

ASS. REC. BY:

REF:

CS/A718007611/Klvbm2

Special Instruction:

Surveyor:

Kalvin

ASSIGNMENT (Office)

From (Person):

Julie

of

AGL

Date/Time:

25042018 233pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 755U

Insured:

SJG 3694Y

at Workshop m/s

Comfort Design

Tel:

of

59 Loyang Drive

Policy No:

Claim No:

C10001541/AH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23042018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'Wp'

H.O.D. Endorsement:

Date/Time:

25042018

3:15pm

Person Contacted:

Mr. Lim

Vehicle

IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 755U - CS/TCL181103057/S10302

DXA = 120218

SJG 3694Y - x

108/11/3

Sumer Mr: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Insp Vehicle No: _____

at Workshop No: _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 7554 Yr Regn: 12 Mar / 2015

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

Truck / Trailer or

Make: Hyundai 280 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 58867 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HCPX14MF4066150Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205 / 60 R 6

R: _____

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

TOYO / YOKO or West / Lts

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 25/4/8 D.O.I. 25/4/8Survey held at CDGE (Loyang)

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

Rear o/s

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

Date / Time	Action / Instruction
26/4/8	Given 4/5 \$1050/24 (Red 4792.46, 8290) AHZ 4/5
	RECEIVED 27 APR 2018
	RECEIVED 27 APR 2018

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 26/4 - typist

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. (\$ _____)

Survey Fee:

Transportation:

S + RS: \$ _____

Photos

Others

250

TP

LS 1050/2

Catherine Chong (LKK Auto)

From: Julie Mangubat <julie.m@budgetdirect.com.sg>
Sent: Wednesday, 25 April, 2018 2:33 PM
To: SUR; 'assignments'
Cc: Albert Hong
Subject: FW: SHC755U with your insured SJG3694Y | Our ref: C10001541/AH | Your ref: TBA
Attachments: SHC755U.pdf

Sent on behalf of Albert

Hi Team

Please accept TPPD survey and survey on a without prejudice basis.

Thank you,
-Julie

From: Lim Kwok Eng <limke@cdge.com.sg>
Sent: Wednesday, 25 April, 2018 11:33 AM
To: Claims <claims@budgetdirect.com.sg>
Cc: Ng Nyuk Phin <ngnp@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>
Subject: SHC755U with your insured SJG3694Y

To Officer In Charge

Pls arrange surveyor, refer attached

Best Regards
Lim Kwok Eng
Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd
Tel. 6214-8355 / 6214-8156

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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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 ability.
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	25/04/2018 07:15
Date Of Accident	23/04/2018 15:30
Exact Location Of Accident	DOVER RD NEAR TO SPORE POLYTECHNIC GATE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC755U
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	YAP SAN KWEE
NRIC No	S0021182F
Date Of Birth	12/07/1952
Occupation	OUTDOOR
Date Of Driving Pass	29/11/1973
Driving Experience	44 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 215 #02-108 SERANGOON AVENUE 4
 Postcode 550215
 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 involved in the accident
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 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: : MALE
 Passenger 2 NAME: : -
 GENDER: : FEMALE
 Passenger 3 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] GEYLANG NPC
 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 No
 Remarks/ Reasons: -
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJG3694Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver JOAUHA TAN

NRIC/Passport Number

Contact Number

83661443

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT RHT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YAP SAN KWEE

Approximate Age

66

Injuries Sustain

NECK,BACK

Injured person in which vehicle?

SHC755U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

PAX

Approximate Age

Injuries Sustain

FOREHEAD

Injured person in which vehicle?

SHC755U

Were seat belts worn?

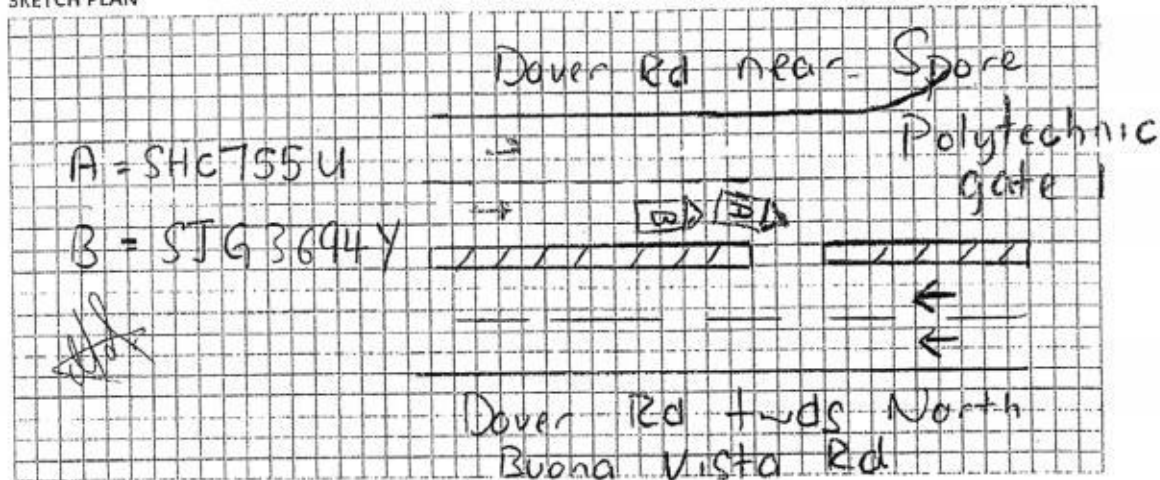
Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Report no. T/20180424/2041

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



T/20180424/2041

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180424/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2018 13:06		Vide Report No.:		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: YAP SAN KWEE			Address: APT BLK 215 SERANGOON AVENUE 4 #02-108 SINGAPORE 550215		
ID Type / ID No.: NRIC NO / S0021182F			Contact No.: Home/Office: Mobile: 82681100		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 12/07/1952	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/04/2018 15:30	Type of Location: Straight Road
Location: Along Road 1 DOVER ROAD infront of Singapore Polytechnic gate 1				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SHC755U	Car	HYUNDAI	SONTA I40	Yellow	Slightly Damaged	0
SJG3694Y	Car	HONDA		Grey		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180424/2041

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

2 of 3

Report No. T/20180424/2041

CONTINUATION OF REPORT

Driver			
Name	YAP SAN KWEE	ID No.	S0021182F
Related Vehicle	SHC755U (Car)	Contact No.	82681100
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/04/2018	Date Discharge	23/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	JOAUHA TAN	ID No.	NIL
Related Vehicle	SJG3694Y (Car)	Contact No.	83661443
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 23.04.2018 at about 1530hrs, I was stationary at the extreme right lane of Dover Road waiting for the traffic to be safe on the other side to make a U-turn when suddenly there was a impact from the rear of my vehicle causing me to jerk forward. I then make a check and discovered that a vehicle had collided into my rear. The other driver then called for ambulance and we exchange particulars. The ambulance came and I was conveyed to National University Hospital where I was discharged and given 3 days MC. I suffered from back and neck pain. My taxi was towed away. The damages to my taxi is the rear of the vehicle is dented and there are scratches.

Sketch Plan Pg. 4



SINGAPORE
POLICE FORCE



T/20180424/2041

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20180424/2041

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:
G /
Staff Sgt RUZIANA BINTE MUHAMMAD RUDY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

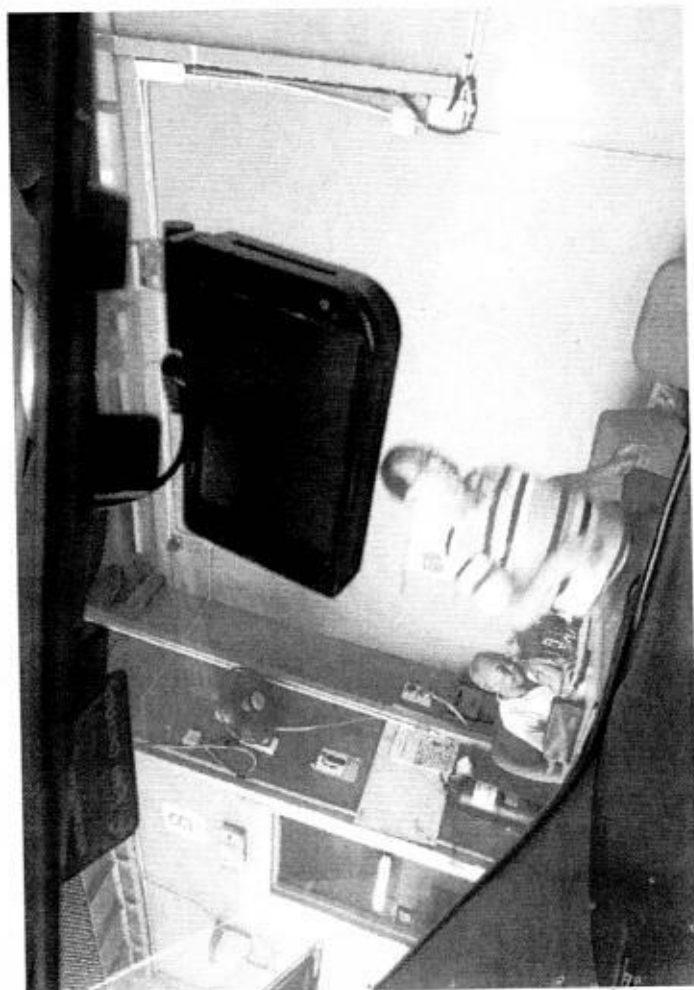
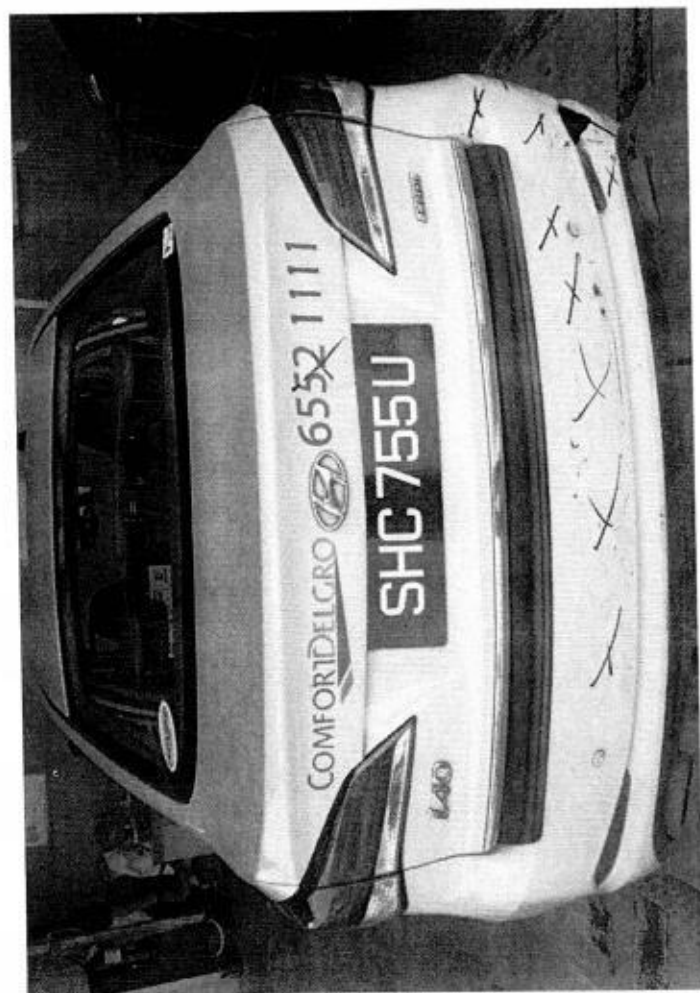
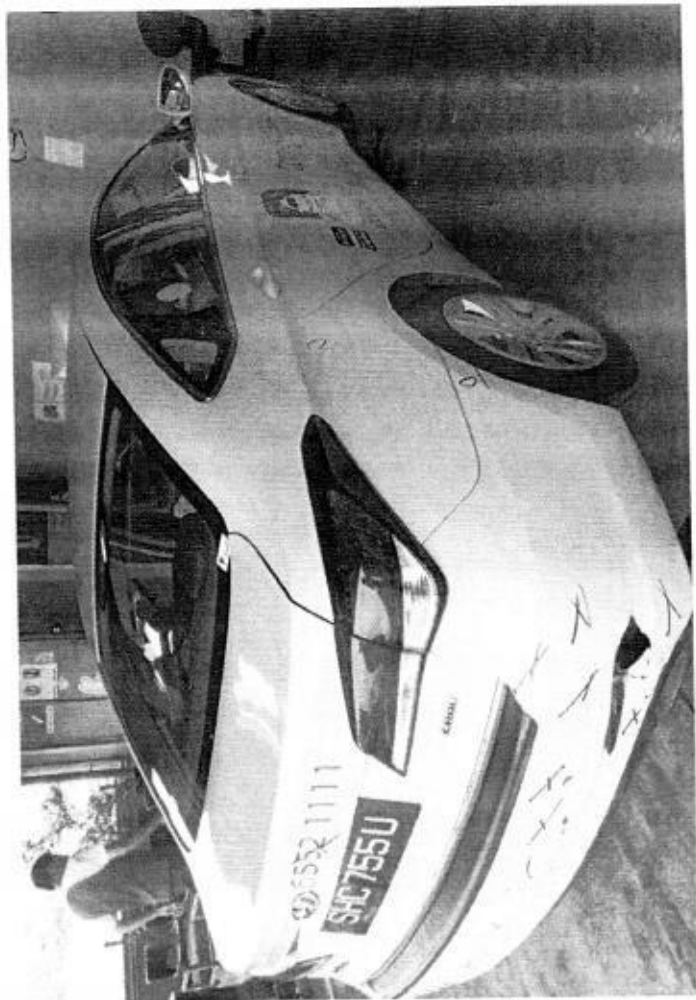
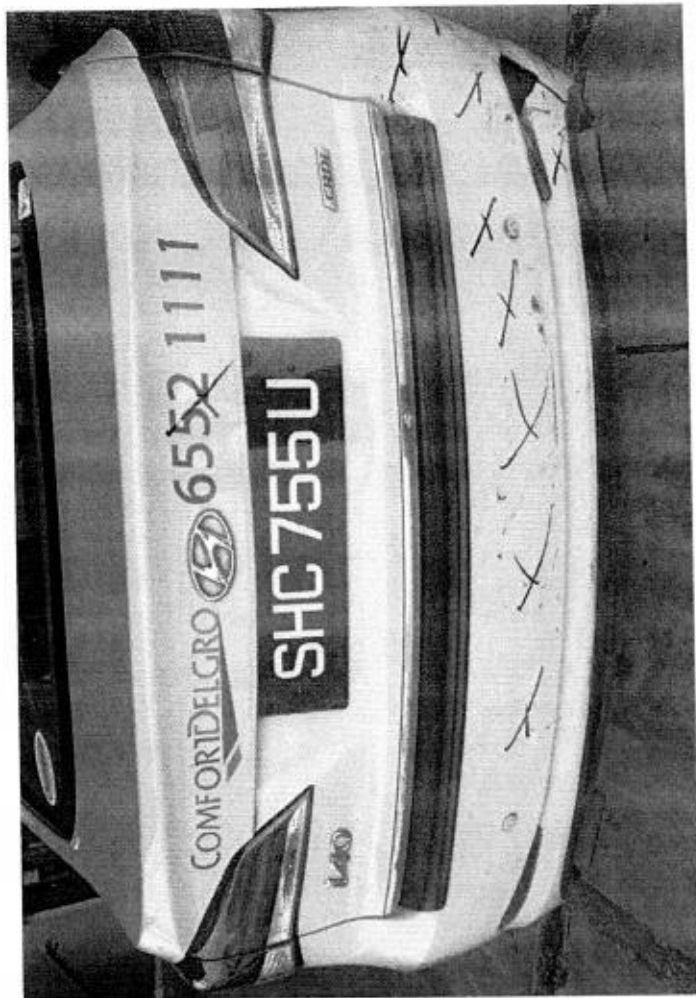
Date/Time:
24/04/2018 13:06

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Classification Of Case:

Authentication Stamp
NP168







Date/Time: 25.04.2018 10:45

Page : 1

eam: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO305145621

STOMER	REGN NO: SHC 755U	MILEAGE
MS CITYCAB PTE LTD 7010070	MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 23.04.2018 15:30
RESS 65551188	YR OF MANU 12.03.2015	TARGET DATE
(R) (P)	CHASSIS CODE KMHLE41UMFU066150	COMPLETION DATE/TIME:
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 23.04.2018

ATURE: 3P 23.04.2018

3/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

w/wedgement Slip

Exit Pass

SHC 755U LKE

Vehicle No.: SHC 755U

of Service Advisor

Signature/Date

Name of Service Advisor

Date _____

returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 755U

DATE 25/4/2018 10:36

MAKE :

MODEL : HYUNDAI i40

L/Sum

Like

Auto & General

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid X su			\$ 1,681.40	
	Boot Lid 'H' Emblem X an			\$ 27.20	
	Boot Lid CRDI Plate X an			\$ 41.00	
	Rear Bumper — Detail			\$ 603.60	
	Rear Bumper Reinforcement X su			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) X su		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket X su		\$ 49.00	\$ 98.00	
	Rear Bumper Clips — su			\$ 22.00	
	Rear Bumper Sponge X su			\$ 143.40	
	Rear Bumper Under Cover — cl			\$ 225.00	
	Rear Bumper Reflector Lamp (RH) — an			\$ 32.00	
	Rear Panel X repair			\$ 592.30	
	Rear Panel Garnish X su			\$ 57.70	
	Rear Panel Lower Panel X repair			\$ 495.50	

COMFORTDELGRO ENGINEERING

Our Job Ref No 305145621
Date : 26/04/18

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

FINALIZATION FORM


To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC755U CCPL


Fax :
23.04.18

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

1. The repair job shall bill to: **AUTO & GENERAL** --- **SJG3694Y**
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: 20% **\$1,050.00**
Final Lumpsum Repair cost **\$1,050.00**
3. Estimated normal period for repairs: 2 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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : **LIM KWOK ENG**
Date : **26/4/18**

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18007611/K1vbn2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE

239924

Date : 03-05-2018



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJG 3694Y	Veh. Inspected	SHC 755U
Policy No.		Coverage (\$)	0.00
Claim No.	C10001541/AH	Excess (\$)	0.00
Assign From	JULIE	Assign Date	25/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU066150	Colour	YELLOW
Odometer	588667	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	23/04/2018	Inspection Date	25/04/2018
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:	2 Working Days
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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 755U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	SERVICEABLE	1,681.40	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	27.20	-
1	BOOT LID CRDI PLATE	NOT NECESSARY	41.00	-
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
2	REAR BUMPER SIDE BRACKET @\$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	REAR BUMPER REFLECTOR LAMP (RH)	CRACKED	32.00	32.00
1	REAR PANEL	TO REPAIR SEE LABOUR	592.30	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR SEE LABOUR	495.50	-
	LESS 20% DISCOUNT		-976.69	-176.52
			3,906.76	706.08
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			215.70	185.70
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR PANEL AND REAR PANEL LOWER PANEL.		750.00	200.00
	SPRAY PAINTING CHARGE.		750.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	20.00
			1,720.00	420.00
GRAND TOTAL			5,842.46	1,311.78

Report Ref No. CS/AGI18007611/K1vbn2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,050.00
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Report Ref No. CS/AGI18007611/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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