

(08/11/13)

Surrey: Kelvin

REF:

NS/INC 19018836/KHf3 n2

## 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: SMC 99174

Policy No. 5104.771936-01 (21/10/2019-21/10/2020)

Claims No. MT/1068954-001

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHC 641P Yr Regn: 'Apr 2019

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 84625 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB3F4503079954

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 / A/Rim or

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or Davanti

Front Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 22/10/19 D.O.I. 23/10/19

Survey held at C/DHE (Loyang)

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

2/3 Frnt

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

Date / Time Action / Instruction

SHC 641P - CSI FC19018836/KHf3n2

DOA - 02/09/2019

INC

SMC 99174 - X

22/10/19 CHS P/P \$1479.95 / 2 hrs. (Red. 267.86; 15%)

RECEIVED 3 OCT 2019

30/10/2019

Date/Time, File Pass to?

☐ : Prel. Report

1) 30/10 Typist

☒ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_

Photos

eBaoTech

GeneralClaim

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="22/10/2019 08:40"/>
Vehicle No.(For Motor)	<input type="text" value="SME8917Y"/>	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"/>	S104771936-01		ABOUL RAHIM	S2691338A	GPC	drive PREMIUM	SME8917Y	SME8917Y	22/10/2019	21/10/2020

# TP Claims against NTUC Income: Follow-Through Survey

Date : 29/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1068730-002	CITYCAB PTE LTD	SHA 9598H	SDL 8198A	24/10/2019	9:30	\$ 3,298.05
2	MT/1068954-001	CITYCAB PTE LTD	SHC 641P	SME 8917Y	22/10/2019	17:05	\$ 1,997.81
3	MT/1068042-002	CITYCAB PTE LTD	SHC 7350H	GW 4714T	21/10/2019	19:20	\$ 7,744.10
4	MT/1067890-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 7881C	S 2710CD	20/10/2019	18:00	\$ 3,622.72

Claim received from LKK

# COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6290 9755

### Workshops

59 Loyang Drive Singapore 508669

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 600386

100 Upper Macao Road Singapore 300086

24 Serangoon Loop Singapore 756155

7 Sengkang Kadu Way Singapore 728791

301 Yishun Industrial Park A Singapore 768730

Date/Time: 23.10.2019 14:16

Page : 1

Team: ARC Repair TP(CFSO)1

## JOB CARD

Sales Order:

JC NO.: 305343762

TOMER  
CITYCAB PTE LTD  
7010070  
TOMER NO. 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
RESS 65551188  
(R)  
(P)

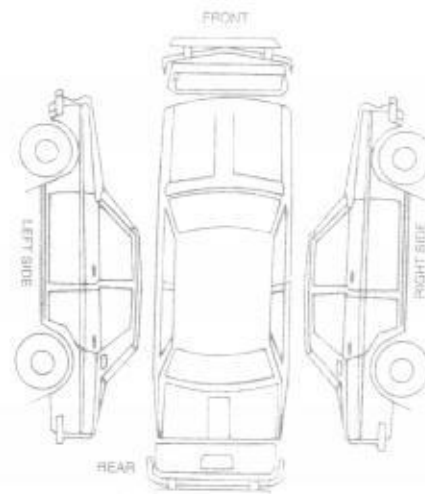
REGN NO. SHC 641P	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 23.10.2019 16:20
YR OF MANU 01.04.2019	TARGET DATE
CHASSIS CODE JTDKB3FU503079954	COMPLETION DATE/TIME

OUNT CARD NO.

Accident Date: 22.10.2019  
NATURE: 3P 22.10.19

## JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

SHC 641P LIMTS

Vehicle No.: SHC 641P

Service Advisor

Signature/Date

Name of Service Advisor

Date

med 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	23/10/2019 11:34
Date Of Accident	22/10/2019 17:05
Exact Location Of Accident	WELD RD TWDS JALAN BESAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC641P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	199502839G
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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	TOH LIK HUA
NRIC No	S1408758C
Date Of Birth	19/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86882552
Fax Number	
Contact Number	
Email Address	LIKHUA8758@GMAIL.COM

Address	547 14-154 SERANGOON NORTH AVENUE 3
Postcode	550547
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

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

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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

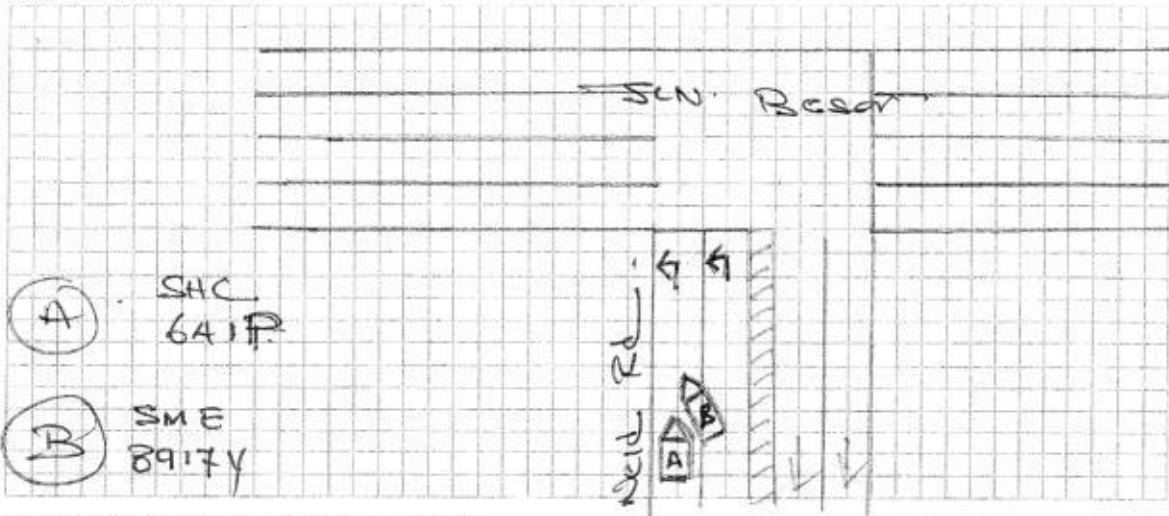
Vehicle Registration Number	SME8917Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police

Report:- 5/20191023/2038

DECLARATION

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

CITYCAB PTE LTD  
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/20191023/2038

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20191023/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/10/2019 10:06	Vide Report No.:	Station Diary No.: 36
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Informant's Particulars			
Name of Informant: TOH LIK HUA		Address: APT BLK 547 SERANGOON NORTH AVENUE 3 #14-154 SINGAPORE 550547	
ID Type / ID No.: NRIC NO / S1408758C		Contact No.: Home/Office: Mobile: 86882552	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 19/07/1960	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/10/2019 17:05	Type of Location:
Location: Along Road 1 WELD ROAD				
TURNING TOWARDS JALAN BESAR				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color.	Condition	No of Passenger
SHC641P	Car				Slightly Damaged	3

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SME

89171/



**SINGAPORE  
POLICE FORCE**



T/20191023/2038

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20191023/2038

**CONTINUATION OF REPORT**

Driver			
Name	TOH LIK HUA	ID No.	S1408758C
Related Vehicle	SHC641P (Car)	Contact No.	86882552
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 22/10/2019 at about 5.03pm, I was driving along Weld Road when suddenly a red vehicle sideswiped the right portion of my vehicle and drove away. I pressed my honk a few times to alert him but the said driver did not stop and continued driving off. I had 3 passengers on board and all of them including myself was not injured at the point of accident. I have in-car camera in my vehicle and it recorded the accident however the registration plate number was not visible. I wish to state that it was a male driver driving the red vehicle.



**SINGAPORE  
POLICE FORCE**



T/20191023/2038

3 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20191023/2038

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 S EVA SHERRIENA BINTI S AFFINDY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/10/2019 10:06
Officer In Charge Of Case: TP / HRT / X SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168	



SINGAPORE  
POLICE FORCE

SIGNATURE

NTUC-CPI/P)

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010070  
 ADDRESS : CITYCAB PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65551188

JOB NO : 305343762  
 REGN NO : SHC 641P  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 01.04.2019  
 DATE/TIME IN : 23.10.2019 16:20  
 ACCIDENT DATE : 22.10.2019

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0302-0573-G	FRONT FENDER RH	1	933.10 25.00 699.82
0002	04-01-0302-2297-G	FRT FENDER (HYBRID) RH	1	53.50 25.00 40.12
0003	04-01-0302-2292-A	FRONT BUMPER	1	490.50 25.00 367.87

SUB-TOTAL : 1,107.81

## JOB NATURE

0000	PB	PANEL BEATING
0001	SP	SPRAYPAINT AFFECTED AREAS
0002	20-00	TUFF COAT ON AFFECTED PARTS.

350.00 ~~520~~  
~~500~~  
~~400~~  
 40.00 20

SUB-TOTAL : 640.00

TOTAL : 1,747.81

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
 DATE :

SURVEYOR NAME & SIGNATURE  
 DATE :

Kalin ICKK

23/10/19 15:55L

2 By

P/P

Before Paint photo

Auto Compensation notice

Notice of the following

• To apply for compensation, you must first notify the surveyor.

• This party (the insured) must not be involved in any accident.

• No legal proceedings shall be taken against the insurer.

Subject to the above, the insurer shall be liable to pay the sum of

Acknowledged by Repairer

Signature:

Date:

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305343762  
REGN NO : SHC 641P  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 01.04.2019  
DATE/TIME IN : 23.10.2019 16:20  
ACCIDENT DATE : 22.10.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-0573-A FRT FENDER RH 1 933.10 25.00 699.82

0002 04-01-0302-2297-G FRT FENDER (HYBRID) RH 1 53.50 25.00 40.12

SUB-TOTAL : 739.94

## JOB NATURE

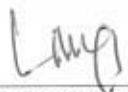
0000 PB PANEL BEATING 320.00

0001 SP SPRAYPAINT AFFECTED AREAS 400.00

0002 20-00 TUFF COAT ON AFFECTED PARTS. 20.00

SUB-TOTAL : 740.00

TOTAL : 1,479.94

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE : AUTHORIZED : YES / NO

Our Job Ref No : 305343762

Date : 25/10/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC 641P

Date of Accident : 22-Oct-19

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

1. The repair job shall bill to: NTUC --- SME8917Y
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$739.945
  - (b) Labour Charges \$740.00
  - Total for Part-By-Part Repair Cost \$1,479.945**
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%  
**Final Lumpsum Repair cost**

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 amountSignature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 29/10/19

## 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		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/INC19018836/K1tf3n2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 31-10-2019	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SME 8917Y	Veh. Inspected	SHC 641P
Policy No.	5104771936-01	Coverage (\$)	0.00
Claim No.	MT/1068954-001	Excess (\$)	0.00
Assign From		Assign Date	23/10/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU503079954	Colour	YELLOW
Odometer	84625	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	22/10/2019	Inspection Date	23/10/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
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. SHC 641P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT FENDER RH	BUCKLED NECESSARY TO REPAIR SEE LABOUR	933.10	933.10
1	FRONT FENDER (HYBRID) RH		53.50	53.50
1	FRONT BUMPER		490.50	-
	LESS 25% DISCOUNT		-369.28	-246.65
			1,107.82	739.95
	<b><u>LABOUR</u></b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		350.00	320.00
	SPRAYPAINT AFFECTED AREAS.		500.00	400.00
	TUFF COAT ON AFFECTED PARTS.		40.00	20.00
			890.00	740.00
GRAND TOTAL			1,997.82	1,479.95
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,479.95

Report Ref No. NS/INC19018836/K1tf3n2

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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