ASS. REC. BY: Steve 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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 5 (1L Exp: 30/12/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or

Make: Hyundai Ioniq

Colour: Fin Yellow A/C: Insured / Std / Nil

Sp Reading: 19144 T/Radio: Insured / Std / Nil

Eng/No:

C/No: KMHC851CVLU14551

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / (STD A/Rim) or

Tyre Size: F: 195/65R15

R:

(BS) / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PR / SUMI / TOYO / YOKO or

Front: R/Bal. 4 mm, L/Bal. 4 mm

Rear: R/Bal. 4, L/Bal. 4

D.O.A. 19/10/20 D.O.I. 21/10/20

Survey held at: Carl Hage

Des. of Damages: Frt / (Rear) / O/S / N/S / U/C / Roof top or

The U/C / Chassis frame / Body Structure affected due to collis

Date / Time	Action / Instruction
	confirm the finalize $1540.34 (P/P, before GST). 2 repair days.
	RED: 558.48; 26%

Date/Time, File Pass to? : Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: : Site Insp ($

: Interview ($

: Tech. Invs ($

: Weekend ($

Survey Fee

Transportation

$ + RS __ $

Photos

Others

TOTAL

Report Format:

Lump Sum / I.E.I.: ($

LKe NTUC

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 19.10.2020
Time: 17:58:43
Page: 1

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

JOB NO : 305428890
REGN NO : SHC 561L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 30.04.2019
DATE/TIME IN : 19.10.2020 14:30
ACCIDENT DATE : 19.10.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT	
PART REQUISITION							
0001 FNPS	NO PLATE(S) WITH TRIM COV	1	N	55.00	10.00	49.50	/ OR
0002 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	L	459.40	20.00	367.52	X R
0003 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	L	22.00	20.00	17.60	X
0004 04-01-0104-2533-G	IONIQV2-4 MOULDING ASSY-R	1	L	451.25	20.00	361.00	/ CLU
0005 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	N	180.00	10.00	162.00	?
0006 04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1	N	50.00	1.00-	50.00	X
0007 04-01-0104-2370-G	IONIQVC LAMP ASSY-REAR FO	1	L	201.50	20.00	161.20	?

SUB-TOTAL : 1,168.82

JOB NATURE

0000 20-05	REAR FENDER ADVERTISMENT LOGO RH	100.00 / NA
0001 20-05	REAR FENDER ADVERTISMENT LOGO LH	100.00 / NA
0002 L	PANEL BEATING	350.00 370
0003 23-502	SPRAYPAINT ON AFFECTED AREA	250.00 300

COMFORTDELGRO ENGINEERING PTE LTD

Date: 19.10.2020
Time: 17:58:43
Page: 2

REPAIR ESTIMATE

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

JOB NO	:	305428890
REGN NO	:	SHC 5611L
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G2)
DATE OF REGN	:	30.04.2019
DATE/TIME IN	:	19.10.2020 14:3
ACCIDENT DATE	:	19.10.2020

	JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0004 17-01	CHECK ALL LIGHTING	30		50.00		
0005 L	REMOVE/REFIX REVERSE SENSOR		X	80.00		

SUB-TOTAL : 930.00

TOTAL : 2,098.82

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

Steve (LKK) M AL
20/10/20, 11.15 am
2 days
R Bkt SLJ
P/P

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 Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6383 6280 Facsimile : 65 6280 9755
Workshops
59 Loyang Drive Singapore 508949
383 Sin Ming Drive Singapore 575717
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
601 Ashun Industrial Park A Singapore 768732

FORTDELGRO ENGINEERING

ember of COMFORTDELGRO

Date/Time 19.10.2020 17:21 Page : 1

eam: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO.: 305428890

REGN NO. SHC 561L	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 19.10.2020 14:30
YR OF MANU 30.04.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU141351	COMPLETION DATE/TIME:

TOMER
MS CITYCAB PTE LTD
TOMER NO. 7010070
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188
(R) (O)
(P)

NTUC

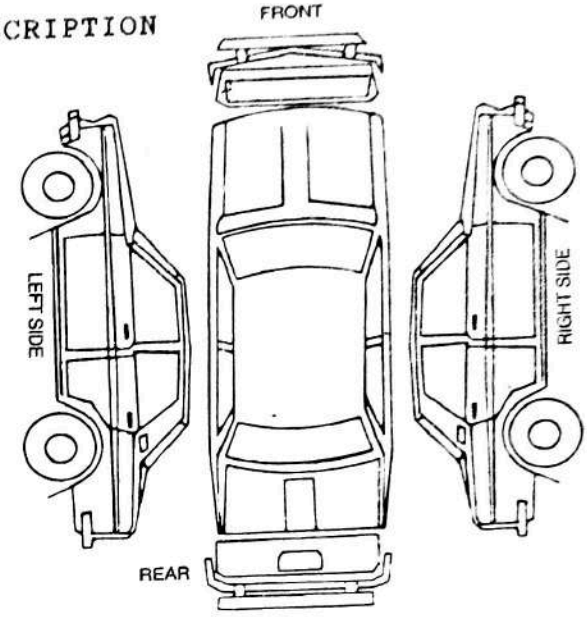
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 19.10.2020
NATURE: 3P 19.10.2020

S/NO LABOR CODE DESCRIPTION

FRONT



& Ju, pls print the repair estimate

RED: 558.48

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC 561L LKE STEVE

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 561L

Name of Service Advisor

Date

To be kept by Security Guard

J091480 / ComfortDelGro Engineering Pte Ltd - Loyang
/ DATE & TIME: 19/10/2020 16:20
WRITTEN BY: Huang XiaoYan

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.

ACCIDENT STATEMENT

Date Of Report	19/10/2020 16:20
Date Of Accident	19/10/2020 13:10
Exact Location Of Accident	ALONG BEDOK SOUTH AVE 2 TOWARDS NEW CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC561L
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	RED: 558.48
Name of Driver	NIAH CHING WAH
NRIC No	SXXXX935I
Date Of Birth	17/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	01/07/1977
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96326118
Fax Number	
Contact Number	
EMail Address	AWAH@GMAIL.COM

Address	BLK 315 SERANGOON AVENUE 2 #04-212
Postcode	550315
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	CHAIN COLLISION
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	3
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	SJQ7683A
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	REAR AND FRT

of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML9123C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
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 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.
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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 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)

(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 my be sited outisde 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 ourt orders.

19 OCT 2020

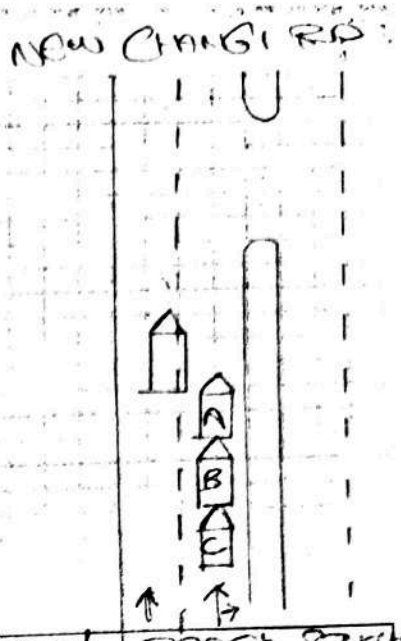
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/Fin No.:

SKETCH PLAN

A = SAC5811

B = SJQ 7683A
(KIA)

C = SML 9123C
(VOLKSWAGEN)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached BOOK TAXI MAKE 2

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502333G

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Olivie Wong
NRIC/Fin No.:
15 OCT 2020

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On the 19/10/2020@ about 13:10hrs, I was driving along Bedok South Ave 2 towards New Changi Rd direction with 1 passenger on board my taxi.

As I was driving the lorry on my right side encroaching onto my lane so I slow down then There's an impact from behind my taxi.

I step out to check and found a vehicle of SJQ7683A front portion had collided onto my taxi rear portion. There's another vehicleof SML9123C involved in this chain collision.

No injury at the point of accident.

Declaration

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

CITYCAB PTE LTD
CO. REG. NO. 199502883G

Policyholder's Signature/Date & Time

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

Witnessed by Reporting Centre Personnel

Olivia Wee

13 OCT 2020