

ASS. REC. BY: Taufikh

REF:

CC3/TMI20006554/T1qf3

TMI

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. MK000857

Claims No. M2003085

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
<u>X</u>	<u>X</u>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Lim KE

Vehicle: IN / OUT

Veh No: SHC 7806K Yr Regn: 229, Aug

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

Truck / Trailer or

Make: Hyundai Comiq c.c. 1500

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

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

Eng/No: _____

C/No: UMH (S)ICV 4165 203

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 Westlake

Front _____ Rear _____

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

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

D.O.A. _____ D.O.I. 22/6/20

Survey held at Comptel Helix

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof top

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

Date / Time	Action / Instruction
	<u>Setting up</u>

23/06/20@11.51am Email GIA, police report & estimate and revised to TMI.

29/06/20@11.55am Taufikh finalised with Mr Lim final fig \$5371.28, 3 days.

(Red \$1359.92, 20%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 3

Resurvey No. of Trip: 2

1) 29/06 Typist

☐ : Final Report

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)

S + RS _____

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

Rep. Format: MER-TP

Lum. Sum / Final fig: 5371.28

CITYCAB PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC7806K 20/06/2020

Make : HYUNDAI

Model : IONIQ(G2)

Date: 22.06.20

Insurance: TOKIO MARINE

MVA: LKE

Qty	Parts Description / Labour	Type	Unit Price	Amount	
1	REAR BUMPER COVER			\$459.40	de
10	REAR BUMPER CLIPS			\$22.00	ner
1	REAR BUMPER CENTRE MOULDING ASSY			\$451.25	wa
1	REAR BUMPER SIDE BRACKET RH			\$55.80	?
1	REAR BUMPER MOULDING LOWER			\$155.00	de
1	REAR BUMPER REINFORCEMENT			\$294.80	bt
1	REAR BUMPER STAY RH			\$138.10	?
1	REAR BUMPER TOWING COVER			\$98.80	?
1	REAR FOG LAMP ASSY			\$201.50	wa
1	LICENSE PLATE LAMP LH			\$60.40	dis
1	REAR BOOTLID ASSY			\$2,480.40	bt
1	REAR BOOTLID MOULDING LOWER			\$880.70	
1	REAR BOOTLID EMBLEM 'IONIQ'			\$31.30	ner
1	REAR BOOTLID EMBLEM 'HYDRID'			\$24.30	ner
				\$5,362.75	
	LESS 20%			\$1,072.55	
	DISCOUNTED TOTAL			\$4,290.20	
1	BOOTLID ADVERTISEMENT LOGO			\$100.00	ner
2	REAR FENDER ADVERTISEMENT LOGO (RH & LH)		\$100.00	\$200.00	ner
1	REAR BOOTLID APP LOGO			\$40.00	ner
1	REAR BOOTLID COMFORTDELDRO & TEL.NO STICKER			\$30.00	ner
1	REAR BUMPER NUMBER PLATE WITH TRIM COVER			\$50.00	ner
1	REAR BUMPER MAT			\$50.00	ner
1	REAR BUMPER REVERSE SENSOR			\$180.00	ner
				\$650.00	
	Labour Charge				
	PANEL BEATING			\$800.00	640
	SPRAY PAINTING CHARGE			\$450.00	
	WIRING CHARGE			\$50.00	30
	REMOVE/REFIX REVERSE SENSOR			\$120.00	30
	TUFF KOTE			\$50.00	30
	Remove/Refix Rear W/screen Glass			\$240	
	TOTAL LABOUR			\$1,470.00	
	ESTIMATE TOTAL			\$6,410.20	

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.

Tanphi 97495744 03-04 days
 WP' 22/6/20 @ 4pm
 p/p Reunng before paint
 tanphi@lkhant.com

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road, Singapore 579 701
 Mailing : 65 6383 6280 Facsimile : 65 6280 9755

Workshops

59 Luyang Drive Singapore 508069 24 Service Centre Singapore 758156
 383 Sin Ming Drive Singapore 570117 7 Service Centre Singapore 757011
 45 Puchong Road Singapore 470000 501 Puchong Road Singapore 470000

Date/Time: 22.06.2020 14:22

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO. 305406570

OWNER

IS CITYCAB PTE LTD
 OWNER NO. 7010070
 ADDRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65551188
 (P) (O)

DUNT CARD NO.

REGN NO	SHC7806K	MILEAGE
MAKE	HYUNDAI	FUEL
MODEL	IONIQ(G2)	E. 1/2 F
YR OF MANU	06.08.2019	DATE/TIME IN
CHASSIS CODE	KMHC851CVKU165203	TARGET DATE
		COMPLETION DATE/TIME

Tokio Marine

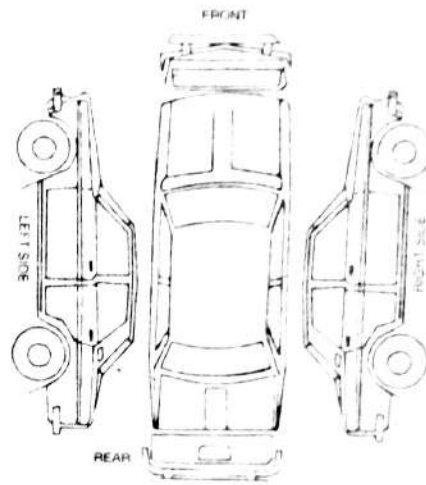
Accident Date: 20.06.2020
 NATURE: 3P 20.06.2020

JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHC7806K

LKE

Vehicle No.:

SHC7806K

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 22/06/2020 13:26
Date Of Accident 20/06/2020 14:45
Exact Location Of Accident LORONG CHUAN >>AMK AVE 1
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7806K
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 IONIQ
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 YEO KHEE HOCK
NRIC No SXXXX579C
Date Of Birth 05/12/1953
Occupation OUTDOOR
Date Of Driving Pass 04/06/1975
Driving Experience 45 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-92370921
Fax Number
Contact Number
Email Address NOEMAIL

Address	BLK 363 HOUGANG AVENUE 5
Postcode	#07-280
	530363
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?	YES
If Yes, Please state which Police Station	
Police Station Name	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200620/7020

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

Vehicle Registration Number	SJS9155J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIAM MENG TECK BENEDICT
NRIC/Passport Number	SXXXX429E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name

YEO KHEE HOCK

Approximate Age

Injuries Sustain

NECK, SHOULDER, BACK, ANKLE & KNEE

Injured person in which vehicle?

SHC7806K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg 1

REPORTING CENTRE'S NOTICE

1. Please read and complete the details of the accident involved in the traffic accident.
2. This form must be submitted to the Police Station and at the Reporting Centre.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may incur consequences to responsible parties involved.
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. YOU ARE REQUESTED THAT BE REPORTER TO THE POLICE FOR INVESTIGATION.
6. The report will be forwarded by the insurers or the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for anything and that copies of this report will for a fee be made available upon application by interested parties.
7. By the completion 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 at request.
8. Consent under the Personal Data Protection Act (PDPA).

Understand, acknowledge, agree and consent that

- a. I, an insurer, my workshop and the General Insurance Association of Singapore (GIA) may be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"; the insurers' lawyers/law firms, the Motor Claims 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 making 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 enveloped mail packages; and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- b. all insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms may be 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 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 situated 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, regulations, 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.

CTYCAR PTE LTD
CS REF NO: 185500005

Reporting Centre's Signature
Date & Time

[Signature]

Driver's Signature
If driver is not the policyholder, del.
Date & Time

[Signature]
CS REF NO: 185500005
22/6/20

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20200620/7020

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20200620/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2020 20:42		Video Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEO KHEE HOCK			Address: APT BLK 363 HOUGANG AVENUE 5 #07-280 SINGAPORE 530363		
ID Type / ID No.: NRIC NO / S0025579C			Contact No.:		Mobile: 92370921
Nationality: SINGAPORE CITIZEN			Email: thomaskhyeo@gmail.com		
Sex: Male	Age: 66	Date of Birth: 05/12/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2020 14:30	Type of Location: T-Junction
Location: Lorong chuan towards Ang Mo Kio Ave 1				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7806K	Car					0
SJS9155J	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200620/7020

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 65470000

Report No. T/20200620/7020

CONTINUATION OF REPORT

Driver			
Name	YEO KHLE HOCK	ID No.	S0025579C
Related Vehicle	SHC7806K (Car)	Contact No.	92370921
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/06/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the stated time and date

I was travelling on my vehicle bearing

SHC7806K along Lorong Chuan towards Ang Mo Kio ave 1

I was stationary at a junction ahead me waiting the traffic Red light to be green

Suddenly I felt huge impact from my vehicle rear, I alighted to check then I realise vehicle bearing

SUS9155J collided on to my vehicle rear. We both driver exchange our particulars and agreed to proceed with insurance claims

After awhile I felt unwell and consulted Doctors and was given 4 days MC



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200620/7020

3 of 3

Report No. T/20200620/7020

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
20/06/2020 20:42

Classification Of Case:

