

ASS. REC. BY:

Steve

REF: NTUC

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD (TP/WS/TP RES/OD RES/EVA/INV/IN)

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_

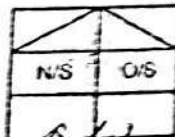
Excess: \_\_\_\_\_

(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 Report: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

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

SHC 561L

V. Regn

39/2/19

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

Truck / Trailer or

Make:

Honda Torio

CC

150

Colour:

Red Yellow

450

Insured / Dtd / Wt

Sp. Reading

19441

T. Plate Insured / Dtd / Wt

Eng No:

KMHCS10VW14751

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Locked / Jammed / Leaked / Burnt or

Brakes: Locked / Jammed / Leaked / Burnt or

Modl: Nil / S/Pdm / STD / Pdm or

Tyre Size:

F:

P5 / 155S

R:

BS / DUN / EXNOVA / GY / FS / LZA / WIC / OHTSU / PR / SWI / TOYO / YOKO or

Front

Rear

R/Sal.

4

mm

P.Sal.

4

L/Sal.

4

mm

L.Sal.

4

D.O.A.

19/10/20

D.O.A.

23/10/20

Survey held at

Cable Hq.

Des. of Damages: Frt / Rear / O/S / NS / UC / Roof/Rip or

The WC / Chassis frame / Body Structure affected due to collision

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

1)

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: West End (\$

Survey Fee:

Transportation

\$ . \$S \$

Phone

Cable

Total

Pop. Formed:

Lump Sum / E.L. /

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
0001 20-05	REAR FENDER ADVERTISMENT LOGO LH
0002 L	PANEL BEATING
0003 23-502	SPRAYPAINT ON AFFECTED AREA

100.00	/	RA
100.00	/	RA
350.00		320
250.00		200

# COMFORTDELORO ENGINEERING PTE LTD

## REPAIR ESTIMATE

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

FOR ENGINEER'S USE ONLY

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAR 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 14:3  
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 :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Steve (LKK) W AL  
20/10/20, 11.15am  
2 days  
R Bel sy  
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:

2020

# FORTIDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Raddell Road Singapore 574701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops  
591 Layan Drive Singapore 508909  
383 Sin Ming Drive Singapore 575717  
45 Pong Joo Road Singapore 659280  
24 Serangoon Loop Singapore 758156  
7 Sungei Kadah Way Singapore 726791  
901 Tekong Industrial Park A Singapore 768732

Page : 1

Date/Time 19.10.2020 17:21

JOB CARD Sales Order:

JC NO.: 305428890

Member of COMFORTDELGRO

Team: ARC Repair TP(CFSO)1

TOMER

CITYCAB PTE LTD

AS 7010070

TOMER NO 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65551188

(O)

(R)

(P)

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 19.10.2020

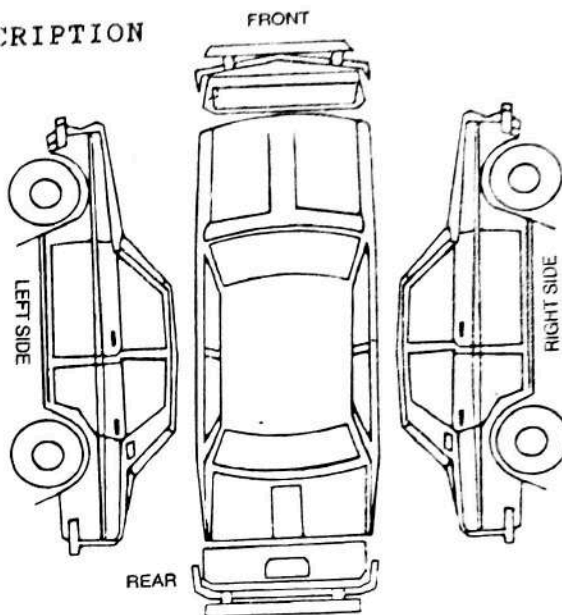
NATURE: 3P 19.10.2020

3/NO

LABOR CODE

DESCRIPTION

*to Ju, pls print  
the repair estimate*



RED: 558.48

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

No.:

SHC 561L

LKE

*STEVE*

Signature/Date

Exit Pass

Vehicle No.:

SHC 561L

Name of Service Advisor

Date

Signature of Service Advisor

Returned 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 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 -  
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

No. 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 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.

CITY CARP LTD  
CITY CARP LTD, 1905022306

Policyholder's Signature  
& Time:

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

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



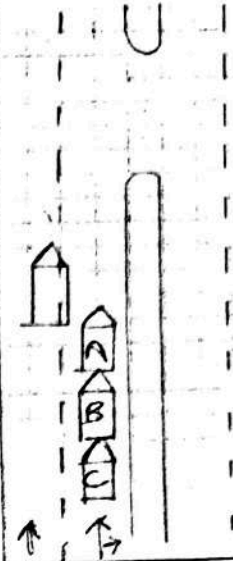
SKETCH PLAN

A = SAC 531L

B = SJQ 7683A  
(KIA)

C = SML 912BC  
(VOLUME WREN)

NEW CHANGI RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached report 2002 2004  
HIC 2

DECLARATION

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

CITYCAR PTE LTD  
CO, REG. NO. 190502339G

Policyholder's Signature  
Date & Time:

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

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

**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 vehicle of 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.

CITYCAR PTE LTD  
CFL REG. NO. 199502839G

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel

Olivia VVendy

19 OCT 2020