

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SKG 5918C
 Policy No. _____
 Claims No. M1/1075678-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHD 8592T Yr Regn: 15/01/2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai I40 cc 1685
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 223402 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMT1B410M3U9571C
 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: 205/60 R16
 R: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	X

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Harpoon
 Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 13/12/19 D.O.I. 16/12/19
 Survey held at comfort+150 (26709)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Date / Time	Action / Instruction
	by policy
	SKG 5918C - X
	SHD 8592T OS/2NC 190221 72/Fqf3 n2 OCA: 15/01/2019
	<u>\$1000 = (LIS) cited \$490, 33%.</u>
	<u>2 repair days</u>
	<u>confirm on 19/12/19</u>
	<u>19/12/2019</u>
	RECEIVED 20 DEC 2019

Date/Time, File Pass to? : Prel. Report
 : Final Report
 Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$) : Interview (\$) : Tech. Insp (\$) : Weekend (\$)
 Report Format: TP
 Lump Sum / H.R.: 1000
 Survey Fee: _____
 Transporter: _____
 Photos: _____
 Other: _____
 TOTAL: 160

TP Claims against NTUC Income: Follow-Through Survey

Date : 19/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1070321-003	SMRT TAXI PTE LTD	SHB 1246X	SJZ 4609M	07/11/2019	7:45	\$ 37,101.81
2	MT/1076107-002	COMFORT TRANSPORTATION PTE LTD	SHA 6956C	SLR 3535S	15/12/2019	3:10	\$ 1,949.26
3	MT/1075678-002	CITYCAB PTE LTD	SHD 8582T	SKG 5918C	13/12/2019	17:40	\$ 1,490.00

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKG591BC	13 Dec 2019 / 17:40:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)

[OK](#)

SHD 83 827

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	14/12/2019 12:36
Date Of Accident	13/12/2019 17:40
Exact Location Of Accident	ALONG PASIR RIS DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8582T
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	HYUNDAI
Model	I40
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	LIM SAY YAM
NRIC No	S0021815D
Date Of Birth	25/11/1951
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1974
Driving Experience	45 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97810137
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 113 TAMPINES STREET 11 #02-137
Postcode	521113
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : -
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGI N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20191214/2036

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	SKG5918C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KEE WEI
NRIC/Passport Number	
Contact Number	97410660
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM SAY YAM
Approximate Age	68
Injuries Sustain	GIDDY.ON 3 DAYS MC.
Injured person in which vehicle?	SHD8582T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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 (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.

CITYCAR RENTAL
CO. REG. NO. 131002340C



Olivia Ver... 

Policyholder's Signature
Date & Time:

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

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

FORM 1 (Rev. 1/2018)

1 1 2 1 3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report

Ⓢ T/2019/214/2036

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/FIN No: 15 0117 2018



**SINGAPORE
POLICE FORCE**



T/20191214/2036

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20191214/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2019 10:20	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: LIM SAY YAM		Address: APT BLK 113 TAMPINES STREET 11 #02-137 SINGAPORE 521113	
ID Type / ID No.: NRIC NO / S0021815D		Contact No.: Home/Office: Mobile: 978101374	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 25/11/1951	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2019 17:40	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS DRIVE 8				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD8582T	Car				Slightly Damaged	1
SKG5918C	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191214/2036

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20191214/2036

CONTINUATION OF REPORT

Driver			
Name	LIM SAY YAM	ID No.	S0021815D
Related Vehicle	SHD8582T (Car)	Contact No.	97810137#
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	14/12/2019	Date Discharge	14/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Ng Kee Wei	ID No.	NIL
Related Vehicle	SKG5918C (Car)	Contact No.	97410660
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 13/12/2019 at 1740hrs, I was driving on the outer most left lane. There no traffic. At that point in time it was raining. Out of a sudden, I feel a bang at the rear of my vehicle. I sat in the car for 10-15mins as I was feeling giddy. Later I step out and exchange our details. My passenger was not injured. My vehicle suffered rear bumper damage. I went to Ansar Clinic and received 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20191214/2036

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3
Report No. T/20191214/2036

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 / Sr Staff Sgt DZULHILMI BIN OMAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/12/2019 10:20
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP166	



Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305367141

OWNER

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

REGN NO.: SHD8582T	MILEAGE
MAKE: HYUNDAI	FUEL E. 1/2 F
MODEL I-40	DATE/TIME IN 14.12.2019 11:25
YR OF MANUF. 15.09.2016	TARGET DATE
CHASSIS CODE: KMLB41UM3U093776	COMPLETION DATE/TIME

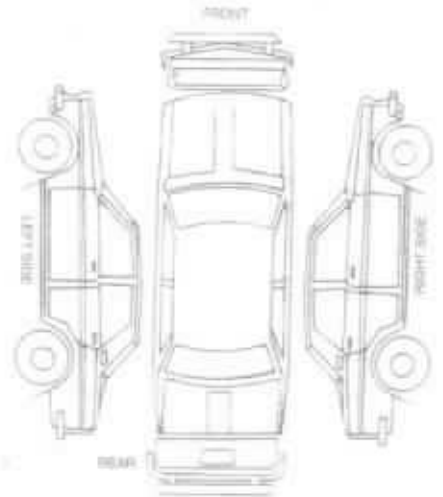
UNIT CARD NO.

JOB DESCRIPTION

Accident Date: 13.12.2019

NATURE: 3P 13.12.19

S/NO LABOR CODE DESCRIPTION



ID & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

SHD8582T

JU NTUC LKK

Vehicle No.:

SHD8582T

Service Advisor

Signature/Data

Name of Service Advisor

Date

Handed to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No 305367141

Date : 17/12/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHD8582T

5367141 13/12/2019

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

1. The repair job shall bill to: NTUC --- SKS5918C
###

2. The finalized amount shall be:

(a) Spare Parts after List discount SC

(b) Labour Charges ###

Total for Part-By-Part Repair Cost

###

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

\$1,000.00

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 : RAM

Date : 19/12/19

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19022172/Fqf3n2			
73 BRAS BASAH ROAD		Date: 24-12-2019	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKG 5918C	Veh. Inspected	SHD 8582T
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1075678-002	Excess (\$)	0.00
Assign From		Assign Date	16/12/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093776	Colour	YELLOW
Odometer	323402	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	13/12/2019	Inspection Date	16/12/2019
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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 8582T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CUT	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-115.00	-115.00
			460.00	460.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
<u>LABOUR</u>				
	PANEL BEATING.		350.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR .		80.00	30.00
			730.00	510.00
GRAND TOTAL			1,490.00	1,270.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,000.00

Report Ref No. NS/INC19022172/Fqf3n2


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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