

A.S.S. REC. BY:

Stew

REF:

NTUC

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:

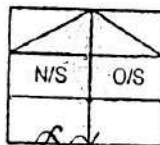
Excess:

(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:

SHC 277H

Yr Regn:

26/6/19

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

Truck / Trailer or

Make:

Hyundai i90

c.c

1580

Colour:

Yellow

A/C:

Insured / Std / NI / NA

Sp. Reading

167231

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHC851CVK4164540

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

H

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

1/10/20

D.O.A.

2/10/20

Survey held at

Comfort de gro

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?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Format:

Lump Sum / L.E.A. /

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE NTUC - CP/P)

Date: 02.10.2020

Time: 15:40:34

Page: 1

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

JOB NO : 305425978
 REGN NO : SHC 277H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 26.06.2019
 DATE/TIME IN : 02.10.2020 13:35
 ACCIDENT DATE : 01.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	X	R
0002 04-01-0104-2533-G	REAR BUMPER CENTER-Black	1	451.25	20.00	361.00	X	
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60	X	
0004 04-01-0104-2370-G	REAR BUMPER FOGLAMP	1	201.50	20.00	161.20	X	
0005 FNPS	NO PLATE(S)W/TRIM COVER	1 L	55.00	10.00	49.50	X	CUT
0006 09-01-9999-0068-A	REVERSE SENSOR	1	180.00	10.00	162.00	X	

SUB-TOTAL : 1,118.82

JOB NATURE

0000 PB	PANEL BEATING	350.00	320
0001 SP	SPRAYPAINT CHARGE	250.00	200
0002 L	R/I REVERSE SENSOR	120.00	30
		SUB-TOTAL : 720.00	

Steve (LKK)
 8321 8813
 Steve chn@lkkawb.com

W/L P/L
 2 days
 P/P
 By P/L SJ
 2/10/20, 3.10 pm

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Orchard Road Singapore 239701
Mobile : 65 6383 6200 Facsimile : 65 6280 9755

Workshops
69 Leyong Drive Singapore 508909 24 Ranchor Loop Singapore 768156
363 Sin Ming Drive Singapore 575717 7 Sungei Road Way Singapore 720791
45 Pandan Road Singapore 609206 501 Yishun Industrial Park A Singapore 760732

Date/Time: 02.10.2020 15:36

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305425978

TOMER AS CITYCAB PTE LTD TOMER NO. 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P) COUNT CARD NO.	REGN NO	SHC 277H	MILEAGE
	MAKE	HYUNDAI	FUEL
	MODEL	IONIQ(G2)	E.....1/2.....F
	YR OF MANU.	26.06.2019	DATE/TIME IN
	CHASSIS CODE	KMH851CVKU164540	TARGET DATE
			COMPLETION DATE/TIME

JOB DESCRIPTION

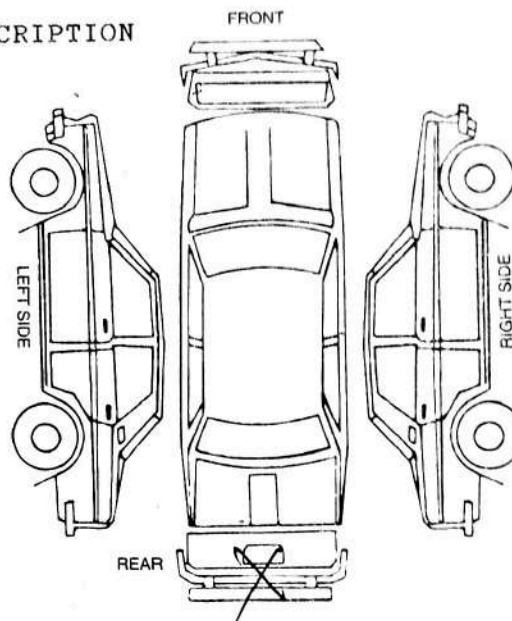
Accident Date: 01.10.2020

NATURE: 3P 01.10.2020

3/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

Exit Pass

No.: SHC 277H LIMITS

Vehicle No.: SHC 277H

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 02/10/2020 14:56
Date Of Accident 01/10/2020 18:35
Exact Location Of Accident ONE RAFFLES LANE >> TEMASEK BLVD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC277H
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 SIM KOON HUNG
NRIC No SXXXX295B
Date Of Birth 28/08/1963
Occupation OUTDOOR
Date Of Driving Pass 09/10/1980
Driving Experience 39 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-86189009
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 533 BEDOK NORTH STREET 3 #05-790
 Postcode 460533
 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: : 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 SJP646J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Nature Of Damage 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 Authorized 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.

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.

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.

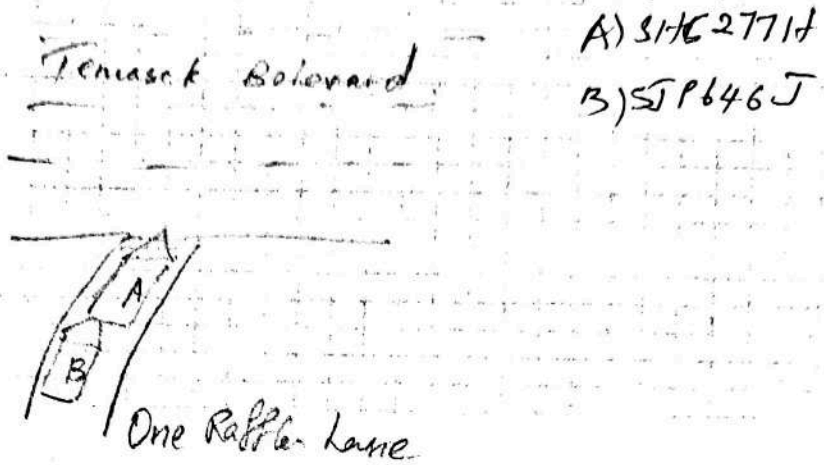
GIA/CAB PTE LTD
CORP. REG. NO. 109502830G

Policyholder's Signature
& Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/10/20 at about 1835hrs. when I veh A stopped gradually before the give way marking of the Sup Road, Veh B collided onp the rear of my vehicle.

DECLARATION

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

CITY POLICE
CO. REG. NO. 1999/2030G

Policyholder's Signature
Date & Time:

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

S R Moorthy
2/10/20
Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: