

10-15 Ram

NS/INC19021707/Fed3 1/2

ASSIGNMENT

Name:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

of

Insured: SKH 175G

Policy No. 5106679391 (28/12/2018 - 14/12/2019)

Claims No. MT/1075165-002

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: 2 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 970P

Reg No: 11/10/2013

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

Truck / Trailer or

Make:

mercedes Benz viano cc 2143

Colour:

white

A/C: Insured / Std / NI / NA

Sp Reading

659727

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDF63981323807836

Gen. 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: 225 / 60 R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal

6 mm

R/Bal

6 mm

L/Bal

6 mm

L/Bal

6 mm

D.O.A

06/12/2019

D.O.I

9/12/19

Survey held at

confrontation (wayang)

Des. of Damages

Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt

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

Date / Time

Action / Instruction

SKH 175G X

SHC 970P X

PIP repair: \$550/-

2 repair days

confirm on 12/12/19

RECEIVED 12 DEC 2019

Date / Time, File Pass to:



Prel. Report



Final Report

12/12/19

Date / Time, File Return to:

Days Of Repair: 2

Resurvey No. of Trip:

Arbit Fee:



Site Insp \$



Interview \$



Tech. Insp \$



Final Insp \$

Survey Fee:

Transportation

\$ + FS \$

11/10/13

11/10/13

11/10/13

11/10/13

Report Follow-up

Report Follow-up

TP 550/-

160

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.		Date of Accident	08/12/2019 08:52							
Vehicle No. (For Motor)	SKH175G	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	S1D6679391		TAN KIM PHAI	S1442262E	GPC	drive PREMIUM	SKH175G	SKH175G	28/12/2018	14/12/2019
Continue										

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1075394-001	COMFORT TRANSPORTATON PTE LTD	SHC 2469H	SJT 5730U
2	MT/1074777-002	COMFORT TRANSPORTATON PTE LTD	SH 6630A	SKM 6171B
3	MT/1075406-001	COMFORT TRANSPORTATON PTE LTD	SHC 8640P	SLA 1089R
4	MT/1074478-002	COMFORT TRANSPORTATON PTE LTD	SHC 1410H	SLQ 8451Y
5	MT/1075409-001	COMFORT TRANSPORTATON PTE LTD	SHC 1641H	GBA 7033E
6	MT/1074726-002	COMFORT TRANSPORTATON PTE LTD	SHA 2230P	SLD 1411C
7	MT/1075165-002	CITYCAB	SHC 970P	SKH 175G
8	MT/1075410-001	COMFORT TRANSPORTATON PTE LTD	SHC 3860D	SGL 2656Z

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	09/12/2019 08:35
Date Of Accident	06/12/2019 19:00
Exact Location Of Accident	STAMFORD RD TWDS FORT CANNING TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC970P
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	MERCEDES-BENZ
Model	VIANO

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	MOLI SEAH RONG HIANG
NRIC No	S8311170D
Date Of Birth	13/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	10/10/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98898749
Fax Number	
Contact Number	
Email Address	IRENESEAH96@GMAIL.COM

Address	BLK 503 ANG MO KIO AVENUE 5 #02-3768
Postcode	560503
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)	7
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : FEMALE
Passenger 5	NAME: : - GENDER: : FEMALE
Passenger 6	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

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

SKH175G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ALVIN LIM CHENG JI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

RIGHT REAR

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.
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 lodging 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 (POPA)

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.

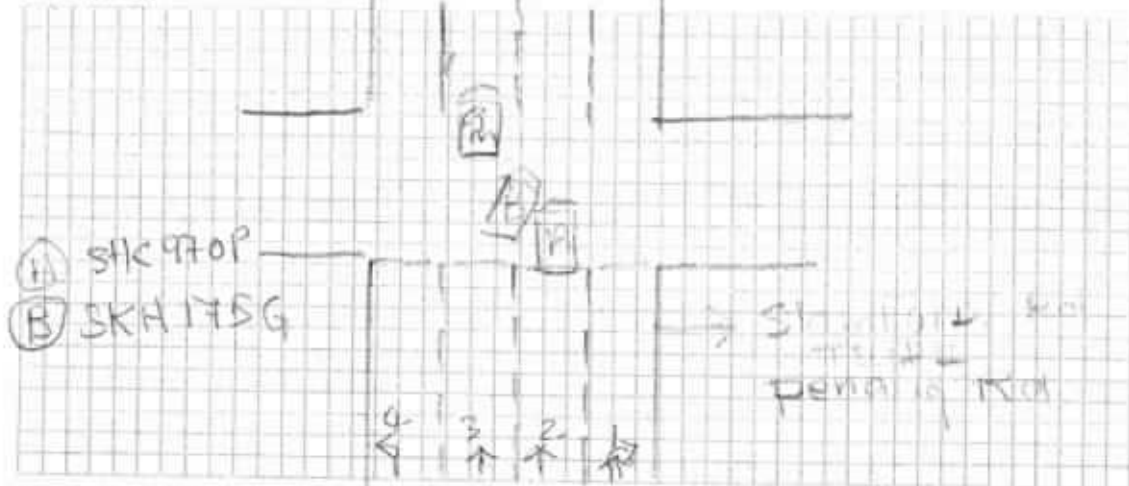
Policyholder's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name: _____
NASC/EIN No. _____

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/12/2019 at about 1700 hrs, I vehicle A was driving my taxi along Stamford road toward Penang Rd on the second lane. At the third lane the ambulance was jam half way. Then vehicle B on lane three cuts into lane 2 brush against vehicle A left front corner.

DECLARATION

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

CITYCAB LTD
CO REG NO. 130500730G

Policyholder's Signature
Date & Time:

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

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

7/12/19 09:44
R. S. S. S. S.

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

305 Braddell Road Singapore 119071

Hotline: + 65 6380 6282 Fax: + 65 6380 9036

Workshops

59 Looeong Drive Singapore 100808

383 Sin Ming Drive Singapore 571717

45 Pandan Road Singapore 060086

220 Lorong 5 Singapore 100209

14 Serangoon Road Singapore 556119

7 Geylang Road Singapore 399071

101 Vantage Industrial Park A Singapore 609911

Date/Time: 09.12.2019 09:09 Page

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3975704

JC NO.: 305361

CUSTOMER

MR/MS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL (R) 65551188 (O)

DISCOUNT CARD NO.

REGN NO: SHC 970P

MILEAGE 038

MAKE: MERCEDES BENZ

FUEL E 1/2

MODEL VIANO CDI 2.2L

DATE/TIME IN 07.12.2019 2

YR OF MANU 11.10.2013

TARGET DATE

CHASSIS CODE WDP63981323807836

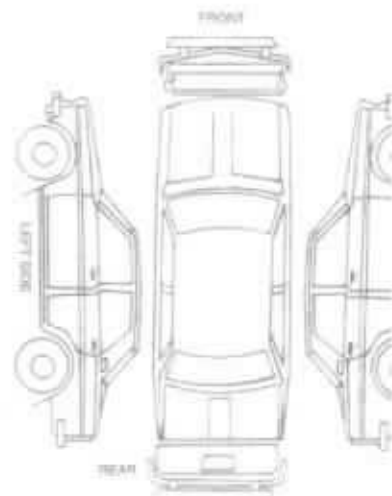
COMPLETION DATE

JOB DESCRIPTION

Accident Date: 06.12.2019
NATURE: 3P 06.12.19

S/NO LABOR CODE
000010 23-01

DESCRIPTION
TOWING FEE



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:

IC No.:

Vehicle No.: SHC 970P

JU NTUC LKK

Exit Pass

Vehicle No.:

SHC 970P

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 970P

DATE 9/12/2019 10:42

MAKE :

MODEL : MERCEDES BENZ VIANO

Netur - Ju
Usam

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper, FRT X(R)			\$ 1,920.00
	Bumper Bracket, FRT/LH XMM			\$ 66.00
	SUB TOTAL			\$ 1,986.00
	LESS 20%			\$ 397.20
	DISCOUNTED TOTAL			\$ 1,588.80
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	TOTAL LABOUR			\$ 600.00
	ESTIMATE TOTAL			\$ 2,188.80
Ram (LKK) 10/12/19 9/12/19 1300 Buraqum@Ltrauto.com SS622778 hp 2 repair days get repair photo (49)				
LKK Auto Consultants hence notify the Repairer of the following: • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company 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.				

Our Job Ref No 305360035

Date : 11/12/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC 970P

06/12/19

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

1. The repair job shall bill to: NTUC --- SKH175G
###
2. The finalized amount shall be:

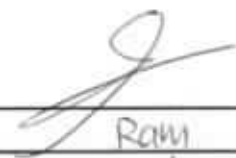
(a) Spare Parts after List discount	0		\$0.00	
(b) Labour Charges	###		\$550.00	
Total for Part-By-Part Repair Cost			\$550.00	
			###	
NI				
(c) Lumpsum Repair (if applicable)				
Total for Lumpsum repair cost after Less:	20%			
Final Lumpsum Repair cost				

Pir Uploads

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 : RAM
Date : 12/12/19

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: 52963356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19021707/Ftd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 24-12-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKH 175G	Veh. Inspected	SHC 970P
Policy No.	5106679391	Coverage (\$)	0.00
Claim No.	MT/1075165-002	Excess (\$)	0.00
Assign From		Assign Date	09/12/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ VIANO	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDF63981323807836	Colour	WHITE
Odometer	659727	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/60 R16	PIRELLI	6 mm
L/H Front Tyre	225/60 R16	PIRELLI	6 mm
R/H Rear Tyre	225/60 R16	PIRELLI	6 mm
L/H Rear Tyre	225/60 R16	PIRELLI	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	06/12/2019	Inspection Date	09/12/2019
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. SHC 970P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER ,FRT	TO REPAIR SEE LABOUR	1,920.00	-
1	BUMPER BRACKET ,FRT /LH	NOT NECESSARY	66.00	-
	LESS 20% DISCOUNT		-397.20	-
			1,588.80	-
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BUMPER ,FRT .		350.00	350.00
	SPRAY PAINTING CHARGE.		250.00	200.00
			600.00	550.00
GRAND TOTAL			2,188.80	550.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				550.00

Report Ref No. NS/INC19021707/Ftd3n2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

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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