

REF: Tayfah

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 Rport: _____ 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 Juman

Veh No: SHB3521M Yr Regn: 2019, Oct.

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

Truck / Trailer or

Make: Hyundai Lonig c.c. 1580

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

Sp. Reading: 109699 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCBSTCUL4180753

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SRim / 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 6 mm R/Bal. 6 mm

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

D.O.A. _____ D.O.I. 3/8/20

Survey held at Compa Helpo Logon

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or 6/5 Rear

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

Date / Time	Action / Instruction
	PART BY PART \$823.40, 2DAYS(RED: 440;34%)

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: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

Photos _____

Photos _____

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHB3521M DOA: 01.08.2020

Make : HYUNDAI

Model : IONIQ

Date: ###

Insurance: NTUC

MVA: JUMANI

Parts Description / Labour	Type	Unit Price	Amount
1 REAR RH DOOR CHANNEL <i>cut ✓</i>			
1 REAR RH DOOR CHANNEL RUBBER <i>cut ✓</i>			
1 REAR RH DOOR DELTA MOULDING <i>cut ✓</i>			
SUB TOTAL			\$
LESS 20%			\$
LESS 25%			\$
DISCOUNTED TOTAL			\$
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 <p>Acknowledged by Repairer Signature: Date:</p> </div>			
Labour Charge			\$
PANEL BEATING			\$700.00 <i>480</i>
SPRAYPAINT			\$300.00 <i>200</i>
TRANSFER DOOR PARTS			\$120.00 <i>x</i>
<i>Taufik 97495749</i>			
<i>wp 3/8/20 @ 5pm</i>			
<i>p/p Resurvey after repair.</i>			
<i>taufik@lkkauto.com</i>			
<i>2-3 days</i>			
TOTAL LABOUR			\$1,120.00
ESTIMATE TOTAL			\$1,120.00

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.

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

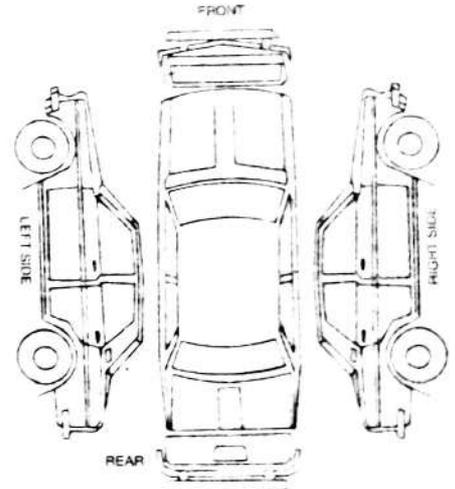
JC NO.: 305414580

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (P) (O) (P)	REGN NO:	SHB3521M	MILEAGE
	MAKE:	HYUNDAI	FUEL E.....1/2.....F
	MODEL:	IONIQ(G3)	DATE/TIME IN 03.08.2020 12:00
	YR OF MANU:	22.10.2019	TARGET DATE
	CHASSIS CODE:	KMHC851CVLU180753	COMPLETION DATE/TIME:
	QUANT CARD NO.		

JOB DESCRIPTION

Accident Date: 01.08.2020
 NATURE: 3P 01.08.2020

3/NO LABOR CODE DESCRIPTION



*Tanpin 1741574
 up 3/8/2020 4pm
 02 days.
 Resurvey after repair*

BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-in Slip

Exit Pass

Vehicle No: SHB3521M

JU NTUC LKK

Vehicle No:

SHB3521M

Signature/Date

Signature/Date

Name of Service Advisor

Date

Signature/Date

Signature/Date

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 03/08/2020 14:34
Date Of Accident 01/08/2020 12:20
Exact Location Of Accident ALONG ALJUNIED ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB3521M
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 NG CHIN LIN
NRIC No SXXXX792D
Date Of Birth 07/06/1959
Occupation OUTDOOR
Date Of Driving Pass 26/12/1979
Driving Experience 40 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96622471
Fax Number
Contact Number
EMail Address NGCHINLIN0706@YAHOO.COM

Address 26 SIMON PLACE
 Postcode 545966
 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 - OPENING DOOR OF VEHICLE
 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

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 YN1400C
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver HERPYKA HANKA
 NRIC/Passport Number
 Contact Number 92452883
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage NOT SURE
 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.
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 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

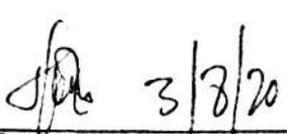
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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)
 - (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.

CITYCAB PTE LTD
CO. REG. NO. 199502831Y

Policyholder's Signature
Date & Time:



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



Reporting Centre Personnel's Signature
Name: Ngay Leang Zall
NRIC/Fin No: _____

SKETCH PLAN

A: SHB 3521 M

B: YN 1400 C.

Macherson Rd.

A
B

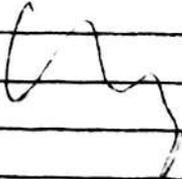
Aljunied Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/08/2020 @ about 1220 hr, i was travelling along Aljunied Road with no passenger.

As i stop at the junction of Aljunied Road and Macherson Road another vehicle B YN 1400C which was a Van trucks pass through me in my right lane. The truck rear door suddenly open and hit on my vehicle right rear portion.

No one was injury at that time of incident



DECLARATION

I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
20 REG NO. 199502830

Policyholder's Signature
Date & Time.

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

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

Month 3/8/2020

