

ASS. REC. BY:

Steve

REF.

NITUK

NS/INC20011352/Eqf3

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. 5118009872 (03/07/2020-02/07/2021)

Claims No. MT/1108619-001

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Cum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHA 8862B

Yr Regn:

12/7/17

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 / N

Sp. Reading:

460820

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JTO KB 3F4503559587

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

11

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

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

16/10/20

D.O.A.

19/10/20

Survey held at

Compt d/gm

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

22/10/20@11.21pm Steve finalised with Mr Lim LS \$1400, 2 days. (Red \$1906.39, 58%)

Date/Time, File Pass to?

☐

: Prell. Report

02/11 Typist

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Pop. Form 1

TP

Comp Sum / 1400

1400

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC - LIS
LKK - Steve

Date: 19.10.2020

Time: 14:49:05

Page: 1/2

IS

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

JOB NO : 305428823
 REGN NO : SH1A8862B
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 12.07.2017
 DATE/TIME IN : 19.10.2020 13:00
 ACCIDENT DATE : 16.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT	REMARKS
0001	04-01-0302-2282-G	REAR BUMPER	1	458.60 25.00 343.95	?
0002	04-01-0302-2287-G	REAR BUMPER CENTER-Black	1	552.60 25.00 414.45	X
0003	04-01-0302-2288-G	REAR BUMPER REINFORCEMENT	1	318.80 25.00 239.10	?
0004	04-01-0302-2965-G	REAR BUMPER EXTENSION RH	1	232.00 25.00 174.00	X
0005	04-01-0302-3937-G	REAR BUMPER RETAINER RH	1	112.70 25.00 84.52	X
0006	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00 25.00 16.50	✓ NPC
0007	04-01-0302-0585-A	TAILLAMP UPR RH	1	557.90 25.00 418.42	X OR (not consistent)
0008	04-01-0302-0795-A	TAILLAMP LWR RH	1	548.40 25.00 411.30	X
0009	09-01-0302-2005-A	REVERSE SENSOR	1	135.70 10.00 122.13	?
0010	04-01-0302-1150-A	REAR BUMPER MAT	1	50.00 50.00	✓ NPC
0011	04-01-0302-2286-G	REAR BUMPER TOW COVER	1	82.70 25.00 62.02	X

SUB-TOTAL : 2,336.39

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC-45

LKK - Steve.

Date: 19.10.2020

Time: 14:49:05

Page: 2

IS

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

JOB NO : 305428823
REGN NO : SHA8862B
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 12.07.2017
DATE/TIME IN : 19.10.2020 13:0
ACCIDENT DATE : 16.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0000 20-05	Rear Fender Adv.Sticker RH/LH	200.00	✓
0001 20-05	Rear Bumper Adv.Sticker	50.00	✓
0002 PB	PANEL BEATING	350.00	320
0003 SP	SPRAYPAINT CHARGE	250.00	220
0004 L	R/I REVERSE SENSOR	120.00	30

SUB-TOTAL : 970.00

TOTAL : 3,306.39

MVA NAME & SIGNATURE
DATE :

Unife

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

Steve (LKK) in PM

19/10/20, 3:30pm

2 days

L/S

By ALSy

- 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:

FORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 119071
Mobile : 65 8383 6280 Facsimile : 65 8280 9755

Workshops

24 Serangoon Road Singapore 559099 24 Serangoon Road Singapore 559099
381 Pte Seng Road Singapore 675717 1 Serangoon Road Singapore 559099
45 Pte Seng Road Singapore 675717 201 Adam Road Singapore 119071

Member of COMFORTDELGRO

Date/Time 16.10.2020 14:28

Page : 1

Job: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305428823

OWNER
CITYCAB PTE LTD
AS 7010070
TOMER NO 383 SIN MING DRIVE
RESS Singapore SINGAPORE 575717
65551188
(R) (C)
(P)

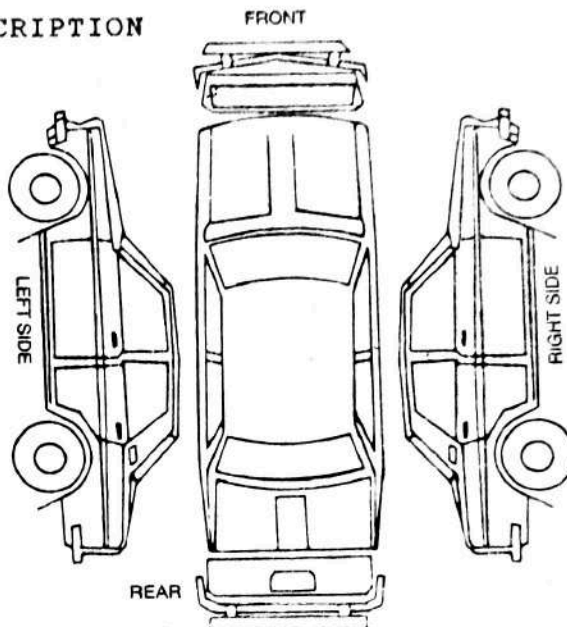
REGN NO	SHA8862B	MILEAGE
MAKE	TOYOTA	FUEL
MODEL	PRIUS HYBRID(G4)19	E. 1/2 F
YR OF MANU	12.07.2017	DATE TIME IN 10.2020 13:00
CHASSIS CODE	JTDKB3FU503559587	TARGET DATE
		COMPLETION DATE/TIME

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 16.10.2020
NATURE: 3P 16.10.2020

3/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: SHA8862B LIMITS

Vehicle No.: SHA8862B

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 17/10/2020 12:04
Date Of Accident 16/10/2020 17:20
Exact Location Of Accident ALONG MOUNT PLEASANT RD TOWARDS WHITLEY RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA8862B
Insured/Policyholder
Name Of Registered Owner CITYCAB PTE LTD
Co Reg No 1XXXXX839G
Email Address FLEETSAFETY@CDGETAXI.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-18088936MFSH
Cover Note Number

Driver

Name of Driver CHONG KIN SIONG
NRIC No SXXXXX934Z
Date Of Birth 01/03/1952
Occupation OUTDOOR
Date Of Driving Pass 09/06/1970
Driving Experience 50 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96311541
Fax Number
Contact Number
Email Address CHONGKINSIONG0103@YAHOO.COM

Address BLK 187 BISHAN STREET 13
#10-471
Postcode 570187
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 -
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?
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: : MALE

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 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 SGQ5068A
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

ature Of Damage

No. Of Passenger (Including Driver)

FRONT

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.

CITYCAR PTE LTD
CO. REG. NO. 193502039G

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Olivia Weng
NRIC/Fin No.: 912020

SKETCH PLAN

A = SHA 8862B

CARTEX WHITLEY

B = SGQ 5068A
(Toyota)

WHITLEY RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 16/10/2020 @ 17:20hrs, I was driving Mant Pleasant Rd towards Whitley Rd direction with 1 passenger on board my taxi.

All vehicle stop due to traffic light ahead. After few seconds there's an impact on my taxi rear portion.

So I came out to check and found out a vehicle of SGQ 5068A front portion had collided onto my taxi rear portion.

No injury at the point of accident.

DECLARATION

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

CITYCAR PTE LTD
CO. REG. NO. 189502329G

Policyholder's Signature
Date & Time:

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

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

17 OCT 2020