

ASS. REC. BY: Tanphu

REF:

INC

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. _____

Claims No. _____

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: SHA 617X Yr Regn: 297 Jan

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

Truck / Trailer or

Make: Hyundai 140 c.c. 1655

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

Sp. Reading: 265208 T/Radio: Insured / Std / NI / NA

Eng/No: UM HLB414M4409820

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SR / STD A/Rim or

Tyre Size: F: 205/64R16

R: 22

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

TOYO / YOKO or Haruh

Front

Rear

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

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

D.O.A. _____ D.O.I. 1/7/2011

Survey held at Conf. Idelgo Legu

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

Frt / O/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lum Sum / U.C. /

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA617X
MAKE : HYUNDAI
MODEL : i40

DATE: 30. Jun. 2020
DOA: 30. Jun. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover			\$1,052.20
1	Front Bumper Side Bracket – RH			\$24.60
1	Front Bumper Top Bracket – RH			\$22.40
10	Front Bunnper Clips		\$2.20	\$22.00
1	Headlamp Support Panel			\$907.40
1	Front Fender – RH			\$663.00
1	Front Fender Shield – RH			\$174.90
1	Headlamp – RH			\$1,388.00
1	Front Wheel Cover – RH			\$107.10
1	Side Mirror – RH			\$670.00
SUB TOTAL				\$5,031.60
LESS 20%				\$1,006.32
DISCOUNTED TOTAL				\$4,025.28
1	Advertisement – RHF Fender			\$100.00
Labour Charge				
1	Panel Beating			\$600.00
1	Spray Painting Charge			\$500.00
1	Tuff Kote			\$80.00
1	Wiring Charge			\$80.00
TOTAL LABOUR				\$1,260.00
ESTIMATE TOTAL				\$5,385.28

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
- Supplier enter item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Tan Jia 97495749
1/7/20 @ 11am
Lumpsum
Resurvey after repair
03 days
Tan Jia @ 11am

Larry Ng

de ✓
X
✓
✓
X
btr
?
?
crl
dls

Nett

560
400
30
30

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

200, Orchard Road, Singapore 238 031
 Mobile: +65 6 833 6280 Fax: +65 6 280 9755

Workshops
 504, Upper Changi Road, Singapore 489 609
 383, Tanjong Pagar Road, Singapore 08 012
 45, Tanjong Pagar Road, Singapore 08 006
 24, Serangoon Road, Singapore 556 156
 275, Upper Macao Road, Singapore 08 091
 963, Yishun Industrial Park A, Singapore 768 711

Date/Time: 30.06.2020 16:14

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305408286

STOMER
 CITYCAB PTE LTD
 STOMER NO 7010070
 DRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65551188 (O)
 (P)

REGN NO SHA 617X	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 30.06.2020 12:35
YR OF MANU 05.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU097820	COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

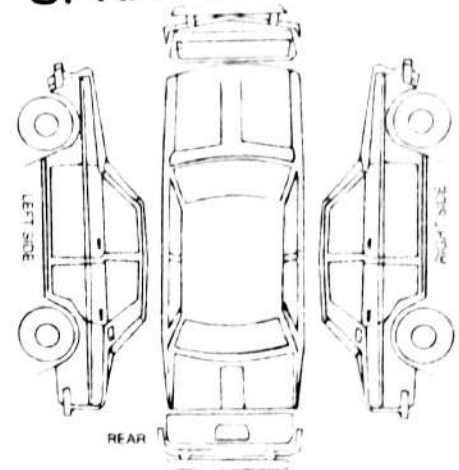
Accident Date: 30.06.2020
 NATURE: 3P 30.06.2020

TAKE PHOTOGRAPH
 BEFORE / AFTER
 SPRAY PAINTING

S/NO LABOR CODE

DESCRIPTION

N7UC -
 LKK/



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedgement Slip

Exit Pass

No. SHA 617X LARRY

Vehicle No.: SHA 617X

Larry Ng

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	30/06/2020 14:50
Date Of Accident	30/06/2020 10:05
Exact Location Of Accident	PASIR RIS DRIVE 3 TWDS LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA617X
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@CDGTAXI.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	ONG WEE HWEE
NRIC No	SXXXX753E
Date Of Birth	27/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1989
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96968003
Fax Number	
Contact Number	
Email Address	RAINBOW8900@GMAIL.COM

Address	BLK 546 SERANGOON NORTH AVENUE 3 #11-230
Postcode	550546
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200630/2034

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	GBG3942B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

LEFT REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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

CITYCARE
GOING NO. 300

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. Wai Yiang

Sketch Plan Pg. 2

SKETCH PLAN

Posn	Dir	↑	↑
Drive	3		
Units	100m		
Acc			
A: SHAGIAX			
B: GBG394JB			

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20200630/2034

DECLARATION

We declare the foregoing particulars are true in every respect

Policyholder's Signature
& Time

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

Reporting Centre Personnel's Signature
Name: Loke Wei Yiong
NRIC/FIN No

Form Sketch Plan Form 2

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20200630/2034

1 of 3

Police Station Of Origin:
Pasir Ris N P C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20200630/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2020 12:23		Vide Report No.:		Station Diary No.: 31
Informant's Particulars				
Name of Informant: ONG WEE HWEE		Address: APT BLK 546 SERANGOON NORTH AVENUE 3 #11-230 SINGAPORE 550546		
ID Type / ID No.: NRIC NO / S1675753E		Contact No.: Home/Office: Mobile: 96968003		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 55	Date of Birth: 27/08/1964	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/06/2020 10.05	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS DRIVE 3 TOWARDS LOYANG AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG3942B	Lorry					0
SHA617X	TRUCK				Slightly Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20200630/2034

2 of 3

Report No T/20200630/2034

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			
Name	ONG WEE HWEE	ID No.	S1675753E
Related Vehicle	SHA617X (TRUCK)	Contact No.	96968003
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/06/2020 at 1005hrs, I was driving my comfort Citi cab bearing plate number SHA617X along Pasir Ris drive 3 towards Loyang Avenue. I was driving on the most left lane at that point of time. In my taxi, I have a mother and her child as my passengers.

Suddenly, a truck bearing plate number GBG3942B cut into my lane from my right and damaged my right side mirror and right portion of my car. I horned at the lorry. However, he did not stop and drove off.

No one was injured.



**SINGAPORE
POLICE FORCE**



T/20200630/2034

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Report No. T/20200630/2034





Police Station Of Origin:
Pasir Ris N P C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No. 1800-5852999

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: G / Sgt 1 JUSTIN CHU JUN QUAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2020 12:23
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case: 
Authentication Stamp NP168	 SINGAPORE POLICE FORCE  SIGNATURE