

(08/11/13)

Surveyor: Kalvin

REF: NS/INC 1901917/KH4322

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: SGW 7227mPolicy No. 507683606-03 (19/01/2019-18/01/2020)Claims No. MT/1068735-002

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: SHA 81912 Yr Regn: 9 Jan, 2019Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 108506 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 5T0K83F4603078151Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 Pavanti

Front

Rear

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 27/10/19 D.O.I. 30/10/19Survey held at C/DHE (Loyang)

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

O/S Rev

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

Date / Time	Action / Instruction
31/10/19	<u>Calculated PIP \$960.85 / 2 Rys. (Red: 180; 15%) INC</u>
	<u>SHA 81912 - CS / FCJ 14015071 / T/m 301 D.O.A - 20/10/2014 PIP</u>
	<u>SGW 7227m - NA / INC 09020229 / CL D.O.A, 17/07/2019</u>

RECEIVED 01 NOV 2019

Date/Time, File Pass to?

☐ : Prell. Report1) 1/11 Typist☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Survey Fee: 160

Transportation: _____

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

Photos _____

160

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="27/10/2019 08:45"/>							
Vehicle No. (For Motor)	<input type="text" value="SGW7227M"/>	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"/>	5076836706-03		CHU SIEW MUN	S0444176A	GPC	Third Party, Fire & Theft	SGW7227M	SGW7227M	19/01/2019	18/01/2020
<input type="button" value="Continue"/>										

TP Claims against NTUC Income: Follow-Through Survey

Date 1/11/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1069493-001	CITYCAB	SHA 9726E	PC 4717J
2	MT/1068995-002	COMFORT TRANSPORTATON PTE LTD	SHC 8566X	SFW 59P
3	MT/1069496-001	COMFORT TRANSPORTATON PTE LTD	SHC 1912B	SLM 9867X
4	MT/1068724-002	COMFORT TRANSPORTATON PTE LTD	SHA 1917Z	FBQ 4764P
5	MT/1068659-002	COMFORT TRANSPORTATON PTE LTD	SHA 4979A	GBJ 5355S
6	MT/1068638-002	COMFORT TRANSPORTATON PTE LTD	SH 7495S	SLG 6634C
7	MT/1068735-002	CITYCAB	SHA 8191D	SGW 7227M

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 8280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508669
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768736

A member of COMFORTDELGRO

Date/Time: 29.10.2019 16:41

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305344910

TOMER

VAR:

REGN NO.: SHA8191D	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 28.10.2019 10:30
YR OF MANU. 09.01.2019	TARGET DATE
CHASSIS CODE JTDKB3FU603078151	COMPLETION DATE/TIME:

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (O)

COUNT CARD NO.

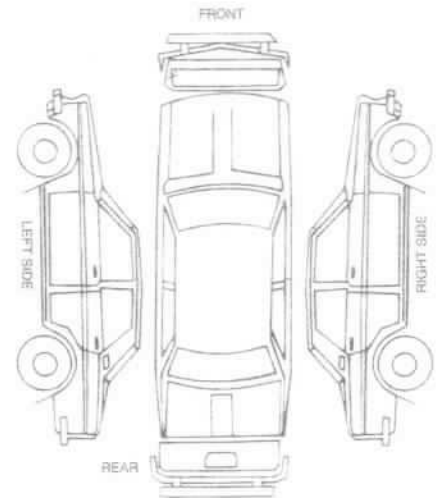
JOB DESCRIPTION

Accident Date: 27.10.2019
NATURE: 3P 27.10.2019 (C)

S/NO LABOR CODE

DESCRIPTION

NOTNC - Right Rear
LKK/Kami -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHA8191D

LARRY

Vehicle No.:

SHA8191D

Larry Ng

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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	29/10/2019 15:43
Date Of Accident	27/10/2019 13:15
Exact Location Of Accident	BLK 69 HDB AT TELOK BLANGAH HEIGHTS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8191D
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	SIM HUN HO
NRIC No	S0688996D
Date Of Birth	31/05/1952
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1973
Driving Experience	46 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96798198
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 169 LORONG 1 TOA PAYOH #11-1070
Postcode	310169
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)	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

REFER ATTACHED * TYPE OF ACCIDENT :- BOTH PARTIES REVERSED

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	SGW7227M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHU SIEW MUN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR LH
No. Of Passenger (Including Driver)	

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.
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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

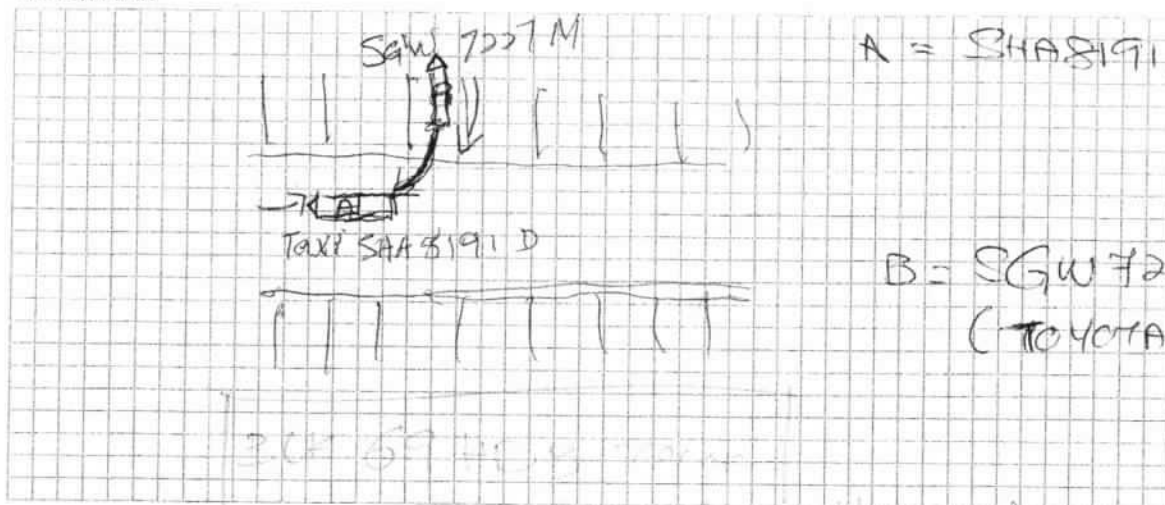
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 24 OCT 2016



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per g/l ac head

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.: 29 OCT 2009

Describe Circumstances of the Accident.

On the 27/10/2019 @ about 13:15hrs, I was driving towards Blk 69 HDB at Telok Blangah Heights with no passenger on board my taxi.

As I was reversing onto the open space car park suddenly there's an impact on my right rear of my taxi. I step out to checked and found out a vehicle of SGW7227M left rear had collided onto my taxi.

No injury reported at the point of accident.

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

Witnessed by Reporting
Centre Personnel

29 OCT 2019

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305344910

Date : 31. Oct. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA8191D

Date of Accident: 27. Oct. 2019

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

1. The repair job shall bill to: NTUC SGW7227M

2. The finalized amount shall be:

(a) Spare Parts after List discount \$410.45

(b) Labour Charges \$550.00

Total for Part-By-Part Repair Cost \$960.45

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 31/10/19

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				
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 31.10.2019
Time: 08:51:55
Page: 1

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

JOB NO : 305344910
REGN NO : SHA8191D
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 09.01.2019
DATE/TIME IN : 28.10.2019 10:30
ACCIDENT DATE : 27.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-1150-A	PRIG4 BUMPER PROTECTOR MA	1	50.00	0.00	50.00
0002 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0003 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50

SUB-TOTAL : 410.45

JOB NATURE

0000 PB	PANEL BEATING	320.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 L	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 550.00

TOTAL : 960.45

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

REPAIR ESTIMATE

29/10/2019 16:50

MAKE :

MODEL : TOYOTA PRIUS

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	REAR BUMPER — <i>CRA</i>			\$ 458.60
	REAR BUMPER CLIPS — <i>rec</i>			\$ 22.00
	SUB TOTAL			\$ 480.60
	LESS 25%			\$ 120.15
	DISCOUNTED TOTAL			\$ 360.45
	REAR BUMPER RUBBER MAT — <i>rec</i>			\$ 50.00
	LABOUR CHARGE			
	Panel Beating			\$ 350.00 <i>320</i>
	Spray Painting Charge			\$ 250.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>X 77</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>30</i>
	TOTAL LABOUR			\$ 730.00
	ESTIMATE TOTAL			\$ 1,140.45

Kalvin 11/10/19

M 3-10/19 1110 L

2 Pys

PIP

Before Paint photo

Larry Ng

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.


**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/INC19019217/K1tf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 06-11-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGW 7227M	Veh. Inspected	SHA 8191D	
Policy No.	5076836706-03	Coverage (\$)	0.00	
Claim No.	MT/1068735-002	Excess (\$)	0.00	
Assign From		Assign Date	30/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	JTDKB3FU603078151	Colour	YELLOW	
Odometer	108506	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 O/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	27/10/2019	Inspection Date	30/10/2019	
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 6315

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 8191D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	CRACKED	458.60	458.60
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 25% DISCOUNT		-120.15	-120.15
			360.45	360.45
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	<u>LABOUR</u>			
	PANEL BEATING.		350.00	320.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			730.00	550.00
	GRAND TOTAL		1,140.45	960.45
RECOMMENDED COST OF REPAIRS (CONFIRMED)				960.45

Report Ref No. NS/INC19019217/K1tf3e2

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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