

ASS. REC. BY: Tanphu

REF:

NS/INC 20006811/T1vf3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/WS/TP/RES/OD/BS/EVA/INV/MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. 5107984962-01

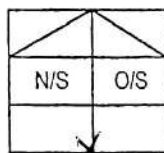
Claims No. MT/1095589-002

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: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

anyVeh No: SHC 7018 TYr Regn: 2016 / March

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

Truck / Trailer or

Make: Hyundai I40c.c. 1685Colour: Yellow

A/C: Insured / Std / NI / NA

Sp. Reading: 544922

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMMLB414M 6U083336

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NT / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16

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

TOYO / YOKO or

Wintake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. 26/6/2020

D.O.I. 29/6/20

Survey held at Confidentially Logon

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

1/7/20

Lump Sum \$1,300 confirmed by email (Red 987.46, 43%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 1/7/20-Typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$1

Photos

Others

Add Fee:

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

Rep. Format: TP

Lump Sum / L.B. / TP LS \$1300

**CITYCAB PTE LTD**  
**REPAIR ESTIMATE\***

VEHICLE NO SH07018T

6/06/2020

MAKE :

MODEL HYU-MO

CHIANG/CHINA

N711C

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$1,106.00
2	REAR BUMPER BRACKET SIDE LH/RH		\$35.60	\$71.20
10	REAR BUMPER CLIPS		\$2.20	\$22.00
1	REAR BUMPER UNDER COVER			\$228.00
	<b>SUB TOTAL</b>			<b>\$1,427.20</b>
	<b>20.00%</b>			<b>\$285.44</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$1,141.76</b>
1	REVERSE SENSOR			\$135.70
1	REAR BUMPER MAT			\$50.00
				<b>\$185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$480.00
	Spray Painting Charge			\$300.00
	Remove/refix reverse sensor			\$60.00
	Tuff Kote			\$60.00
	Check Lighting			\$60.00
	<b>TOTAL LABOUR</b>			<b>\$960.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$2,287.46</b>
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.				

Tanpin 92495249

wp

29/6/20 @ 230pm

02 days

lumpsum  
 Resurvey after repair

- 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:

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

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

## Workshops

58 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Parkway Road Singapore 209296  
320 North Bridge Road Singapore 059266

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

Date/Time: 27.06.2020 11:36

Page : 1

member of COMFORTDELGRO

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.: 305407823

CUSTOMER CITYCAB PTE LTD 7010070 CUSTOMER NO 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO	SHC7018T	MILEAGE
	MAKE:	HYUNDAI	FUEL
	MODEL	I-40	DATE/TIME IN
	YR OF MANU	04.03.2016	TARGET DATE
	CHASSIS CODE	KMHLB41UMGU083336	COMPLETION DATE/TIME:

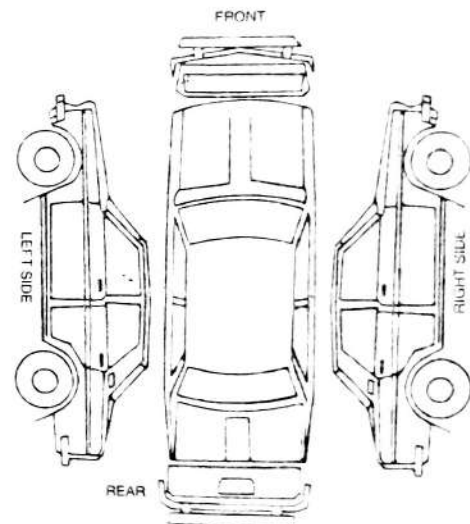
COUNT CARD NO.

## JOB DESCRIPTION

Accident Date: 26.06.2020

NATURE: 3P 26.06.2020

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

Exit Pass

Vehicle No.:

SHC7018T

CHIANG

SHC7018T

## 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	27/06/2020 10:28
Date Of Accident	26/06/2020 17:30
Exact Location Of Accident	ALONG PAYA LEBAR WAY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7018T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX821R
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	THAM CHIEN TIN
NRIC No	SXXXX955C
Date Of Birth	28/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1976
Driving Experience	44 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92275692
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 62 CIRCUIT RD #04-289
Postcode	370062
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?	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	SJU7987C
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GIAM KEE CHIANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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### 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. 195000003

Policyholder's Signature  
Date & Time

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

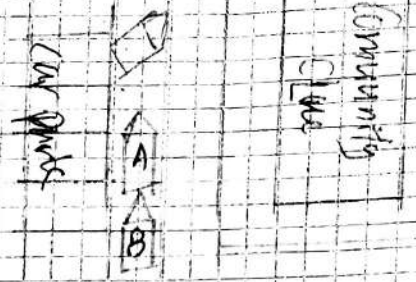
Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No.



SKETCH PLAN

A SHC 70187

B SJU 7987C



Paya Lebar Way

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/06/2020 @ 1730 hr I was travelling Paya Lebar  
 Way to Housing estate to pick up passenger. As I was  
 following front vehicle stop at road side in order to give way  
 to front vehicle reverse parking. B vehicle SJU 7987C behind me  
 suddenly collided onto my vehicle A + SHC 70187 Rear portion.  
 No one was injury at that time of accident.

## DECLARATION

We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD  
CO. REG. NO. 193502039GPolicyholder's Signature  
& Time:

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

27/06/2020

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

