

ASS. REC. BY:

Tanglin

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: _____ Vehicle: IN / OUT

Veh No: SHB3780G Yr Regn: 2017 JanType: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 491053 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLEB114M H9008322Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16R: W

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A.

D.O.I. 17/8/20

Survey held at

Comfordale for Tyre

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

Rear o/s

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

Date / Time Action / Instruction

lump sum \$1100, 2days (red: 380.88; 25%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Other

Rep. Form:

Form 9 (Rev. 11/2016)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 17.08.2020

Time: 13:06:13

Page: 1

NTUC-LES
LKK-Taufikh.

IS

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

JOB NO : 305417010
 REGN NO : SHB3780G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 11.01.2017
 DATE/TIME IN : 15.08.2020 13:25
 ACCIDENT DATE : 15.08.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-0579-G	REAR BUMPER	1	1,106.00 20.00 884.80 de -
0002	04-01-0103-0783-G	REAR BUMPER SIDE BRKT RH	1	35.60 20.00 28.48 ?
0003	04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00 20.00 17.60 ne -

SUB-TOTAL : 930.88

JOB NATURE

0000	PB	PANEL BEATING	300.00	280
0001	SP	SPRAYPAINT CHARGE	250.00	200

SUB-TOTAL : 550.00

TOTAL : 1,480.88

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

Taufikh 97495449
 WP
 17/8/20 04pm
 c/s passing after repair
 2 days
 tafikh@huanhuan.com
 work

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

ComfortDelGro Engineering Pte Ltd

205 Bras Basah Road, Singapore 179701
Mobile: +65 6383 6280 Facsimile: +65 6280 9755

Workshops

53 Luyang Drive, Singapore 508969 24 Serangoon Road, Singapore 758156
383 Sin Ming Drive, Singapore 575717 7 Sungei Kadut Way, Singapore 728791
45 Pandan Road, Singapore 509936 501 Yishun Industrial Park A, Singapore 768731
320 Telok Ayer Street, Singapore 068543

member of COMFORTDELGRO

Date/Time: 17.08.2020 12:33 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.: 305417010

OWNER

REGN NO.

SHB3780G

MILEAGE

AS CITYCAB PTE LTD

MAKE:

HYUNDAI

FUEL

OWNER NO. 7010070

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

RESS 383 SIN MING DRIVE

MODEL

I-40

DATE/TIME IN 15.08.2020 13:25

Singapore SINGAPORE 575717

(R) 65551188

(O)

YR OF MANU.

11.01.2017

TARGET DATE

(P)

CHASSIS CODE

KMHLB41UMHU098322

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

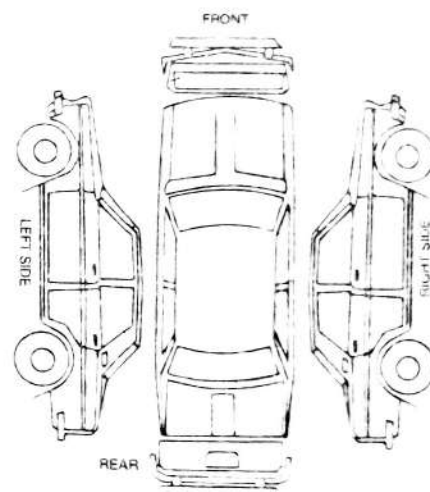
Accident Date: 15.08.2020

NATURE: 3P 15.08.2020

3/NO

LABOR CODE

DESCRIPTION



ISSUED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Settlement Slip

Exit Pass

No. SHB3780G

LIMITS

Vehicle No.:

SHB3780G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Service Advisor

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 17/08/2020 11:09
Date Of Accident 15/08/2020 11:20
Exact Location Of Accident ALONG TOA PAYOH LOR 4
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SHB3780G
Insured/Policyholder
Name Of Registered Owner CITYCAB PTE LTD
Co Reg No 1XXXXX839G
Email Address FLEETSAFETY@CDGETAXI.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-18088936MFSH
Cover Note Number

Driver

Name of Driver PANG KIM CHEANG ROBERT
NRIC No SXXXX099D
Date Of Birth 07/08/1969
Occupation OUTDOOR
Date Of Driving Pass 03/02/1990
Driving Experience 30 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96386462
Fax Number
Contact Number
Email Address ROBERTOEVERLENOFALCAO@GMAIL.COM

Address	BLK 406C FERNVALE ROAD #16-57
Postcode	793406
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)	2
Passenger 1	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

REFER 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 1

Vehicle Registration Number	SGY662A
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SGY662A
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT LH

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)**


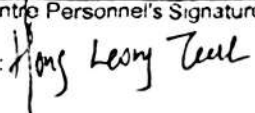
I understand, acknowledge, agree and consent that:

- (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.

CHYCAR PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

 17/8/2020
Driver's Signature
(if driver is not the policyholder)
Date & Time:

 17/8/2020
Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: 

SKETCH PLAN

A SHP 7160G

B SGY 662A

One lane

Road
work

Toa Payoh Central

Toa Payoh Lor 4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/08/2020 @ about 1120 hrs, I was travelling along Toa Payoh Lor 4 turning Right towards Toa Payoh Central with one male passenger onboard.

At Lor 4 There is a road work which two lane became one lane and the traffic are slow, When reaching the junction of Toa Payoh Central road, After I give way to my front vehicle, my vehicle slowly filter to my right lane. At that time B vehicle SGY 662A from my behind try to squeeze through my right side and his vehicle front left portion collided onto my rear right portion. No one was injury at that time.

DECLARATION

I/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: