

(08/11/13)

Surveyor: KalvinREF: NS/INC No 4898 / K1sf352**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: SHB 8835A

Policy No. _____

Claims No. MT/1058948-002

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 Report: _____ 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: SHC 945M Yr Regn: 104, 213

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

Truck / Trailer or

Make: Maruti Suzuki Vitar c.c. 2143Colour: White A/C: Insured / Std / NI / NASp. Reading: 69 9328 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF 63981323802785

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/60R16C

R: _____

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

TOYO / YOKO or Haruh

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 24/8/19 D.O.I. 23/8/19Survey held at C/DGE (Loyang)

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

Rear n/s.

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

Date / Time	Action / Instruction
	<u>NO Policy</u>
	<u>SHC 945M - NBA / INC 13023597 / S4</u> <u>ROA - 13/12/2013</u> <u>INC 4</u>
	<u>SHB 8835A - CCI 171 190 / 303 / K1Kb3</u> <u>DOB - 04/02/2019</u>
<u>29/8/19</u>	<u>Under 45 \$ 1900 / 2 Reps:</u>
	<u>C \$ 1,905.65 Red - 50% ?</u>

Date/Time, File Pass to?

30/08/191) Typ: 4
Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

TP Claims against NTUC Income: Follow-Through Survey

Date: 29/8/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1059127-002	CITY CAB	SHC 7839R	SLE 2784P
2	MT/1058975-002	COMFORT TRANSPORTATON PTE LTD	SHD 3502H	SLE 7194J
3	MT/1059997-001	COMFORT TRANSPORTATON PTE LTD	SHC 8694J	PA 7328P
4	MT/1059876-002	COMFORT TRANSPORTATON PTE LTD	SHA 2978R	SGJ 2082P
5	MT/1059460-002	CITY CAB	SHD 8538Y	PA 9856T
6	MT/1059252-002	COMFORT TRANSPORTATON PTE LTD	SHC 1969M	SGU 3179E
7	NOT OI	COMFORT TRANSPORTATON PTE LTD	SHC 3795J	RD 6116B
8	MT/1058948-002	CITY CAB	SHC 945M	SHB 8835A
9	MT/1059622-002	COMFORT TRANSPORTATON PTE LTD	SH 8976P	SLK 5510L
10	MT/1059792-002	COMFORT TRANSPORTATON PTE LTD	SHA 5130A	GX 8426T
11	MT/1060017-001	COMFORT TRANSPORTATON PTE LTD	SHD 3260E	FBJ 9363S

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305326877

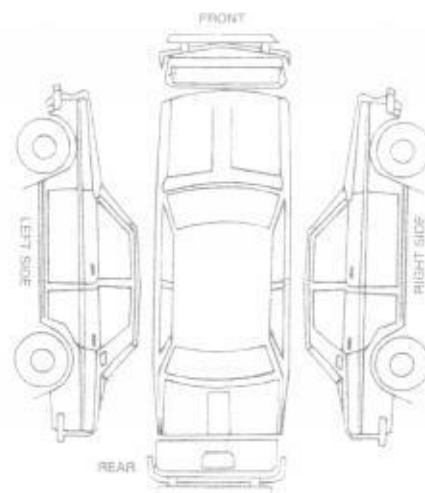
OWNER	REGN NO.: SHC 945M	MILEAGE
IS CITYCAB PTE LTD	MAKE: MERCEDES BENZ	FUEL
7010070		E.....1/2.....F
OWNER NO. 383 SIN MING DRIVE	MODEL VIANO CDI 2.2L	DATE/TIME IN 22.08.2019 15:20
LESS Singapore SINGAPORE 575717	YR OF MANU 11.10.2013	TARGET DATE
65551188 (P) (O)	CHASSIS CODE WDF63981323802785	COMPLETION DATE/TIME:
DUNT CARD NO.		

Accident Date: 22.08.2019

NATURE: 3P 22.08.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHC 945M

JU NTUC LKK

Vehicle No.:

SHC 945M

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	22/08/2019 17:07
Date Of Accident	22/08/2019 12:20
Exact Location Of Accident	BAYFRONT AVE TWDS RAFFLES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC945M
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	MERCEDES-BENZ
Model	VIANO
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	BOON KAN SENG (WEN JINCHENG)
NRIC No	S7100452Z
Date Of Birth	10/01/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1991
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81888451
Fax Number	
Contact Number	
Email Address	BOONKS71@GMAIL.COM

Address	BLK 717 YISHUN STREET 71 #05-329
Postcode	760717
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	COLLISION - HEAD TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGKAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20190822/2080

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	SHB8835A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HENG MENG HOCK
NRIC/Passport Number	S1515911A
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	BOON KAN SENG (WEN JINCHENG)
Approximate Age	48
Injuries Sustain	BACK AND WAIST INJURED. ON 3 DAYS MC.
Injured person in which vehicle?	SHC945M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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.

CITYCAR PTE LTD
CO. REG. NO. 199502F3003

Policyholder's Signature
Date & Time:

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

22/8/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

① 1944-1945
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police report attached

T/20190822/2080

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:



**SINGAPORE
POLICE FORCE**



T/20190822/2080

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 4

Report No. T/20190822/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2019 14:36	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: BOON KAN SENG			Address: APT BLK 717 YISHUN STREET 71 #05-329 SINGAPORE 760717		
ID Type / ID No.: NRIC NO / S7100452Z			Contact No.: Home/Office: Mobile: 81888451		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 10/01/1971	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/08/2019 12:20	Type of Location: Straight Road
Location: Along Road 1 BAYFRONT AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB8835A	Car	KIA	OPTIMA 1.7(A)	Silver		0
SHC945M	Car	MERCEDES BENZ	VIANO 2.2 CDI TREND LONG	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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