

ASS. REQ. BY: RanREF: NSI/NC 2002979/Fqf3n2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

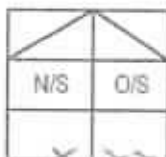
Insured: 6BD 9858MPolicy No: 5073132765-04 (13/08/2019-12/02/2020)Claims No: M7/1085285-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC 70427 Yr Regn: 04/03/2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Hyundai i40 c.c. 1655Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 620694 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KNM18410000055935Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or Highrock

Front

Rear

R/Bal: 6 mm R/Bal: 7 mmL/Bal: 6 mm L/Bal: 7 mmD.O.A: 19/02/2020 D.O.I: 20/2/2020Survey held at Comfortable (Loyalty)Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

SHC 70427 - NSI/NC 19007311/EVQd302 Ref: 2019/01/01  
 6BD 9858M-X

RECEIVED 09 MAR 2020

L/S: \$1500/= with 3 repair days (Ref B 119x.98, 44%)

confirm on 28/02/2020 with cheng

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

1) 09/3/2020

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS: \$

Photos

Other

TOTAL

160

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)☐ : Weekend (\$)Report Format: 7PLump Sum / L/S: 1500

TP Claims against NTUC Income: Follow-Through Survey

Date : 28/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1085806-002	COMFORTDELGRO	SHD 4825U	GRC 593R	25/02/2020	8:45	\$ 2,346.22	\$ 1,021.00
2	MT/1083588-002	COMFORTDELGRO	SHD 3523V	FBQ 5834P	07/02/2020	10:00	\$ 6,204.40	\$ 3,750.00
3	MT/1085036-002	COMFORTDELGRO	SHC 7305P	SLB 3273G	19/02/2020	14:40	\$ 7,372.58	\$ 4,100.00
4	MT/1085219-002	COMFORTDELGRO	SHD 3699Z	GR 5818Y	20/02/2020	11:15	\$ 2,045.38	\$ 1,000.00
5	MT/1085285-002	CITYCAB P/L	SHC 7042Y	GBD 9858M	19/02/2020	17:00	\$ 2,692.98	\$ 1,500.00
6	MT/1084810-002	CITYCAB P/L	SHC 7997S	SKQ 3073A	17/02/2020	15:00	\$ 15,324.26	\$ 7,500.00
7	MT/1085980-002	COMFORTDELGRO	SHA 4627K	SDD 6366L	25/02/2020	7:50	\$ 1,734.53	\$ 740.00
8								
9								
10								
11								

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/02/2020 11:44"/>
Vehicle No.(For Motor)	<input type="text" value="GBD9858M"/>	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 type="radio"/>	5073132765-04		PESTCLINIC PTE. LTD.	201503511G	GCV	Comprehensive	GBD9858M	GBD9858M	13/08/2019	12/08/2020

## 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	20/02/2020 11:32
Date Of Accident	19/02/2020 17:00
Exact Location Of Accident	T JUNCTION OF LOR 2A TOA PAYOH AND LOR 2 TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7042Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@CDGETAXI.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	YEO CHENG CHUAN
NRIC No	SXXXX205E
Date Of Birth	17/04/1952
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1974
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87931856
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 149 SERANGOON NORTH AVENUE 1 #13-923
Postcode	19/12/1974
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	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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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

REFER 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	GBD9858M
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name YEO CHENG CHUAN

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SHC7042Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# **IMPORTANT NOTICE**

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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.
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7. By the lodgment 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.

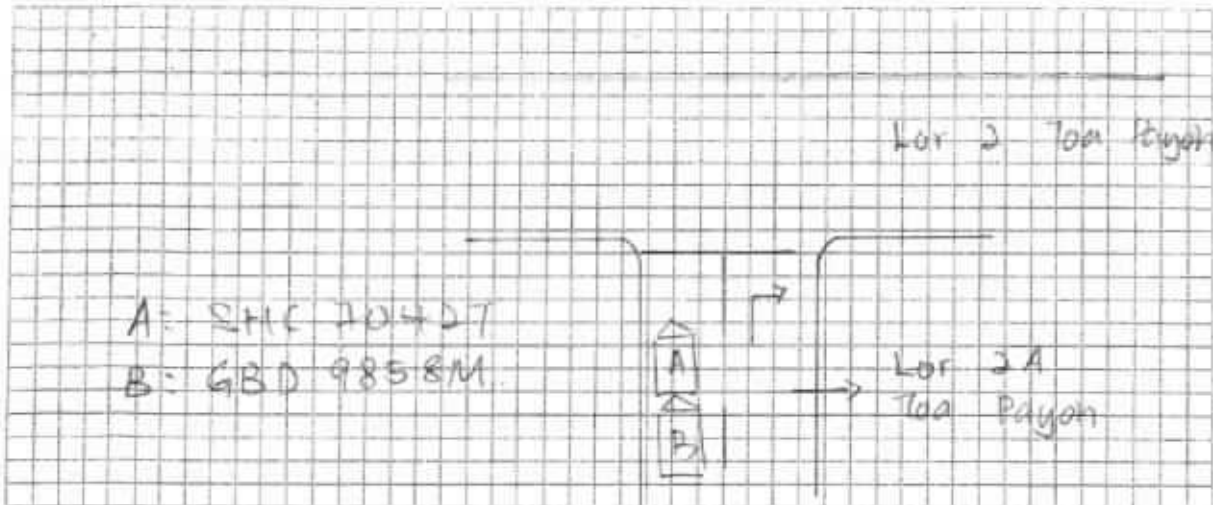
COMFORT TRADING ENTERPRISE PTE LTD  
CO. REG. NO. 100003821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: **Loke Wei Yiang**  
NRIC/FIN No: **2013/2000**

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/2/2020 at about 17:00 hrs, I veh A stopped at above said location to pick up passengers. When I was about to move on, veh B came from behind collided onto the rear portion of my stationary taxi. Some photo is taken to support claims. 03 female passengers onboard my taxi. I felt pain on neck. Will consult doctor if it still persist.

## DECLARATION

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

COMPLETION OF THIS FORM IS THE RESPONSIBILITY OF THE POLICYHOLDER

Policyholder's Signature  
Date & Time:

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

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

Loke Wei Yieng

STAMPED SketchPlanForm\_1/2



member of COMFORTDELGRO

eam: ARC Repair TP(CFSO)

### JOB CARD

Sales Order:

305382549

JC NO.:

TOMER

CITYCAB PTE LTD

AS 7010070

TOMER 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65551188

(R) (C)

(P)

OUNT CARD NO.

SHC7042Y

REGN NO.:

MILEAGE

HYUNDAI

MAKE :

FUEL

I-40

MODEL

19.02.2020 19:00

DATE/TIME IN

01.03.2016

YR OF MANU.

TARGET DATE

KMH11UMG0085493

CHASSIS CODE

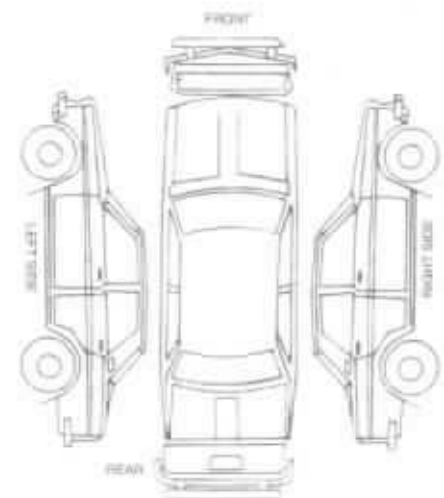
COMPLETION DATE/TIME

cident Date: 19.02.2020

JOB DESCRIPTION

TURE: 3P 19.02.2020

/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

redgement Slip

Exit Pass

SHC7042Y

CHIANG

Vehicle No.: SHC7042Y

No.:

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE\*

VEHICLE NO SHC7042Y

20/02/20

MAKE :

