

22/03/2002

ASS. REC. BY:

REF: CS/CTI 20004775/GTf3

Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): Chong Boon Sen

of

CTI

Date/Time: 1.4.2020 13.29p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 9409x

Insured:

SMG 5883U

at Workshop m/s

Ding Auto

Tel:

968 91857

of

31 Corporation Road

Policy No: DMHCSNA00001962000

Claim No:

SNM20D201570C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 30.3.2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 1/4/2020 2.11p.m

Person Contacted:

Mohan

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate.
	SHA 9409x - NA/CTI 20004775/24 DCA - 30/03/2020
	SMG 5883U - NA/CTI 20004775/24 DCA - 30/03/2020

ASS. REC. BY: CEREF: CT1

## ASSIGNMENT

From: \_\_\_\_\_ Date: 1.4.2020

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SHA 9409Xat Workshop m/s Ding Autoof 31 Corporation Road

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
<u>B</u>	

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA9409X Yr Regn: 02 Apr 2019

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

Truck / Trailer or

Make: Hyundai IONIQ c.c. 1580Colour: yellow A/C: Insured / Std / NI / NASp. Reading: 191628 T/Radio: Insured / Std / NI / NA

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

C/No: KMHC 851CVK \*U139784Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 11

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

TOYO / YOKO or Westlake

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. \_\_\_\_\_ D.O.I. 01-04-20Survey held at W/S 4330pm

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

Rear N/S

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

Date / Time Action / Instruction

Finalize at PIP ~~81001.84~~ \$1001.84, (Red: 2024.16 : 67%)

Date/Time, File Pass to?

1) 28/4 Typist ☐ : Prel. Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format :

Lump Sum / L.E. (\$) TP  
1001.84Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_ SI

Photos

Others

TOTAL

## ...CLAIM SUBFOLDER...(New Assignment)

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	(Not Notified)		01 Apr 2020 13:29 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>
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#### CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: S6828147D
Vehicle Reg. No.:	SHA9409X
Claim Type:	TP
Vehicle Reg. No. (Insured):	SMG5883U
Repairster:	Ding Auto Pte Ltd (corporation Road) (HQ) 31 Corporation Road, 649825 Boon Lay - Tel: 81316518
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 13/04/2020]

#### ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

#### ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## 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	31/03/2020 17:13
Date Of Accident	30/03/2020 20:25
Exact Location Of Accident	ALONG ROBINSON ROAD JUNCTION OF CROSS ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9409X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	SXXXX147D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92952823
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AE IONIQ HEV-1.6 (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	LIM HWEE KIM
NRIC No	SXXXX147D
Date Of Birth	24/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2002
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92952823
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 508 JELAPANG ROAD #11-102 SINGAPORE
Postcode	670508
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 - HEAD TO REAR
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?	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 TO ATTACHMENT

#### 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	SMG5883U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	TAN MATTHEW
NRIC/Passport Number	
Contact Number	97772725
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan Pg. 1

### 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.

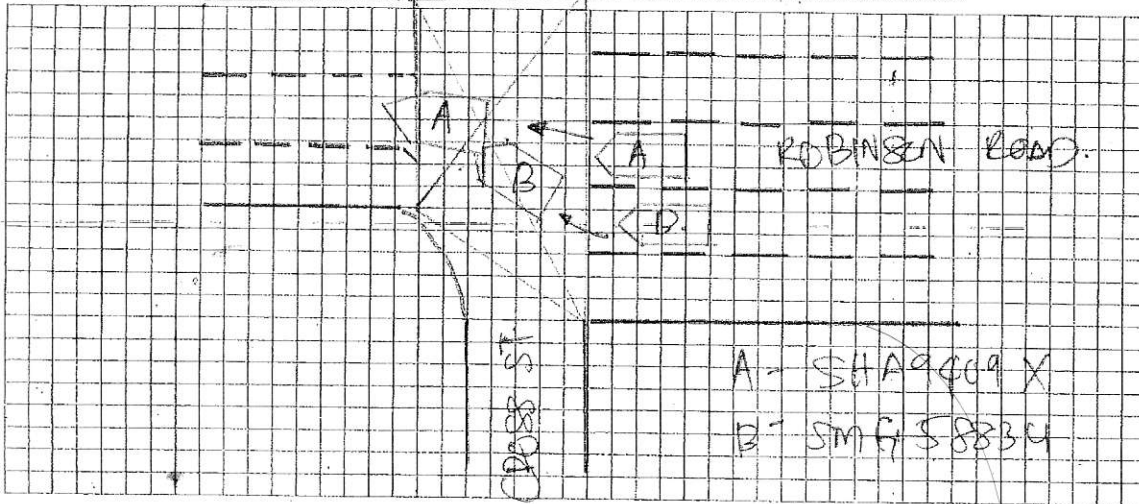
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If Driver is not the policyholder)  
Date & Time: 3/03/20

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

# Accident Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/3/2020 @ 20:25 HOURS I WAS DRIVING MY TAXI (SHA9409X) ALONG ROBINSON ROAD. AT TIME NO PASSENGER ON BOARD. TRAFFIC WAS MODERATE. WHILE IM DRIVING ON 3RD LANE, OUT OF SUDEN I FEEL BIG IMPACT FROM REAR OF MY VEHICLE. AFTER WHILE I WANT CHECK I VEHICLE BEARING PLATE (SMG5883U) CUT INTO MY LANE AND COLLIDED INTO MY VEHICLE REAR LHS. BEFORE I TOOK SCENE PICTURE, THE OTHER VEHICLE DRIVER MOVED HIS VEHICLE. BUT I STILL MANAGED TOOK FEW PHOTOS OF VEHICLE. THERE AFTER WE EXCHANGED PARTICULARS.

## 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: 310320

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



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	839G
Vehicle No.:	SHA9409X
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Apr 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Yellow
Manufacturing Year:	2018
Engine No.:	G4LEJU184182
Chassis No.:	KMHC851CVKU139784
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,861.00
Original Registration Date:	02 Apr 2019
First Registration Date:	02 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$11,806.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Apr 2027
PARF Rebate Amount:	\$8,854.00

COE Expiry Date:	01 Apr 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,940.00
COE Rebate Amount:	\$18,322.00
<b>Total Rebate Amount:</b>	<b>\$27,176.00</b>

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 01 Apr 2020

OK