

ASS. REC. BY:

REF: CC3/TMI20005549/Fvf3

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: SLG 6624G

Policy No. MI001160

Claims No. M2002612

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
xx	

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: SHB 3389D Yr Regn: 07/08/2014

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

Truck / Trailer or

Make: Hyundai 140 c.c 1685

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 506776 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLRAIUMEU058668

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 1/05/2020 D.O.I. 1/05/2020

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

5/5/20

Send GIA and preli revised to TMI

17/6/20

Ram confirmed LS \$750 (Red 1415.42, 65%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 18/6/20-Typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

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

Report Format: Merimen

Lump Sum / L.S. \$ LS \$750

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

LKE

Tokio Marine

Date: 04.05.2020

Time: 12:49:14

Page: 1

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

JOB NO : 305397453
REGN NO : SHB3389D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 07.08.2014
DATE/TIME IN : 04.05.2020 10:00
ACCIDENT DATE : 01.05.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	1,106.00	20.00	884.80	deflon
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	nec
0003	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1 L	228.00	20.00	182.40	cra X nn
0004	04-01-0103-0907-G	I40VC BRKT ASSY-RR BUMPER	1 L	35.60	20.00	28.48	9 xnn
0005	03-01-0103-0121-G	I40VC GUARD ASSY-RR WHEEL	1 L	169.30	20.00	135.44	xnn
0006	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	2.00-	135.70	xnn
0007	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	0.20	50.00	nec

SUB-TOTAL : 1,434.42

JOB NATURE

0000 L	PANEL BEATING	350.00	\$280
0001 23-502	SPRAYPAINT ON AFFECTED AREA	250.00	\$200
0002 L	REMOVE/REFIX REVERSE SENSOR	120.00	\$60
0003 L	MERIMEN CHARGE	11.00	

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:

Ram (LKK)
4/5/2020 1300
Parasuram@LKKauto.com
88622778
2 repair photo
2 repair day 3

member of COMFORTDELGRO

Date/Time: 04.05.2020 12:13 Page : 1

Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO.: 305397453

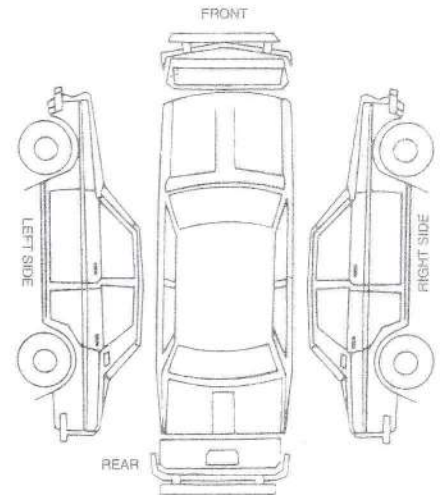
OWNER	REGN NO.: SHB3389D	MILEAGE
IS CITYCAB PTE LTD	MAKE : HYUNDAI	FUEL
OWNER NO. 7010070	MODEL I-40	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE	YR OF MANU. 07.08.2014	DATE/TIME IN 04.05.2020 10:00
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMEU058668	TARGET DATE
65551188		COMPLETION DATE/TIME:
(R)		
(P)		
OUNT CARD NO.		

Tokio Marine

JOB DESCRIPTION

Accident Date: 01.05.2020
NATURE: 3P 01.05.2020

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHB3389D

LKE

RAM

Vehicle No.:

SHB3389D

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	02/05/2020 12:08
Date Of Accident	01/05/2020 07:40
Exact Location Of Accident	AIRPORT RD X EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3389D
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	HYUNDAI
Model	I40
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	LUA KIM KEAT
NRIC No	SXXXX572H
Date Of Birth	04/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1979
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94502220
Fax Number	
Contact Number	
EEmail Address	LUAKIMKEAT@GMAIL.COM

Address	BLK 473 PASIR RIS DRIVE 6 #02-492
Postcode	510473
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LUAKIMKEAT@GMAIL.COM
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	RAINING
Road Surface	WET

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?	
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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	SLG6624G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EIDIL SHAHRIL BIN SAHARI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

FRONT

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.
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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:

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

Ennos Lane

A) SHB3389D

B) SLG 6624G

A
B Airport Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/5/20 at about 0740hrs when I Vch A was stationary waiting at the traffic junction, Vch B collided onto the rear of my stationary vehicle.

DECLARATION

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:

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	839G

Vehicle Details

Vehicle No.:	SHB3389D
Vehicle to be Exported:	No
Intended Deregistration Date:	04 May 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7L CRDI AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2014
Engine No.:	D4FDDU391407
Chassis No.:	KMHLB41UMEU058668
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,469.00
Original Registration Date:	07 Aug 2014
First Registration Date:	07 Aug 2014
Transfer Count:	0
Actual ARF Paid:	\$10,969.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Aug 2022
PARF Rebate Amount:	\$7,678.00

Intended COE Rebate Details

COE Expiry Date:	06 Aug 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,088.00
COE Rebate Amount:	\$14,120.00
Total Rebate Amount:	\$21,798.00

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 04 May 2020

OK