

ASS. REC. BY: Taufik

INC

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TPI / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. 5100781285-01 (17/09/2019-16/07/2020)
 Claims No. MT/1099410-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHC70424 Yr Regn: 2016, March
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 140 c.c. 1685
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 671171 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH LB41UM 64085493
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim pr _____
 Tyre Size: F: 205/60R16
 R: 4 -

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Manhook

Bal. or Market Value: _____
 IDAC Accident Rport: _____ 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: Lim TS Vehicle: IN / OUT

Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 4/8/20
 Survey held at Confidential Agency
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Booftop or
Rear n/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
11/08/20 @ 11.45am	Taufikh finalised with Mr Lim LS \$2200, 2 days. (Red \$1705.92, 44%)

Date/Time, File Pass to? : Prell. Report

11/2/08 Typist : Final Report

Date/Time, File Return to?

2) _____

Rep. Format: TP

Lump Sum 2200

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: Site Insp (\$ _____)

Interview (\$ _____)

Tech. Invs (\$ _____)

Weekend (\$ _____)

Survey Fee:

Transportation

S + RS \$ _____

Photos

Others

NTUC - LJS
LKK - Taufik

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010670
ADDRESS : CITYCAB PTE. LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305414586
REGN NO : SHC7042Y
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 04.03.2016
DATE/TIME IN : 02.08.2020 19:35
ACCIDENT DATE : 02.08.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT	REMARKS	
0001	04-01-0103-0579-G	REAR BUMPER	1	1,106.00	20.00	884.80 de ✓
0002	04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40 de ✓
0003	04-01-0103-0851-G	REAR BUMPER REFLECTOR LH	1	32.00	20.00	25.60 cur ✓
0004	04-01-0103-0739-G	REAR BUMPER SPONGE	1	119.50	20.00	95.60 ?
0005	04-01-0103-0740-G	REAR BUMPER BEAM	1	428.40	20.00	342.72 ?
0006	04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60 nei ✓
0007	04-01-0103-0785-G	BOOTLID MOULDING	1	85.00	20.00	68.00 de ✓
0008	04-01-0103-0786-G	BOOTLID EMBLEM-CRDI	1	27.90	20.00	22.32 nei ✓
0009	04-01-0103-0787-G	BOOTLID EMBLEM-I40	1	27.90	20.00	22.32 nei ✓
0010	04-01-0103-0789-G	BOOTLID EMBLEM-HYUNDAI	1	21.10	20.00	16.88 nei ✓
0011	04-01-0103-0800-G	BOOTLID EMBLEM-H	1	28.70	20.00	22.96 nei ✓
0012	04-01-0103-0581-A	TAILLAMP LH	1	697.80	20.00	558.24 cur ✓
0013	04-01-0103-0584-G	BOOTLID LAMP LH	1	565.60	20.00	452.48 x

REPAIR ESTIMATE

NTUC-45
LKK-Taufik

TS

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

JOB NO : 305414586
 REGN NO : SHC7042Y
 MILEAGE : 000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 04.03.2016
 DATE/TIME IN : 02.08.2020 19:35
 ACCIDENT DATE : 02.08.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 28-01-0103-0005-A BOOTLID COMFORTDELGRO	1	30.00	10.00	27.00	res ✓
0015 28-01-0103-0006-A BOOTLID 65521111	1	30.00	10.00	27.00	res ✓
SUB-TOTAL :					2,765.92

JOB NATURE

0000 PB	PANEL BEATING	600.00	420
0001 SP	SPRAYPAINT CHARGE	500.00	400
0002 17-01	CHECK ALL LIGHTING	40.00	30
0003 23-01	TOWING FEE	0.00	X
SUB-TOTAL :		1,140.00	

Taufik 97495749
 'WP'
 lumpsum 4/8/2020 4pm
 Resurvey after repair
 Taufik @ Meant.com
 2-3 days
 He-bok

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

Date: 04.08.2020

Time: 08:18:09

REPAIR ESTIMATE *NTUC-4S*

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TS

Lkk-Taufikh.

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

JOB NO : 305414586
REGN NO : SHC7042Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 04.03.2016
DATE/TIME IN : 02.08.2020 19:35
ACCIDENT DATE : 02.08.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Lmfs

TOTAL : 3,905.92

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



Accident

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>2/8/2020</u> Time Received: <u>2040</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>TIAH JEE JAY</u> Contact No. : <u>96611238</u> Vehicle No. : <u>SHC 7042Y</u> Make / Model / Colour : <u>I-40</u> Email : _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____	
7. Location: <u>RIVERA LRT STATION PUNGGOL EAST</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi			
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____					

10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested			
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Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>SAM CAI</u> Vehicle No. : <u>YN7337M</u> Time Dispatch : <u>2040</u> Time of Arrival : <u>2115</u> Time Completed : <u>2205</u>		#: Cracked X: Dented /: Scatched O: Missing Signature of Customer: <u>[Signature]</u>	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------	--

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
 b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
 c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date: 2/8/2020 Time: 2115 Signature of Customer: [Signature]

14. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

24 Selegie Road, Singapore 118240
 Tel: 65 6780 9750
 Fax: 65 6780 9750
 Workshops:
 24 Selegie Road, Singapore 118240
 381, Telok Ayer St, Singapore 101217
 15, Upper Macao Road, Singapore 105222
 24 Selegie Road, Singapore 118240
 7, Tampine Park Way, Singapore 520731
 811, Yishun Industrial Park A, Singapore 768712

Date/Time: 04.08.2020 07:52 Page : 1

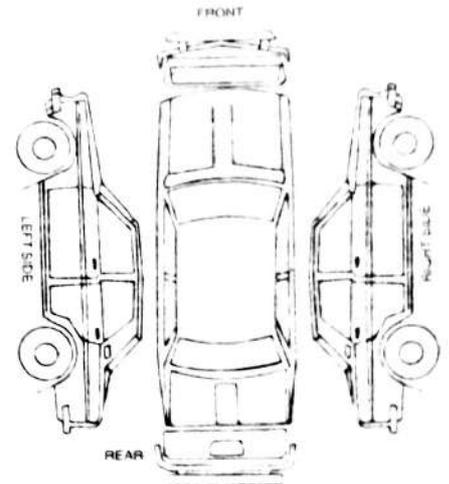
Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: 4022703 JC NO. 305414586

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188	REGN NO. SHC7042Y	MILEAGE
ISSUES (R) (P)	MAKE HYUNDAI	FUEL E 1/2 F
	MODEL I-40	DATE/TIME IN 02.08.2020 19:35
	YR OF MANU 04.03.2016	TARGET DATE
DUMENT CARD NO.	CHASSIS CODE KMHLB41UMGU085493	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 02.08.2020
 NATURE: 3P 02.08.2020

S/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

to: SHC7042Y LIMTS

Vehicle No.: SHC7042Y

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	03/08/2020 15:05
Date Of Accident	02/08/2020 19:35
Exact Location Of Accident	PUNGGOL EAST TWDS PUNGGOL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7042Y
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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	TIAH JEE JAU
NRIC No	SXXXX507H
Date Of Birth	10/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1977
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96611238
Fax Number	
Contact Number	
EMail Address	JJTIAH@GMAIL.COM

Address 636A 12-639 PUNGGOL DRIVE
 Postcode 821636
 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 CHAIN COLLISION
 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 4
 Was any body injured in the Accident? YES
 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? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] PUNGGOL NPC
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SKV4129R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRT & REAR
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SKJ4929L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage OVERRRALL BODYWORK
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3:

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage NOT SURE
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name TIAH JEE JAU
Approximate Age 60
Injuries Sustain NECK
Injured person in which vehicle? SHC7042Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2:

Name LADY
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SKJ4929L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3:

Name CHILD
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SKJ4929L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

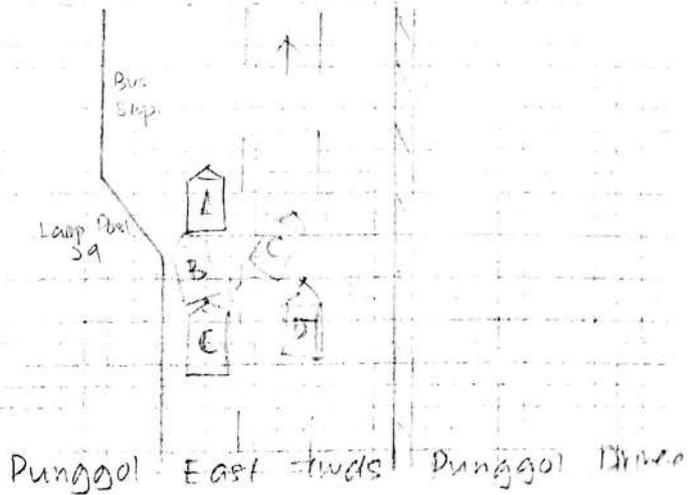
Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

A: SHC7042Y
B: 424 4136 D
(27) 4136
D: Unknown



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report
T/20200802/2068.
I felt pain on neck, will consult doctor later on

DECLARATION

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

YACAB PTE LTD
LG NO. 199502839C

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.:

3/8/2020



SINGAPORE
POLICE FORCE



T/20200802/2068

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20200802/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2020 21:50		Vide Report No.: F/20200802/0250	Station Diary No.: 79
Informant's Particulars			
Name of Informant: TIAH JEE JAU		Address: APT BLK 636A PUNGGOL DRIVE #12-639 SINGAPORE 821636	
ID Type / ID No.: NRIC NO / S1456507H		Contact No.: Home/Office:	Mobile: 96611238
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 10/02/1960	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/08/2020 19:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PUNGGOL EAST PUNGGOL DRIVE Lamp Post Number: 29				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7042Y	Car					0
SKV4129R	Car					2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200802/2068

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20200802/2068

CONTINUATION OF REPORT

Driver			
Name	TIAH JEE JAU		ID No. S1456507H
Related Vehicle	SHC7042Y (Car)		Contact No. 96611238
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 02/08/2020 at about 1935hrs, I was travelling on the left most lane of the 3 lanes. There was a vehicle in front of me which had stopped to allow a bus to leave the bus stop and I had also stopped my vehicle. Suddenly, I felt an impact from the rear and discovered that a vehicle SKV4129R had hit onto the rear of my vehicle. I made a check and discovered that it was a chain collision and there were other vehicles involved. Traffic Police and Ambulance was activated and I believe the rear vehicle's passenger which is the wife and child was conveyed by Ambulance to hospital. My vehicle has an in-car camera installed and the memory card has been seized by Traffic Police. That is all.



SINGAPORE
POLICE FORCE



T/20200802/2068

3 of 3

Report No. T/20200802/2068

Police Station Of Origin:
Punggol N.P.C.
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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:
F /
Sr Staff Sgt MOHAMAD RADZIF BIN
MOHAMAD SALEH

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
02/08/2020 21:50

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSIEN
Contact No.: 65476206

Classification Of Case:

SN 035

Authentication Stamp
NP158

Signature
Singapore Police Force