

ASS. REC. BY: Ram

REF: NS/INC 19022540 / Fsf32

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: GBH 27183

Policy No. 509960229-01 (09/04/2019 - 03/04/2020)

Claims No. MT/1078051-001

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
X	X

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 7563K

Yr Regn: 20/12/2017

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

Truck / Trailer or

Make: Hyundai 140

C.C 1685

Colour: Yellow

A/C: Insured / Std / NI / NA

Sp. Reading: 278268

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB41UMHUI00098

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: 205/60R16

R:

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A: 21/12/19

D.O.I: 23/12/19

Survey held at comfortdelgro (Lorong)

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

rear

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

Date / Time

Action / Instruction

SHC 7563K - CS / FET 12023072/04/19 D.O.A - 12/11/2012

GBH 27183 - CS / TP19001732/04/19 D.O.A - 20/04/2018

N/C

L/S

RECEIVED 02 JAN 2020

L/S: \$800 = with 2 repair days

confirm on 30/12/19 with Larry

(\$1,015.06 Red - 60%)

2/1/2020

Date/Time: File Pass to?

02/01/20

1)

Typ: 4

Date/Time: File Return to?

2)



: Preli. Report



: Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Insp (\$)



: Weekend (\$)

Survey Fee:

Transportation:

3 + PS \$1

Photos:

Others:

TOTAL

Report Format:

Lump Sum / L/S:

\$800/- L/S

TP Claims against NTUC Income: Follow-Through Survey

Date : 31/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
1	MT/1075788-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC8084U	SHC6228K	14/12/2019	\$4,366.00
2	MT/1075792-002	COMFORTDELGRO ENGINEERING PTE LTD	SH6184X	FBH2812U	14/12/2019	\$1,837.15
3	MT/1076043-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC8437K	FBH7783H	14/12/2019	\$4,762.04
4	MT/1076556-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA3897J	PC2602U	18/12/2019	\$4,438.18
5	MT/1076543-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC3149A	SHD1402B	20/12/2019	\$5,189.00
6	MT/1078050-001	COMFORTDELGRO ENGINEERING PTE LTD	SHC1158L	SMP5854G	13/12/2019	\$2,487.55
7	MT/1075564-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC2598T	SLK1839R	11/12/2019	\$2,554.85
8	MT/1076964-002	CITYCAB PTE LTD	SHB3268U	SJR8984E	21/12/2019	\$6,096.10
9	MT/1078051-001	CITYCAB PTE LTD	SHC7563K	GBH2718J	21/12/2019	\$1,815.06
10	MT/1076710-002	COMFORTDELGRO ENGINEERING PTE LTD	SHD3025T	SGE3956M	20/12/2019	\$2,169.06
11	MT/1076220-002	COMFORTDELGRO ENGINEERING PTE LTD	SHD3025T	SLX9236J	16/12/2019	\$2,532.48

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5099602039-01		RS SHIP MANAGEMENT PRIVATE LIMITED	201215988K	GCV	Comprehensive	GBH2718J	GBH2718J	09/04/2019	08/04/2020

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6393 6290 Facsimile + 65 6290 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 515717
45 Pandan Road Singapore 609298
120 Ubi Road Singapore 408719

24 Serangoon Loop Singapore 758156
7 Simei Road Singapore 728791
501 Yishun Industrial Park A Singapore 768731

A member of COMFORTDELGRO

Date/Time: 23.12.2019 11:25 Page: 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305368977

CUSTOMER

CITYCAB PTE LTD

VMS 7010070

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

65551188

L (R)

(O)

(P)

ACCOUNT CARD NO.

Vaes

REGN NO.: SHC7563K

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 22.12.2019 10:10

YR. OF MANU 20.12.2017

TARGET DATE

CHASSIS CODE KMHLB41UMHU100098

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.12.2019

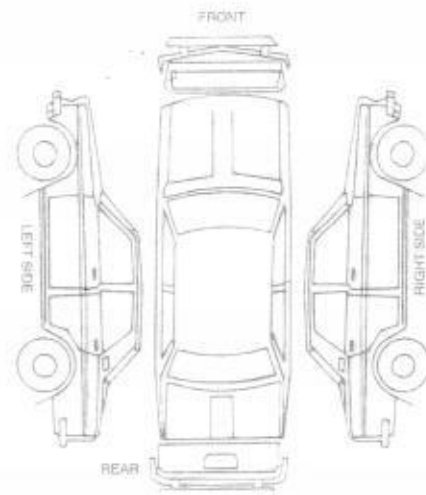
NATURE: 3P 21.12.2019

S/NO

LABOR CODE

DESCRIPTION

NTUC - Rear
Lek/



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

K:

Vehicle No.: SHC7563K LARRY

Vehicle No.: SHC7563K

Signature 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	23/12/2019 08:28
Date Of Accident	21/12/2019 10:20
Exact Location Of Accident	PUNGGOL FIELD SLIP RD TOWARDS EDGEDALE PLAINS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7563K
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Insured/Policyholder

Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	1XXXXXXX9G
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	GOH CHYE SUN
NRIC No	SXXXX323F
Date Of Birth	26/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1979
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96752201
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	106B #05-530 PUNGGOL FIELD
Postcode	822106
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	1
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)	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

SEE ATTACH.

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	GBH2718J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FADZIL
NRIC/Passport Number	
Contact Number	91433194
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1