MODEL HYU- I40

Type

CHIANG/NTUC

Qty	Parts Description/ Labour	Unit Price	Amount
1	REAR BUMPER COVER CM/DEF		\$553.00
2	REAR BUMPER BRACKET SIDE LH/RH xnn	\$35.60	\$71.20
10	REAR BUMPER CLIPS nec	\$2.20	\$22.00
1	REAR BUMPER REINFORCEMENT xnn		\$428.40
1	REAR BUMPER UNDER COVER CM/DEF		\$225.50
1	BOOTLID CRDI EMBLEM nec		\$22.70
1	BOOTLID I40 EMBLEM nec		\$22.70
1	BOOTLID H EMBLEM nec		\$26.10
SUB TOTAL			\$1,371.60
20.00%			\$274.32
DISCOUNTED TOTAL			\$1,097.28
			697.6
1	REVERSE SENSOR xnn		\$135.70
1	BUMPER ADVERTISEMENT nec		\$50.00
1	REAR BUMPER MAT xnn		\$50.00
1	BOOT LID ADVERTISEMENT nec		\$100.00
1	BOOT LID COMFORT STICKER nec		\$30.00
1	BOOT LID TEL NO STICKER nec		\$30.00
			\$395.70
Labour Charge			
Panel Beating			\$480.00 420
Spray Painting Charge			\$600.00 6400
Remove/refix reverse sensor			\$60.00
Tuff Kote			\$60.00 450
Check Lighting			\$60.00 450
TOTAL LABOUR			\$1,200.00
ESTIMATE TOTAL			\$2,692.98
			2752.98

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 work should be carried out
- Supplemental estimate must be resurveyed and be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Acknowledged by Repairer

Signature:

Date:

Our Job Ref No : 305382549  
Date : 27/02/20

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

## FINALIZATION FORM

To : LKK  
Attn : RAM  
: SHC7042Y

Fax :


19/02/2020

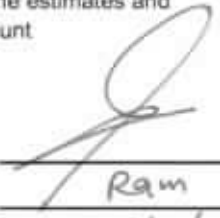
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC GBD9858,
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** \$1,500.00

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 : Ram  
Date : 28/02/2020

## 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/INC20002979/Fqf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 10-03-2020



Code: INC4

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	GBD 9858M	Veh. Inspected	SHC 7042Y
Policy No.	5073132765-04	Coverage (\$)	0.00
Claim No.	MT/1085285-002	Excess (\$)	0.00
Assign From		Assign Date	20/02/2020

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU085493	Colour	YELLOW
Odometer	620699	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	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 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.
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**5. General Information**

Accident Date	19/02/2020	Inspection Date	20/02/2020
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:	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



Page No.:1 of 2

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7042Y**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER COVER	CRACKED / DEFORMED	553.00	553.00
2	REAR BUMPER BRACKET SIDE LH/RH @\$35.60	NOT NECESSARY	71.20	-
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	428.40	-
1	REAR BUMPER UNDER COVER	CUT / DEFORMED	225.50	225.50
1	BOOTLID CRDI EMBLEM	NECESSARY	22.70	22.70
1	BOOTLID I40 EMBLEM	NECESSARY	22.70	22.70
1	BOOTLID H EMBLEM	NECESSARY	26.10	26.10
	LESS 20% DISCOUNT		-274.32	-174.40
			1,097.28	697.60
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	BUMPER ADVERTISEMENT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER MAT (SN)	NOT NECESSARY	50.00	-
1	BOOT LID ADVERTISEMENT (SN)	NECESSARY	100.00	100.00
1	BOOT LID COMFORT STICKER (SN)	NECESSARY	30.00	30.00
1	BOOT LID TEL NO STICKER (SN)	NECESSARY	30.00	30.00
			395.70	210.00
<b><u>LABOUR</u></b>				
	-		-	-
	PANEL BEATING.		480.00	420.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	REMOVE/REFIX REVERSE SENSOR.		60.00	60.00
	TUFF KOTE.		60.00	50.00
	CHECK LIGHTING.		60.00	50.00
			1,260.00	980.00
<b>GRAND TOTAL</b>			<b>2,752.98</b>	<b>1,887.60</b>

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,500.00
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Report Ref No. NS/INC20002979/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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