

ASS. REQ BY: Tan Jiah

REF:

TMI
ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

CD ☒ / 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: him TS

Vehicle: IN / OUT

Veh No: SHC394C Yr Regn: 2019, Ma

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 127314 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDIC33FU 50308027

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: 195/65R15

R: 2 4

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM!!

TOYO / YOKO or Devanti

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 21/9/20

Survey held at Comfydy byang

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

P/P \$2103.11 (RED: \$812.67, 27%)

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1)

Date/Time, File Return to?

2) 28/09/20 TYPIST

Per Format :

P/P \$2103.11

Days Of Repair: 2

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$

Photo

Others

Merimen

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Tokio Marine CP(P)
LKK - Taufik

Date: 21.09.2020

Time: 15:45:32

Page: 1

TS

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305423826
REGN NO : SHC 394C
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 02.05.2019
DATE/TIME IN : 21.09.2020 08:55
ACCIDENT DATE : 20.09.2020

Tyre: Davanti

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-A	FRONT BUMPER	1	499.90	25.00	374.92	Rx
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	ver-
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	25.00	75.00	ver-

SUB-TOTAL : 1,414.78

JOB NATURE

0000 PB	PANEL BEATING	700.00	480
0001 SP	SPRAYPAINT-Frt Door RH etc	750.00	600
0002 20-00	TUFF COAT ON AFFECTED PARTS.	40.00	30
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

TS

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

JOB NO : 305423826
REGN NO : SHC 394C
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
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

Lmf

TOTAL : 2,915.78

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Tanph 97495749
'wp' 21/9/2020 5pm

P/P Resurvey before paint
2-3 days
tanphic 11/10/2020

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 117973

Mobile: +65 6383 6280, +65 6280 9755

Workshops

541 Luyang Drive, Singapore 508369

383 Sin Ming Drive, Singapore 575117

45 Pandan Road, Singapore 110096

420 Pandan Road, Singapore 110096

24 Serangoon East, Singapore 758196

7 Geylang Road, Singapore 328791

501, Tekong Industrial Park A, Singapore 71

Date/Time: 21.09.2020 15:30

Page : 1

Team: ARC Repair TP(CFS0)1

JOB CARD Sales Order:

JC NO.: 305423826

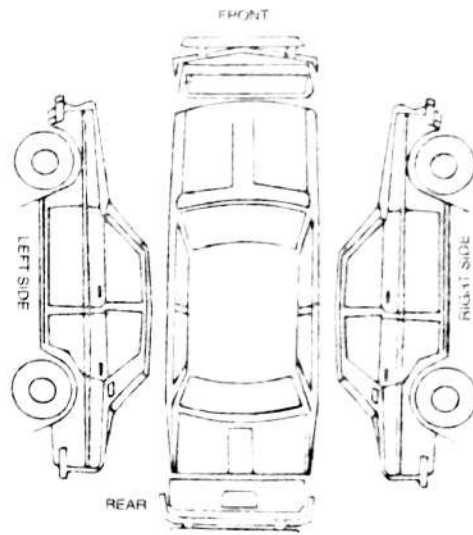
CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575117
65551188

REGN NO.	SHC 394C	MILEAGE
MAKE	TOYOTA	FUEL
MODEL	PRIUS HYBRID(G4)21	DATE/TIME IN
YR OF MANU.	02.05.2019	TARGET DATE
CHASSIS CODE	JTDKB3FU503080277	COMPLETION DATE/TIME

Accident Date: 20.09.2020
ATURE: 3P 20.09.2020

JOB DESCRIPTION

W/O LABOR CODE DESCRIPTION



AND PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

Vehicle No.:

SHC 394C

LIMITS

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 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	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? 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

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 1

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

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.

3. 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, investigating, 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.

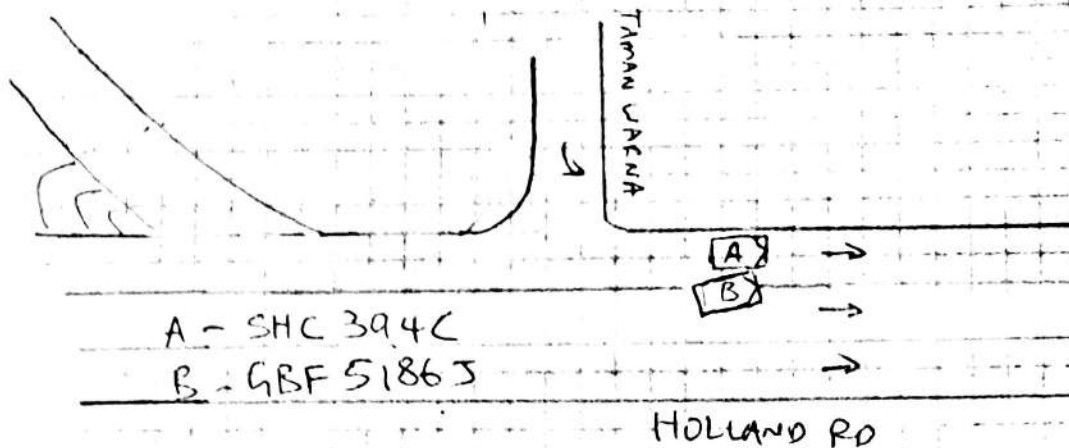
CHARTERED LTD
CH REG NO. 19950233JG

Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21.01.2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Statement attached *

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 21.09.2020
1000hrs

Reporting Centre Personnel's Signature

Name: _____
NRIC/Fin No.: _____

Larry Ng

Describe Circumstances of the Accident.

On 20.09.2020, at about 1440hrs, I was driving my Citycab, SHC394C, along the slip road from Farrer Rd/Queensway to Holland Rd with 1 female pax.

Weather was clear and traffic was light.

After my taxi exit into the main road, Holland Rd, I was keeping to the left lane.

Somewhere after the T junction with Taman Warna, a van, B, which was on my right suddenly swerved left and hit my taxi right front fender, bumper and door.

The impact caused my taxi to swerve left and hit the curb causing some damage to my taxi left front wheel area

I have a video recording showing B cutting into my lane and caused the accident.

After the accident, B continued driving for some distance and then stopped.

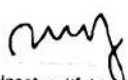
No injury.

Declaration

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

CITYCAB PTE LTD
C.D. REG. NO. 1595/2835G

Policyholder's Signature/Date &
Time


Driver's Signature (If driver is not the policyholder)/Date
& Time

21.09.2020
1006h

Larry Ng
Witnessed by Reporting
Centre Personnel