

ASS. REC. BY:

Steve

REF:

NTUC

NS/INC20011446/Evd3

## 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: GBA 8782U

Policy No:

Claims No. MT/1108104-002

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

Bal. or Market Value:

IDAC Accident Report: 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 9592

Y. Regn:

7/1/16

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

Truck / Trailer or

Make:

Hyundai 1-40

c.c

1885

Colour:

Yellow

A/C:

Insured / Std / NI / N

Sp. Reading

584870

T/Radio: Insured / Std / NI / N

Eng/No:

C/No: KMHLB414MG4 981053

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

205/00R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

27/10/20

D.O.A.

27/10/20

Survey held at

Comf Mktgrs

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

Frt RM

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

Date / Time

Action / Instruction

29/10/20 Steve confirmed LS \$3750 by email (Red 3550.88, 49%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

2/11/20-Typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

TOTAL

Pop. Form: TP

Lump Sum / L.E.: LS \$3750

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

DATE: 27/10/2020

MODEL: HYUNDAI I 40

VEH NO.: SHC 959Z

Steer (LKK) LKL AL  
27/10/20, 2:00pm  
3 days  
L/S, Ry AL sm

3P INSURANCE: NTUC

SURVEYOR: LKK

MVA: LOKE WY

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Front Bumper Cover / OR			\$1,052.20
	Front Bumper Sponge X			\$99.20
	Front Bumper Reinforcement X			\$438.40
	Front Bumper Bracket Top RH / OR			\$22.40
	Front Bumper Bracket (RH) / OR			\$24.60
	Front Bumper Grille RH / OR			\$93.60
	Headlamp (RH) / OR			\$1,388.00
	Front Bumper Protector RH X			\$25.40
	Front Bumper Retainer Mounting RH X			\$9.20
	Headlamp Support Panel Assy / OR			\$907.40
	Front Fender (RH) / OR			\$663.00
	Front Fender Shield (RH) / TN			\$174.90
	Wiper Container X			\$61.90
	Front Bonnet X R			\$2,265.90
SPARE PARTS SUB TOTAL				\$7,226.10
LESS 20%				\$1,445.22
DISCOUNTED SPARE PARTS TOTAL				\$5,780.88
NETT TOTAL				\$-
SPARE PARTS & NETT TOTAL				\$5,780.88
	Panel Beating			\$600.00
	Spray Painting			\$800.00
	Check Wiring			\$60.00
	Tuff kote			\$60.00
LABOUR TOTAL				\$1,520.00
ESTIMATE TOTAL				\$7,300.88

560  
600  
39  
30

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

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.

Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

**ComfortDelGro Engineering Pte Ltd**

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

**Workshops**

59 Luyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

420 Pandan Road Singapore 609649

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Page : 1

Date/Time: 27.10.2020 13:04

Repair TP(CFSO)1

**JOB CARD** Sales Order:

JC NO.: 305430236

LYCAB PTE LTD  
7010070  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65551188 (O)

REGN NO: SHC 959Z

MILEAGE

MAKE: HYUNDAI

FUEL

MODEL I-40

DATE/TIME IN 27.10.2020 10:50

YR OF MANU 07.01.2016

TARGET DATE

CHASSIS CODE KMLB41UMGU081053

COMPLETION DATE/TIME:

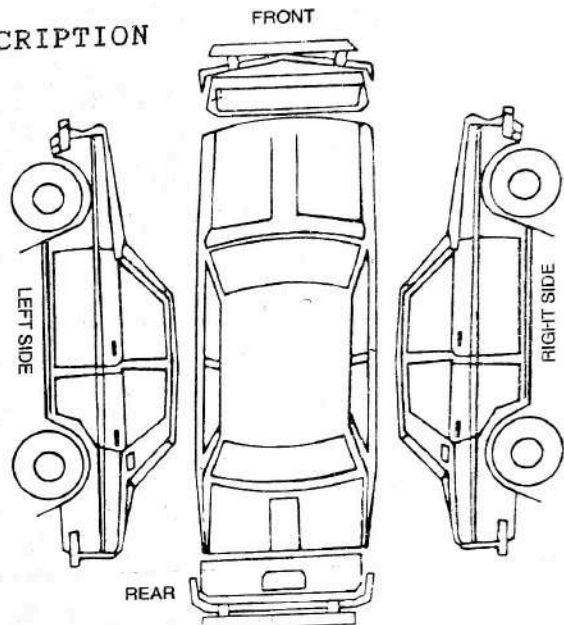
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 27.10.2020  
NATURE: 3P 27.10.2020

S/NO

LABOR CODE

DESCRIPTION

CHECKED &amp; PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC 959Z YY

Vehicle No.: SHC 959Z

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

- report correctly the details of the accident to speed up the claims process.  
Form must be completed by the Policyholder and/or the Authorised Driver.  
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to  
mediate policy liability.  
The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.  
**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 27/10/2020 11:56  
Date Of Accident 27/10/2020 08:50  
Exact Location Of Accident ALONG SUNGEI KADUT AVENUE  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC959Z  
**Insured/Policyholder**  
Name Of Registered Owner CITYCAB PTE LTD  
Co Reg No 1XXXXX839G  
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 YEO MENG KWANG  
NRIC No SXXXX925A  
Date Of Birth 10/05/1956  
Occupation OUTDOOR  
Date Of Driving Pass 22/08/1974  
Driving Experience 46 YEARS AND 2 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-90232385  
Fax Number  
Contact Number  
Email Address BEN8YEO@YAHOO.COM

BLK 6 RIVERVALE LINK #11-08

545042

Is an employee of the Insured's Company 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) involved in the accident 2  
Was any body injured in the Accident? NO  
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? YES  
If Yes, Please state which Police Station  
Police Station Name WOODLANDS WEST N.P.C  
Police Station Address ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20201027/2019

#### 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 GBA8782U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver SENGOTTAIAN VEL MURUGAN  
NRIC/Passport Number  
Contact Number 97514010  
Address  
Postcode  
Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Damage  
passenger (Including Driver)

LEFT REAR

UT



Sketch Plan Pg. 1

**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. 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 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.
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)
  - (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, investigation, 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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
& Time:

Driver's Signature  
(if driver is not the policyholder)

Olivia Wendy 27 OCT 2020

Reporting Centre Personnel's Signature  
Name:

Sketch Plan Pg. 2

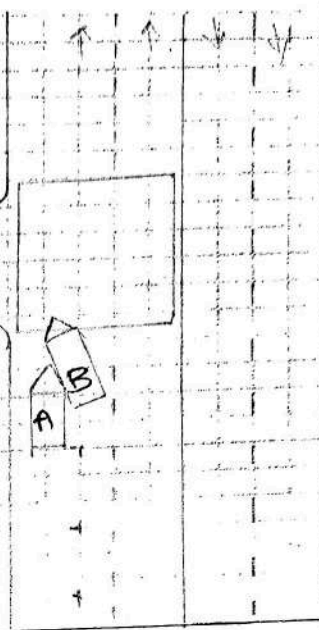
SKETCH PLAN

A = SHC 9592

ABC  
PIPELINE  
ENGINEERING LTD

B = GBA 8782U  
(NISSAN)

*[Handwritten signature]*



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police

300 GEL ROAD AVE

Report @ 7/1202 1027/2019

DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 1995028396

Policyholder's Signature  
Date & Time:

*[Handwritten signature]*  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

*[Handwritten signature]*  
Olivia Weng  
27 OCT 2020

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





**SINGAPORE  
POLICE FORCE**



T/20201027/2019

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

1 of 3

Report No. T/20201027/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/10/2020 09:54	Vide Report No.:	Station Diary No.: 138
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**Informant's Particulars**

Name of Informant: YEO MENG KWANG			Address: 6 RIVERVALE LINK #11-08 SINGAPORE 545042		
ID Type / ID No.: NRIC NO / S1180925A			Contact No.: Home/Office: Mobile: 90232385		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 10/05/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/10/2020 08:50	Type of Location: Straight Road
Location: SUNGEI KADUT AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA8782U	Lorry	NISSAN		Silver	No Damage	1
SHC959Z	Car	HYUNDAI		Yellow	Slightly Damaged	0

**Details of Person Involved**

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

## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20201027/2019

2 of 3

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

Report No. T/20201027/2019

## CONTINUATION OF REPORT

Driver Name	Sengottaian Vel Murugan	ID No.	S7484145G
Related Vehicle	GBA8782U (Lorry)	Contact No.	97514010
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
Driver Name	YEO MENG KWANG	ID No.	S1180925A
Related Vehicle	SHC959Z (Car)	Contact No.	90232385
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am a taxi driver and I am driving with Comfortdelgro.

On 27/10/2020 at 0850hrs, I was travelling along Sungei Kadut Avenue near to 36 Sungei Kadut Avenue. I was travelling along the inner lane (parking bay), there is 01 lorry GBA8782U travelling along my right side. Upon seeing his left signal, I believed that he wanted to turn into 36 Sungei Kadut Avenue thus I slowed down however a side swipe collision happened.

After the collision, we exchanged our particulars and I informed the driver namely Sengottaian Vel Murugan S7484145G hp : 97514010 that I will make a police report. He agreed and left subsequently.

None of us suffered any injuries. My taxi suffered some damages. The right front light is cracked and the right front bumper is detached.

I have a in car camera in my taxi.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999



T/20201027/2019

3 of 3

Report No. T/20201027/2019

**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:

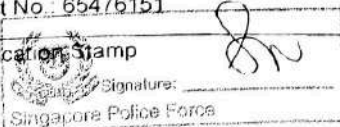
L/

Sgt 2 TOH SI WEI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No: 65476151

Authentication Stamp  
NP168



Signature Of Informant:

Date/Time:  
27/10/2020 09:54

Classification Of Case:

