

ASS. REG. BY Taylor

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. MT/1095509-002

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

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 331/C

Yr Regn: 2020 / Jan.

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

Truck / Trailer or

Make:

Hyundai Ioniq

c.c. 1580.

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMMC 851CVLY - 184 118

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SR / STD A/Rim or

Tyre Size:

F:

195/65 R15

R:

n n

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

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.

29/6/20

Survey held at

Comfortdelgro Layer

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

Frt o/s, Frt N/S

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

Date / Time

Action / Instruction

Battery weak

PART BY PART \$1988.08, 2DAYS(RED: 814.64;29%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

Rep. Form:

Lum Sum / R 1 9 8 8 . 0 8

NTUC - LKIC (PIP)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 27.06.2020

Time: 11:11:48

REPAIR ESTIMATE

Page: 1

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

JOB NO : 305407821
 REGN NO : SHB3311C
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 16.01.2020
 DATE/TIME IN : 27.06.2020 09:00
 ACCIDENT DATE : 27.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 04-01-0104-0578-G COVER-FR BUMPER#	1		418.30	20.00	334.64 <i>RY</i>
0002 04-01-0104-0573-G PANEL-FENDER RH#	1		490.70	20.00	392.56 <i>ht</i>
0003 04-01-0104-3913-G EMBLEM-BLUE DRIVE RH	1		26.60	20.00	21.28 <i>nel</i>
0004 03-01-0104-2137-G CAP ASSY-WHEEL HUB	2		692.80	20.00	554.24 <i>cut</i>

SUB-TOTAL : 1,302.72

JOB NATURE

JOB NATURE	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 PB PANEL BEATING			700.00		480
0001 SP SPRAYPAINT CHARGE			600.00		400
0002 17-01 CHECK ALL LIGHTING			50.00		30
0003 20-00 TUFF COAT ON AFFECTED PARTS.			50.00		30
0004 20-08 ADJUST FRONT WHEEL ALIGNMENT			100.00		80

SUB-TOTAL : 1,500.00

Tanpin 97495745
'wp'
29/6/20 c 205pm
p/p Resurvey before paint
0203 days
Tanpin @ (Ink) to m

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 PTE LTD

REPAIR ESTIMATE

Date: 27.06.2020

Time: 11:11:48

Page: 2

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

JOB NO : 305407821
REGN NO : SHB3311C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 16.01.2020
DATE/TIME IN : 27.06.2020 09:0
ACCIDENT DATE : 27.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,802.72

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.: 305407821

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO. SHB3311C	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G3)	DATE/TIME IN 27.06.2020 09:00
	YR OF MANU 16.01.2020	TARGET DATE
	CHASSIS CODE KMH851CVLU184118	COMPLETION DATE/TIME:

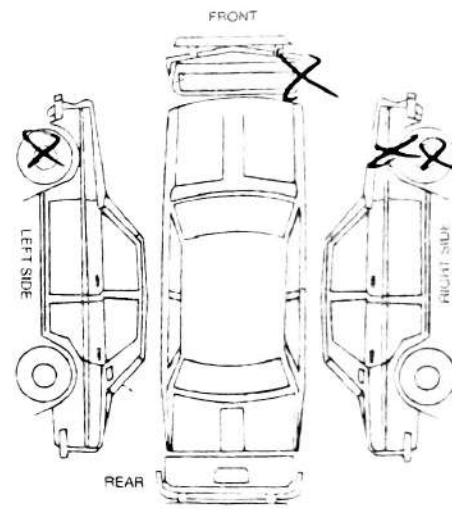
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 27.06.2020

ATURE: 3P 27.06.2020

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHB3311C

JU NTUC LKK

Vehicle No.:

SHB3311C

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	27/06/2020 09:56
Date Of Accident	27/06/2020 08:35
Exact Location Of Accident	ALONG BEDOK RESERVOIR RD TOWARDS KAKI BUKIT AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3311C
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	YONG FUI LOY
NRIC No	SXXXX937Z
Date Of Birth	29/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/01/1981
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85966966
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 147 BEDOK RESERVOIR ROAD #11-1667
Postcode	470147
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	SIDE SWIPE
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?	YES
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	SHD1215A
Vehicle Make/Model/Colour	PREMIER TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR LH
No. Of Passenger (Including 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, 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.


CITYCAR PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:



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

Olivia Venera



Reporting Centre, Personnel's Signature
Name: 27 NOV 2020
NRIC/FIN No.:

SKETCH PLAN

1 = SHB3311C

3 = SHD121CA

(CANNED)

SILVERCAB



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 27/6/2020 @ 0835hrs I was driving along Berkle Reservoir Rd direction with no passengers on board my taxi.

As I was driving suddenly a Silvercab of SHD121CA Cut into my lane and grazed onto my taxi right front portion.

As a result my taxi right front portion, right front rim and left front rim suffer slight damage.

No injury at the point of accident.

DECLARATION

We declare the foregoing particulars are true in every respect

CITYCAB PTE LTD
CO. REG NO. 182023009

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.

27 JUN 2020