i></p> <p><i>19/8/19 1615hrs</i></p> <p><i>2072</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p>				
				
<p>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.</p>				

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305325741  
Date : 21/08/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB3883T

18/08/2019

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

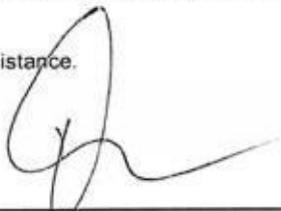
1. The repair job shall bill to: NTUC SDX7100A
2. The finalized amount shall be:
- (a) Spare Parts after List discount \_\_\_\_\_
- (b) Labour Charges \_\_\_\_\_
- Total for Part-By-Part Repair Cost** \_\_\_\_\_
- (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \$2,800.00

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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : Kalvin

Date : 22/8/19

### 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/INC19014499/K1sf3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 26-08-2019
	Code: INC4



### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SDX 7100A	Veh. Inspected	SHB 3883T
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1058512-002	Excess (\$)	0.00
Assign From		Assign Date	19/08/2019

### 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WDD2120022A676752	Colour	WHITE
Odometer	650657	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.
---

### 5. General Information

Accident Date	18/08/2019	Inspection Date	19/08/2019
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. SHB 3883T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BUMPER ASSY,FRT	TO REPAIR SEE LABOUR	1,890.50	-
1	BUMPER BRACKET,FRT/LH	SERVICEABLE	95.00	-
1	HEAD LAMP ASSY (LH)	CUT	2,380.00	2,380.00
1	WHEEL RIM,LH	GRAZED	1,250.00	1,250.00
1	FRONT FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-1,123.10	-726.00
			<b>4,492.40</b>	<b>2,904.00</b>
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BUMPER ASSY,FRT AND FRONT FENDER (LH).		500.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			<b>1,300.00</b>	<b>620.00</b>
<b>GRAND TOTAL</b>			<b>5,792.40</b>	<b>3,524.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>2,800.00</b>

Report Ref No. NS/INC19014499/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.

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.