

ASS. REC. BY:

REF:

CC4/1716 2000 8919 Tida3

AIG.

## 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:

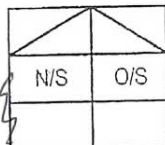
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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:

SHR3311C

Yr Regn:

2020, Jan.

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

Truck / Trailer or

Make:

Hyundai i10, cc 1580.

Colour:

yellow

A/C: Insured / Std / NI / NA

Sp. Reading

45727

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHC851CVL0184118

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 R15.

R:

L L

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

24/8/20

Survey held at

Confidentially today

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / B.B.C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

DATE: 24.08.2020

3P INSURANCE: AIG ASIA *CP/P*

MODEL: HYUNDAI IONIQ

SURVEYOR: NA

VEH NO.: SHB3311C

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Rear Wheel Cap (LH)	1		\$346.40 <i>cut</i>
	<b>SPARE PARTS SUB TOTAL</b>			<b>\$346.40</b>
	<b>LESS 20%</b>			<b>\$69.28</b>
	<b>DISCOUNTED SPARE PARTS TOTAL</b>			<b>\$277.12</b>
	Rear Door APPS Sticker (LH)	1		\$80.00 <i>new</i>
	<b>NETT TOTAL</b>			<b>\$80.00</b>
	<b>SPARE PARTS &amp; NETT TOTAL</b>			<b>\$357.12</b>
	Panel Beating – Rear Door LH etc			\$300.00 ✓
	Spray Painting Charge – Rear Bumper, Rocker			\$1,000.00 <i>700</i>
	Panel Garnish LH & Rear Fender LH etc			\$60.00 <i>30</i>
	Tuff Kote			
	<b>LABOUR TOTAL</b>			<b>\$1,360.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$1,717.12</b>

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.

*Tanjin @ 97495949  
 up' 24/8/20 5pm  
 v/p Repair after repair  
 02 days  
 Repair after w  
 Tanjin @ 97495949.*

**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

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 3755

### Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Upper Macao Road Singapore 497499

24 Serangoon Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

601 Yishun Industrial Park A Singapore 758732

Date/Time: 24.08.2020 14:18

Page : 1

Team: ARC Repair TP(CFSO)1

## JOB CARD

Sales Order:

JC NO.: 305418584

OWNER

AS

CITYCAB PTE LTD

7010070

OWNER NO.

RESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(R)

(O)

(P)

OUNT CARD NO.

REGN NO.

SHB3311C

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

DATE/TIME IN 24.08.2020 10:05

YR OF MANU

16.01.2020

TARGET DATE

CHASSIS CODE

KMHC851CVLU184118

COMPLETION DATE/TIME:

## JOB DESCRIPTION

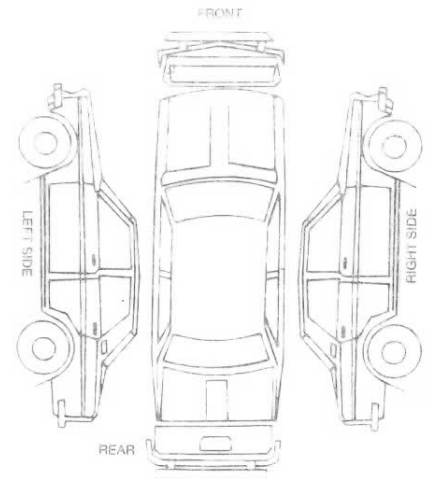
Accident Date: 24.08.2020

NATURE: 3P 24.08.2020

S/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.:

SHB3311C

LIMITS

Vehicle No.:

SHB3311C

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	24/08/2020 11:41
Date Of Accident	24/08/2020 08:05
Exact Location Of Accident	BLK 760A JURONG WEST ST 74 MSCP EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3311C
<b>Insured/Policyholder</b>	
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	YONG FUI LOY
NRIC No	SXXXX937Z
Date Of Birth	29/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/01/1981
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85966966
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	147 11-1667 BEDOK RESERVOIR ROAD
Postcode	470147
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 - MAJOR/MINOR RD
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: : 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

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 1

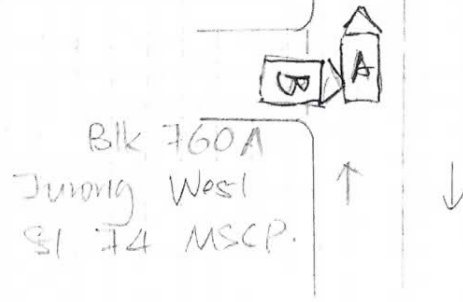
Vehicle Registration Number	SBL69R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN

A: SHB 3311C  
B: SBL 69R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/8/2020 at about 08:05 hrs, I Veh A was
driving at above said location with a female pax onboard.
Suddenly I felt an impact from left hand side.
I step out to have a check and found Veh B drove
out from MSCP collided onto the left rear portion of my
taxi. The driver refused to exchange particulars.
No injury reported in this accident.

## DECLARATION

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

CITYCAB PTE LTD  
CO. 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: Loke Wei Yeng  
NRIC/Fin No.:



### **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)**

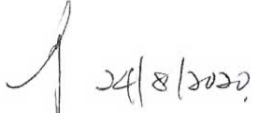
I understand, acknowledge, agree and consent that:

- (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. 199502870

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Loke Wei Yeng  
NRIC/Fin No.:



**RE: Accident involving SHB3311C and your insured SBL 69R dated 24.08.2020**

AIG SGP, Claims-Survey <AIGSGP\_ClaimsSurvey@aig.com>

Mon 24/8/2020 2:01 PM

To: Lim Tien Siong <limts@cdge.com.sg>

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

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Hi Sir,

We'll appoint LKK to conduct survey.

Thanks.

AIG Claims Survey

**From:** Lim Tien Siong [mailto:limts@cdge.com.sg]

**Sent:** Monday, August 24, 2020 1:43 PM

**To:** AIG SGP, Claims-Survey <AIGSGP\_ClaimsSurvey@aig.com>

**Cc:** Wong, Ken-FK <Ken-FK.Wong@aig.com>

**Subject:** [EXTERNAL] Accident involving SHB3311C and your insured SBL 69R dated 24.08.2020

**This message is from an external sender; be cautious with links and attachments.**

Officer in charge,

Best Regards,

Lim Tien Siong

Taxi Accident Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156



Think Before Printing

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**From:** canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>

**Sent:** Monday, 24 August 2020 1:37 PM

**To:** Lim Tien Siong <limts@cdge.com.sg>

**Subject:** Scan Image

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]