

ASS. REC. BY:

RAM

REF:

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:

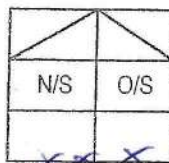
Excess:

(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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC893D

Yr Regn: 13/12/2019

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

Truck / Trailer or

Make:

TOYOTA PRIUS HYBRID (G4A) c.c 17898

Colour:

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

51553

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTPKB3FU803090429

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: 195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

9

mm

L/Bal.

8

mm

L/Bal.

9

mm

D.O.A.

08/04/2020

D.O.I.

9/4/2020

Survey held at

comfortdelgro (Loyang)

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

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

Date / Time

Action / Instruction

NTUC

P/P

P/P: \$1687.50/- with 2 repair days

confirm on 22/4/2020 with chng.

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Weekend (\$

Report Format:

Lump Sum / L.R. (\$

Our Job Ref No : 305393010

Date : 21/04/20

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC893D

08/04/2020

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

Z The repair job shall bill to: NTUC SMM8738E

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,047.50

(b) Labour Charges \$640.00

Total for Part-By-Part Repair Cost \$1,687.50(c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and
finalized amountSignature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : Ram

Date : 22/4/2020

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305393010
 REGN NO : SHC 893D
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4A)
 DATE OF REGN : 13.12.2019
 DATE/TIME IN : 08.04.2020 14:20
 ACCIDENT DATE : 08.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2713-G	PRIG4Q8 GUARD REAR BUMPER	1	552.60	25.00	414.45	SCR ✓
0002 FNPS	NO PLATE(S)	1 L	50.00	2.50-	50.00	PM ✓
0003 04-01-0302-2712-G	PRIG4Q8 COVER REAR BUMPER	1	458.60	25.00	343.95	DEF ✓
0004 04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80	25.00	239.10	BIL ✓
SUB-TOTAL :						1,047.50

JOB NATURE

0000 PB	PANEL BEATING	320.00	✓
0001 SP	SPRAYPAINT CHARGE	200.00	✓
0002 20-00	TUFF COAT ON AFFECTED PARTS.	30.00	✓
0003 17-01	CHECK ALL LIGHTING	30.00	✓
0004 20-05	REMOVE/REFIX REVERSE SENSOR	60.00	✓
SUB-TOTAL :		640.00	

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 DEF			\$458.60
1	REAR BUMPER SIDE RETAINER xnn			\$112.70
1	REAR BUMPER REINFORCEMENT 1 Buc			\$318.80
1	REAR BUMPER UNDER SIDE COVER RH xnn			\$232.00
1	REAR BUMPER LOWER COVER scr			\$552.60
1	REAR BUMPER REFLECTOR xnn			\$142.00
10	REAR BUMPER CLIPS xnn			\$25.00
SUB TOTAL				\$1,841.70
25.00%				\$460.42
DISCOUNTED TOTAL				\$1,381.27
1	REAR BUMPER MAT xnn			\$50.00
1	REAR NUMBER PLATE/WHOLDER dm			\$50.00
1	REAR REVERSE SENSOR xnn			\$135.70
				\$235.70
Labour Charge				
Panel Beating				\$620.00 \$320
Spray Painting Charge				\$400.00 \$200
Tuff Kote				\$60.00 \$30
Check Lighting				\$60.00 \$30
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)
 9/04/2020 1550
 Insurance@lkkauto.com
 88622728
 (8/8) aft repair photo
 2 repair photo

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 379701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 608286
330 Ubi Road Singapore 400499

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768

Date/Time: 09.04.2020 09:58

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305393010

CUSTOMER CITYCAB PTE LTD MR/MS 7010070 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65551188 TEL. (R) (O) (P)	REGN NO SHC 893D	MILEAGE
	MAKE : TOYOTA	FUEL E.....1/2.....
	MODEL PRIUS HYBRID(G4A08)	DATE/TIME IN 08.04.2020 14:20
	YR OF MANU. 19.12.2019	TARGET DATE
	CHASSIS NO JTDKB3FU803090429	COMPLETION DATE/TIME:

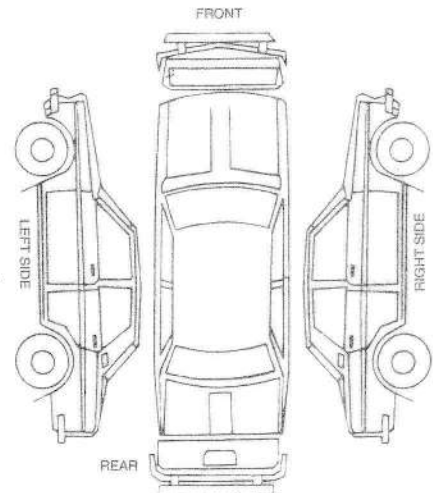
DISCOUNT CARD NO.

Accident Date: 08.04.2020

JOB DESCRIPTION

NATURE: 3P 08.04.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

ame:
C No.: **SHC 893D** **CHIANG**

Vehicle No.: **SHC 893D**

ehicle No.:

ame of Service Advisor

Signature/Date

Name of Service Advisor

Date

o be returned to Service Reception upon collection

To be kept by Security Guard

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	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	TAY THIAM HEE
NRIC No	SXXXX023G
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 #08-222
Postcode	510212
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.
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.
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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:

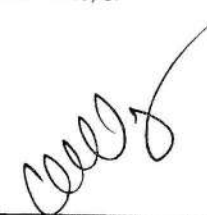
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

PURSUED EAST

B = Smm 8738E
(Hanna)

[Signature]

A B

CONTROL FIELD
ED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

We declare the foregoing particulars are true in every respect.

CITYCAR 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: 8 APR 2020

Sketch Plan Pg. 3

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. 199532839G

Policyholder's Signature/Date &
Time



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

Orinda Wee

Witnessed by Reporting
Centre Personnel

08 APR 2020

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	839G

Vehicle Details

Vehicle No.:	SHC893D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	13 Apr 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Yellow
Manufacturing Year:	2019
Engine No.:	2ZR2G12275
Chassis No.:	JTDKB3FU803090429
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	13 Dec 2019
First Registration Date:	13 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$14,530.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Dec 2027
PARF Rebate Amount:	\$10,897.00

Intended COE Rebate Details

COE Expiry Date:	12 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,581.00
COE Rebate Amount:	\$20,464.00
Total Rebate Amount:	\$31,361.00

Message

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 13 Apr 2020

OK