

ASS. REC. BY:

REF:

CT/ CS/CT1 2004886/Myd3

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:

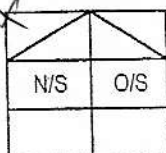
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHC 4784

Yr Regn:

2019, Apr. 1.

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

Truck / Trailer or

Make:

Hyundai Lonig

c.c 1580.

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

151190

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHC851CVK4141328

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

145/65R15

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

TOYO / YOKO or

Valleystone

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

3/4/20

Survey held at

Ding Auto Corporation Rd.

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

Frt N/S

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

Date / Time

Action / Instruction

PIP \$3461-66 (Red \$3482-16, 50%)

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

30/6/20

Typist

Days Of Repair:

3

Resurvey No. of Trip:

3

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Rep. Format:

Lump Sum / B.B. /

PIP \$3461-66

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	02/04/2020 09:00
Date Of Accident	02/04/2020 07:30
Exact Location Of Accident	CHOA CHU KANG AVENUE 1 JUNCTION OF TECK WHYE LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC478U
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	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 LEONG SENG
NRIC No	SXXXX857B
Date Of Birth	10/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1979
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82000900
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 142 TECK WHYE LANE #05-275 SINGAPORE
Postcode	680142
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	GBH8158K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

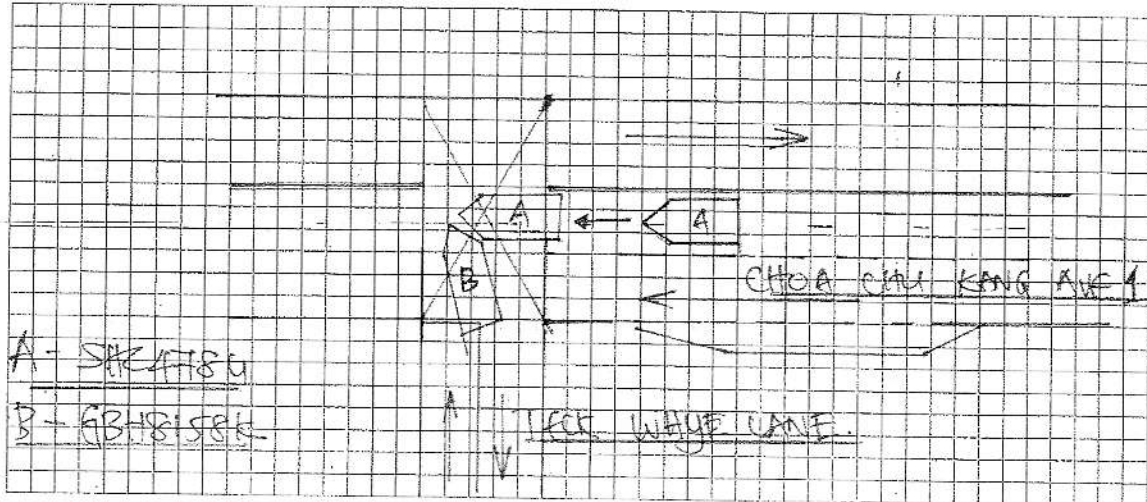
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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: VBOI
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 2/4/2020 @ 07:30HOURS I WAS DRIVING MY TAXI (SHC478U) ALONG CHOA CHU KANG AVE 1. AT TIME NO PASSENGER ON BOARD. WHILE IM ON MY WAY, JUST AT TECK WHEE LANE CUT OF SUDDEN I LORRY BEARING PLATE (GBH8158K) CAME ACROSS FROM TECK WHEE LANE AND COLLIDED INTO MY VEHICLE FRONT LHS. AT TIME, IM AT 1ST LANE AND MY LANE IS CLEAR. THEREAFTER I MANAGED TOOK FEW ACCIDENT SCENE PHOTOS AND LEFT SCENE SPOT.

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: VSD1.
NRIC/FIN No.:

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

02/04/2020 10:36

JOB-NO: 50112563

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: SHC0478U

TRANS: AUTO

CHASSIS: KMHC851CVKU141328

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEJU191273

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 STRAIGHTEN AND PANEL BEAT ON ACCIDENT AREAS	1.00	1,200.00	0.00	1,200.00		Y	300
2 RESPRAY FRONT LHS FENDER	1.00	250.00	0.00	250.00		Y	200
3 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
4 RESPRAY FRONT BUMPER GARNISH (BLACK)	1.00	250.00	0.00	250.00		Y	100
5 R&R RADIATOR ASSY & RADIATOR INVERTER & AC CONDENSER	1.00	200.00	0.00	200.00		Y	X
6 CHECK WIRING ,RE-POSITION HEADLAMP WITH LEVELING, WIRE HARNESS AND CLEAR FAULT CODE	1.00	200.00	0.00	200.00		Y	30
7 TOP UP AIR COND GAS R-134A	1.00	180.00	0.00	180.00		Y	X
8 RUST PROOFING	1.00	120.00	0.00	120.00		Y	X
TOTAL:		2,650.00	0.00	2,650.00			

MATERIALS

1 FRONT BUMPER	1.00	659.60	131.92	527.68	L	Y	del
2 FRONT BUMPER LHS RETAINER	1.00	68.98	13.80	55.18	L	Y	del
3 FRONT LHS DAYLIGHT	1.00	689.60	137.92	551.68	L	Y	X
4 FRONT LHS DAYLIGHT COVER	1.00	126.30	25.26	101.04	L	Y	cut
5 HEADLAMP LHS	1.00	2,110.30	422.06	1,688.24	L	Y	cut
6 FRONT BUMPER GARNISH (BLACK)	1.00	286.90	57.38	229.52	L	Y	cut
7 FRONT LHS FENDER (REPAIR)	1.00	0.00	0.00	0.00	L	Y	X
8 FRONT LHS WHEEL CAP	1.00	326.30	65.26	261.04	L	Y	X
9 FRONT SUPPORT PANEL	1.00	949.30	189.86	759.44	L	Y	X
10 FRONT BUMPER CLIPS	1.00	60.00	0.00	60.00	S	Y	300
11 RADIATOR COOLANT	1.00	60.00	0.00	60.00	S	Y	X
TOTAL:		5,337.28	1,043.46	4,293.82			

TOTAL PARTS & LABOUR : 7,987.28 1,043.46 6,943.82

EXCESS/LOADING:S\$ 0.00

No. Of Day:

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY PART OR LUM SUM: S\$

DATE OF SURVEY: 3 / 4 / 20

SURVEYED BY:

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
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CONTACT NO:

97745749

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

taufik@lkkauto.com

LKK Auto Consultants hence 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: