MES FEL BY, RAM

ASSIGNMENT

From Date:	Veh No: SHC 84 SD Yr Regn: 13 12 2019
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry/ Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: TOPOTA PRIVSHYBRID (514)CC 17478
at Workshop m/s	Colour Yellow A/C: Insured/Std/NI/NA
of	Sp.Reading 51553 T/Radio: Insured / Std / NI / NA
Insured.	Eng/No:
Policy No. :	C/No: JTDKB3FU803C90429
Claims No.	Gen. Cond: Good) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Rorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: (norde) / Jammed / Leaked / Burnt or
Make of Veh:	Modi : Nil (S/Rim / STD A/Rim or
	Tyre Size: F: 195/65R:5
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS (DUN) EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 8 mm R/Bal. 9 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 8 mm L/Bal. 9 mm
Est Repairs: days Res.: Yes or No	D.O.A. 68/04/2020 D.O.I. 9/4/2020
Lum Sum: % 3 Val.: Yes ,or No	Survey held at comfortdel gro (Loxarg)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear OS N/S U/C Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The IVO (o)
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Pate / Time Additive maddeter	
	· (TVC)
	Mo
· · · · · · · · · · · · · · · · · · ·	(PP)
	ys Of Repair:
: Final Report Re	survey No. of Trip: - Survey Fee:
Add Fee:	Transportation:
	: Site Insp (\$)S + RSSI
port Formel :	: Interview (\$) Photos
ng 2mm/LEA: (3	:Tech. Invs (\$) Others
	:Weelfend (*
	TOTAL

CITYCAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO

SHC 893D

MAKE

2 1022 12

DATE

09/04/20

CHIANG/NTUC

MODEL TOYOTA PRIUS

Qty	Parts Description/ Labour	Туре	Unit Price	Amount
	REAR BUMPER X (2)	Туре	Oill File	\$458.60
	REAR BUMPER SIDE RETAINER XM			\$112.70
	REAR BUMPER REINFORCEMENT			\$318.80
	REAR BUMPER UNDER SIDE COVER RH XW			\$232.00
	REAR BUMPER LOWER COVER SCHOOL			\$552.60
	REAR BUMPER REFLECTOR XM			\$142.00
	REAR BUMPER CLIPS XMA			\$25.00
	SUB TOTAL			\$1,841.70
	25.00%			\$460.42
	DISCOUNTED TOTAL			\$1,381.27
1	REAR BUMPER MAT ≺N^			\$50.00
1	REAR NUMBER PLATE/WHOLDER · OW			\$50.00
1	REAR REVERSE SENSOR × ⋈⋈			\$135.70
				\$235.70
	Labour Charge			
	Panel Beating			\$620.00
	Spray Painting Charge			\$400.00
	Tuff Kote			\$60.00
	Check Lighting			\$60.00
	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 <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Rom(LICE)

9/84/2020 (SSO

Rove Surante Lexando. com

2865278

CALTERANTO

DEPARTMENTO

DEPARTME

COMFORTDELGRO ENGINEERING

A regumbore COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

MILEAGE

Date/Time: 09.04.2020 09:58

Page : 1

Team:

ARC Repair TP(CFSO)1

JOB CARD

JOB DESCRIPTION

Sales Order:

JC NO.: 305393010

CUSTOMER

CITYCAB PTE LTD

7010070

CUSTOMER NO 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

MODEL PRIUS HYBRID (G4AO 8.04.2020 14:20 YR OF MANY . 12.2019

REGN NO SHC 893D

MAKE TOYOTA

TARGET DATE

CHASSIS JPPKB3FU803090429

COMPLETION DATE/TIME

DISCOUNT CARD NO.

Accident Date: 08.04.2020

NATURE: 3P 08.04.2020

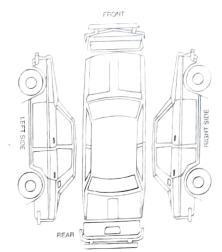
S/NO

me of Service Advisor

be returned to Service Reception upon collection

LABOR CODE

DESCRIPTION



Date

TURE

Name of Service Advisor

To be kept by Security Guard

Signature/Date

SINGAPORE ACCIDENT STATEMENT

- 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 witholding of material facts may allow insurance companies.

 repudiate policy liability.

6. This report will be forwarded by the insurers of the GIA Records Management Carter of statements and that copies of this report to the insurers. you hereby consent to the archiving of this report at the central and that copies of this report to the insurers. you hereby consent to the archiving of this report at the central formation of the insurers, you hereby consent to the archiving of this report at the central formation of Report (1970 15:30) Date Of Report (1970 16:30) Date Of Report (1970 16:3	4. The issue and acceptance of this from by insulance in the form by insulance of the from by insulance in the form by insulance of the form by insulance in the formation by the insulance of the formation by insulance and insulance designation. 5. Any lab condemnation of the formation of the Cla Records Management Centre established by the General Insurance Association of Singapore (GIA) for an activing and that copies of this report will for a fee, be made available upon application by interested parties. 7. By the bodgement 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. Date Of Report OB/04/2020 15:30 Date Of Accident Exact Location Of Accident SINGAPORE Vehicle Registration Number SINGAPORE Name Of Registered Owner CITYCAB PTE LTD Co Reg No Insured/Policyholder CITYCAB PTE LTD Co Reg No Alternative Phone No OFFICE-65508768 Wehldle Phone No Vehicle Particulars
manuacturer Model	IOYOTA PRIIS
	מחוצה

Vehicle Particulars	
Manufacturer	ТОУОТА
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?	ON
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
0,0	

THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

Policy Number

Fleet Policy

D-18088937MFSH

Cover Note Number	
Driver	
Name of Driver	TAY THIAM HEE
NRIC No	SXXXX023G
Date Of Birth	29/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	11/02/1988
Driving Experience Gander	32 YEARS AND 1 MONTH
	MALE
Mobile Number	(LOCAL) +65 06006222
Fax Number	77706606-00 (7.0.)

NOEMAIL

Contact Number

EMail Address

Address

BLK 212 PASIR RIS STREET 21

#08-222 510212

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - TAXI DRIVER

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)

2

involved in the accident

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

Page 2 of 20

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAY THIAM HEE

RIGHT EYE SWOLLEN

SHC893D

YES

NO

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver 2
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the Insurance companies.
- Any false reporting may be referred to the Police for investigation. 5
- 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.
- 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.
- 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 setout 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary invesigations 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
- (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 outlisde of Singapore, for one or more of the above
- (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:
 - 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.

CITYCAE 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 .:

0 8 APR 2020

N = SHC 8930	Pur 1560 t Energ
B= 2mm 87388 (Herron)	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	attalied Fig.

DECLARATION

We declare the foregoing particulars are true in every respect.

CITYCAD 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 NOD: 8 APR 2020

Page 5 of 20

Sketch Plan Pg. 3

Describe	Circumstances of the Accident.
On the 0	8/04/2020 at about 12:55hrs, I was driving along Punggol Field towards Punggol East
direction	with no passenger on board my taxi.
As I appr	oached 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 or	at a vehicle of SMM8738E front portion had collided onto my rear right portion of my
axi.	
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

Witnessed by Reporting Centre Personnel

08 APR 2020