

TP Claims against NTUC Income: Follow-Through Survey

Date 23/12/2019

S/N	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1075645-002	COMFORTDELGRO ENGINEERING PTE LTD	SHB 6722E	SLQ 5076S	12/12/2019
2	MT/1075436-002	CITYCAB PTE LTD	SHC 972J	SKX 996U	11/12/2019

eBaoTech

Hello, NAC_PAYA_UBI_800601

General Claim

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/12/2019 11:37"/>
Vehicle No.(For Motor)	<input type="text" value="SKX996U"/>	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 checked="" type="radio"/>	5108764259		NG YOU HAN	S8240344B	GPC	drive PREMIUM	SKX996U	SKX996U	16/04/2019	15/04/2020
<input type="button" value="Continue"/>										

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	12/12/2019 14:37
Date Of Accident	11/12/2019 22:15
Exact Location Of Accident	SENGKANG WEST ROAD X YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC972J
Insured/Policyholder	
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	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	TANG TIM FOO
NRIC No	S7017578I
Date Of Birth	01/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1992
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86931444
Fax Number	
Contact Number	
Email Address	KELVINTANG@GMAIL.COM

Address 230B 07-21 TAMPINES ST 24
Postcode 525230
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) 5
Passenger 1
NAME: : -
GENDER: : MALE
Passenger 2
NAME: : -
GENDER: : FEMALE
Passenger 3
NAME: : --
GENDER: : MALE
Passenger 4
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] CHANGKAT NPP
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 SKX996U
Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG YOU HAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TANG TIM FOO

Approximate Age

49

Injuries Sustain

SHOULDER,KNEE

Injured person in which vehicle?

SHC972J

Were seat belts worn?

YES

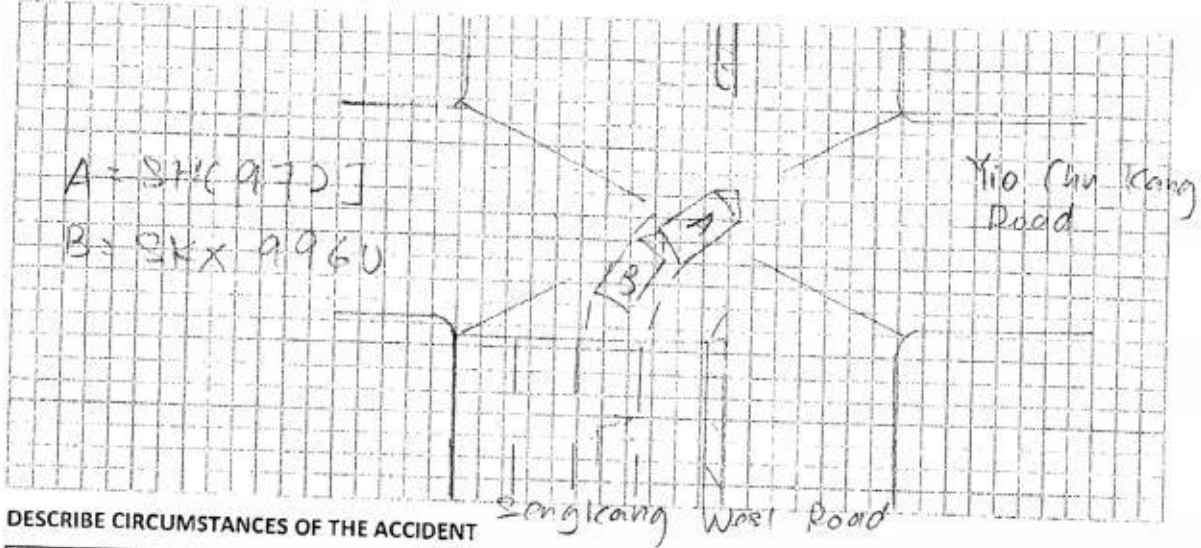
Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to attached police report.


T/ 20191212 / 2056

DECLARATION

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

CITYCAB PTE LTD
 CO-REG-NO-199502830
 Policyholder's Signature
 Date & Time:


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

 12/12/19
 Reporting Centre Personnel's Signature
 Name: Loke Wei Yieng
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20191212/2056

1 of 4

Report No. T/20191212/2056

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2019 12:34		Vide Report No.:	Station Diary No.: 10
Informant's Particulars			
Name of Informant: TANG TIM FOO		Address: APT BLK 230B TAMPINES STREET 24 #07-21 SINGAPORE 525230	
ID Type / ID No.: NRIC NO / S7017578I		Contact No.: Home/Office: Mobile: 86931444	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 01/06/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2019 22:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SENGKANG WEST ROAD YIO CHU KANG ROAD Along Sengkang West Road, turning right to Yio Chu Kang Rd				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
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
SHC972J	Car				Slightly Damaged	4
SKX996U	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191212/2056

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 4

Report No. T/20191212/2056

CONTINUATION OF REPORT

Driver			
Name	TANG TIM FOO	ID No.	S7017578I
Related Vehicle	SHC972J (Car)	Contact No.	86931444
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG YOU HAN	ID No.	S8240344B
Related Vehicle	SKX996U (Car)	Contact No.	NIL
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
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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 11/12/2019 at around 10:15pm, I was driving my taxi along Sengkang West Road, turning right to Yio Chu Kang Rd. The traffic light was green in my favour, my vehicle was stationary as I was waiting for traffic the opposite side to clear. As I was waiting, I felt a bang from the rear of my vehicle. I immediately came down to check my vehicle, the other driver also came down to check the vehicle. The rear vehicle (SKX996U) had bumped into my rear bumper, and it almost fell off. We exchanged particulars, I then drove off my vehicle to complete the trip.

I checked with my passenger whether they had any injuries, they said they were not sure, and will check tomorrow morning. I felt discomfort in my shoulders and knee this morning, thus I went to see doctor, who then gave me 3 days MC. I do not know the cost of the damage as it has not been brought to the workshop. There is in-vehicle recording in my car, and my company (ComfortDelgro) will check it.



**SINGAPORE
POLICE FORCE**



T/20191212/2056

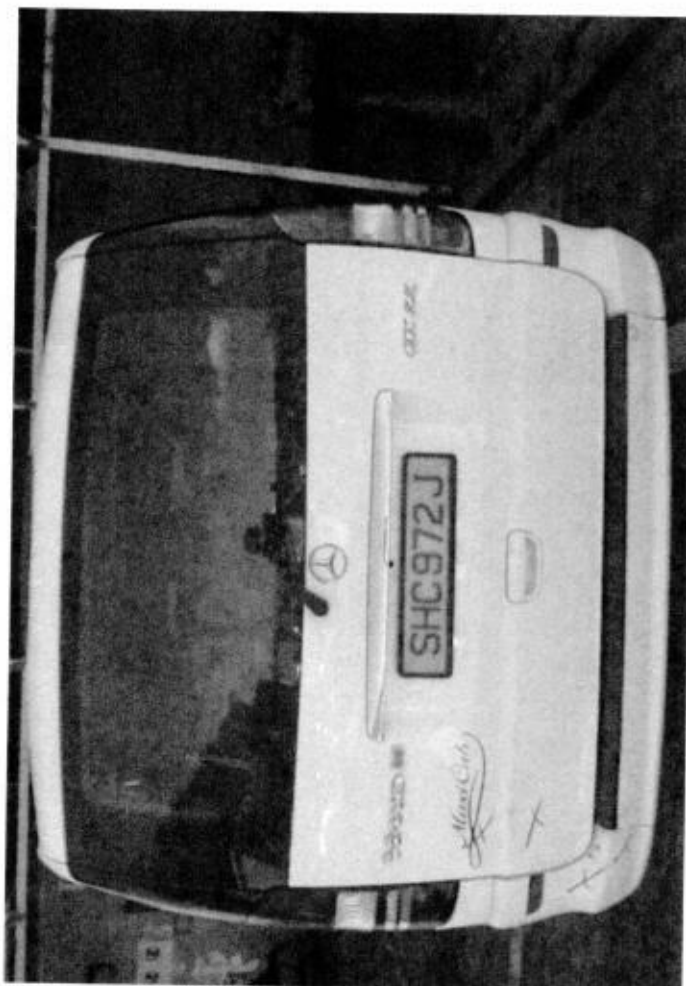
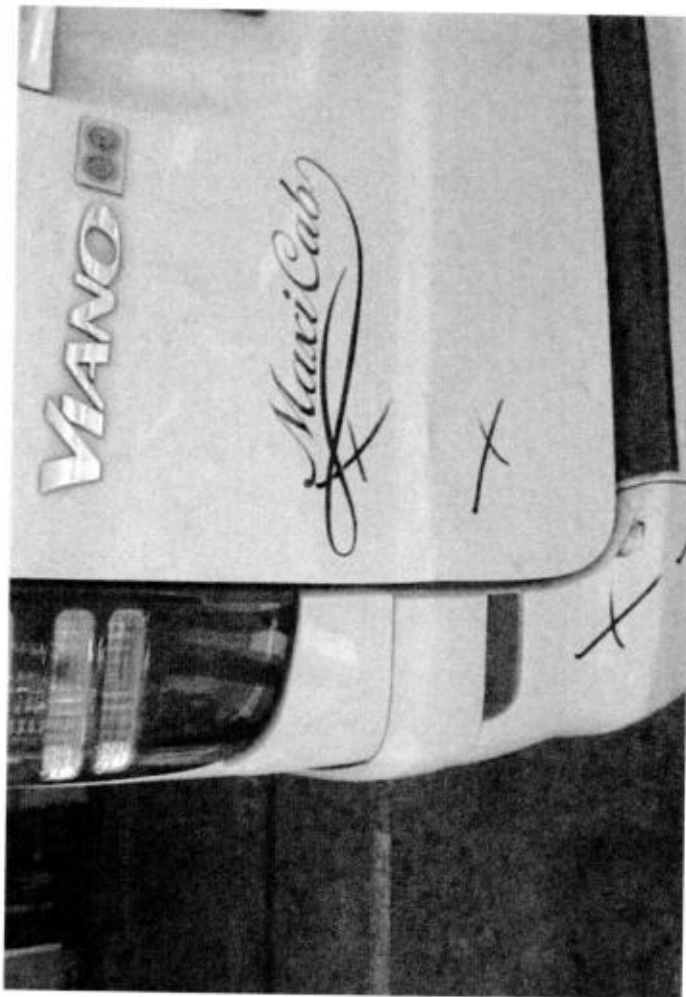
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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

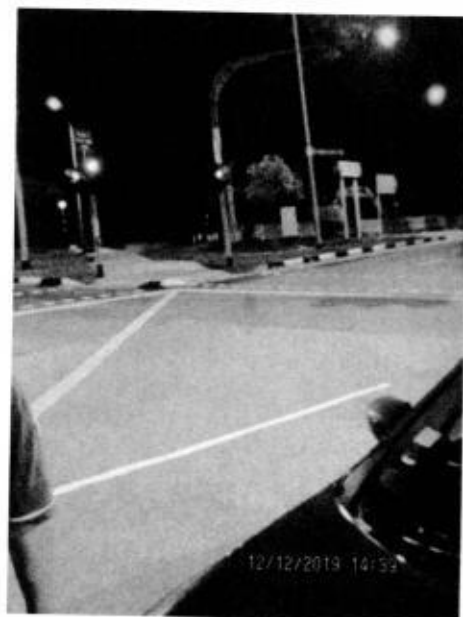
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Report No. T/20191212/2056

CONTINUATION OF REPORT

Passenger contact:
Tony - 84883433





Date/Time: 13.12.2019 08:51

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305366761

CUSTOMER:
RMS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L (R) 65551188 (O)
(P)

REGN NO.: SHC 972J	MILEAGE
MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
MODEL VIANO CDI 2.2L	DATE/TIME IN 12.12.2019 13:30
YR OF MANU 11.10.2013	TARGET DATE
CHASSIS CODE WDF63981323806361	COMPLETION DATE/TIME:

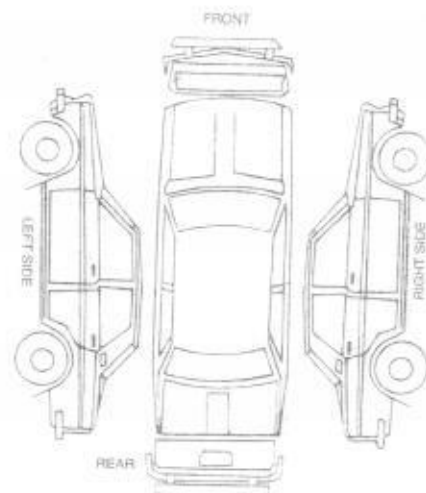
SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.12.2019
NATURE: 3P 11.12.2019

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC 972J CHIANG

Vehicle No.: SHC 972J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

**COMFORTDELGRO
ENGINEERING**

Our Job Ref No : 305366761
Date : 20/12/19

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

FINALIZATION FORM

To : LKK
Attn : NAZ
: SHC972J

Fax :
11/12/19

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

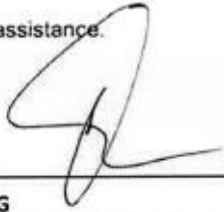
- Z The repair job shall bill to: NTUC SKX996U
2. The finalized amount shall be:
- (a) Spare Parts after List discount _____
- (b) Labour Charges _____
- Total for Part-By-Part Repair Cost** _____
- (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$5,000.00


3. Estimated normal period for repairs: 3 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : NAZ LKK
Date : 23/12/19

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/INC19022251/Nqf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 08-01-2020

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKX 996U	Veh. Inspected	SHC 972J
Policy No.	5108764259	Coverage (\$)	0.00
Claim No.	MT/1075436-002	Excess (\$)	0.00
Assign From		Assign Date	13/12/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ VIANO 2.2 CDI	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDF63981323806361	Colour	WHITE
Odometer	766981	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY 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 REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	11/12/2019	Inspection Date	13/12/2019
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:	3 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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 972J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CRACKED	1,372.00	1,372.00
1	BUMPER L/H SIDE, RR	CRACKED	473.60	473.60
1	BUMPER REFLECTOR RR/LH	SERVICEABLE	46.00	-
1	TAIL GATE ASSY	DEFORMED	3,951.98	3,951.98
1	TAIL GATE MERCEDES STAR LOGO	NECESSARY	45.46	45.46
1	TAIL GATE "2.2" LOGO	NECESSARY	78.00	78.00
1	TAIL GATE "CDI" LOGO	NECESSARY	78.00	78.00
1	TAIL GATE VIA NO LOGO	NECESSARY	78.00	78.00
1	TAIL LAMP ASSY, LH	SERVICEABLE	622.44	-
	LESS 20% DISCOUNT		-1,349.10	-1,215.41
			5,396.38	4,861.63
SPECIAL NETT ITEMS				
1	REVERSE SENSOR (SN)	SERVICEABLE	288.00	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	TAIL GATE "MAXICAB" LOGO (SN)	NECESSARY	30.00	30.00
			368.00	80.00
LABOUR				
	PANEL BEATING.		800.00	720.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	40.00
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.	NOT NECESSARY	150.00	-
	REMOVE / REFIX REAR WINDSCREEN GLASS (SEALANT).		150.00	100.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
			1,820.00	1,290.00
GRAND TOTAL			7,584.38	6,231.63
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,000.00



Page No.:2 of 2

Report Ref No. NS/INC19022251/Nqf3s2

MUHAMMAD NAZRIL BIN ABDULLAH

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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