ASSIGNMENT Prom Date Estimated Cost Charles and Vehicle Not Assignment Type MCarl Micropile Blass I Van I Lorry / 2019 / I/Ca Type MCarl Micropile Blass I Van I Lorry / 2019 / I/Ca Type MCarl Micropile Blass I Van I Lorry / 2019 / I/Ca Type MCarl Micropile Blass I Van I Lorry / 2019 / I/Ca Acc. Insured Stat Mini Na Same Reading 12 3 Lorry / 2019 / I/Ca Acc. Insured Stat Mini Na Same report Felory No Came No. Sum insured: Colour Yell Gu Acc. Insured I Stat Mini Na Same insured: Colour Yell Gu Acc. Insured I Stat Mini Na Seeing Incorder Jeanned I Leaked I Blant or Mod: Nil (Serlin I Sto A/Ring or Type Size: F: (15 L) Ku Type Profity Condition) Perpark The veh had commenced its repair at the time of inspection. Sa. or Waret Value: DAL / PR Seen: Consistent? Yes or No Lum Sum: Same Seen: Consistent? Yes or No Ca / Rev / Rep. / 24 HRS Vehicle: Ni / OUT The UC / Chassis frame / Body Structure affected due to collision Cast I Time Action / Instruction Days Of Repair: Resurvey No. of Trip: Survey Fee: Timecontour: 9 Add Fee: Stelling (5) Streey Fee: Timecontour: 9 Add Fee: Stelling (5) Streey Fee: Timecontour: 9 Add Fee: 1-Intorview (6) Rock Treeth, Invol 13 Acc. Instruction Juli I/Ca Acc. Instruction Juli I/Ca Acc. Instruction Juli I/Ca Acc. Instruction Stat Instruction Acc. Instruction Acc. Instruction Instruction The UC / Chassis frame / Body Structure affected due to collision Add Fee: Instruction Instruction Instruction Acc. Instruction Acc. Instruction Instruction The UC / Chassis frame / Body Structure affected due to collision The UC	ASS FEEL BY: Tanth A HEF:	
Promition Disk Estimated Cost Type: M.Car / M.Cycle / Bus / Van / Lorry / Girl Prime Mover / Trusk / Trailler or Trusk / Trailler or Trusk / Trailler or Trusk / Trailler or Acc. 199		TONTE
Type M.Car I M.Cycle Bus I Van I Lorry Fair Prime Mores Truck Trailer or Colour Col		Veh No: 5463946 Yr Regn: 2019, MG
Truck / Trailer or To inspect Vehicle No: If Work also mis If Colour You you want of inspect on the state of inspect on the		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Make: Cook I in Sured Istal In II NA co		Truck / Trailer or
Colour Sp. AC: Insured Std Ni NA Sp. Reading 2 2 2 2 2 2 2 2 2		
Sp. Reading 123 Tradic insured / Std / N/ / NA Insured: Policy No. Calmins No. Sum insured: (Cler's Record) Make of Ven: (Policy Condition) Remark: The veh had commenced its replicate the time of inspection. So, or Market Value: GAA / PR Seen: Consistent?: Yes or No. Extragain: Gay Res.: Yes or No. Lum Sum: Result Report Wellicle: IN/ OUT Des: Person Contacted: Vehicle: IN/ OUT Des: Person Contacted: Vehicle: IN/ OUT Des: Person Contacted: Caso Trae, Fie Pass ts? Person Contacted: The U/C / Chassis frame / Body Structure affected due to colision Caso Trae, Fie Pass ts? Add Fee: She Insp (S		AIC: Incurred / Std / NI / NA
Engine Excess E		Sp. Reading 12 7314 T/Radio: Insured / Std / NI / NA
Claims No Sum Insured: Excess: (Client's Report) Make of Vehi: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Ba. of Market Vabue: (DAA / PR Seen: Consistent?: Yes or No Exc. Repairs: days Res.: Yes or No CLM Sum: 4, 3 Val.: Yes or No CLM Sum: 4, 3 Val.: Yes or No CLM Fer. 1 / REP / 1 24 HRS Des. of Damages: Frt / Rear / O'S N.S / UC / Rochtop or Dest: Person Contacted: Vehicle: IN / OUT Dest: Perso		Eng/No:
Sign Instruct: Excess: Client's Report Make of Veh; Stephing Inforder Jammed Leaked Burnt or Strake; Info@rr Jammed Leaked Burnt or Strake; Burnt or Strake; Info@rr Jammed Leaked Burnt or Tyre Jammed Leaked Jammed Leaked Jammed Leaked Jammed	Policy No.	CNO: STDICSSFU 5030802)
Since Sinc	Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Modi: Nil (SRim / STD ARim or Tyre Size: F: (9	Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
Tyre Size: F: 45 L TKLY Remark: The veh had commenced its repair at the time of inspection. Bas. or Market Value: IDAC Accident Rport GA / PR Seen: Consistent?: Yes or No Ext. Repairs: days Res.: Yes or No LURS CA / REV / REP. / 24 HRS Des. of Damages: Frt / Rear / O/S / N.S / U.C / Rocttop or Data: Person Contacted: Data / Time Action / Instruction Tyre Size: F: 45 L TKLY BS / DUN / EXNOVA / GY / FS / L IZA / MIC / OHTSU! FIR / SUM! / TOYO / YOKO or Person! REAL R/Bal. 6 mm R/Bal. 6 m	(Client's Record)	Brake: Inotder / Jammed / Leaked / Burnt or
Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAC Accident Rport Consistent?: Yes or No GR. / PR Seen: Consistent?: Yes or No UBal.	Make of Veh:	Modi: Nil (S/Rim / STD A/Rim or
Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAC Accident Rport Consistent?: Yes or No GA / PR Seen: Consistent?: Yes or No Light mm mm mm mm mm mm mm		17.0 0.20
repair at the time of inspection. Bail or Market Value: IDAC Accident Rport: Consistent?: Yes or No GA / PR Seen: Consistent?: Yes or No LBail	(Policy Condition)	R:
Bai. or Market Value: IDAC Accident Rport	Remark: The veh had commenced its N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /
DAC Accident Rport Consistent? : Yes or No Consistent? : Yes or No LBal. mm mm LBal. mm mm mm mm mm mm mm	repair at the time of inspection.	TOYO/YOKO or Devant
GA / 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 Des. of Damages : Frt / Rear / O/S / NS / U/C / Roctop or The U/C / Chassis frame / Body Structure affected due to collision Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision Date / Time Action / Instruction Date / Time Action / Instruction Days Of Repair:	Bal. or Market Value:	<u>Front</u> <u>Rear</u>
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Person Contacted: Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date / Time	IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. C mm
Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Des. of Damages : Fit / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision Data / Time Action / Instruction Calculation Action / Instruction Calculation Days Of Repair: Preli. Report Days Of Repair:	GIA / PR Seen: Consistent? : Yes or No	L/Bal mm L/Bal mm
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Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Cate	Lum Sum: % 3 Val.: Yes or No	Survey held at Confidence Lynn
Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision	CA / REV / REP. / 24 HRS	
Data / Time Action / Instruction Data / Time Action / Instructi	Vehicle: IN / OUT	+v+ >/s.
CaloTime, File Pass to? Preli. Report Days Of Repair:	——————————————————————————————————————	The U/C / Chassis frame / Body Structure affected due to collision
Days Of Repair:	Date / Time Action / Instruction	
Days Of Repair:		
Survey Fee: Survey Fee: Transportation: Survey Fee: Transportation: See Forms: Survey Fee: Transportation: See Forms:	CaleTime, File Pass to? : Preli. Report D	ays Of Repair:
Add Fee: : Site Insp (\$)s+Rs_si Interview (\$) Photos Fech. Invs (\$)		
Add Fee: Site Insp (\$)_s+Rs_si Interview (\$) Photos Tech. Invs (\$)	Case Time, File Return to?	
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Tech. Invs (\$		I lotoniau it
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COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE TOKIO MATINE

Date: 21.09.2020

Time: 15:45:32

Page: 1

COMPANY . THIRD PARTY'S CLAIMS (CAS)

POMER: 7010070

SESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

Tyre: Davanti

JOB / PARTS DESCRIPTION

JOB NO : 305423826 REGN NO : SHC 394C MILEAGE : 0000000000

MAKE : TOYOTA MODEL : PRIUS HYBRID(G4)

MODEL : PRIOS IT DICE.

DATE OF REGN : 02.05.2019

DATE OF REGN : 02.03.2019
DATE/TIME IN : 21.09.2020 08:55

ACCIDENT DATE : 20.09.2020

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-A FRONT BUMPER 1 499.90 25.00 374.92 RY

0002 04-01-0302-2971-G FRT BUMPER SIDE BRKT RH 1 77.00 25.00 57.75 X

0003 04-01-0302-0573-A FRONT FENDER RH 1 945.30 25.00 708.97 ht

0004 04-01-0302-2297-G FRT FENDER (HYBRID) RH 1 86.50 25.00 64.87 Wer

0005 03-01-0302-2057-G FRT WHEEL CAP RH 1 177.70 25.00 133.27 cut

0006 28-01-0103-0007-A Frt Door ComfortDelGro RH 1 75.00 259- 75.00

SUB-TOTAL : 1,414.78

JOB NATURE

0000 PB PANEL BEATING 700.00 4 60

0001 SP SPRAYPAINT-Frt Door RH etc 750.00 600

0002 20-00 TUFF COAT ON AFFECTED PARTS. 40.00 Zp.

0003 L TP MERIMEN 11.00

SUB-TOTAL : 1,501.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Tok Mar.

Date: 21.09.2020

Time: 15:45:32

Page: 2

CLAMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADURESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

305423826 JOB NO **SHC 394C** REGN NO 0000000000 MILEAGE : TOYOTA

MAKE MODEL

: PRIUS HYBRII

DATE OF REGN

: 02.05.2019

DATE/TIME IN

: 21.09.2020 08:5

ACCIDENT DATE

20.09.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

MVA NAME & SIGNATURE

DATE:

AUTHORISED: YES / NO

SURVEYOR NAME & SIGNATURE

DATE:

Tanple 9749 5749 W/ 21/9/2005 pm Justic That on

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:

omforiDelgro Engineering

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Hoad Singapore 579701 Maintine + 65 6383 6230 + acaircile + 65 6280 9755

| Workshops | 59 Logang Drive Singapore 508069 | 24 Secoko Loop Singapore 758156 | 7 Sangar Kadul Way Sespapore 778721 | 45 Pandan Road Singapore (20076 | 200 2 1 Secolo 1 Se

Date/Time: 21.09.2020 15:30

eam:	ARC Repair TP(CFSO)1	JOB CARD Sales Order:	JC NO.: 305423826
DMER		REGN NO SHC 394C	MILEAGE
3	CITYCAB PTE LTD 7010070	MAKE: TOYOTA	FUEL E1/2
ESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL PRIUS HYBR	ID(G4)21.09.2020 08:55
(R)	65551188 (O)	YR OF MANU. 05.2019	TARGET DATE
UNT CAF	RD NO.	CHASSIS COLFEE	3080277 COMPLETION DATE/TIME

JOB DESCRIPTION

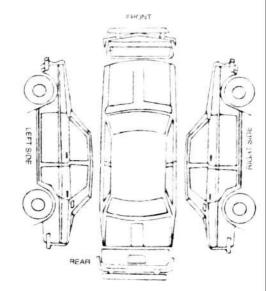
ccident Date: 20.09.2020

ATURE: 3P 20.09.2020

/NO

LABOR CODE

DESCRIPTION



CUSTOMER'S SIGNATURE

0 & PASSED OUT BY:

gement Slip

SERVICE ADVISOR

Exit Pass

SHC 394C

LIMTS

Vehicle No.:

SHC 394C

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 witholding 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.

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	Time and the	or or other designation of the last of the	بالأشارة فالوال و			The same of			

 Date Of Report
 21/09/2020 11:59

 Date Of Accident
 20/09/2020 14:40

Exact Location Of Accident HOLLAND RD AFTER TAMAN WARNA

Country/State of Loss SINGAPORE

	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC394C
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 CHEN JUN TING
NRIC No SXXXX203Z
Date Of Birth 01/01/1954
Occupation OUTDOOR
Date Of Driving Pass 22/11/1975

Driving Experience 44 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97820692

Fax Number

Contact Number

EMail Address CJUNTING@YAHOO.COM.SG

Address

BLK 352 UBI AVENUE 1 #05-985

Postcode

400352

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 2

NO

Was any body injured in the Accident? 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

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 180

Vehicle Registration Number

GBF5186J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

LEFT FRT

No Of Passenger (Including Driver)

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 faise 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.
- 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.
- 3 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (3) 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 setout 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)
 - 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;
 - (#i) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the maiting 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'taw 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 my 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.
- (a) 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 ourt orders.

CT REG NO. 1995/28336

xicyholder's Signature ste & Time

Driver's Skanature

(if driver is not the policyholder)

Date & Time: 21.21.2020

1.25

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

1

SKETCH PLAN		200		* ** * *** ***		
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DECLARATION

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

1 to P A (PH) 1 to to 10 (PA (A) (PH) 200333

Policyholder's Signature Date & Time:

Driver's Signature Oriver's Signature (If driver is not the policyholder)
Date & Time: 21.09.2020

10000

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

Sketch Plan Pg. 3

Describe Circumstan	ces of the Accident.	-		
On 20.09.2020, at ab	out 1440hrs, I was drivi	ing my Citycab, SHC39	14C, along the slip road	d
from Farrer Rd/Quee	ensway to Holland Rd w	ith 1 female pax.		
Weather was clear ar	nd traffic was light.			
After my taxi exit into	the main road, Holland	d Rd, I was keeping to	the left lane.	
Somewhere after the	T junction with Taman	Warna, a van, B, whic	th was on my right	
suddenly swerved left	and hit my taxi right fr	ont fender, bumper a	nd door.	
The impact caused my	taxi to swerve left and	hit the curb causing	some damage to my	-
taxi left front wheel ar	rea			
I have a video recordin	g showing B cutting int	o my lane and caused	the accident.	
After the accident, B co	ontinued driving for sor	ne distance and then	stopped.	_
No injury.				
		1770		

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	* # * Female # par 4			
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7-9-4	-			
_				
Declaration				
I/We declare the foregoing pa	rticulars are true in every re	espect.		
CHACAS PH (10) C J AFG NO. 1995028350	, OAMA			
Policyholder's Signature/Date &	- (VO-V X			
Time	Driver's Signature(If drive	is not the policyholder)/Date	- - La	ffy Ng
	& Time 1 (· (29.20		by Reporting
	3 1	1.70%	Centre Per	sonnel
		19.2020		