

eBaoTech

General Claim

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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"/>	S066545467-05		ZAINUDDIN BIN AHMAD	S02631361	GMC	Third Party, Fire & Theft	FBJ5573D	FBJ5573D	08/07/2019	06/07/2020

TP Claims against NTUC Income: Follow-Through Survey

Date: 15/10/2019

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/1066290-002	CITYCAB PTE LTD	SHA 8343H	FBI 5573D	10/10/2019	08:40	\$ 2,350.20	\$ 1,400.00
2	MT/1065971-002	COMFORT TRANSPORTATION PTE LTD	SHD 3675S	SJP 3245M	06/10/2019	11:55	\$ 4,730.53	\$ 3,200.00
	MT/1066309-002	COMFORT TRANSPORTATION PTE LTD	SHD 4662Y	SLB 4313T	09/10/2019	23:40	\$ 5,712.02	\$ 2,900.00

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	10/10/2019 14:42
Date Of Accident	10/10/2019 08:40
Exact Location Of Accident	YISHUN AVE 2 BLK 790 OPEN-AIR CAR PARK.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8343H
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	TOYOTA
Model	PRIUS HYBRID 4G
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	CHEAH YIAH KWEE
NRIC No	S1501031B
Date Of Birth	12/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	18/03/1980
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97340830
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 466B SEMBAWANG DRIVE #07-325
Postcode	752466
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?	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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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

REFER ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

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	FBJ5573D
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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.

CITYCAS PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

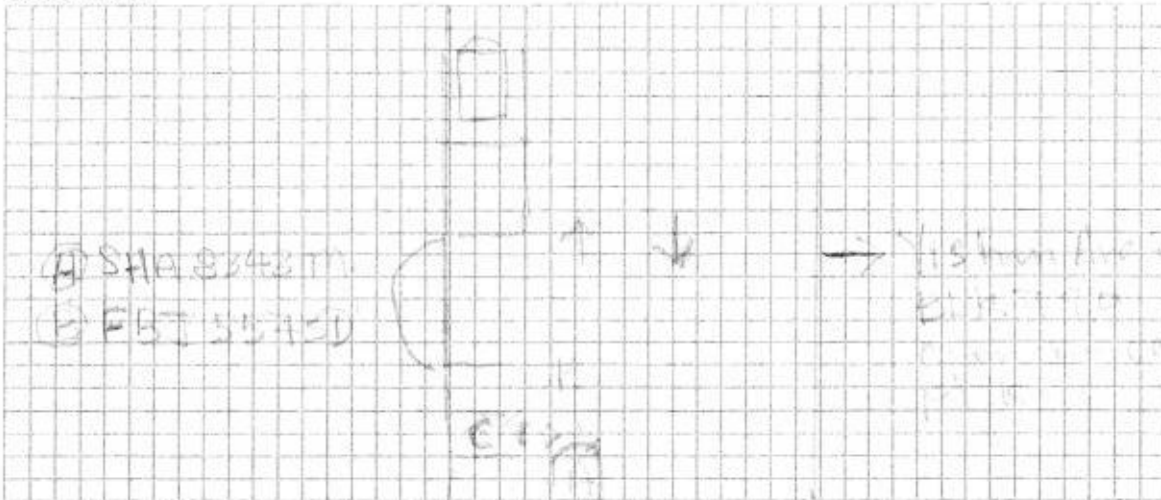
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/RAIC Sketch Plan Form_V2



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/10/2019 at about 0840 hrs, I vehicle A was driving my taxi along Yishun Ave 2 BLK 780 open air car park. After I pick up 3 passengers at HDB car park when I make a left turn I was in the straighten position, vehicle B was push out from a motorcycle lot and I collided onto vehicle B. No one was injured at that time.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 159502239G

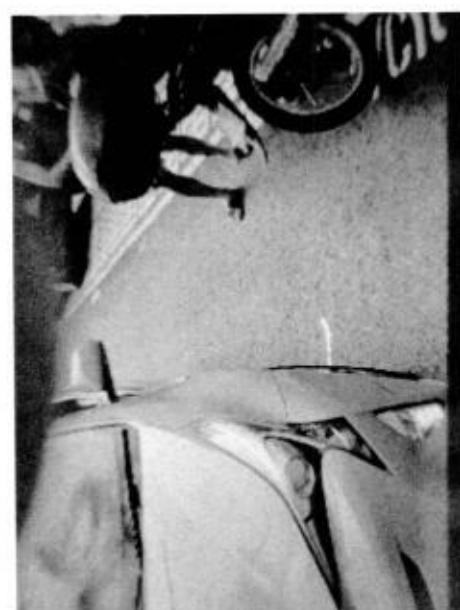
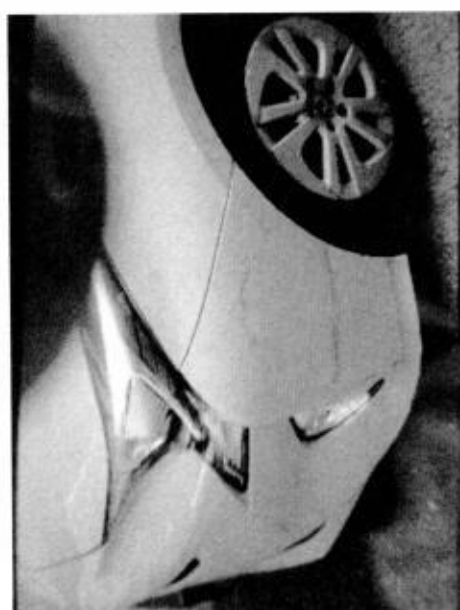
Policyholder's Signature
Date & Time:

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

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

5/10/19/RC SketchPlanForm_2/3

10/10/19
Jackson Hoon
CSO

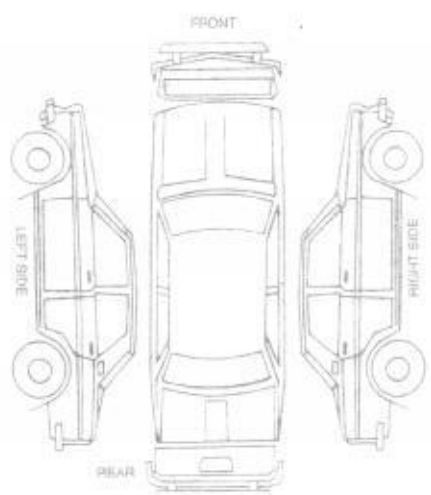


Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO.: 305340319

OWNER CITYCAB PTE LTD 7010070 OWNER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 RESS 65551188 (R) (Q) (P)	REGN NO. SHA8343H MAKE TOYOTA MODEL PRIUS HYBRID(G4) YR OF MANU 31.05.2017 CHASSIS CODE JTDKB3FUX03557012	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 10.10.2019 13:25 TARGET DATE COMPLETION DATE/TIME:
--	---	--

Accident Date: 10.10.2019
NATURE: 3P 10.10.19/C

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
-----------------	----------------------

Engagement Slip	Exit Pass
No.: SHA8343H JU NTUC LKK	Vehicle No.: SHA8343H
f Service Advisor	Name of Service Advisor
Signature/Date	Date
turned to Service Reception upon collection	To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SHA 8343H

MAKE :

MODEL : TOYOTA PRIUS

10/10/2019 15:55

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
LAMP ASSY, FOG, LH <i>hazard</i>			\$ 920.00
FRONT BUMPER COVER <i>on</i>			\$ 499.90
FRONT BUMPER CLIPS <i>see</i>			\$ 22.00
FRONT BUMPER SIDE RETAINER <i>x 500</i>		\$ 77.00	\$ 154.00
FRONT WHEEL HUB CAP (LH) <i>hazard</i>			\$ 177.70
SUB TOTAL			\$ 1,773.60
LESS 25%			\$ 443.40
DISCOUNTED TOTAL			\$ 1,330.20
LABOUR CHARGE			
Panel Beating			\$ 350.00 <i>320</i>
Spray Painting Charge			\$ 500.00 <i>200</i>
Wiring Charge			\$ 50.00 <i>2</i>
FRT Wheel Alignment			\$ 120.00 <i>17</i>
TOTAL LABOUR			\$ 1,020.00
ESTIMATE TOTAL			\$ 2,350.20

*Ka Lin 11/10/19**11/10/19**11/10/19**11/10/19**2 days**4/5**After Repair photo*

Consultants herein
 are not liable for the following
 survey before/after spray
 damaged parts
 prices are subject to
 survey is on a
 modifications
 supplementary items
 subject to final approval
 Acknowledged by Rep
 Signature:
 Date:

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 305340319

Date : 14/10/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA8343H

305333809 10/10/19

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

1. The repair job shall bill to: NTUC --- FBJ5573D
###

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges ###

Total for Part-By-Part Repair Cost

ni

###

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

\$1400.00
~~\$1400.00~~

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 15/10/19

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/INC19018013/K1sf3n2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 17-10-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBJ 5573D	Veh. Inspected	SHA 8343H
Policy No.	5066545467-05	Coverage (\$)	0.00
Claim No.	MT/1066290-002	Excess (\$)	0.00
Assign From		Assign Date	11/10/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FUX03557012	Colour	YELLOW
Odometer	211611	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	DAVANTI	8 mm
L/H Front Tyre	195/65 R15	DAVANTI	8 mm
R/H Rear Tyre	195/65 R15	DAVANTI	8 mm
L/H Rear Tyre	195/65 R15	DAVANTI	8 mm

4. Description of Damages

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

5. General Information

Accident Date	10/10/2019	Inspection Date	11/10/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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. SHA 8343H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	LAMP ASSY, FOG, LH	GRAZED	920.00	920.00
1	FRONT BUMPER COVER	CRACKED	499.90	499.90
10	FRONT BUMPER CLIPS	NECESSARY	22.00	22.00
2	FRONT BUMPER SIDE RETAINER @\$77.00	SERVICEABLE	154.00	-
1	FRONT WHEEL HUB CAP (LH)	GRAZED	177.70	177.70
	LESS 25% DISCOUNT		-443.40	-404.90
			1,330.20	1,214.70
LABOUR				
	PANEL BEATING.		350.00	320.00
	SPRAY PAINTING CHARGE.		500.00	200.00
	WIRING CHARGE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,020.00	540.00
GRAND TOTAL			2,350.20	1,754.70
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,400.00

Report Ref No. NS/INC19018013/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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