

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 02.06.2020

Time: 10:46:29

Page: 1

NTUC-45

LKE-Ram

IS

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

JOB NO : 305401939
 REGN NO : SHC7850G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 06.03.2014
 DATE/TIME IN : 02.06.2020 10:01
 ACCIDENT DATE : 29.05.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT	REMARKS
0001	04-01-0103-0578-G	FRT BUMPER	1	544.50 20.00 435.60	cra ✓
0002	04-01-0103-2296-A	FRT BUMPER BEAM	1	438.40 20.00 350.72	?
0003	04-01-0103-2294-G	FRT BUMPER SPONGE	1	99.20 20.00 79.36	cra ✓
0004	04-01-0103-0654-G	FRT BUMPER GRILLE RH	1	93.60 20.00 74.88	Br ✓
0005	04-01-0103-0638-G	FRT BUMPER UPR BRKT RH	1	22.40 20.00 17.92	Br ✓
0006	04-01-0103-0640-G	FRT BUMPER SIDE BRKT RH	1	24.60 20.00 19.68	xnn
0007	04-01-0103-0782-A	HEADLAMP RH	1	1,388.00 20.00 1,110.40	Br ✓
0008	04-01-0103-0641-U	HEADLAMP SUPPORT PANEL	1	907.40 20.00 725.92	x R
0009	04-01-0103-0582-G	RADIATOR GRILLE	1	1,480.00 20.00 1,184.00	xnn
0010	04-01-0103-0572-U	BONNET	1	2,265.90 20.00 1,812.72	?
0011	04-01-0103-0652-G	BONNET HINGE RH	1	41.00 20.00 32.80	?
0012	04-01-0103-0573-A	FRT FENDER RH	1	663.00 20.00 530.40	Br BUL ✓
0013	03-01-0103-0120-G	FRT FENDER SHIELD RH	1	174.90 20.00 139.92	cra ✓

NTUC-45

LKK-Ram

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JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0014 03-01-0103-0098-U	FRT WHEEL RIM RH	1	650.60	20.00	520.48	520.48 ?
0015 04-01-0103-0658-G	FRT WHEEL CAP RH	1	107.10	20.00	85.68	Ref —
0016 FNPS	NO PLATE(S)W/TRIM COVER	1 L	55.00	10.00	49.50	xm
						SUB-TOTAL : 7,169.98

JOB NATURE

0000 23-01	TOWING FEE	0.00	xm
0001 20-05	FRT WHEEL TYRE RH	216.00	xm
0002 PB	PANEL BEATING	600.00	\$560
0003 SP	SPRAYPAINT CHARGE	750.00	\$600
0004 17-01	CHECK ALL LIGHTING	40.00	\$30
0005 20-00	TUFF COAT ON AFFECTED PARTS.	40.00	—

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)
 2/6/2020 1210445
 Ram@lkkauto.com
 88622728
 (LKK) get repair photo
 (3) repair days

COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.06.2020

REPAIR ESTIMATE

Time: 10:46:29

Page: 3

IS

NTUC-4S
LKK-Ram

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

JOB NO : 305401939
REGN NO : SHC7850G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 06.03.2014
DATE/TIME IN : 02.06.2020 10:01
ACCIDENT DATE : 29.05.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0006 L	R/I AIR CON CONDITION ETC	150.00		Xun		
0007 L	WHEEL ALIGNMENT	120.00		?		

SUB-TOTAL : 1,916.00

TOTAL : 9,085.98

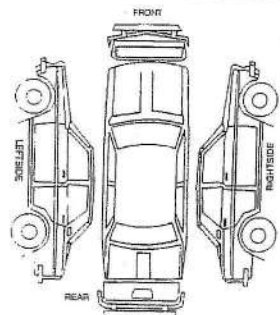
Lmf

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition 1. Date: <u>29/01/10</u> Time Received: <u>2115</u> 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Mr NG</u> Contact No. : <u>9617 5184</u> Vehicle No. : <u>84C 7850 B</u> Make / Model / Colour : <u>140</u> Mail : _____		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____
7. Location: <u>361 Serangoon NTH AVE 3</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	
Job Attended 2. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>Anna</u> Vehicle No. : <u>Q13C 8868 K</u> Time Dispatch : <u>2115</u> Time of Arrival : <u>2145</u> Time Completed : <u>2245</u>		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested  #: Cracked X: Dented /: Scatched O: Missing Signature of Customer: <u>[Signature]</u>	

ash Invoice Details (if applicable)

3. Cash Invoice No. : _____

ustomer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date _____ Time _____ Signature of Customer _____

WORKSHOP

Name of Attending Staff/Guard _____ Date & Time of Arrival _____ Signature of Attending Staff/Guard _____

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
3200 Old Road Singapore 49645

24 Senoko Loop Singapore 758156
7 Sungai Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 786732

Date/Time: 02.06.2020 10:12 Page : 1

Team: ARC Repair TP(CFS0)1

JOB CARD Sales Order:

JC NO.: 305401939

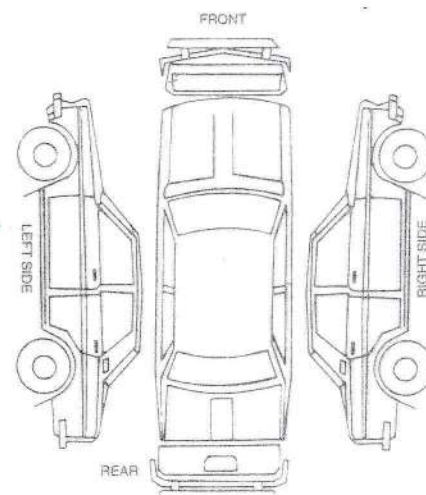
CUSTOMER CITYCAB PTE LTD 95781 CUSTOMER NO. 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 96175184 (R) (P)	REGN NO.	SHC7850G	MILEAGE
	MAKE:	HYUNDAI	FUEL
	MODEL	I-40	DATE/TIME IN
	YR OF MANU	06.03.2014	TARGET DATE
	CHASSIS CODE	KMHLB41UMEU048702	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.05.2020
NATURE: 3P 29.05.2020

SLIP/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC7850G LIMITS

Vehicle No.: SHC7850G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

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	30/05/2020 11:29
Date Of Accident	29/05/2020 21:00
Exact Location Of Accident	SERANGOON NORTH AVE 3 T JUNCTION CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7850G
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	NG LIANG SENG
NRIC No	SXXXX727G
Date Of Birth	04/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1979
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96175184
Fax Number	
Contact Number	
Email Address	RAYMOND.NG777@GMAIL.COM

Address	BLK 125 SERANGOON NORTH AVENUE 1 #06-115
Postcode	550125
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200529/2061 * TYPE OF ACCIDENT :- HEAD TO SIDE

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	SJN9105E
Vehicle Make/Model/Colour	
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 LH

No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

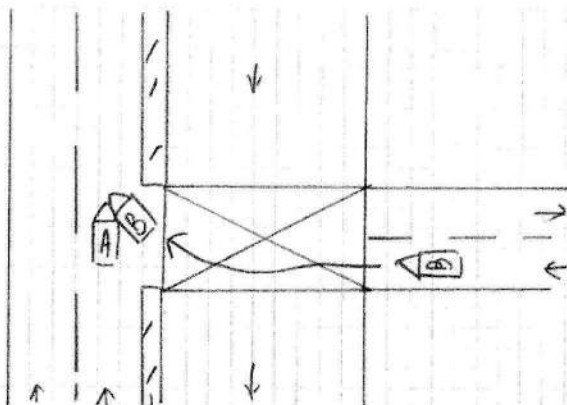
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30.05.2020
@ 11:15 hrs


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

Sketch Plan Pg. 2

SKETCH PLAN



A - SHC 7850G
B - SJN9105E

Along Serangoon North Ave 3 T Junction Carpark Entrance

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20200529/2061

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: 30.05.2020
@ 11:15 hrs

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

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20200529/2061

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3

Report No: T/20200529/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2020 23:06	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars

Name of Informant: NG LIANG SENG			Address: APT BLK 125 SERANGOON NORTH AVENUE 1 #06-115 SINGAPORE 550125	
ID Type / ID No.: NRIC NO / S1184727G			Contact No.: Home/Office: Mobile: 96175184	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 04/08/1956	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/05/2020 21:00	Type of Location: Straight Road
Location: Along Road 1 SERANGOON NORTH AVENUE 3				
along serangoon north avenue 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7850G	Car	HYUNDAI	i40	Yellow	Seriously Damaged	0
SJN9105E	Car	HONDA		Grey	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20200529/2061

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3
Report No. T/20200529/2061

CONTINUATION OF REPORT

Driver			
Name	NG LIANG SENG		ID No. S1184727G
Related Vehicle	SHC7850G (Car)		Contact No. 96175184
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/05/2020 at about 2100hrs, I was driving my taxi vehicle (SHC7850G). At that point, of time, the weather is clear and road surface is dry. As I was exiting from the cluster of Blk 546A Serangoon North Ave 3, I proceeded to turn left. After turning left, I proceeded to go straight and a vehicle (SJN9105E) suddenly came out from my right side. As a result, the right front of my vehicle (SHC7850G) hit onto the left front of his vehicle (SJN9105E). I do not know where the vehicle (SJN9105E) come out from as he should have stop to make sure there is no vehicle from the main road before turning. I tried to ask for the driver's particular of vehicle (SJN9105E) after the accident and he refused to give me. He further informed he will ask his insurance to settle and drove off.

I have in-car camera in my vehicle (SHC7850G). However, I do not know that if the in-car camera capture the traffic accident. I did not suffer any injury from this accident. The right front of my vehicle(SHC7850G) suffered from damages.

As such, I am lodging this report for company and insurance purpose.



**SINGAPORE
POLICE FORCE**



T/20200529/2061

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3
Report No. T/20200529/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Sgt 2 NEO CHANG WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI SN 154
Contact No.: 65476151

Authentication Stamp
NP 168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
29/05/2020 23:06

Classification Of Case: