

ASS. REC. BY: Tanaka

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: Chung

Vehicle: IN / OUT

Veh No: SNC 700C Yr Regn: 2019 April

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

Truck / Trailer or

Make: Hyundai Tuniq c.c. 1580Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 156311 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCS10UK414.1378

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 or

Tyre Size: F: 195/65 R15R: 2

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

TOYO / YOKO or Handbook

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 12/8/20Survey held at Conf + bldg 10 Logans

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

Part by part \$952.72, 2days(red: 3958.52;80%)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS \$ _____

☐ : Interview (\$ _____)

Photos _____

☐ : Tech. Invs (\$ _____)

Others _____

Rep. Form: _____

Lump Sum / 12 to 15

REPAIR ESTIMATE*

VEHICLE NO SHC700C

DATE 11/08/20 12:00 AM

MAKE :

MODEL : HYUNDAI IONIQ G3

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER COVER			\$418.30
1	FRONT BUMPER BRACKET RH			\$28.00
1	FRONT RADIATOR GRILLE MOULDING UPP			\$48.30
1	FRONT RADIATOR GRILLE			\$1,409.10
1	FRONT FENDER RH BLUE DRIVE			\$26.60
1	HEAD LAMP RH			\$1,993.65
1	FRONT DAY LIGHT RH			\$642.50
1	BUMPER GRILLE RH			\$85.10
	SUB TOTAL			\$4,651.55
	LESS 20%			\$930.31
	DISCOUNTED TOTAL			\$3,721.24
	Labour Charge			
	Panel Beating			\$570.00
	Spray Painting Charge			\$500.00
	WIRING			\$60.00
	Tuff Kote			\$60.00
	TOTAL LABOUR			\$1,190.00
	ESTIMATE TOTAL			\$4,911.24

Tanpin 97495745
 'wp' 12/8/2003pm
 p/p Beating before paint
 2 days
 tanpin@khant.com

KK 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:

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

Date/Time: 12.08.2020 11:01 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JG NO 305416122

STOMER CITYCAB PTE LTD
 /MS 7010070
 STOMER NO 383 SIN MING DRIVE
 DRESS Singapore SINGAPORE 575717
 65551188

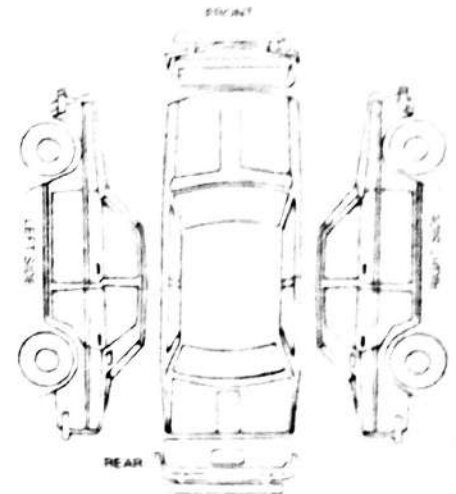
REGN NO	SHC 700C	MILEAGE
MAKE	HYUNDAI	FUEL
MODEL	IONIQ(G2)	DATE/TIME IN
YR OF MANU	30.04.2019	TARGET DATE
CHASSIS CODE	KMH851CVKU141378	COMPLETION DATE/TIME

ICOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.08.2020
 NATURE: 3P 11.08.2020

S/NO LABOR CODE DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

e No.. SHC 700C CHIANG

Vehicle No. SHC 700C

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 at/there.

ACCIDENT STATEMENT

Date Of Report 12/08/2020 09:49
Date Of Accident 11/08/2020 15:45
Exact Location Of Accident BLK 721 ANG MO KIO AVE 8 OPEN SPACE CARPARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC700C
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 JURAIMI BIN MOHAMED AMIN
NRIC No SXXXXX062H
Date Of Birth 01/08/1969
Occupation OUTDOOR
Date Of Driving Pass 26/06/2002
Driving Experience 18 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-84501617
Fax Number
Contact Number
E-Mail Address WANJO6972@GMAIL.COM

Address BLK 609 WOODLANDS RING ROAD #04-225
 Postcode 730609
 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 - 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) 3
 Passenger 1 NAME: : -
 GENDER: : MALE
 Passenger 2 NAME: : -
 GENDER: : MALE

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 / Type Of Accident : 3P REVERSE

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 SMR9533X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TOH WYE LYNN SAMANTHA
 NRIC/Passport Number
 Contact Number
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD
REAR RIGHT

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 or 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.

GTH TRUST LTD
SUITE 402, NO. 100, ROBINSON ROAD

Print, Pressed & Signature
Date & Time:

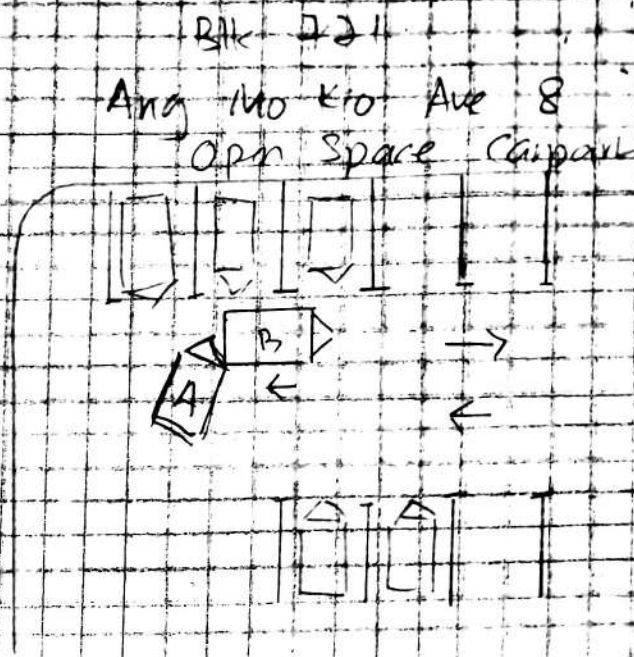

Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Loke Wei Yang
NRIC/Fin No.:

12/8/2020

A: SHC 700G

B: SMR 9533X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/8/2020 at about 15:45 hrs, I Veh A was stopped at above said location to drop off my passengers. While I settle payment with passenger, I felt a jerk. Then I noticed veh B reversed and its rear right portion collided onto the front right portion of my stationary taxi. Both of us have alighted to take photo and exchange particulars. No injury at the point of accident.

DECLARATION

We declare the foregoing particulars are true in every respect.

CITYCAR PTE LTD
CO. REG NO. 199502839G

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.: 12/8/2020

