

(08/11/13)

Surveyor: Kalvin

REF:

CS/QW18011764/Klsbsv

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop m/s _____

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: SHA 83134 Yr Regn: 13 Sep 2017

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

Truck / Trailer or

Make: Toyota Pro c.c. 1700Colour: Yellow A/C: Indoed / Std / NI / NASp. Reading: 165865 T/Radio: Indoed / Std / NI / NA

Eng/No: _____

C/No: J70KBJF4203562883Gen. Cond: Good / 6 / Poor / BurntSteering: Inorder / 6 / Jammed / Leaked / Burnt orBrake: Inorder / 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD 6 Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Went like

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 12/8/16 D.O.I. 14/8/18Survey held at CDHE (Loyang)

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

N/S Front

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

Date / Time Action / Instruction

2/8/18	SHA 83134 - CS/FCL17003051 / Mldm2 Lum Sum P/P \$2661.38 / 3 Rps.	EXA: 170417 Independent. 14
	Submit independent report.	
	(\$256.32 Red - 24%)	
	RECEIVED 21 AUG 2018.	

Date/Time, File Pass to?

21/08/18

1) Typist

Date/Time, File Return to?

2) _____

Report Format:

Lump Sum / I.B.I: (\$ 2,661.38 P/P)Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

160

AXA

Reply | Delete | Junk | ...

Acknowledgement: Your ref : SHA8313U Our ref : S8M00RXC MC/CKC

RP

RATAN BHOSALE Pragati <pragati.bhosale@axa.com.sg>

Reply |

Today, 9:26 AM

Lim Kwok Eng; CHAN Kian Chuan <kianchuan.chan@axa.com.sg>

Inbox

Without Prejudice

Dear Sir

We regret that we are unable to arrange a survey for your client's vehicle as we need more time to confirm the vehicle no. SMC9550A. In order not to delay any further, you may proceed to arrange your own surveyor as deemed fit.

Regards
Pragati

From: Lim Kwok Eng [mailto:limke@cdge.com.sg]**Sent:** Monday, August 13, 2018 4:56 PM**To:** SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>**Cc:** Ng Nyuk Phin <ngnp@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>**Subject:** SHA8313U with your insured SMC9550A

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

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

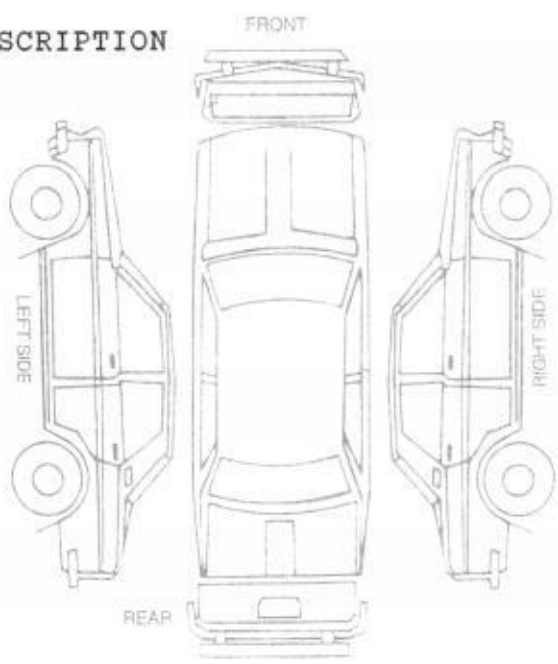
Team:	ARC Repair TP(CFSO)1	JOB CARD	Sales Order:	JC NO.: 305199402
TOMER:		REGN NO.:	SHA8313U	MILEAGE
MS:	CITYCAB PTE LTD	MAKE:	TOYOTA	FUEL
TOMER NO.:	7010070	MODEL:	PRIUS HYBRID(G4)	DATE/TIME IN
RESS:	383 SIN MING DRIVE	YR OF MANU:	13.09.2017	TARGET DATE
(R):	Singapore SINGAPORE 575717	CHASSIS CODE:	JTDKB3FU203562883	COMPLETION DATE/TIME
(P):	65551188			
COUNT CARD NO				

JOB DESCRIPTION

Accident Date: 12.08.2018
NATURE: 3P 12.08.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

wedgement Slip
Vehicle No.: SHA8313U LKE
Signature/Date
returned to Service Reception upon collection

Exit Pass
Vehicle No.: SHA8313U
Name of Service Advisor
Date
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 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	13/08/2018 11:32
Date Of Accident	12/08/2018 22:00
Exact Location Of Accident	MARINA BOULEVARD X JUNCTION BATFRONT AVE.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8313U
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	TOYOTA
Model	PRIUS

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	CHAN KUN SENG
NRIC No	S0748064D
Date Of Birth	29/12/1945
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1965
Driving Experience	53 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97358671
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	317 07-59 HOUGANG AVENUE 7
Postcode	530317
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

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	SMC9550A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG WAI CHONG
NRIC/Passport Number	S7761136C
Contact Number	96881716
Address	
Postcode	

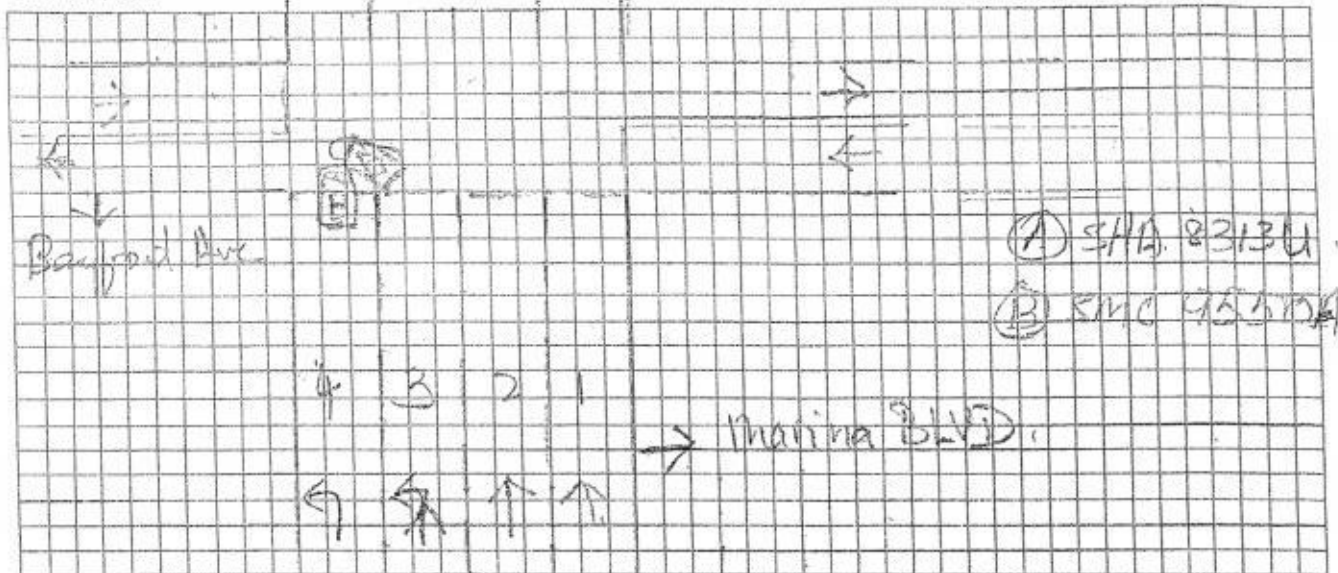
Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 12/08/2018 at about 2200hrs, I Vehicle A was driving along marina boulevard traffic light junction turning into bayfront ave. on the third lane. while I'm turning half way vehicle B on my left wanted to going straight and collided onto my vehicle A ^{left front} ~~left rear~~ portion.

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)
Date & Time:

13/8/18
Jackson Hong 
CSO

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

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 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.

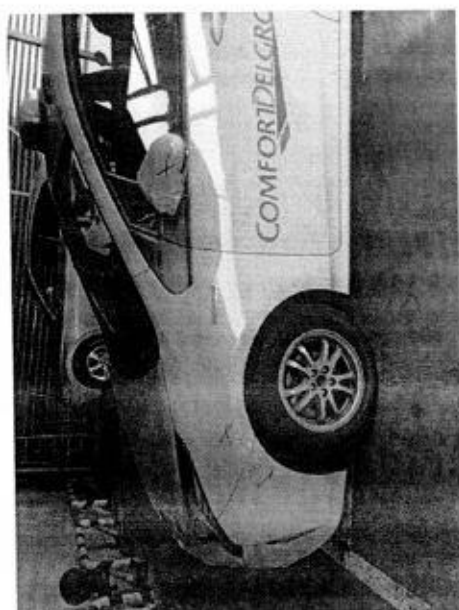
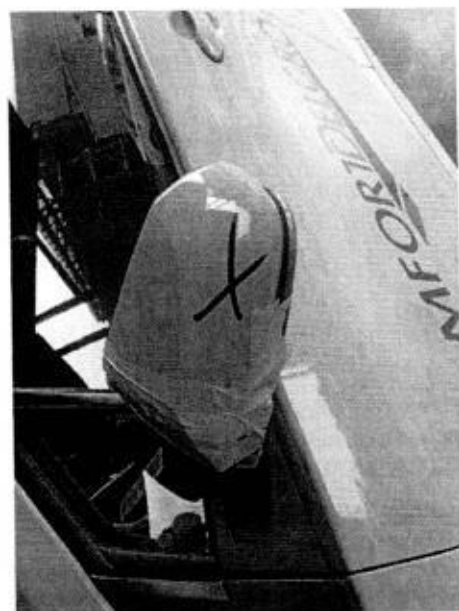
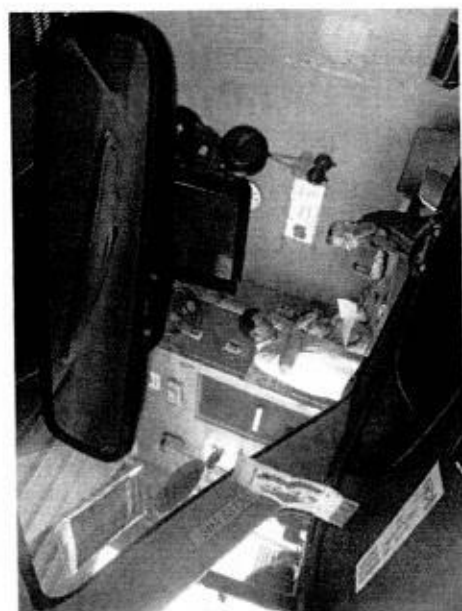
CITYCAB PTE LTD
CO. REG. NO. 1995028367

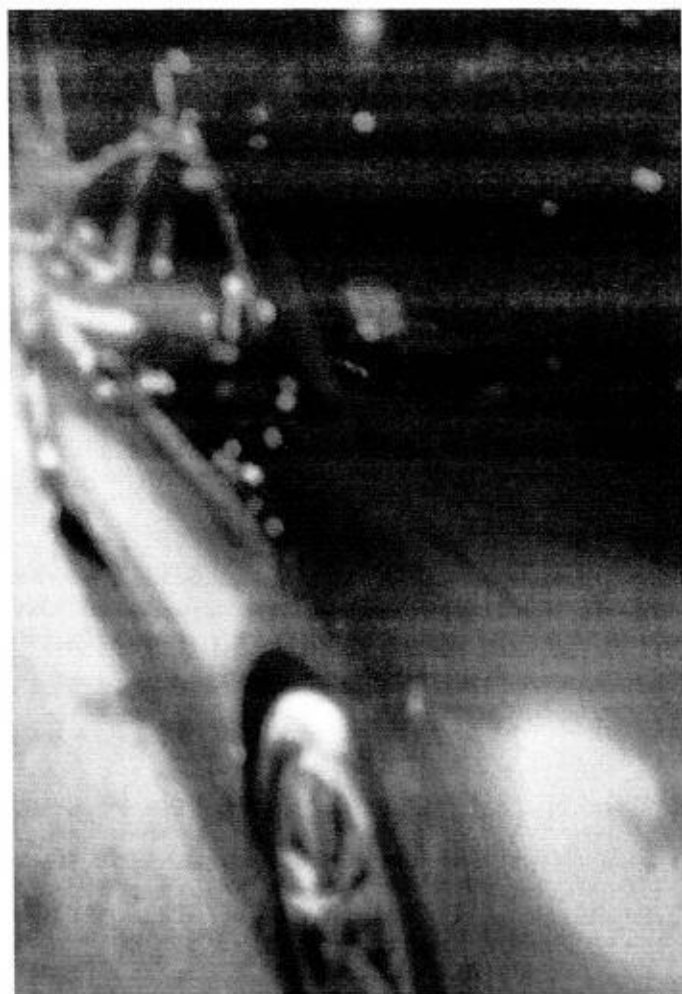
Policyholder's Signature
Date & Time:


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

13/8/18
Jackson Heng
CSO

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





CITY CAB PTE LTD

REPAIR ESTIMATE

13/8/2018 15:35

VEHICLE NO : SHA 8313U

MAKE :

MODEL : TOYOTA PRIUS

Like

AXA

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FENDER SUB-ASSY, FRONT LH <i>new</i>			\$ 945.00
FRONT FENDER SHIELD <i>X su</i>			\$ 196.60
FRONT FENDER SHIELD CLIP <i>X 12</i>			\$ 3.80
FRONT FENDER HYBRID EMBLEM, LH <i>new</i>			\$ 53.50
MIRROR ASSY, OUTER REAR VIEW, LH <i>Bro key</i>			\$ 1,390.00
COVER, OUTER MIRROR, LH <i>X 1/2</i>			\$ 141.90
MIRROR OUTER, LH <i>X 1/2</i>			\$ 212.80
<i>Front Bumper X repair</i>			
SUB TOTAL			\$ 2,943.60
LESS 25%			\$ 735.90
DISCOUNTED TOTAL			\$ 2,207.70
LABOUR CHARGE			
Panel Beating			\$ 560.00 <i>400</i>
Spray Painting Charge			\$ 650.00 <i>450</i>
Wiring Charge			\$ 50.00 <i>X 2.5</i>
Tuff Kote			\$ 50.00 <i>20</i>
TOTAL LABOUR			\$ 1,310.00
ESTIMATE TOTAL			\$ 3,517.70

Katie (CICIC)

14/8/18 1115h

3/17/

YIP

Before Part y Lab

LKK Auto Consultants hereby 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 modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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

Our Job Ref No 305199402

Date 18/08/18

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

FINALIZATION FORM

To LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA8313U CCPL

12.08.18

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

1. The repair job shall bill to: AXA --- SMC9550A
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$1,791.38
(b) Labour Charges	\$870.00
Total for Part-By-Part Repair Cost	\$2,661.38
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	20%
Final Lumpsum Repair cost	

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : KALVIN ANG

Date : 20/8/18

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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Final Amount Subject to Insurance Approval

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305199402
REGN NO : SHA8313U
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 13.09.2017
DATE/TIME IN : 13.08.2018 09:30
ACCIDENT DATE : 12.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0574-G	PRIG4 FENDER SUB-ASSY FRO	1 L	945.00	25.00	708.75
0002 04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (1 L	53.50	25.00	40.12
0003 04-01-0302-0600-G	PRIG4 MIRROR ASSY OUTER R	1 L	1,390.00	25.00	1,042.50

SUB-TOTAL : 1,791.37

JOB NATURE

0000 L	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	450.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 870.00

TOTAL : 2,661.37

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :




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				
COMFORTDELGRO ENGINEERING PTE LTD		Ref : CS/QW18014764/K1sbs2		
59 LOYANG DRIVESINGAPORE 508969		Date : 27-08-2018		
		Code : QW007		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHA 8313U	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		14/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU203562883	Colour	YELLOW	
Odometer	165865	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65R15	WEST LAKE	7 mm	
L/H Front Tyre	195/65R15	WEST LAKE	7 mm	
R/H Rear Tyre	195/65R15	WEST LAKE	7 mm	
L/H Rear Tyre	195/65R15	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/08/2018	Inspection Date	14/08/2018	
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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 8313U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FENDER SUB-ASSY, FRONT LH	DENTED	945.00	945.00
1	FRONT FENDER SHIELD	SERVICEABLE	196.60	-
1	FRONT FENDER SHIELD CLIP	NOT NECESSARY	3.80	-
1	FRONT FENDER HYBRID EMBLEM, LH	NECESSARY	53.50	53.50
1	MIRROR ASSY, OUTER REAR VIEW, LH	BROKEN	1,390.00	1,390.00
1	COVER, OUTER MIRROR, LH	TO REPAIR SEE LABOUR	141.90	-
1	MIRROR OUTER, LH	TO REPAIR SEE LABOUR	212.80	-
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 25% DISCOUNT		-735.90	-597.12
			2,207.70	1,791.38
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF COVER, OUTER MIRROR, LH; MIRROR OUTER, LH AND FRONT BUMPER.		560.00	400.00
	SPRAY PAINTING CHARGE.		650.00	450.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
			1,310.00	870.00
GRAND TOTAL			3,517.70	2,661.38
RECOMMENDED COST OF REPAIRS				2,661.38

Report Ref No. CS/QW18014764/K1sbs2

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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