

(08/11/23)

Gomez: Kelvin

REF: NSI/NC19018938/KIVF312

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD (TP) NS / TP RES / OD RES / EVA / INV / MV

To Insp'd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SDL 8198APolicy No. 5087356595-02 (02/02/2019-06/02/2020)Claims No. MT/106ST30-002

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: SH A 9598H

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

Truck / Trailer or

Make: Toyota PriusColour: YellowSp. Reading: 36675

Eng/No: _____

C/No: JTRKDJF47035774

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Parent:

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 24/10/19Survey held at C/DHE (Loyang)Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or o/s body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

29/10/19 SH A 9598H - CC3/AIG 19018938/KIVF312

29/10/19 SDL 8198A - CC3/AIG 1701466/362

29/10/19 CLT 43 \$1050 / 2 hrs. (Red 3498.05, 709)

RECEIVED 3 OCT 2019

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 30/10 - typist

☐ : Preli. Report☐ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐

Site Insp (\$

Interview (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

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

eBaoTech

General Claim

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 IRIIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5087756595-02		CHOO KHECK CHONG	S0048574H	GPC	Third Party, Fire & Theft	SOL8198A	SOL8198A	07/02/2019	06/02/2020

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 24/10/2019 11:23
 Date Of Accident 24/10/2019 09:30
 Exact Location Of Accident SCOTTS ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA9598H
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 LUA ENG LEE
 NRIC No S1382860A
 Date Of Birth 04/01/1959
 Occupation OUTDOOR
 Date Of Driving Pass 22/11/1976
 Driving Experience 42 YEARS AND 11 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98211974
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	BLK 301 HOUGANG AVENUE 5 #06-467
Postcode	530301
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

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	SDL8198A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage LH FRONT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LUA ENG LEE
Approximate Age
Injuries Sustain NECK AND SHOULDER
Injured person in which vehicle? SHA9598H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

IMPORTANT NOTICE

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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.
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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.

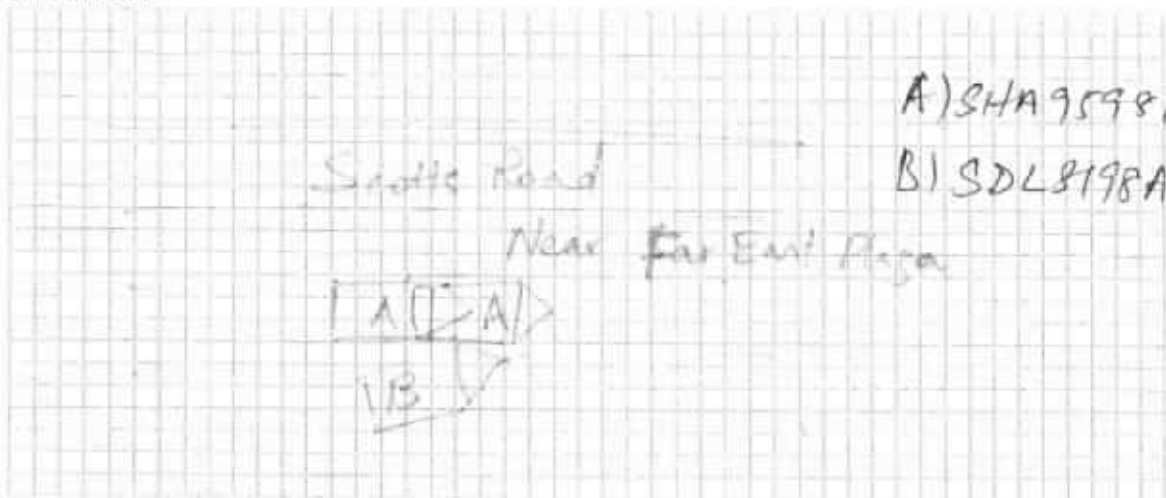
CITYCAB PTE LTD
CO. REG. NO. 189802330G

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:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/10/19 at about 0930hr while I Veh A was travelling along lane 2, Veh B from lane 1 filtered onto my lane and collided onto my whole right side. I felt pain on my neck + shoulder. I will be consulting the doctor.

DECLARATION

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

CITYCAR 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 Signature
Name
NRIC/Pass No.

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO: 305343867

TOMER

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

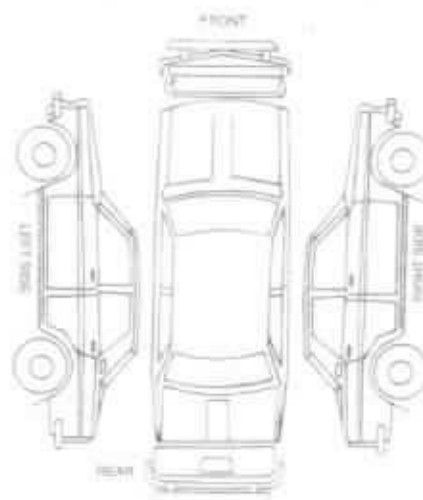
OUNT CARD NO:

REGN NO:	SHA9598H	MILEAGE
MAKE:	TOYOTA	FUEL
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN
YR OF MANU	31.05.2017	TARGET DATE
CHASSIS CODE	JTDEB3FU703557341	COMPLETION DATE/TIME

Accident Date: 24.10.2019
NATURE: 3P 24.10.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No. SHA9598H

JU NTUC LKK

Vehicle No.:

SHA9598H

I Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD
 REPAIR ESTIMATE
 VEHICLE NO : SHA 9598H
 MAKE :
 MODEL : TOYOTA PRIUS

24/10/2019 13:11

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FENDER SUB-ASSY, FRONT RH <i>X Repair</i>			\$ 945.30
FRONT FENDER SHIELD, RH <i>X</i>			\$ 196.60
FRONT FENDER SHIELD CLIP <i>X</i>			\$ 38.00
FRONT FENDER HYBRID EMBLEM, RH <i>see</i>			\$ 53.50
PANEL SUB-ASSY, FRONT DOOR, RH <i>X Repair</i>			\$ 1,264.00
<i>Rear Fender (RH) X repair</i>			
<i>Wing Mirror (RH) X repair</i>			
<i>Rear Door (RH) X repair</i>			
SUB TOTAL			\$ 2,497.40
LESS 25%			\$ 624.35
DISCOUNTED TOTAL			\$ 1,873.05
FRONT DOOR COMFORT LOGO <i>ndc</i>		<i>ndc</i>	\$ 75.00
REAR DOOR COMFORT & APPS STICKER <i>ndc</i>		<i>ndc</i>	\$ 80.00
			\$ 155.00
LABOUR CHARGE			
Panel Beating			\$ 320
Spray Painting Charge			\$ 350.00
Tuff Kote			\$ 50.00 <i>1000 800</i>
Transfer of Door			\$ 120.00 <i>X m</i>
TOTAL LABOUR			\$ 1,270.00
ESTIMATE TOTAL			\$ 3,298.05

NETT
 NETT

3548.05

Kalin (Cldk)
24/10/19 1505h
2 Pys
4s
After Repair photo

• That is
 • No Regret
 • Supplementary
 is subject to final approval
 Acknowledged by Repairer
 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.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305349867
Date : 25/10/2019

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHA9598H

Fax :

24/10/2019

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

1. The repair job shall bill to: NTUC --- SDL8198A
###
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% \$1,050.00
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 amount

Signature :
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature :
Name : Kakin
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		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/INC19018938/K1vf3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 31-10-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SDL 8198A	Veh. Inspected	SHA 9598H	
Policy No.	5087756595-02	Coverage (\$)	0.00	
Claim No.	MT/1068730-002	Excess (\$)	0.00	
Assign From		Assign Date	24/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU703557341	Colour	YELLOW	
Odometer	360735	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	7 mm	
L/H Front Tyre	195/65 R15	DAVANTI	7 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	24/10/2019	Inspection Date	24/10/2019	
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.				
5b. Estimate Days of Repair				
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 8315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9598H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FENDER SUB-ASSY,FRONT RH	TO REPAIR SEE LABOUR	945.30	-
1	FRONT FENDER SHIELD,RH	SERVICEABLE	196.60	-
1	FRONT FENDER SHIELD CLIP	NOT NECESSARY	38.00	-
1	FRONT FENDER HYBRID EMBLEM,RH	NECESSARY	53.50	53.50
1	PANEL SUB-ASSY,FRONT DOOR,RH	TO REPAIR SEE LABOUR	1,264.00	-
1	REAR FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	WING MIRROR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 25% DISCOUNT		-624.35	-13.38
			1,873.05	40.12
<u>SPECIAL NETT ITEMS</u>				
1	FRONT DOOR COMFORT LOGO (SN)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORT & APPS STICKER (SN)	NECESSARY	80.00	80.00
			155.00	155.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FENDER SUB-ASSY,FRONT RH,PANEL SUB-ASSY,FRONT DOOR,RH,REAR FENDER (RH),WING MIRROR (RH) AND REAR DOOR (RH).		350.00	320.00
	SPRAY PAINTING CHARGE.		1,000.00	800.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	TRANSFER OF DOOR.	NOT NECESSARY	120.00	-
			1,520.00	1,120.00
GRAND TOTAL			3,548.05	1,315.12
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,050.00

Report Ref No. NS/INC19018938/K1vf3n2



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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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