NSIM (1902155) / FVf352

ASSIGNMENT SHB 3268U Yr Regn: 17 12 / 2015 Veh No: Dale: From: Type. M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover / Estimated Cost: Truck / Trailer or OD FTP WS / TP RES / OD RES / EVA / INV / MV Hyundai i 40 cc 1685 Make: To Inspect Vehicle No: Insured / Std / NI / NA Yellow Colour at Workshop m/s T/Radio: Insured / Std / NI / NA 547736 Sp.Reading of SJR RT84E Eng/No: Insured: KMHLBAIUMGV08076C C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt MT 1076964 -002 Claims No. Steering: Inorder/ Jammed / Leaked / Burnt or Sum Insured: Brake: Inorder Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / S/Rim / (STD A/Rim or Make of Veh: F: 205/60 RIG Tyre Size: (Policy Condition) O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The veh had commenced its N/S repair at the time of inspection. TOYO / YOKO or Hankook Rear Front Bal. or Market Value: R/Bal. R/Bal. mm Consistent?: Yes or No mm IDAC Accident Rport: L/Bal. L/Bal. Consistent?: Yes or No mm mm GIA / PR Seen: D.O.A. 21/12/19 D.O.L. 23/12/19 Res.: Yes or No days Est. Repairs: comfortdels-o (Lozang 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages : Frt / (Rear YO/S) N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS OS rear Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Action / Instruction Date / Time NO DOVICE! SHB 3769,41 - (5/ PC) 17011/40/MIV bML DUA - 10/06/14) STR 8794E - (SIAYN 14623307/ R9/nr nOA - 20/12/21) LIS:\$4150/= with z repairdays (Red 1946.10, 3)%) confirm on 30/12/19 with Larry RECEIVED 0 2 JAN 2020 Date/Time, File Pass to? Days Of Repair: : Preli. Report Resurvey No. of Trip: Survey Fee: : Final Report Date/Time. File Return to? Transportation: Add Fee: Site Insp (\$ 3+RS SI 3 2/1 -typist Interview (\$ Photos Tech, Invs (5) Report Formsk: Others Lung Sum / UBJ: Ca Westeric (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	FBD7783H	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	SHD14028	20/12/2019	\$5,189.00
9	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
6	MT/1078051-001	CITYCAB PTE LTD	SHC7563K	G8H2718J	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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/12/2019 07:52
Date Of Accident	21/12/2019 23:50
Exact Location Of Accident	ALONG FOUNTAIN OF WEALTH SUNTEC CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB3268U
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	1XXXXXXX9G
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
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

•	v	

Name of Driver ONG HONG YENG NRIC No SXXXX537H Date Of Birth 04/11/1959 OUTDOOR Occupation Date Of Driving Pass 09/05/1978

Driving Experience 41 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84917468

Fax Number

Contact Number

EMail Address NOEMAIL Address

273 02-494 PASIR RIS STREET 21

Postcode

510273

*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)

2

involved in the accident

NO

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

CANADA CONTRACTOR OF THE STREET

Details of Police Action

NO

Was the accident reported to the police?

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

SJR8784E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

Page 2 of 11

Sketch Plan Pg. 1

SVETCH DI ANI		cuck.
SKETCH PLAN	LITITITITITI	THE COURT OF THE
MH CHAI	32684	
6166		
B S 1 R 8	784 E	
	Mal Million	
	PH PH W	HAHLANIMA
		VI II VI V
		AJIHALIHAHILI M
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	Temsco. ELVO
Ofsternes	+ 94 20	r attached.
Statemer	4 or fe	a chiacheo.
DECLARATION		
/We declare the foregoing particular	s are true in every respect.	^
O. REG. NO. 199502839G	1	-n0 ×
J. REG. NO. 199502839G	ya.	Olivia Wendy (000)
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name: 77 H £ 75 H

GMRMC ScorchHolmEdin (VS

Page 3 of 11

H2SAROUNDABOUT

On the 21/12/2019 @ about 23:50h	rs, I was driving from Rochor Rd towards Temasek BLVD
To Tower One direction with NO pas	ssenger on board my taxi.
	Of Wealth towards Tower One, suddenly there's a jerk
As I was driving along the Fountain	o checked and found out a vehicle of SJR8784E left front
on my taxi right rear. So i stopped to	bi-la was syiting towards Paffles Blvd direction
had grazed onto my taxi. The said ve	ehicle was exiting towards Raffles Blvd direction.
No injury at the point of accident.	
No injury at the point or decident.	
NI	
	T 88000 = \$
C000000	

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

O. REG. NO. 199502839G

Policyholder's Signature/Date &

Time

Oriver's Signature(if driver is not the policyholder)/Date

& Time

Olivia Wendy

Witnessed by Reporting Centre Personnel

27 BEC 215

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Mainine + 95 6383 0280 Facsimile + 55 9280 9755

Date/Timer United Superior Superior 11:42 Page: 1

305369010 Sales Order: ARC Repair TP(CFSO)1 JOB CARD JC NO.: Team: MILEAGE REGN NO:SHB3268U STOMER CITYCAB PTE LTD MAKE: HYUNDAI 1/MS 70100701/2.....F STOMER NO. 383 SIN MING DRIVE MODEL. 2279777519 09:00 Singapore SINGAPORE 575717 I - 40DRESS 65551188 YR OF MANUT. 12. 2015 TARGET DATE L. (R) (P) COMPLETION DATE/TIME: CHASSIS ORDELB41UMGU080766

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 21.12.2019 NATURE: 3P 21,12.2019

LABOR CODE

DESCRIPTION

PHOTOGRAPH PARTING PAINTING RAY PAINTING

NOTAL- Right fen LICK/Ran

HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

cie No.:

SHB3268U

LARRY

te of Service Advisor

Signature/Date

Name of Service Advisor

Exit Pass

Vehicle No.:

Date

To be kept by Security Guard

SHB3268U

e returned to Service Reception upon collection

CITY CAB PTE LTD REPAIR ESTIMATE*

VEHICLE NO: SHD 3268U

NOTHIC

DATE 23/12/2019 9:45

MAKE MODEL : HYUNDAI i40 **Unit Price** Qty Parts Description/ Labour Type Amount Rear Bumper > WT(R) \$ 553.00 Rear Bumper Clip 10 pcs xun \$ 22.00 Rear Bumper Bracket XMM \$ \$ 35.60 71.20 rear Right poor porear 19th Fender Buc SUB TOTAL rear 18th Fender lining of LESS 20%
DISCOUNTED TOTAL \$ 646.20 \$ 129.24 516.96 3833.44 Rear Bumper Reverse Sensor \$ 135.70 Nett Nett Rear Bumper Advertisement Logo week S 50.00 Rear Bumper Rubber Mat * 50.00 Nett Rear Fender Advertisement Logo (LH/RH) wec-S 100.00 S 200.00 Nett LKK Auto Consultants hence notify S 435.70 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 Compan Labour Charge \$560 \$600 5> 350.00 Panel Beating Acknowledged by Repairer \$> -250.00 Spray Painting Charge Signature: \$3t8 Wiring Charge Date: 50.00 550 Remove/Refix Reverse Sensor S 80.00 transfer of door Hem 880 TOTAL LABOUR \$ 730.00 ESTIMATE TOTAL 1,682.66 6096.19 in got regery

> 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.

COMFORTDELGRO ENGINEERING

VEHICLE NO.:	SHD3268U

TYPE OF CLAIM : 3P / NTUC

MODEL

: <u>i</u>40

SURVEYED BY : LKK / RAM

JOB NO : SHD3268U

DATE : <u>21.12.2019</u>

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE	REMARKS
1	Rear Door – RH	1	\$2,201.10	
2	Rear Fender – RH	1	\$2,171.40	
3	Rear Fender Shield – RH	1	\$169.30	
-		+		
\dashv				
	T W			
\dashv				
-				
		TOTAL:		

COMFORTDELGRO ENGINEERING

Our Job Ref No . _ 305369010

Date

Remarks:

26. Dec. 2019

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

F	INA	LIZ	AT	ON	FO	RM

То	1		L	.KK		Fax:	
Attn				RAM			
Vehicle	Reg No.		SHB32	168U	Da	te of Accident: _	21. Dec. 2019
The su	rvey and	estim	ates of th	e repairs of the	above-mention	ed vehicle are as	follows:-
1.	The repai	r job :	shall bill to	o:	NTUC		SJR8784E
2.	The finaliz	zed a	mount sh	all be:			
((a) Spa	are P	arts after	List discount		J	
((b) Lat	our (Charges				
	Tot	al fo	r Part-By	-Part Repair C	ost		
((Tota	al for	Lumpsun	(if applicable) n repair cost aft Repair cost	er Less:		\$4,150
3. E	stimated	norm	al period	for repairs:	3 w	orking days.	
4. W	Ve shall t	reat t	he above		orrect and Con	firmed if there is	s no reply from you
w	Ve shall t vithin 7 w hank you	orkir	he above ig days	amount as Co	w	firmed if there is e confirm the est alized amount	
Si	hank you	for y	the above ng days our assist	a amount as Co	W fir Si	e confirm the est alized amount	timates and
Si N:	ignature :	for ye	the above ng days our assist	a amount as Co	W fir Si Na	e confirm the est alized amount gnature :	Ram
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SI SI N: Te	ignature : ame : el :	for ye	the above ng days our assist	a amount as Co	W fir Si Na	e confirm the est alized amount gnature :	Ram
SI SI N: Te	ignature :	for ye	the above ng days our assist	a amount as Co	W fir Si Na	e confirm the est alized amount gnature :	Ram
SI SI N: Te	ignature : ame : el :	for ye	the above ng days our assist	a amount as Co	W fir Si Na	e confirm the est alized amount gnature :	Ram
Si No Te Fe	ignature : ame : el : ax :	for your 622 654	the above ng days our assist	amount as Co	W fir	e confirm the estalized amount gnature : ame : ate :	Ram 30/12/19
Si N: Te Fa for Office	ignature : ame : el : ax :	for your for	the above ng days our assist	amount as Co	Si Na Da Document Attached Yes or No	e confirm the estalized amount gnature : ame : ate :	Ram 30/12/19
Si No Te Fa For Office	ignature : ame : el : ax : ltem al Rate P/loof Income	for your for	the above ng days our assist	amount as Co	Si Na Da Document Attached Yes or No	e confirm the estalized amount gnature : ame : ate :	Ram 30/12/19
Si Si Si Fa For Office Renta Loss of Surve LTA S	ignature : ame : el : ax : ltem al Rate P/loof Income	for your for	the above ng days our assist 14 8316	amount as Co	Si Na Da Document Attached Yes or No	e confirm the estalized amount gnature : ame : ate :	Ram 30/12/19



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





NTU	C INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1902255	51/Fvf3s2
		ND UNION HOUSESINGAPORE	Date: 10-01-2020 Code: INC4		
1.		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SJR 8784E	-	nspected	SHB 3268U
	Policy No.	COMMON SERVICE	Cover	age (\$)	0.00
ē	Claim No.	MT/1076964-002	Exces	s (\$)	0.00
	Assign From		Assig	n Date	23/12/2019
2.		Vehicle Parti	culars 8	& Condition	
	Make & Model	HYUNDAI 140	c.c		1685
	Engine No.	HIDDEN	Year o	of Reg.	2015
	Chassis No.	KMHLB41UMGU080766	Colou	r	YELLOW
	Odometer	547736	Steeri	ng	IN ORDER
	Brakes	IN ORDER	Modif	ication	STANDARD ALLOY RIM
	General	FAIR			
3.		Condit	ions of	Tyres	
		Size	Make		Balance
	R/H Front Tyre	205/60 R16	HANK	ООК	6 mm
	L/H Front Tyre	205/60 R16	HANK	оок	6 mm
	R/H Rear Tyre	205/60 R16	HANK	OOK	6 mm
	L/H Rear Tyre	205/60 R16	HANK	ок	6 mm
4.	在了人们是自己的人	Descripti	on of D	amages	
	THE VEHICLE SU	STAINED DAMAGES AT THE O/S DETAILS.	REAR F	ORTION.	
5.		Genera	al Inform	ation	
	Accident Date	21/12/2019	Inspec	ction Date	23/12/2019
	Survey held at	COMFORTDELGRO ENGINEE	RING PT	E LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.		R	temarks	EMPLE FAIR TO	The State of the S
	A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	THOUT P	REJUDICE" BASIS NOT AUTHORISED	D REPAIRS.
5b.		Estimate	Days of	Repair	

3 Working Days

ESTIMATED NORMAL PERIOD FOR REPAIR:



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



ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3268U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	
2	REAR BUMPER BRACKET @ \$35.60	NOT NECESSARY	71.20	and the second s
1	REAR DOOR - RH	DENTED	2,201.10	2,201.10
1	REAR FENDER - RH	BUCKLED	2,171.40	2,171.40
1	REAR FENDER SHIELD - RH	CUT	169.30	169.30
1	REAR RIGHT FENDER LINING (NPA)	TO REPAIR SEE LABOUR		İ
	LESS 20% DISCOUNT		-1,037.60	-908.36
			4,150.40	3,633.44
	SPECIAL NETT ITEMS			
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @ \$100.00 (SN)	NECESSARY	200.00	200.00
		1	435.70	250.00
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR RIGHT FENDER LINING.		600.00	560.00
	SPRAY PAINTING CHARGE.		700.00	600.00
	WIRING CHARGE.		50.00	30.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	50.00
	TRANSFER O/S DOOR ITEM.		80.00	80.00
			1,510.00	1,320.00
	GRAND TOTAL		6,096.10	5,203.44
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,150.00

Report Ref No. NS/INC19022551/Fvf3s2





Report Ref No. NS/INC19022551/Fvf3s2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

L

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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