

(08/11/13)

Surveyor: Kalvin

REF: *

NS/INC19014741/K1Sf3n2

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: SKV 8847APolicy No. 5108744640 (11/04/2019 - 10/04/2020)Claims No. MT/1058925-002

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA2334 Yr Regn: 7 Apr, 2016

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 276365 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB414M4085790

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 / Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 21/8/19 D.O.I. 21/8/19Survey held at C/DHE (Loyang)

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

n/s Rear

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

Date / Time	Action / Instruction
	SKV 8847A : X
	SHA 2334 : CS/FCI/SC/1538/RVDC2 D.O.A: 30/06/2015
23/8/19	Chand 45 \$1200/ 3 by..
	(\$ 1,402.64 Red - 54%)

Date/Time, File Pass to?

29/08/19

1) Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : _____ (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

160

Receipt Format

\$ 1,200/ 45

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5108744640		ANNE SIAH WAH TAN @TAN YING WAH	S1317231E	GPC	drive CLASSIC	SKV8847A	SKV8847A	11/04/2019	10/04/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 28/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
1	MT/1058784-002	COMFORT TRANSPORTATION PTE LTD	SHC2223A	SJR9200S	21/08/2019	\$ 2,251.93
2	MT/1058925-002	CITYCAB PTE LTD	SHA233U	SKV8847A	21/08/2019	\$ 2,602.64
3	MT/1059829-001	COMFORT TRANSPORTATION PTE LTD	SHD3625L	SJH5186D	22/08/2019	\$ 1,933.85
4	MT/1059135-002	COMFORT TRANSPORTATION PTE LTD	SHA4719J	SJR7693R	22/08/2019	\$ 4,284.75
5	MT/1058712-002	COMFORT TRANSPORTATION PTE LTD	SH7169J	SHC6321Z	20/08/2019	\$ 9,545.63
6	MT/1059834-001	COMFORT TRANSPORTATION PTE LTD	SHC1574T	SLE3769C	23/08/2019	\$ 2,011.18

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	21/08/2019 11:58
Date Of Accident	21/08/2019 08:35
Exact Location Of Accident	SIMEI AVE TWDS CHANGI GENERAL HOSPITAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA233U
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	LIM KANG CHUAN
NRIC No	S1549594D
Date Of Birth	12/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	20/03/1980
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97657103
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 861C EDGEDALE PLAINS #04-634
Postcode	823661
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?	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)	2
Passenger 1	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	SKV8847A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIMON CHEN CHIEW KEONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM KANG CHUAN
Approximate Age	57
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SHA233U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

CITYCAB PTE LTD
CO. REG. NO. 199502F39A

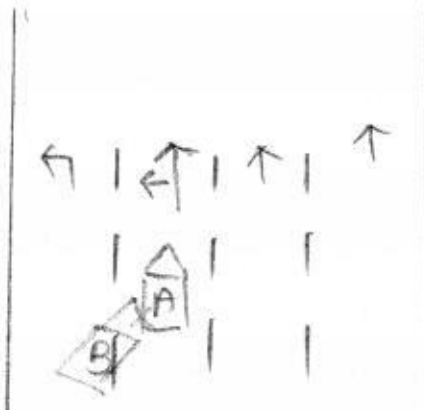
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 21.08.2019@1130HRS

 21/8/19
Reporting Centre Personnel's Signature
Name: Loke Wei Yeng
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



A- SHA 233U
B-SKV 8847A

Along Simei AVE Twds Changi General Hospital

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21.08.2019 @ 0835hrs I was travelling along Simei AVE Twds Changi General Hospital with one female passenger onboard.
As I was travelling straight suddenly veh(B) SKV 8847A cut into my lane and hit onto my vehicle rear left portion.
As it took place too fast I could not take evasive action to prevent the accident.
I have company video and photos at scene to support my claims
After the accident I felt pain on my neck and will consult a doctor later.
Veh(B) SKV 8847A MR Simon Chen Chiew Keong

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: 21.08.2019@1130HRS

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

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

129 Ubi Road Singapore 408799

24 Seroka Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 21.08.2019 12:59

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305326379

COMER

CITYCAB PTE LTD

7010070

COMER NO.

