

08/11/13

Surveyor: Kelvin

REF:

CS / QWISD14766 / KHB52

## 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 Rpt: \_\_\_\_\_ 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: SHB 3431P Yr Regn: 1724, 2014Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Tr~~ail / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1687Colour: yellow A/C: Ins / Std / NI / NASp. Reading: 59127 T/Radio: Ins / Std / NI / NA

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

C/No: KMHLE44E4057995Gen. Cond: Good / ~~F~~ / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

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

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

TOYO / YOKO or Wot He

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 12/8/8 D.O.I. 15/8/8Survey held at CDHE (Loyang)

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

N/S body Mirror

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

Date / Time

Action / Instruction

15/8/8	SHB 3431P - CS/FCL/4015449/KH62 Contact L/S \$700 / 1 Day. (Red: 534.40 : 43%)	Doc: 120314	Independent 4.

RECEIVED 15-AUG-2010

Date/Time, File Pass to?

☐ : Prel. Report

1) 15/8 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I: (\$ 700)Days Of Repair: 1Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

  New  Delete  Archive  Junk  Sweep  Move to  Categories 

SHB3431P - DOA:12.08.18 TP CLAIMS WITH YOUR INSURED YP3575H ( AXA )

KS

KUMAR Shailendra <shailendra.kumar@axa.com.sg>

Today 9:13 AM

Fauzy Bin Mokhtar; CHAN Kian Chuan <kianchuan.chan@axa.com.sg>

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. **YP3575H**. In order to proceed to arrange your own surveyor as deemed fit.

Regards  
Shailendra

**From:** Fauzy Bin Mokhtar [mailto:fauzy@sparkcarcare.com]

**Sent:** Monday, August 13, 2018 5:49 PM

**To:** SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>

**Subject:** SHB3431P - DOA:12.08.18 TP CLAIMS WITH YOUR INSURED YP 3575H ( AXA )

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.

The taxi was grounded at our workshop on 12.08.18.

Best Regards,

Fauzy Mokhtar

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148319 / Fax:65468156

-----Disclaimer-----

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Date/Time: 13.08.2018 15:03

Page : 1

Team: ARC Repair TP(CFSO)1

**JOB CARD**

Sales Order: 3847459

JC NO.: 305199175

CUSTOMER

MS CITYCAB PTE LTD  
CUSTOMER NO. 7010070  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65551188 (R) (O)  
(P)

COUNT CARD NO.

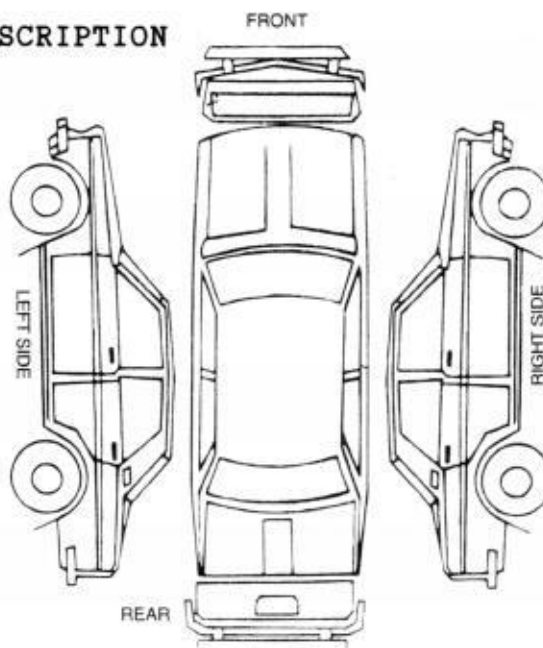
REGN NO.: SHB3431P	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 12.08.2018 13:40
YR OF MANU. 17.07.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU057995	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.08.2018  
NATURE: 3P 12.08.18/B-

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB3431P FZ AXA

Vehicle No.: SHB3431P

Name 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

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 12:30
Exact Location Of Accident	BALESTIER ROAD TWDS THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3431P
<b>Insured/Policyholder</b>	
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	NG AH HONG
NRIC No	S7222609G
Date Of Birth	24/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	11/01/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97811693
Fax Number	
Contact Number	
Email Address	JESLIN7272@HOTMAIL.COM

Address	5 SIREH PLACE
Postcode	534186
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 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)	2
Passenger 1	NAME: : -
	GENDER: : MALE

#### 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

PLS REFER TO 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	YP3575H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PANDI SETHUPATHI
NRIC/Passport Number	S7567525I
Contact Number	91434349
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	RIGHT CENTRE

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### IMPORTANT NOTICE

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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. 199502839G

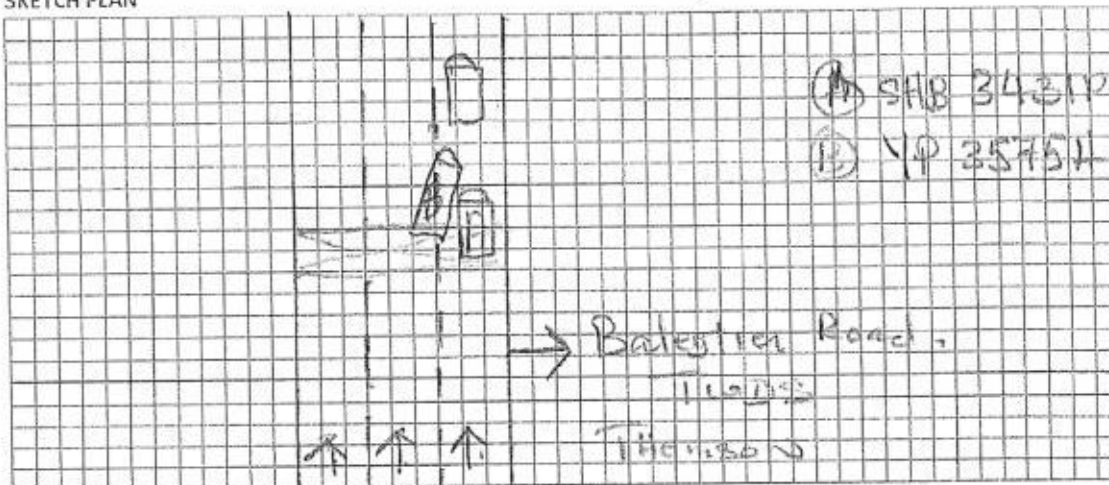
Policyholder's Signature  
Date & Time:

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In 12/08/2018 about 1232pm, I driving at Baker Street Road toward Thomson road. On board passenger dropping off at Whampoa drive. So queuing at the right lane waiting for turning. When <sup>my</sup> vehicle moving suddenly YP3575H cutting into my lane. I tried to stop but YP3575H had hit on my left side mirror.

DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

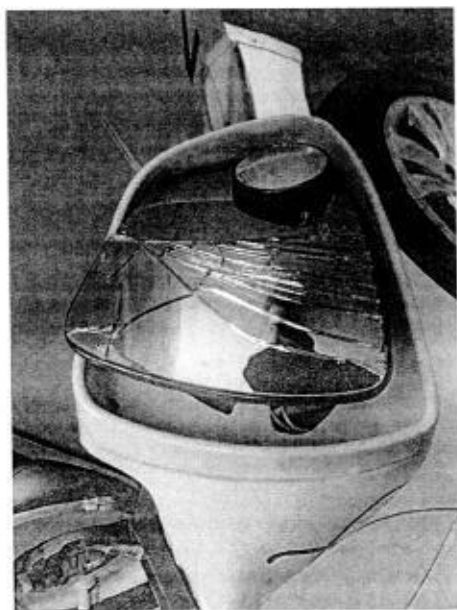
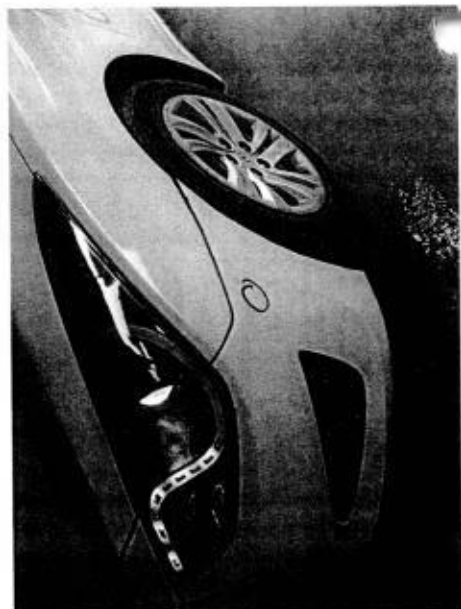
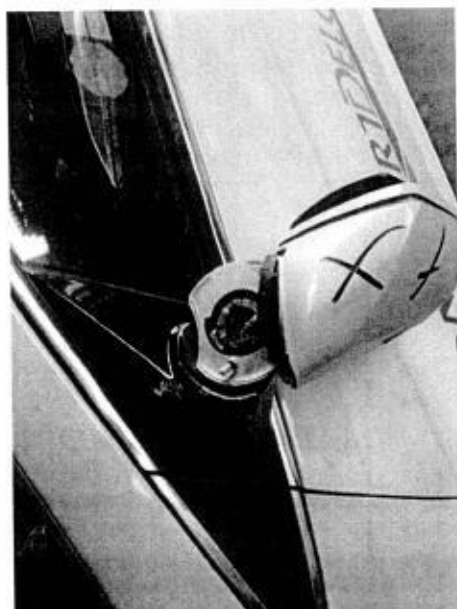
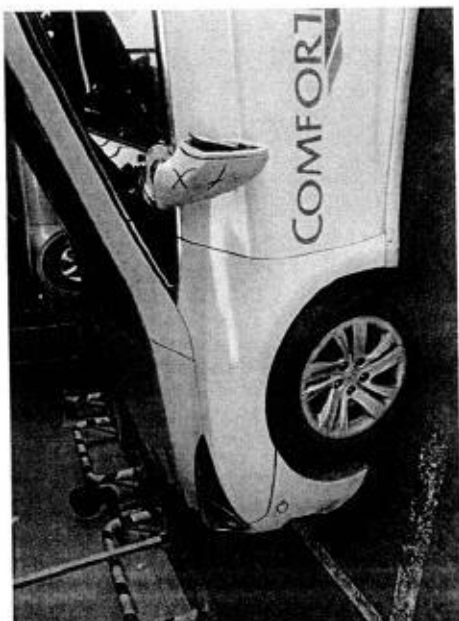
Policyholder's Signature  
Date & Time:

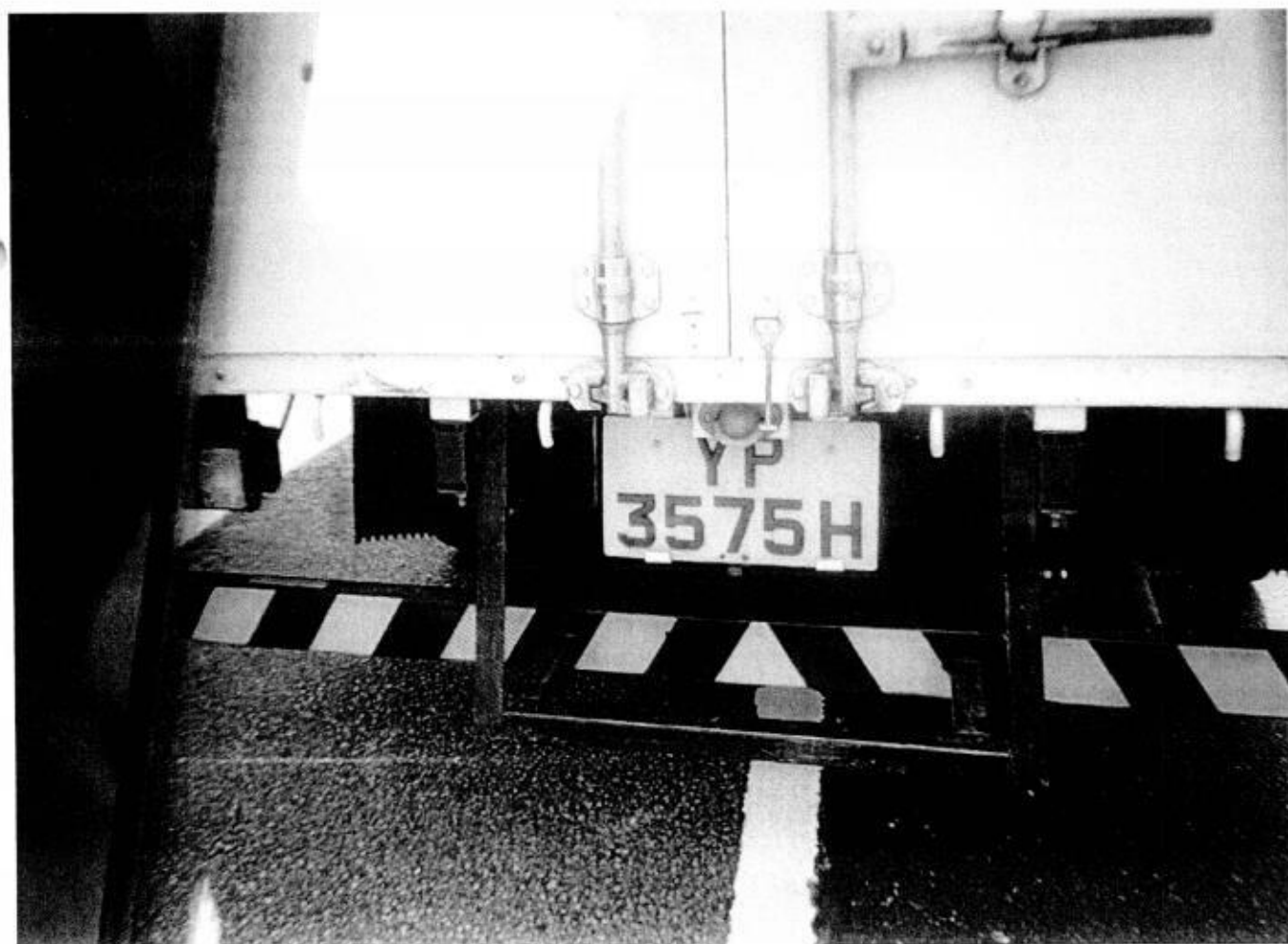
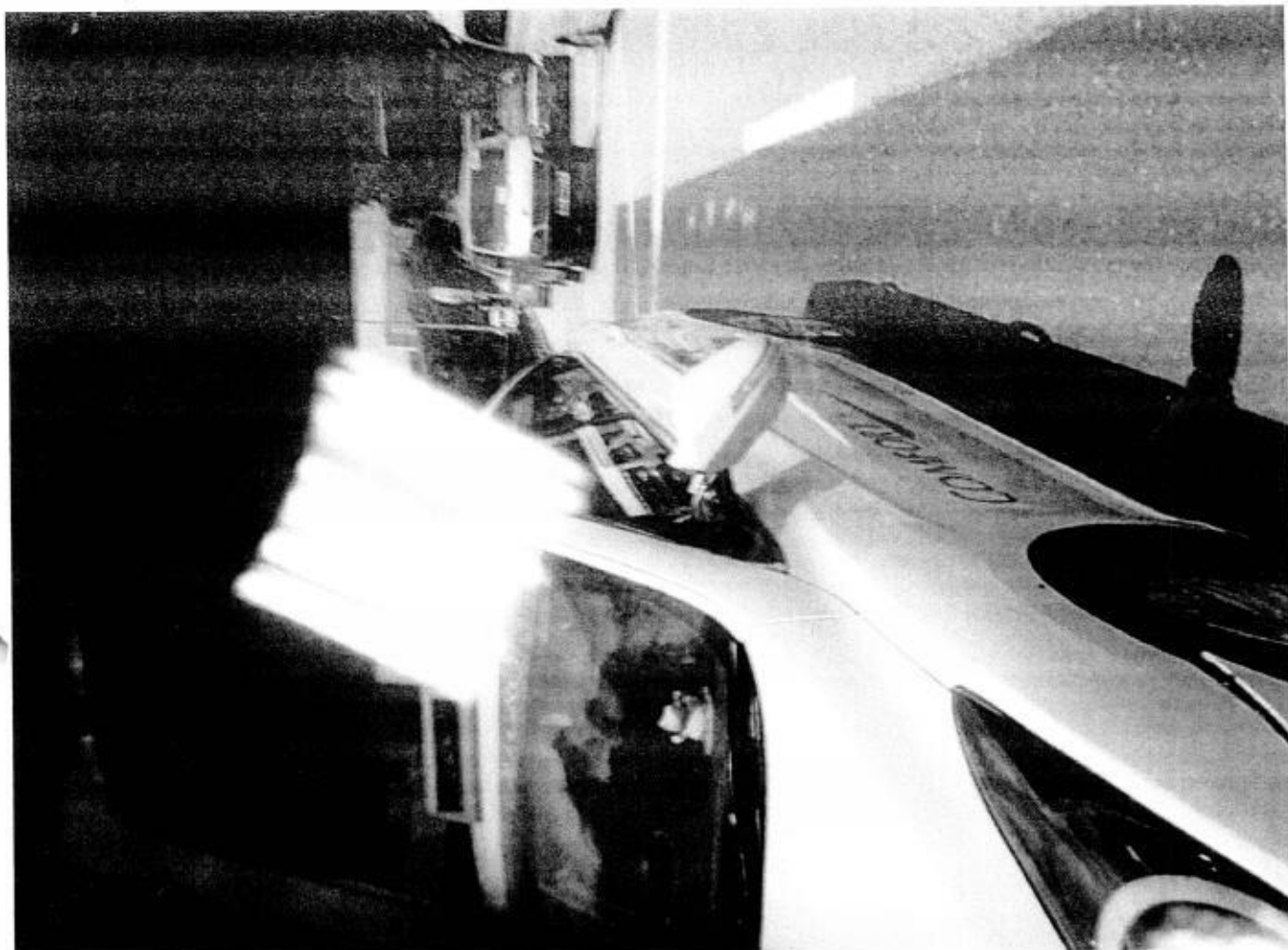
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

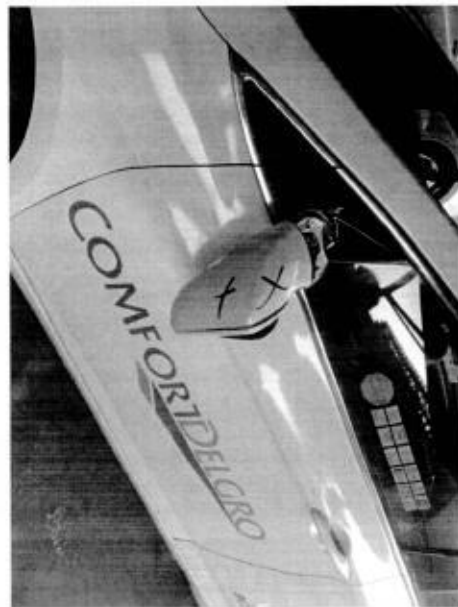
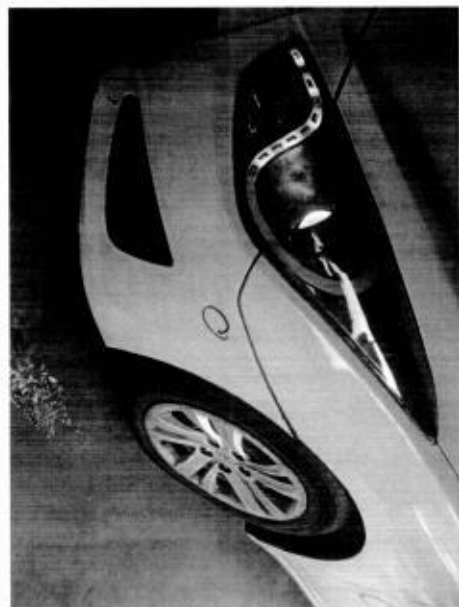
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

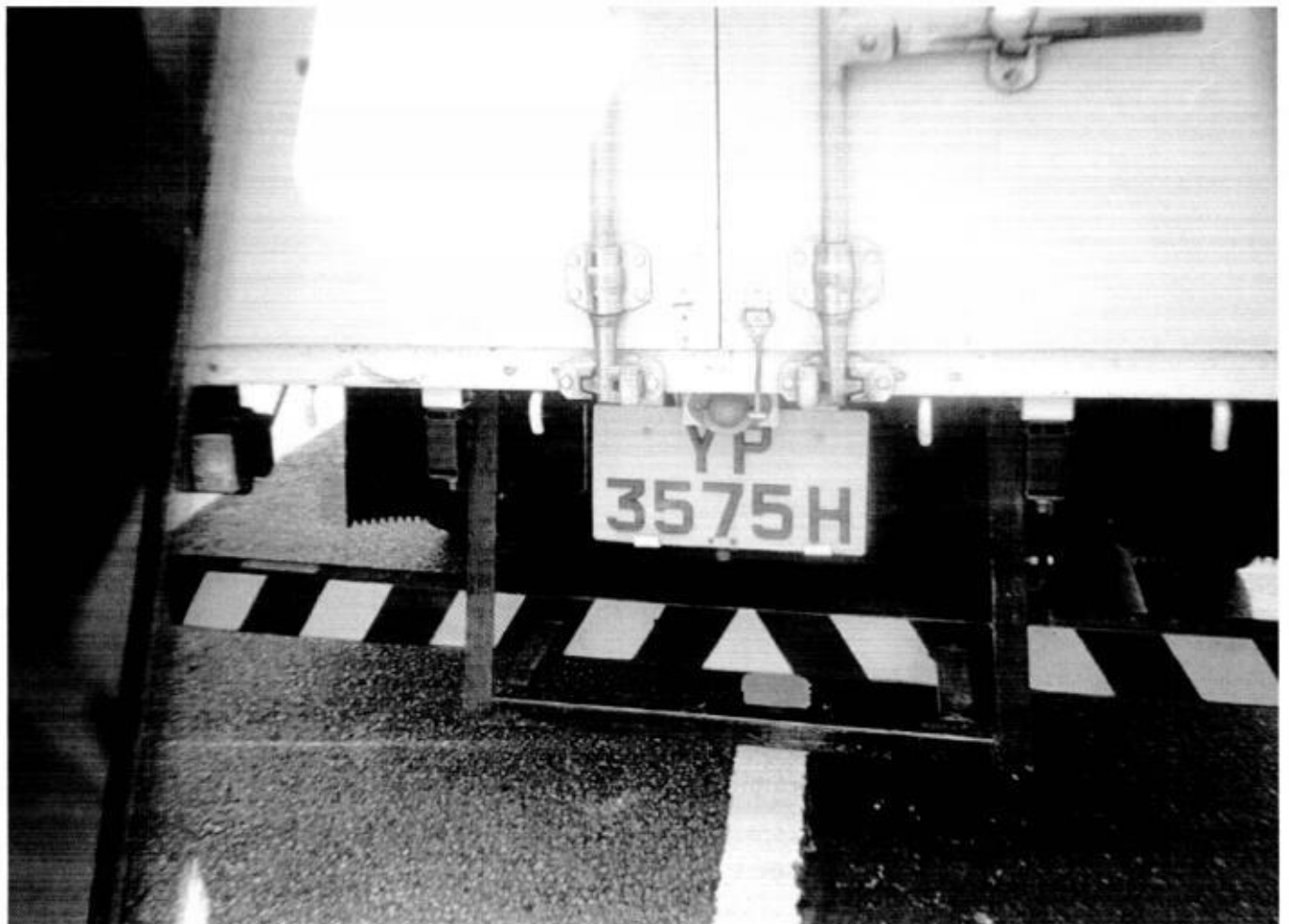
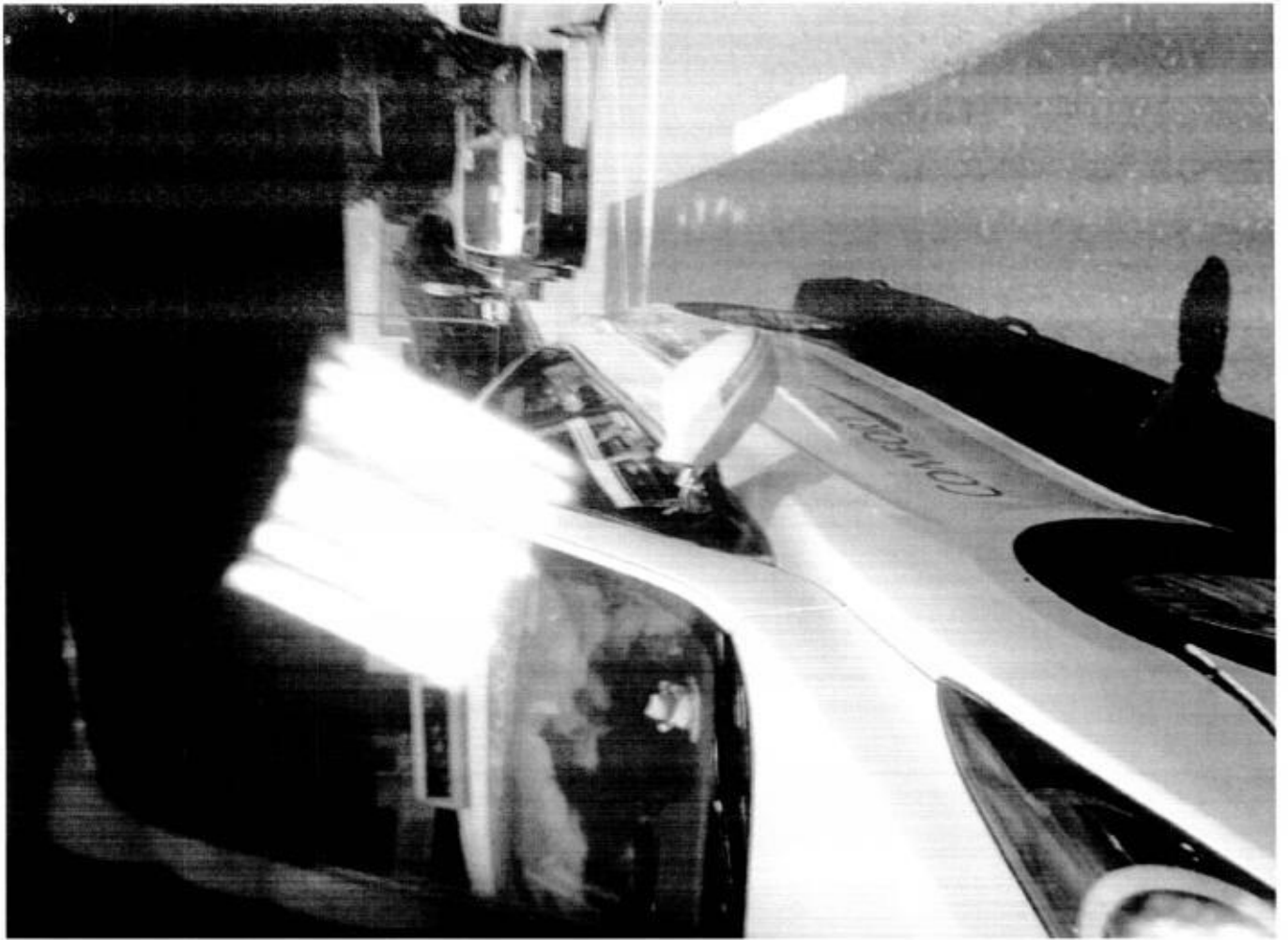
*Jackson*  
Jackson Hong  
CSO 12/8/18













## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 3431P

DATE 13/8/2018 11:33

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (LH) <i>cvh</i>			\$ 980.50
	<b>SUB TOTAL</b>			<b>\$ 980.50</b>
	<b>LESS 20%</b>			<b>\$ 196.10</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 784.40</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>250.00</del> <sup>50</sup>
	Spray Painting Charge			\$ <del>150.00</del> <sup>50</sup>
	Wiring Charge			\$ <del>50.00</del> <sup>50</sup> X
	<b>TOTAL LABOUR</b>			<b>\$ 450.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,234.40</b>
<p><i>Kali (UKK)</i></p> <p><i>14/8/18 1100h</i></p> <p><i>107</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p>				
<div> <p>UKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a 'Without Prejudice' basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>				
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 : 305199175  
Date : 14.08.2018

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

## FINALIZATION FORM

To : LKK Fax :  
Attn : KALVIN  
Vehicle Reg No. : SHB3431P Date of Accident : 12.08.2018


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


1. The repair job shall bill to: AXA --- YP 3575H
2. The finalized amount shall be:
 

(a) Spare Parts after List discount		\$0.00
(b) Labour Charges		\$0.00
<b>Total for Part-By-Part Repair Cost</b>		<b>\$0.00</b>
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:	20%	\$ 700.00
<b>Final Lumpsum Repair cost</b>		<b>\$ 700.00</b>

3. Estimated normal period for repairs: 1 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 : FAUZY BIN MOKHTAR  
Tel : 62148319  
Fax : 65468156

Signature :   
Name : Kalvin  
Date : 15/8/18

## 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		N		
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*

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 3431P

DATE 13/8/2018 11:33

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (LH) <i>Broken</i>			\$ 980.50
	SUB TOTAL			\$ 980.50
	LESS 20%			\$ 196.10
	DISCOUNTED TOTAL			\$ 784.40
	Labour Charge			
	Panel Beating			\$ <del>250.00</del> <sup>50</sup>
	Spray Painting Charge			\$ <del>150.00</del> <sup>50</sup>
	Wiring Charge			\$ <del>50.00</del> <sup>50</sup>
	TOTAL LABOUR			\$ 450.00
	ESTIMATE TOTAL			\$ 1,234.40
<p><i>Kali (UKK)</i></p> <p><i>14/8/18 1100h</i></p> <p><i>10/1</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer:</p> <p>Signature:</p> <p>Date:</p>				
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.				

**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/QW18014766/K1tbs2

59 LOYANG DRIVESINGAPORE 508969

Date : 06-09-2018



Code : QW007

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

Insured Veh.	Veh. Inspected	SHB 3431P
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	14/08/2018

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU057995	Colour	YELLOW
Odometer	599217	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

**3. Conditions of Tyres**

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

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE N/S WING MIRROR.  
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:	<b>1 Working Days</b>
-------------------------------------	-----------------------



**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. SHB 3431P**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<b><u>REPLACEMENT OF PARTS</u></b>	CRACKED		
	FRONT DOOR MIRROR (LH)		980.50	980.50
	LESS 20% DISCOUNT		-196.10	-196.10
			784.40	784.40
	<b><u>LABOUR</u></b>	NOT NECESSARY		
	PANEL BEATING.		250.00	50.00
	SPRAY PAINTING CHARGE.		150.00	50.00
	WIRING CHARGE.		50.00	-
			450.00	100.00
<b>GRAND TOTAL</b>			<b>1,234.40</b>	<b>884.40</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>700.00</b>

Report Ref No. CS/QW18014766/K1tbs2

**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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