

(08/11/13)

Birreyer: Kelvin

REF: CG/DW/8018054/Klvb_{sz}

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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: SHC 7448K Yr Regn: 20 Dec 2017
Type: M. Car / M. Cycle / Bus / Van / Lorry / Tr / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 cc 1685Colour: Yellow A/C: Ins / Std / HI / NASp. Reading: _____ T/Radio: Ins / Std / HI / NA

Eng/No: _____

C/No: KMHLB414M4100082Gen. Cond: Good / Fair / P / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front Rear

R/Bal. 3 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 27/9/18 D.O.I. 4/10/18Survey held at CHE (Loyang)

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

Front Mr.

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

Date / Time Action / Instruction

Veh cannot start

Firewall damaged

unsate to Repair

Reconnect to Scarp.

Check B.o.k rate.

Indep. Int

To Sin Ming Comfort

Report Give to Sin Ming

SHC 7448K - CG/FCL18015278/Rlvb_{sz}

DCA: 05092018

10/10/18 Submit Constructive T/h

RECEIVED 10 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) radio typist

Report Format: _____

Lump Sum / L.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS \$ _____

Photos _____

Others _____

TOTAL

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	28/09/2018 10:19
Date Of Accident	27/09/2018 18:10
Exact Location Of Accident	ALEXANDRA VIEW.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7448K
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	REPORTING ONLY
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	MOHD ZIN BIN KHATIB
NRIC No	S0059526H
Date Of Birth	30/12/1954
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1978
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96233301
Fax Number	
Contact Number	
EMail Address	MOHDZINBINKHATIB@YAHOO.COM

Address	BLK 243 TAMPINES STREET 21 #06-405
Postcode	521243
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 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?	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	TRC7513L
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGED
No. Of Passenger (Including Driver)	

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.
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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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:


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

28/9/18
Jackson Hong
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/9/2018 at about 1810 hrs, I Vehicle A was driving along Alexandra View. There was single lane and construction work on the left side, there was a trailer at the side, there was no sign display at the road side. while I'm going straight on the sun shine direct onto my front windscreen and the whole glass was blur and collided onto trailer rear.


DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

GUARMC SketchPlanForm_V3


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

28/9/18
Jackson Hong
CEO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2839G
Vehicle Details	
Vehicle No.:	SHC7448K
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Oct 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDHU730960
Chassis No.:	KMHLB41UMHU100082
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,885.00
Original Registration Date:	20 Dec 2017
First Registration Date:	20 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$18,885.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Dec 2025
PARF Rebate Amount:	\$14,163.00
Intended COE Rebate Details	
COE Expiry Date:	19 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$30,761.00
Total Rebate Amount:	\$44,924.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 05 Oct 2018

OK

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops

69 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sengkang Way Singapore 726791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 758732
200 Ubi Road 3 Singapore 408649

Date/Time: 28.09.2018 13:29

Page : 1

1Team: ARC Repair OD(CFSO)

JOB CARD

Sales Order: 3860371

JC NO.: 305218619

STOMER

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

(R)
(P)

COUNT CARD NO.

REGN NO.: SHC7448K

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 27.09.2018 18:10

YR OF MANU. 20.12.2017

TARGET DATE

CHASSIS CODE KMHLB41UMHU100082

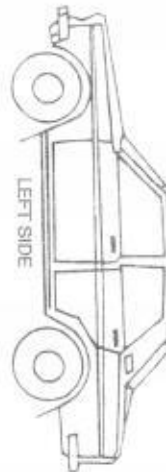
COMPLETION DATE/TIME:

JOB DESCRIPTION

NATURE: OD 27.09.2018
S/NO LABOR CODE

DESCRIPTION

FRONT



REAR

RIGHT SIDE

LEFT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC7448K CHIANG

Vehicle No.: SHC7448K

Signature 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 7448K

DATE 4/10/2018 10:13

MAKE :

MODEL : HYUNDAI i40

LKK 2 opinion

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet			\$ 2,265.90
	Bonnet Rubber (LH)			\$ 12.40
	Bonnet Rubber (RH)			\$ 12.40
	Bonnet Hinge (LH/RH)		\$ 41.00	\$ 82.00
	Bonnet Lock			\$ 36.90
	Bonnet Insulator			\$ 196.50
	Bonnet Insulator Clips			\$ 8.40
	Bonnet Cable			\$ 28.60
	Radiator Grille			\$ 251.00
	Radiator Grille H Emblem			\$ 27.50
	Front Bumper Cover			\$ 544.50
	Front Bumper Sponge			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	Front Bumper Grille (LH/RH)		\$ 41.60	\$ 83.20
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH)		\$ 24.60	\$ 49.20
	Headlamp Support Top Cover			\$ 222.60
	Headlamp Support Panel Assy			\$ 907.40
	Headlamp (LH/RH)		\$ 1,388.00	\$ 2,776.00
	Radiator			\$ 698.30
	Radiator Fan Blade,Cowling,Motor Assy			\$ 792.95
	Radiator Bracket (RH/LH)		\$ 6.50	\$ 13.00
	Radiator Hose Upper			\$ 36.50
	Radiator Hose Lower			\$ 36.50
	Radiator Guard		\$ 20.00	\$ 40.00
	Horn Unit (LH/RH)		\$ 73.80	\$ 147.60
	Horn Wire			\$ 156.50
	Front Fender (LH)			\$ 566.30
	Front Fender Apron Panel (LH)			\$ 637.00
	Front Fender Shield (LH)			\$ 174.90
	Front Fender Retainer			\$ 24.60
	Aircon Condenser			\$ 927.50
	Front Windscreen Glass			\$ 1,017.80
	Front Windscreen Moulding			\$ 113.30
	Front Windscreen Pillar Outer(LH)			\$ 1,745.50
	Front Shock Absorber (Assy) (LH)			\$ 342.20
	Front Shock Absorber Mounting (LH)			\$ 108.80
	Front Drive Shaft (LH)			\$ 1,030.80
	Rack & Pinion Assy			\$ 969.60
	STG Tie End			\$ 62.60
	Stabilizer Bar			\$ 252.30
	Stabilizer Bar Bush (LH)			\$ 16.40
	Stabilizer Bar Link			\$ 61.10
	Stabilizer Bracket			\$ 24.00
	Front Suspension Lower Arm (LH)			\$ 529.30
	Front Chasis Member			\$ 1,060.70

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Knuckle Arm (LH)			\$ 552.00	
	Engine Under Cover			\$ 334.60	
	Engine Crossmember			\$ 2,094.40	
	Engine Lower Cover			\$ 56.30	
	Instrumental Panel			\$ 1,664.40	
	Dashboard Complete			\$ 852.20	
	Inter Cooler			\$ 1,032.50	
	Inter Cooler Mounting (2 PCS)			\$ 25.90	
	Hose B To Inter Cooler			\$ 229.70	
	Hose C To Inter Cooler Inlet			\$ 294.50	
	Wiring-Engine			\$ 3,326.00	
	SUB TOTAL			\$ 30,099.15	
	LESS 20%			\$ 6,019.83	
	DISCOUNTED TOTAL			\$ 24,079.32	
	Front Number Plate			\$ 25.00	Nett
	Front No Plate Trim Cover			\$ 30.00	Nett
	Front Fender Advertisement Logo (LH)			\$ 100.00	Nett
	Front Windscreen Sealant			\$ 46.00	Nett
				\$ 201.00	
	Labour Charge				
	Panel Beating			\$ 660.00	
	Spray Painting Charge			\$ 880.00	
	Wiring Charge			\$ 100.00	
	Tuff Kote			\$ 50.00	
	Towing Charge			\$ 60.00	
	Front Chassis Alignment Charge			\$ 400.00	
	Remove/Refix Undercarriage (FRT)			\$ 200.00	
	FRT Wheel Alignment			\$ 80.00	
	Remove/Refix Radiator			\$ 90.00	
	Remove/Refix Aircon & Refill Gas			\$ 150.00	
	Remove/Refix Dashboard			\$ 450.00	
	Remove/Refix Fuse Box			\$ 180.00	
	Remove/Refix Front Windscreen Glass			\$ 120.00	
	Remove/Refix Cushion & Upholstery Front			\$ 90.00	
	TOTAL LABOUR			\$ 3,510.00	
	ESTIMATE TOTAL			\$ 27,790.32	
<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.</p>					

Kahin 100K

4/10/18 1035hr

Fire wall damaged
unsafe to Repair

Recommended to Scrap

Book make

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey but not to survey
- To display damaged parts and survey
- Parts prices are based on 'wholesale' basis
- Third party survey done on 'wholesale' basis
- Supplementary work to be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date: