

CS/KT120011006/Tig 13

ASS. REG. BY: Taufik

REF:

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. DMHCSN30706419011
 Claims No. SNM20D203784C02
 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: 4 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: SAB4822M Yr Regn: 207, Jan.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Texi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai 140 c.c. 1685
 Colour Yellow A/C: Insured / Std / NI / NA
 Sp. Reading 554820 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHL13414MH.4098355
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SR / STD A/Rim or
 Tyre Size: F: 205/60R16
 R: n 7

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Triangle

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>12/10/20</u>

Survey held at Ding Auto
 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

13/10/20@4.54pm revised to Irene Tay via Merimen.

27/10/20@2.48pm Taufikh finalised with Dd Hashim LS \$4000, 4 days (Red \$1928.12, 33%)

Date/Time, File Pass to?

1) 29/10 Typist

Date/Time, File Return to?

2)

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 3

Add Fee:

☐ Site Insp (\$ _____)
☐ Interview (\$ _____)
☐ Tech. Invs (\$ _____)
☐ Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Rep. Form: MER-TP

Lump Sum / 4000

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

09/10/2020 18:03

OWNER'S PARTICULARS

JOB-NO: 50112871

NAME: CityCab PTE LTD (Fleet)
 ADDRESS: 383 SIN MING DRIVE
 SINGAPORE 575717 0

CONTACT: 65533880
 64739522

Page 1 of 2

VEHICLE DETAILS

LICENSE NO: SHB4822M

TRANS: AUTO

CHASSIS: KMHLB41UMHU098355

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDEU483047

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
1 STRAIGHT AND PANEL BEAT ACCIDENT AREA	1.00	900.00	0.00	900.00		Y	300
2 RUST PROOFING	1.00	80.00	0.00	80.00		Y	30
3 SUNDRIES	1.00	50.00	0.00	50.00		Y	20
4 ADJUST HEADLAMP AIM & CHECK WIRING & CHECK LIGHTING SYSTEM	1.00	150.00	0.00	150.00		Y	30
5 R&R RADIATOR & A/C CONDENSER & TURBO INTERCOOLER	1.00	180.00	0.00	180.00		Y	120?
6 VACUUM & TOP UP AIR COND GAS R-134A	1.00	150.00	0.00	150.00		Y	100?
7 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
8 RESPRAY FRONT FENDER RH	1.00	250.00	0.00	250.00		Y	200
TOTAL:		2,010.00	0.00	2,010.00			

MATERIALS

1 FRONT BUMPER	1.00	599.68	119.94	479.74	L	Y	del
2 FRONT BUMPER RETAINER RH	1.00	48.32	9.66	38.66	L	Y	del
3 HEADLAMP RH	1.00	1,808.10	361.62	1,446.48	L	Y	unt
4 FRONT FENDER RH	1.00	659.60	131.92	527.68	L	Y	del
5 FRONT FENDER INNER SHIELD RH	1.00	185.12	37.02	148.10	L	Y	del
6 FRONT WHEEL CAP RH	1.00	265.20	53.04	212.16	L	Y	unt
7 FRONT SUPPORT PANEL	1.00	962.87	192.57	770.30	L	Y	?
8 FRONT BUMPER CLIP SET	1.00	50.00	0.00	50.00	S	30 Y	del
9 FRONT FENDER INNER SHIELD CLIP SET RH	1.00	35.00	0.00	35.00	S	Y	del
10 FRONT FENDER ADS STICKER RH	1.00	150.00	0.00	150.00	S	Y	100
11 RADIATOR COOLANT	1.00	60.00	0.00	60.00	S	Y	?
TOTAL:		4,823.89	905.77	3,918.12			
TOTAL PARTS & LABOUR:		6,833.89	905.77	5,928.12			

EXCESS/LOADING: S\$ 0.00

No. Of Day: 03

RE-SURVEY: BEFORE/AFTER PAINTING
 PART-BY-PART OR LUMP SUM: S\$

DATE OF SURVEY: 12, 10, 20

SURVEYED BY: *[Signature]*

[Signature]
[Signature]

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
CONTACT NO: _____		FAX NO: _____					

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

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:

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 09/10/2020 13:49
Date Of Accident 09/10/2020 11:30
Exact Location Of Accident ALONG MARINA BLVD JUNCTION SHEARES AVE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB4822M
Insured/Policyholder
Name Of Registered Owner CITYCAB PTE LTD
Co Reg No 1XXXXX839G
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer HYUNDAI
Model I40-1.7 D CRDI (A)

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 PEH PENG SIN
NRIC No SXXXX707F
Date Of Birth 26/06/1956
Occupation OUTDOOR
Date Of Driving Pass 27/12/1973
Driving Experience 46 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96570641
Fax Number
Contact Number
Email Address NOEMAIL

Address	APT BLK 676A JURONG WEST STREET 64 #14-249 SINGAPORE 641676
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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 TO ATTACHMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SME5612X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG JIANG MING (HUANG QIANGMING)
NRIC/Passport Number	SXXXX731C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN


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 lodgment 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) of:
 - (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.

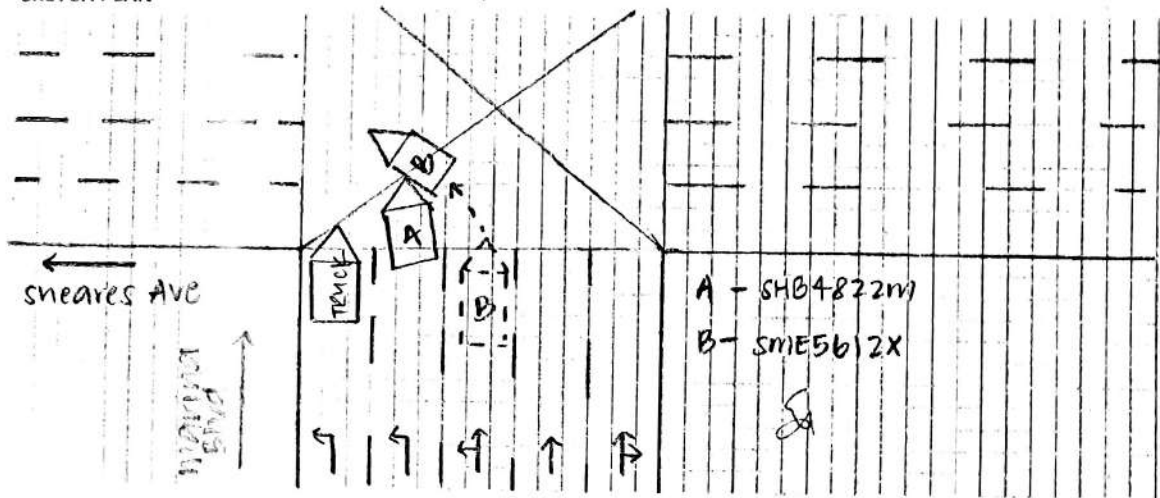
Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03 October 2020, I was travelling in my vehicle (SHB4822M) along Marina Blvd junction Sheares Ave. I was turning right from the second lane. I drove slightly forward before turning as there was a truck parked at lane one. Suddenly vehicle B (SME5612X) turned and collided into my vehicle.

SA

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:

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