



## CITYCAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHC 893D

DATE 09/04/20

MAKE :

CHIANG/NTUC

MODEL TOYOTA PRIUS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER <i>x(R)</i>			\$458.60
1	REAR BUMPER SIDE RETAINER <i>xun</i>			\$112.70
1	REAR BUMPER REINFORCEMENT ?			\$318.80
1	REAR BUMPER UNDER SIDE COVER RH <i>xun</i>			\$232.00
1	REAR BUMPER LOWER COVER <i>scr</i>			\$552.60
1	REAR BUMPER REFLECTOR <i>xun</i>			\$142.00
10	REAR BUMPER CLIPS <i>xun</i>			\$25.00
SUB TOTAL				\$1,841.70
25.00%				\$460.42
DISCOUNTED TOTAL				\$1,381.27
1	REAR BUMPER MAT <i>xnn</i>			\$50.00
1	REAR NUMBER PLATE/WHOLDER <i>Om</i>			\$50.00
1	REAR REVERSE SENSOR <i>xnn</i>			\$135.70
				\$235.70
Labour Charge				
Panel Beating				\$620.00 <i>\$320</i>
Spray Painting Charge				\$400.00 <i>\$200</i>
Tuff Kote				\$60.00 <i>\$30</i>
Check Lighting				\$60.00 <i>\$30</i>
Remove/refix reverse sensor				\$60.00
TOTAL LABOUR				\$1,200.00
ESTIMATE TOTAL				\$2,816.97
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 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:

Rqm(LKK)  
 9/8/2020 1550  
 Insurance@LKKauto.com  
 88622728  
 (8/P) after repair photo  
 2upairphoto





## 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 08/04/2020 15:30  
Date Of Accident 08/04/2020 12:55  
Exact Location Of Accident PUNGGOL FIELD TOWARDS PUNGGOL EAST  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC893D

### Insured/Policyholder

Name Of Registered Owner CITYCAB PTE LTD  
Co Reg No 1XXXXX839G  
Email Address FLEETSAFETY@CDGETAXI.COM.SG  
Mobile Phone No  
Alternative Phone No OFFICE-65508768

### Vehicle Particulars

Manufacturer TOYOTA  
Model PRIUS

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

Vehicle Category THIRD PARTY 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 TAY THIAM HEE  
NRIC No SXXXXX023G  
Date Of Birth 29/03/1968  
Occupation OUTDOOR  
Date Of Driving Pass 11/02/1988  
Driving Experience 32 YEARS AND 1 MONTH  
Gender MALE  
Mobile Number (LOCAL) +65-96998222  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address	BLK 212 PASIR RIS STREET 21
Postcode	#08-222
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 (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?	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	SMM8738E
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TAY THIAM HEE
Approximate Age	
Injuries Sustain	RIGHT EYE SWOLLEN
Injured person in which vehicle?	SHC893D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## IMPORTANT NOTICE

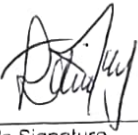
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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5. Any false reporting may be referred to the Police for investigation.
6. The report 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 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.
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, investigation, 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:

Olivia Wendy

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 00 APR 2020



A = SHC 873D

PURSOOT AREA

B = SHC 8738E  
(HATCH)

*[Signature]*



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

We declare the foregoing particulars are true in every respect.

CITYCAD PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

*[Signature]*

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

Olivia Wendy

*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No: 8 APR 2020



Describe Circumstances of the Accident.

On the 08/04/2020 at about 12:55hrs, I was driving along Punggol Field towards Punggol East direction with no passenger on board my taxi.

As I approached the give way line, I stop to checked the traffic is clear from incoming vehicle before I drive out when there's an impact from behind my taxi. So I step out to checked and found out a vehicle of SMM8738E front portion had collided onto my rear right portion of my taxi.

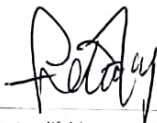
My right eye swollen from the impact and will consult doctor later.

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

Olivia Wong

Witnessed by Reporting  
Centre Personnel

08 APR 2020