

NS/INC20008067/T1qf3

ASS. REC BY: Taufikh

INC

ASSIGNMENT

From: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. 5104389063-01 (16/10/2019-15/10/2020)Claims No. MT/1098840-002

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 Report: _____ 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

Veh No: SHC7476D Yr Regn: 2017 / JuneType: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: yellow A/C: Insured / Std / NI / NASp. Reading: 354503 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FUX03561027Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / 6 / Rim / STD A/Rim orTyre Size: F: 195/65R15R: 2 1

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 4/8/20Survey held at Comptelindo Layan

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

Rear N/S

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

Date / Time Action / Instruction

SHC 7476D - CC3/TMI19008122/K1qd3s2 DOA: 07/05/2019

SME 7644R -X

07/08/20@2.52pm Taufikh finalised with Mr Chiang LS \$1950, 2 days by email.

(Red \$1147.98, 37%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 11/08 Typist

☐ : Final Report

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

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

Revised Form 1:

TP

LS \$1950

YCAR LTD
 2000 YCAR LTD

Vehicle No: 50000000
 Make: TOYOTA
 Model: PRIUS
 DOA:

Date: 03/08/2020
 Insurance:
 MVA: CHIANG /NTUC

Qty	Part Description / Labour	Qty	Unit Price	Amount
1	REAR BUMPER			\$458.60
1	REAR BUMPER UNDER COVER			\$552.60
1	REAR BUMPER UNDER SIDE LH			\$232.00
1	REAR BUMPER REINFORCEMENT			\$318.80
10	BUMPER CLIPS			\$22.00
1	REAR BUMPER SIDE RETAINER LH			\$112.70
1	TOWING COVER			\$82.70
	SUB TOTAL			\$1,779.40
	LESS 25%			\$444.85
				\$1,334.55
1	REVERSE SENSOR		10.00%	135.70
1	REAR BUMPER MAT			50.00
				\$172.13
	Labour Charge			
	PANEL BEATING			600.00
	SPRAY PAINTING			400.00
	WIRING			60.00
	TUFF KOTE			60.00
	REMOVE/REFIX REVERSE SENSOR			60.00
	TOTAL LABOUR			\$1,180.00
	ESTIMATE TOTAL			\$2,686.68

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.

Taylor 97495749
 - WP 4/8/2020 4pm
 Lumps 02-03 days
 Repair after repair
 Taylor C LK Auto.com
 Parent

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:

A member of COMFORTDELGRO

Date/Time: 04.08.2020 11:04

Page : 1

Team: ARC Repair TP(CPSO)1

JOB CARD Sales Order:

JC NO.: 305414671

STOMER

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

(R) (O)
(P)

COUNT CARD NO.

REGN NO:

SHC7476D

MILEAGE

MAKE:

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)03.08.2020 21:00

DATE/TIME IN

YR OF MANU

22.06.2017

TARGET DATE

CHASSIS CODE

JTDKB3FUX03561027

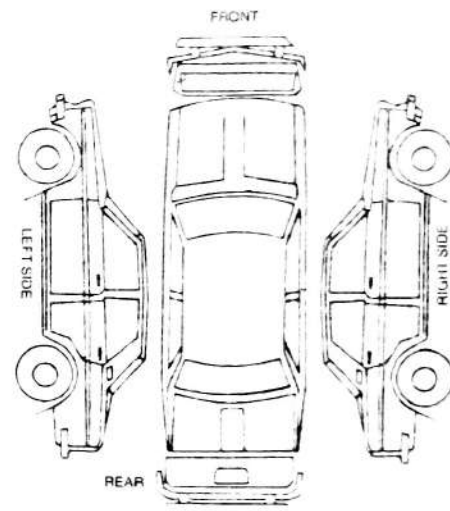
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 03.08.2020

NATURE: 3P 03.08.2020

S/NO LABOR CODE DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Vehicle No: SHC7476D

CHIANG

Exit Pass

Vehicle No:

SHC7476D

Signature/Date

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	04/08/2020 10:30
Date Of Accident	03/08/2020 18:55
Exact Location Of Accident	CLUNY RD X TAMAN SERASI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number	SHC7476D
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	TOYOTA
Model	PRIUS

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	LIM LIAN CHYE
NRIC No	SXXXX460J
Date Of Birth	18/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1977
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90618916
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address BLK 126 BEDOK NORTH STREET 2 #07-82
Postcode 460126
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 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) 4
Passenger 1
NAME: : -
GENDER: : MALE
Passenger 2
NAME: : -
GENDER: : FEMALE
Passenger 3
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

PLS REFER TO 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

Vehicle Registration Number SME7644R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT RIGHT

No. Of Passenger (Including Driver)


IMPORTANT NOTICE

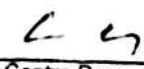
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time: 04-08-2020
0935m

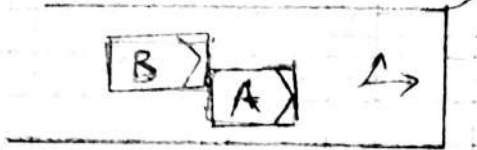

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No:

Larry Ng

SKETCH PLAN

A - SHC 7476 D
B - SM 27644R

TAMAN
SE RAS L



CLUNY RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Stunt Meekat

DECLARATION

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

Policyholder's Signature
Date & Time.

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

04.08.2020

0935h

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

Larry Ng

Describe Circumstances of the Accident.

On 03.08.2020 at about 1855hrs, I stopped my Citycab, SHC7476D, behind a car at the T junction of Cluny Rd and Taman Serasi due to red lights. The lights turned green and the front car move. Before I could move, I suddenly felt an impact from the rear. After the impact, B moved to the left and drove into Taman Serasi. I thought he wanted to drive away and I followed him. B then stopped by the side and came out. I have a video recording of the accident impact.

No injury at the time of accident.

Weather was clear and light traffic.

Declaration

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

Policyholder's Signature/Date & Time

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

Larry Ng
Witnessed by Reporting
Centre Personnel

04.08.2020
0935hr

