

ASS. REC. BY:

REF: CS/C12 20003759/ T1sf3 | 12
Spec

Special Instruction:

Surveyor : Taufiq

ASSIGNMENT (Office)

From (Person):

Ben Tang

of

C71

Date/Time:

9.5.2020 3.34p.m

Estimated Cost:

Bill to:

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

To inspect Vehicle No. _____

SIB 2345 L

Insured:

sm 5 1716 H

at Workshop m/s

Ding Automotive

Tel:

93299929

of

31 Corporation Road

Policy No:

- Claim No:

SNM 20D201148 / SM51716H / BEN

Sum Insured:

Excess:

Make of Veh:

DOA

3.3. 2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

CMQ™

Date/Time

9.2.2020 3.5 hr. w

Person Contacted

Guang

Vehicle ~~IN~~ ~~OUT~~

H.O.D. Endorsement

IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 2345 L - (SS) / FBI 19001716 / M/d 30 Ref - 18/10/2019
	Sms. 1716 H - X

A.S.S. REC. BY: Tan

REF:

CT1

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: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB2345LYr Regn: 2017 JuneType: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius Hybridc.c. 1798Colour: Yellow

A/C: Insured / Std / NI / NA

Sp. Reading: 308178

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JDTRB3FU123559084Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Tan

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 9/3/20Survey held at Day After

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

Frt O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TanAlch Confirmed P/P \$2,231.05 @ 3 days with Garage.
(\$ 886.24 Red-28%)

RECEIVED

16/3/2020

Date/Time, File Pass to?

16/03/20

1) Type

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 2

Survey Fee: _____

Transportation: _____

S + RS. _____

Photos _____

Others _____

TOTAL

220

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : West end (\$ _____)

Rep. Format: _____

Lump Sum (B.I.) \$2,231.05 /p/

Nivitha (LKK Auto)

From: Ben Tang <Ben.Tang@sg.cntaiping.com>
Sent: Monday, 9 March 2020 3:34 PM
To: assignments
Cc: Claims Dept of CTI; 'Taxis Customer Service'
Subject: RE: OUR REF: SNM20D201148/SMS1716H /BEN - ACCIDENT INVOLVING SHB2345L AND SMS1716H ON 03/03/2020 SURVEYOR ARRANGEMENT

Dear Sirs

We refer to above matter.

Please assist to arrange for PRS survey of TP vehicle SHB2345L.

Thank you.

Best Regards
Ben Tang
Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #XX-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6175 | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: Taxis Customer Service <taxiscs@stengg.com>
Sent: Monday, March 9, 2020 3:00 PM
To: Ben Tang <Ben.Tang@sg.cntaiping.com>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: RE: OUR REF: SNM20D201148/SMS1716H /BEN - ACCIDENT INVOLVING SHB2345L AND SMS1716H ON 03/03/2020 SURVEYOR ARRANGEMENT

Hi Officer,

Kindly any updates on surveyor arrangement? Vehicle grounded more than 4 days and please expedite on surveyor arrangement as our request for LKK or China Taiping in house surveyor. Thank you.

Best Regards,
VADIVELAN MOHAN
Ding Automotive Pte Ltd
Hp : 96891857 / 62657130

From: Taxis Customer Service
Sent: Thursday, March 05, 2020 2:33 PM
To: 'Ben Tang' <Ben.Tang@sg.cntaiping.com>

Cc: Claims Dept of CTI <claimsdept@sg.entaiping.com>

Subject: RE: OUR REF: SNM20D201148/SMS1716H /BEN - ACCIDENT INVOLVING SHB2345L AND SMS1716H ON 03/03/2020 SURVEYOR ARRANGEMENT

Hi Officer,

Please arrange LLK or China Taiping in house surveyor to conduct survey .

Best Regards,
VADIVELAN MOHAN
Ding Automotive Pte Ltd
Hp : 96891857 / 62657130

From: Ben Tang <Ben.Tang@sg.entaiping.com>

Sent: Thursday, March 05, 2020 2:20 PM

To: Taxis Customer Service <taxises@stengg.com>

Cc: Claims Dept of CTI <claimsdept@sg.entaiping.com>

Subject: RE: OUR REF: SNM20D201148/SMS1716H /BEN - ACCIDENT INVOLVING SHB2345L AND SMS1716H ON 03/03/2020 SURVEYOR ARRANGEMENT

WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING.

Dear Sirs

We refer to your email dated 04 March 2020.

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

LKK / LBS / STA

ADRIAN LING
Kelvin Ang
SEE CHEW SENG
MOHD FADHILAH BIN OSMAN
XING QUO QIANG
KENNETH KONG
SIMON HO
CHUA WEIJIE
MARCUS CHUA
HENRY NG

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

If we do not hear from you within two days of this letter, you shall have deemed to have agreed that the surveyor appointed by us shall be Single Joint Expert for this matter.

Thank you.

Best Regards
Ben Tang

Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #XX-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6175 | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平獅城 Taiping SG

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From: Claims Dept of CTI
Sent: Thursday, March 5, 2020 2:15 PM
To: Ben Tang <Ben.Tang@sg.cntaiping.com>; Taxis Customer Service <taxiscs@stengg.com>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: OUR REF: SNM20D201148/SMS1716H /BEN - ACCIDENT INVOLVING SHB2345L AND SMS1716H ON 03/03/2020 SURVEYOR ARRANGEMENT

Dear Ben,

Please conduct PRS for SHB2345L.

Note : officer in charge – Ben Tang 63896175.

*** Kindly quote our reference number when replying.

Thank you

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 63896116 | F: (65) 62247175

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平獅城 Taiping SG

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From: Taxis Customer Service <taxiscs@stengg.com>
Sent: Wednesday, March 4, 2020 7:26 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>; chinkiat.ong@sg.cntaiping.com; elaine.cheong@sg.cntaiping.com
Cc: kelly.ding@dingauto.sg; dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg
Subject: ACCIDENT INVOLVING SHB2345L AND SMS1716H ON 03/03/2020 SURVEYOR ARRANGEMENT

Dear Officer,

Kindly please arrange survey for vehicle **SHB2345L**. Vehicle already grounded inside workshop. Survey location will be at 31 Corporation Road.

Kindly provide us the selected surveyor to survey.

Thank You

Best Regards,
Guang
Ding Automotive Pte Ltd
Hp : 93299929 / 62657130

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto)
Sent: Monday, 16 March 2020 10:13 am
To: Taxis Customer Service; Taufikh (LKKAuto)
Cc: Claims@dingautomotive.com.sg; dd.hashim@dingauto.sg; kelly.ding@dingauto.sg; SUR
Subject: RE: 50112496 / SHB2345L - Finalize Amount & Before Paint & After Repair Photo . (DOA:03/03/2020)

Hi Guang.

Reduce COR to \$2231.05.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Taxis Customer Service <taxiscs@stengg.com>
Sent: Friday, 13 March 2020 5:54 pm
To: Taufikh (LKKAuto) <Taufikh@lkkauto.com>
Cc: Claims@dingautomotive.com.sg; dd.hashim@dingauto.sg; kelly.ding@dingauto.sg; SUR <sur@lkkauto.com>; CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Subject: RE: 50112496 / SHB2345L - Finalize Amount & Before Paint & After Repair Photo . (DOA:03/03/2020)

Dear Taufikh,

Noted with thanks.

Thank You

Best Regards,

Guang
Ding Automotive Pte Ltd
Hp : 93299929

Veron Chen (LKKAUTO)

From: Taufikh (LKKAUTO)
Sent: Friday, 13 March 2020 3:48 PM
To: 'Taxis Customer Service'
Cc: Claims@dingautomotive.com.sg; dd.hashim@dingauto.sg; kelly.ding@dingauto.sg; SUR; CS A Team; Admin A; Shirley Hiew (LKK Auto)
Subject: RE: 50112496 / SHB2345L - Finalize Amount & Before Paint & After Repair Photo . (DOA:03/03/2020)

Hi Guang,

COR \$2231.04 , 3 days.

Regards
Taufikh
Lkk Auto

From: Taxis Customer Service [mailto:taxiscs@stengg.com]
Sent: Thursday, 12 March 2020 9:29 PM
To: Taufikh(LKK Auto)
Cc: Claims@dingautomotive.com.sg; dd.hashim@dingauto.sg; kelly.ding@dingauto.sg; Asher Sng (LKKAUTO); SUR; CS A Team; Admin A
Subject: 50112496 / SHB2345L - Finalize Amount & Before Paint & After Repair Photo . (DOA:03/03/2020)

Dear Taufikh,

Please see below for the finalize according to our conversion to finalize for SHB2345L

Please refer attachment Estimate & Before Paint & After Paint for SHB2345L

Part By Part

Total Repair – 03 Days

Labour = \$1230

S/N = \$100

Parts = \$901.04

L+S+P = \$2231.04

Total Finalize Amount = \$2231.04

Thank You

Best Regards,

Guang

Ding Automotive Pte Ltd

Hp : 93299929

Office : 62657130



AVG

This email has been checked for viruses by AVG antivirus software.
www.avg.com

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 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. 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	04/03/2020 13:28
Date Of Accident	03/03/2020 17:40
Exact Location Of Accident	ALONG SHENTON WAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB2345L
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
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	HENG SIEN KIET
NRIC No	SXXXX659A
Date Of Birth	15/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2004
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96839351
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 329 CLEMENTI AVENUE 2 #07-230 SINGAPORE 120329
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT (T/20200304/2041) .

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS1716H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEOW MING LIANG
NRIC/Passport Number	SXXXX941C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HENG SIEN KIET

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SHB2345L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Edgedale Medical Clinic (Cambridge)
BLK 40 Cambridge Road #01-115, SINGAPORE 210040
Tel: 62921088 Fax: 69043188

Medical Certificate

Date : 04 Mar 2020

MC No. : 0000001126

This is to certify that:

Name : HENG SIEN KIET

NRIC : S7148859A

is Unfit for Duty for 3 days
from 04 Mar 2020 to 06 Mar 2020 inclusive.

DR YAN SHIYUAN
B.Sc (Pharmacy), NUS
MBBS, University of Queensland
MCR: M16892A

DR YAN SHIYUAN
B.Sc (Pharmacy), NUS
MBBS, University of Queensland
MCR: M16892A

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*



**SINGAPORE
POLICE FORCE**



T/20200304/2041

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20200304/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2020 12:01		Vide Report No.:		Station Diary No.: 62	
Informant's Particulars					
Name of Informant: HENG SIEN KIET			Address: APT BLK 329 CLEMENTI AVENUE 2 #07-230 SINGAPORE 120329		
ID Type / ID No.: NRIC NO / S7148659A			Contact No.: Home/Office: Mobile: 96839351		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 17/05/1971	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 Others	Drink Drive: No	Date/Time of Accident: 03/03/2020 17:40	Type of Location: Straight Road
Location: Along Road 1 SHENTON WAY				
Along Shenton Way				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SHB2345L	Car	TOYOTA	Prius	Yellow	Slightly Damaged	0
SMS1716H	Car	HONDA	Fit	Yellow	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200304/2041

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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Report No. T/20200304/2041

CONTINUATION OF REPORT

Driver			
Name	HENG SIEN KIET	ID No.	S7148659A
Related Vehicle	SHB2345L (Car)	Contact No.	96839351
Hospital/Clinic	EDGEDALE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/03/2020	Date Discharge	04/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 03/03/2020 at about 1740hrs, I was driving my Yellow Citicab taxi with registration number SHB2345L along Shenton Way.

I was travelling straight at Lane 2 and suddenly there was a yellow Honda Fit with registration number SMS1716H had cut into my lane. He had switched lane however did not manage to fully overtake me and hit the front right side of my car.

He drove off soon after. I honked at him and then he stopped. My car can still be driven. The front right bodykit near to the tyre is dented and there is scratches. I have exchanged particulars with the other driver. His details as follows: Seow Ming Liang, S9216941C.

On 04/03/2020 at about 0900hrs, I felt a strain at my neck and shoulder area. I went to the clinic and gave me Medical Certificate for about 3 days. The clinic is 40 Cambridge Road, Edgedale Medical Clinic notice that there I have an in-vehicle camera in the taxi.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20200304/2041

3 of 3

Report No. T/20200304/2041

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: D / Sgt 3 NURAISHAH BINTE OSMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/03/2020 12:01
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	

SKETCH PLAN

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.

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.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report (T/20200304/2041).

DECLARATION

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

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.:

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

04/03/2020 21:32

JOB-NO: 50112496

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHB2345L

TRANS: AUTO

CHASSIS: JTDKB3FU103559084

MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT

ENGINE: 2ZRS049480

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 2

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 STRAIGHT AND PANEL BEAT ACCIDENT AREA	1.00	700.00	0.00	700.00		Y	400
2 SUNDRIES	1.00	50.00	0.00	50.00		Y	20. net
3 RUST PROOFING	1.00	80.00	0.00	80.00		Y	30
4 DIAGNOSTIC (CLEAR FAULT CODE) & CHECK LIGHTING SYSTEM	1.00	180.00	0.00	180.00		Y	100
5 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
6 RESPRAY FRONT FENDER RH	1.00	250.00	0.00	250.00		Y	200
7 RESPRAY FRONT DOOR RH	1.00	250.00	0.00	250.00		Y	200
8 RESPRAY SIDE MIRROR COVER RH	1.00	120.00	0.00	120.00		Y	80
TOTAL:		1,880.00	0.00	1,880.00			

MATERIALS

1 FRONT FENDER RH	1.00	933.10	233.28	699.82	L	Y	61
2 FRONT FENDER EMBLEM-HYBRID RH	1.00	51.60	12.90	38.70	L	Y	30
3 FRONT FENDER INNERSHIELD RH	1.00	201.87	50.42	151.25	L	Y	X nn
4 FRONT WHEEL CAP RH	1.00	216.70	54.18	162.52	L	Y	nt
5 REPAIR FRONT BUMPER	1.00	0.00	0.00	0.00	S	Y	RP
6 FRONT FENDER INNERSHIELD CLIP SET RH	1.00	35.00	0.00	35.00	S	Y	RX
7 REPAIR FRONT DOOR RH	1.00	0.00	0.00	0.00	S	Y	RP
8 REPAIR SIDE MIRROR COVER RH	1.00	0.00	0.00	0.00	S	Y	RP
9 FRONT DOOR STICKER-COMFORT DELGRO RH	1.00	150.00	0.00	150.00	S	Y	100 net
TOTAL:		1,588.07	350.78	1,237.29			

TOTAL PARTS & LABOUR: 3,468.07 350.78 3,117.29

EXCESS/LOADING: \$ 0.00

No. Of Day: 3

RE-SURVEY: BEFORE/AFTER PAINTING
PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: 9, 3, 20

SURVEYED BY: Tanfer

CONTACT NO: 97495749

FAX NO:

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Part 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:

G-STAR-WI-ET-001-02-Rev00

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CTI20003759/T1SF3N2
Date: 23/03/2020

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMHCSNW00000902000
 Claimant Vehicle No: SHB2345L Insured Vehicle No: SMS1716H
 Date of Loss: 03/03/2020 Nature of Claim: TP Claim No: SNM20D201148

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHB2345L
 Make & Model: TOYOTA PRIUS, 1.8 HYBRID CVT (A) Engine No: 2ZRS049480
 Reg. Date: 22/06/2017 (Man. Year: 2017) Chassis No: JTDKB3FU103559084
 Colour: Yellow Odometer: 308178 km
 Engine Capacity: 1798 cc
 Market Value/New Car Price: N/A
 Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195/65R15 Rear Tyre Size: 195/65R15
 Front Left Side: Triangle 6 mm Rear Left Side: Triangle 6 mm
 Front Right Side: Triangle 6 mm Rear Right Side: Triangle 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,287.30	1,021.05	266.25	20.68
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,830.00	1,210.00	620.00	33.88
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	3,117.30	2,231.05	886.25	28.43
+ GST 7.00/7.00% (S\$)	218.21	156.17	62.04	28.43
Nett Amount (S\$)	3,335.51	2,387.22	948.29	28.43

INSPECTION

Date of Assignment: 16/03/2020
 Date Inspected: 09/03/2020 Inspected At: Ding Automotive Pte Ltd (HQ)
 31 CORPORATION ROAD
 Singapore 649825
 Estimated Period of Repair: 3.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 23 Mar 2020)

Parts: 144 TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SHB2345L)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT FENDER RH	Bent	933.10 FL	*933.10 FL
2	1		*FRONT FENDER EMBLEM-HYBRID RH	Necessary	51.60 FL	*51.60 FL
3	1		*FRONT FENDER INNERSHIELD RH	Not Necessary	201.67 FL	*- FL
4	1		*FRONT WHEEL CAP RH	Cut	216.70 FL	*216.70 FL
5	1		*FRONT BUMPER (NPA)	Repair	0.00 FS	*- FS
6	1		*FRONT FENDER INNERSHIELD CLIP SET RH	Repair	35.00 FS	*- FS
7	1		*FRONT DOOR RH (NPA)	Repair	0.00 FS	*- FS
8	1		*SIDE MIRROR COVER RH (NPA)	Repair	0.00 FS	*- FS
9	1		*FRONT DOOR STICKER-COMFORT DELGRO RH	Cut	150.00 FS	*100.00 FS
10	1		*SUNDRIES	Necessary	50.00 FS	*20.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	1,638.07	1,321.40
- List Item Discount on L Items 25.00/25.00% (\$\$)	350.77	300.35
Total Parts (\$\$)	1,287.30	1,021.05

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	STRAIGHT AND PANEL BEAT ACCIDENT AREA	New	700.00	400.00
2	RUST PROOFING	New	80.00	30.00
3	DIAGNOSTIC (CLEAR FAULT CODE) & CHECK LIGHTING SYSTEM	New	180.00	100.00
4	RESPRAY FRONT BUMPER	New	250.00	200.00
5	RESPRAY FRONT FENDER RH	New	250.00	200.00
6	RESPRAY FRONT DOOR RH	New	250.00	200.00
7	RESPRAY SIDE MIRROR COVER RH	New	120.00	80.00
Gross Labour Cost (S\$)			1,830.00	1,210.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >