

(08/11/13)

Surveyor: KalvinREF: NS/INC19015176/K134302**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: GBE 6923Y
 Policy No. 5107907705 (07/03/2019-06/03/2020)
 Claims No. MT/1060197-002
 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: SHC 493A Yr Regn: 20 Aug 2012
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Sonata C.O. 1991
 Colour: Yellow A/C: Insured / Std / Nil / NA
 Sp. Reading 629592 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KM HET 41VMCA829843
 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 _____
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or West/Le
 Front 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 27/8/19 D.O.I. 27/8/19
 Survey held at C DGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	GBE 6923Y : X
	SHC 493A: CCB/CAI/14016312/H2ph392 D.O.A. 3/10/2014
3/9/19	Gibson 45 \$1750/ 3 hrs. (\$ 1,207.20 Red - 41%)

RECEIVED 03 SEP 2019

Date/Time, File Pass to?

03/09/19
Type

1)

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS SI

Photos

Other

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

Report Format:

\$ 1,750/- HS

TOTAL

160

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="27/08/2019 09:05"/>							
Vehicle No. (For Motor)	<input type="text" value="GBE6923Y"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107907705		HEAVENLY ENGINEERING PTE. LTD.	201333169G	GCV	Comprehensive	GBE6923Y	GBE6923Y	07/03/2019	06/03/2020
<input type="button" value="Continue"/>										

TP Claims against NTUC Income: Follow-Through Survey

Date : 03/09/2019

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/1058072-002	COMFORT TRANSPORTATION PTE LTD	SH 7733E	SJN 6551U	15/08/2019	14:20	\$ 4,483.50	\$ 2,325.72
2	MT/1060197-002	CITYCAB PTE LTD	SHC 493A	GBE 6923Y	27/08/2019	08:55	\$ 2,957.20	\$ 1,750.00
3	MT/1060188-002	COMFORT TRANSPORTATION PTE LTD	SHA 6045G	SKS 3755E	30/08/2019	08:00	\$ 1,590.00	\$ 1,200.00

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	27/08/2019 10:57
Date Of Accident	27/08/2019 08:55
Exact Location Of Accident	PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC493A
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	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	CHUA BENG LEONG
NRIC No	S1527031D
Date Of Birth	06/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1998
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81335562
Fax Number	
Contact Number	
Email Address	BENGLEONG157@GMAIL.COM

Address	BLK 157 MEI LING STREET MEI LING STREET
Postcode	140157
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	GBE6923Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG CHEE WOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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.
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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;

CITYCARB PTE LTD
CO. REG. NO. 199502F 39G

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **Loka Wei Yeng**
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

A- SHC 493A
B-GBE 6923Y

Along Paya Lebar Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

GUTHRIE LTD
REG. NO. 199502F39G

Policyholder's Signature
Date & Time:

Driver's Signature

(If driver is not the policyholder)

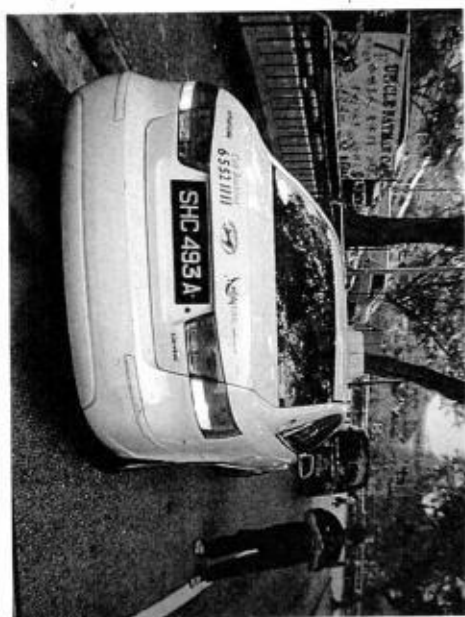
Date & Time: 27.08.2019@1000HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Loke Wei Yeng



A member of COMFORTDELGRO

Date/Time: 27.08.2019 13:32 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305328092

CUSTOMER

REGN NO.:

SHC 493A

MILEAGE

3/MS

CITYCAB PTE LTD

7010070

CUSTOMER NO.

383 SIN MING DRIVE

ADDRESS

Singapore SINGAPORE 575717

L (R)

65551188

(O)

L (P)

NTUC

MAKE :

HYUNDAI

FUEL

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

MODEL

SONATA

DATE/TIME IN

27.08.2019 09:40

YR OF MANU

30.08.2012

TARGET DATE

CHASSIS CODE

KMHET41VMCA829843

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

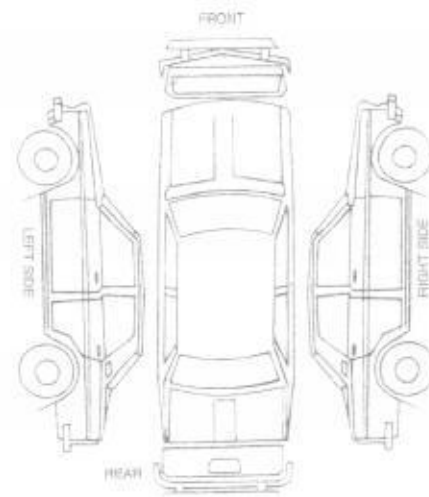
Accident Date: 27.08.2019

NATURE: 3P 27.08.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

3/

0/

File No.:

SHC 493A

LKE

Kalvin

Exit Pass:

Vehicle No.:

SHC 493A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 493A

DATE 27/8/2019 13:04

MAKE :

MODEL : HYUNDAI SONATA

UKK/Kalvin

Like

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 538.80
	Front Bumper Bracket Top (RH)			\$ 22.40
	Front Bumper Protector (RH)			\$ 29.20
	Headlamp (RH)			\$ 797.90
	Front Fender (RH)			\$ 593.00
	Front Fender Shield (RH)			\$ 86.00
	Front Fender Retainer			\$ 9.20
	Front Wheel Hub Cap (RH)			\$ 145.00
	SUB TOTAL			\$ 2,221.50
	LESS 20%			\$ 444.30
	DISCOUNTED TOTAL			\$ 1,777.20
	Labour Charge			
	Panel Beating			\$ 400.00 200
	Spray Painting Charge			\$ 600.00 400
	Wiring Charge			\$ 50.00 20
	Tuff Kote			\$ 50.00 20
	FRT Wheel Alignment			\$ 80.00 40
	TOTAL LABOUR			\$ 1,180.00
	ESTIMATE TOTAL			\$ 2,957.20
<p>Kalvin UKK</p> <p>27/8/19 1420hr.</p> <p>3 Pys</p> <p>4/5</p> <p>After Repair</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 305328092

Date : 02.09.19

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

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHC493A CCPL

27.08.19

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

1. The repair job shall bill to: NTUC --- GBE6923Y
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% \$1,750.00
- Final Lumpsum Repair cost** \$1,750.00

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 amount

Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : Name : KalvinDate : 3/9/19**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/INC19015176/K1sf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 06-09-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBE 6923Y	Veh. Inspected	SHC 493A
Policy No.	5107907705	Coverage (\$)	0.00
Claim No.	MT/1060197-002	Excess (\$)	0.00
Assign From		Assign Date	27/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA829843	Colour	YELLOW
Odometer	629592	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	27/08/2019	Inspection Date	27/08/2019
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 493A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	CRACKED	538.80	538.80
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER PROTECTOR (RH)	TO REPAIR SEE LABOUR	29.20	-
1	HEADLAMP (RH)	CRACKED	797.90	797.90
1	FRONT FENDER (RH)	BUCKLED	593.00	593.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	86.00	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT WHEEL HUB CAP (RH)	SERVICEABLE	145.00	-
	LESS 20% DISCOUNT		-444.30	-385.94
			1,777.20	1,543.76
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER PROTECTOR (RH).		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,180.00	640.00
	GRAND TOTAL		2,957.20	2,183.76
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,750.00

Report Ref No. NS/INC19015176/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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