383 SIN MING DRIVE

TESS

Singapore SINGAPORE 575717

65551188

(R)

(O)

(P)

OUNT CARD NO.

REGN NO: SHA 233U

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 21.08.2019 10:30

YR OF MANU 07.04.2016

TARGET DATE

CHASSIS CODE RMHLB41UMGU085790

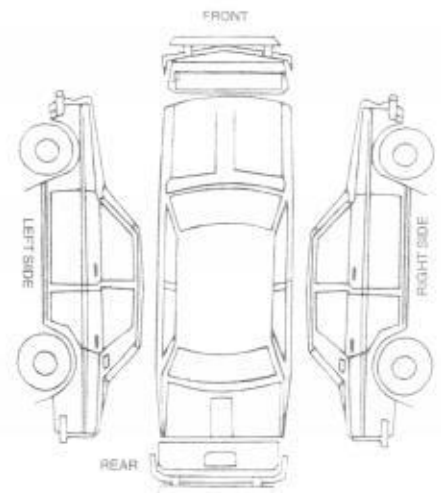
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.08.2019

NATURE: 3P 21.08.19

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHA 233U

LIMITS

Vehicle No.: SHA 233U

Signature/Date

Signature/Date

Name of Service Advisor

Date

CITY CAB PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 233U

MAKE :

MODEL : HYUNDAI i40

DATE 21/8/2019

NTUC-LES. IS
 LKK - Calvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>x open</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>x 22</i>			\$ 22.00	
	Rear Bumper Bracket <i>x 2</i>		\$ 35.60	\$ 71.20	
	Rear Wheel Hub Cap, LH <i>1</i>			\$ 107.10	
	<i>Rear Fender (LH) x repair</i>				
	<i>Rear Door (LH) x repair</i>				
	SUB TOTAL			\$ 753.30	
	LESS 20%			\$ 150.66	
	DISCOUNTED TOTAL			\$ 602.64	
	Rear Bumper Advertisement Logo <i>1</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>2</i>		\$ 100.00	\$ 200.00	Nett
	Rear Door Advertisement Logo (LH) <i>1</i>			\$ 100.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>1</i>			\$ 80.00	Nett
				\$ 430.00	
	Labour Charge				
	Panel Beating-Repair Rear LH Fender & Rear LH Door			\$ 600.00 <i>400</i>	
	Spray Painting Charge			\$ 750.00 <i>600</i>	
	Towing Charge			\$ 60.00 <i>x 2</i>	
	Remove/Refix Reverse Sensor			\$ 80.00 <i>x 2</i>	
	Rear Wheel Alignment			\$ 80.00 <i>x 2</i>	
	TOTAL LABOUR			\$ 1,570.00	
	ESTIMATE TOTAL			\$ 2,602.64	
<p><i>Calvin 100%</i> <i>21/8/19 1345hrs</i> <i>3 Days</i> <i>V/S</i> <i>After Repair photo</i></p> <p><i>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.</i></p>					

Our Job Ref No : 305326379

Date : 23/08/19

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

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA 233U

Date of Accident : 21-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 --- SKV8847A

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%

\$1,200.00

Final Lumpsum Repair cost**\$1,200.00**

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 amountSignature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 23/8/19

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/INC19014741/K1sf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 03-09-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKV 8847A	Veh. Inspected	SHA 233U
Policy No.	5108744640	Coverage (\$)	0.00
Claim No.	MT/1058925-002	Excess (\$)	0.00
Assign From		Assign Date	21/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU085790	Colour	YELLOW
Odometer	276365	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	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

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	21/08/2019	Inspection Date	21/08/2019
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
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**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 233U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR WHEEL HUB CAP,LH	GRAZED	107.10	107.10
1	REAR FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR DOOR (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-150.66	-21.42
			602.64	85.68
SPECIAL NETT ITEMS				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR DOOR ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
			430.00	430.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER,REAR FENDER (LH) AND REAR DOOR (LH).		600.00	400.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	TOWING CHARGE.		60.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,570.00	1,000.00
GRAND TOTAL			2,602.64	1,515.68
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,200.00

Report Ref No. NS/INC19014741/K1sf3n2