

ASS. REC. BY: Tanji

REF:

CC3/TM | 20007100/T1vf3

## ASSIGNMENT

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

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

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

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

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

of \_\_\_\_\_

Insured: **SMR 4312A**Policy No. **ML000191**Claims No. **M2003367**

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
<input checked="" type="checkbox"/>	

Bal. or Market Value: \_\_\_\_\_

IDAO 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

hm TSVeh No: SHD 8619Y Yr Regn: 2018 / Dec.Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: Hyundai i20 c.c. 1580Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 283891 T/Radio: Insured / Std / NI / NA

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

C/No: HM H (85) CVK4-121937Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65/15

R: \_\_\_\_\_

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

TOYO / YOKO or

Davanti

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 7/7/20 D.O.I. 7/7/20

Survey held at

Camput delger Uyung

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

Rear

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

Date / Time Action / Instruction

14/7/20 Final fig \$1123.92 confirmed by email (Red 661.52, 37%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 14/7/20-Typist

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)

Report Form: Merimen

IBI: \$1123.92

COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.07.2020

REPAIR ESTIMATE

TgKio Marine

Time: 15:11:36

Page: 1/2

TS

Lkr - Taufikh C/P/P

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7013076  
 ADDRESS : CITYCAB PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65551188

JOB NO : 305409751  
 REGN NO : SHD8619Y  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 11.12.2018  
 DATE/TIME IN : 07.07.2020 13:25  
 ACCIDENT DATE : 07.07.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	Ry
0002 04-01-0104-2533-G	REAR BUMPER CENTER-Black	1	451.25	20.00	361.00	cur
0003 04-01-0104-2545-G	REAR BUMPER LWR MOULDING	1	155.00	20.00	124.00	Ry
0004 04-01-0104-2544-G	REAR BUMPER TOW COVER	1	5.40	20.00	4.32	de
0005 04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60	net
0006 09-01-9999-0068-A	REVERSE SENSOR	1	180.00	<del>200</del>	180.00	net

SUB-TOTAL : 1,054.44

## JOB NATURE

0000 PB	PANEL BEATING	350.00	320
0001 SP	SPRAYPAINT CHARGE	250.00	200
0002 L	R/I REVERSE SENSOR	120.00	30
0003 20-05	TP MERIMEN	11.00	✓

SUB-TOTAL : 731.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 07.07.2020

Time: 15:11:36

Page: 2/2

IS

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

JOB NO : 305409751  
REGN NO : SHD8619Y  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 11.12.2018  
DATE/TIME IN : 07.07.2020 13:25  
ACCIDENT DATE : 07.07.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Lmfs

TOTAL : 1,785.44

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Tanpin 97495744  
WP 7/7/20 2 3pm  
Resurvey before paint  
P/R 02 days  
Tanpin @ Tanpin.com

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:

Date/Time: 07.07.2020 15:11 Page : 1

eam: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4017961

JC NO.:305409751

OMER

IS CITYCAB PTE LTD  
OMER NO 7010070  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65551188 (O)  
(P)

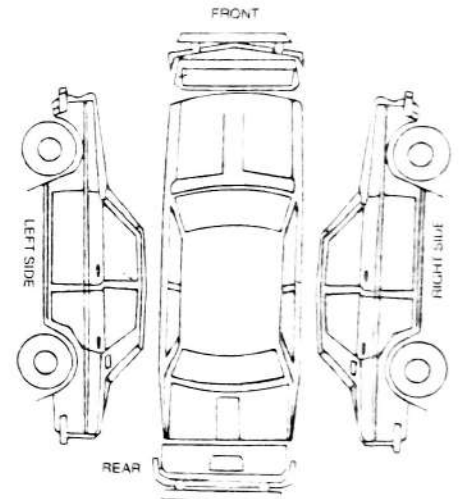
DUNT CARD NO.

REGN NO: SHD8619Y	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 07.07.2020 13:25
YR OF MANU. 11.12.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU121934	COMPLETION DATE/TIME:

ccident Date: 07.07.2020  
ATURE: 3P 07.07.2020

### JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION
00070	PB	PANEL BEATING
00080	SP	SPRAYPAINT CHARGE
00090	L	R/I REVERSE SENSOR
00100	20-05	TP MERIMEN



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

to: SHD8619Y

LIMITS

Vehicle No.:

SHD8619Y

Service Advisor

Signature/Date

Name of Service Advisor

Date

Attached to Service Reception slip

## 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 07/07/2020 14:19  
Date Of Accident 07/07/2020 07:35  
Exact Location Of Accident ALONG BEDOK NORTH AVE 1  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD8619Y  
**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 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 TEO YEONG SENG  
NRIC No SXXXX535A  
Date Of Birth 23/02/1964  
Occupation OUTDOOR  
Date Of Driving Pass 22/03/1982  
Driving Experience 38 YEARS AND 3 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-98261357  
Fax Number  
Contact Number  
EMail Address NOEMAIL

Address 32C LORONG 25 GEYLANG  
Postcode 388304  
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 -  
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 WET

#### 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) 2  
Passenger 1  
NAME: : -  
GENDER: : FEMALE

#### 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

SEE ATTACH.

#### 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 SMR4312A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LAU CHEN KOK  
NRIC/Passport Number  
Contact Number 91233214  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT RHT

No. Of Passenger (Including Driver)



**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.
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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 to 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 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 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/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

YUAB PTE LTD  
REG NO. 1995028220

Policyholder's Signature  
Date & Time

*[Signature]*

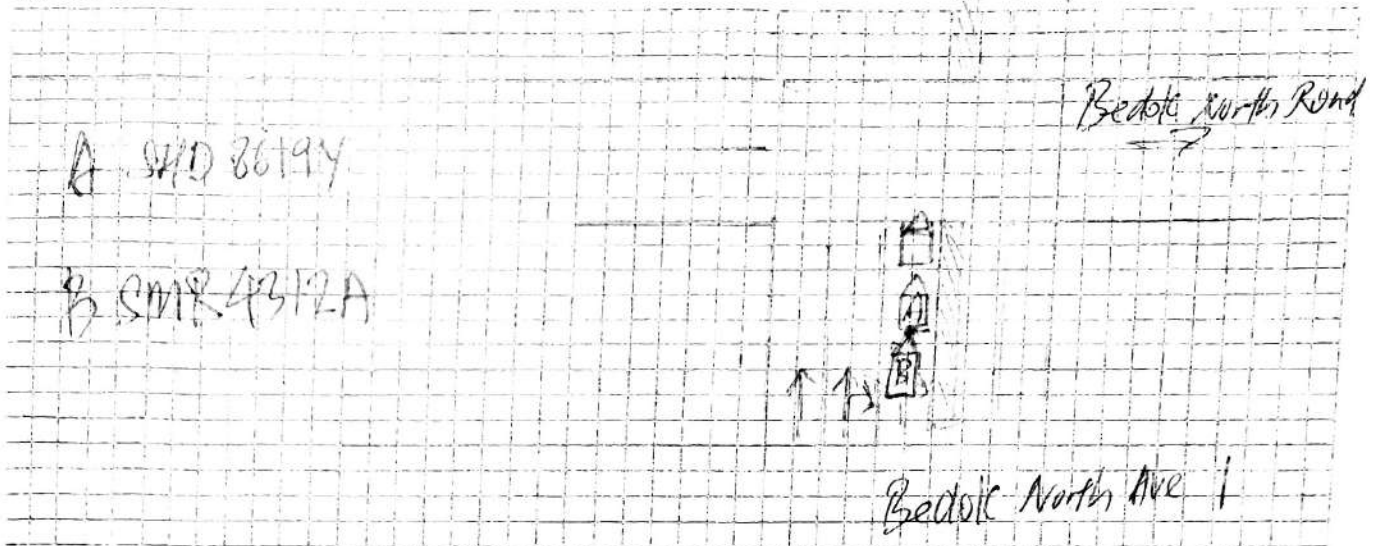
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

*[Signature]* 07/07/20

Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/07/2020 @ about 0735 hr i was travelling along  
 Bedok North Ave 1 turning right towards Bedok North Road  
 Junction with one female passenger on board.  
 As i was following my front vehicle stopping at the traffic  
 light to turn green, B vehicle SMR 4312A behind my  
 vehicle A - SHD 8619Y collided onto my rear left portion.  
 No one was injury at that time at accident.

DECLARATION

I declare the foregoing particulars are true in every respect

CITYCAB PTE LTD  
 REG. NO. 19950283  
 Policyholder's Signature  
 & Time

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

*[Signature]*  
 Reporting Centre Personnel's Signature  
 Name  
 NRIC/FIN No