

ASS. REC. BY:

Jfern

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:

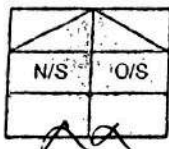
Excess:

(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 Report:

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:

SHB 3111 M

Yr Regn:

24/7/19

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

Truck / Trailer or

Make:

Hyundai Tona

c.c 1580

Colour:

Blu

A/C: Insured / Std / NI / N

Sp. Reading

99757

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMHC8S1CVRK4 164822

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

7

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.

24/10/20

D.O.I.

26/10/20

Survey held at

Comfort dt/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

part by part \$881.2days  
red:1399.61%

Date/Time, File, Pass to?



: Prel. Report



: Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

op. Forms:

ump Sum / L.B. / C:

## CITYCAB PTE LTD

## REPAIR ESTIMATE\*

24/10/20

VEHICLE NO SHB3111M

MAKE :

MODEL IONIQ G3

ING/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER X R			\$459.40
1	REAR BUMPER CENTRE MOULDING / CUT			\$451.25
10	REAR BUMPER CLIPS X		\$2.20	\$22.00
1	REAR BUMPER FOG LAMP ?			\$201.50
1	REAR BUMPER LOWER MOULDING ?			\$155.00
1	REAR BUMPER BRACKET RH/ LH X		\$55.80	\$111.60
				<b>\$1,400.75</b>
				20.00%
				<b>\$280.15</b>
				<b>\$1,120.60</b>
				\$50.00
1	REAR NUMBER PLATE W/HOLDER X			\$180.00
1	REAR REVERSE SENSOR X			<b>\$230.00</b>
	Labour Charge			320 \$480.00
	Panel Beating			200 \$400.00
	Spray Painting Charge			X \$60.00
	Tuff Kote			X \$60.00
	Remove/Refix reverse sensor			<b>\$930.00</b>
	<b>TOTAL LABOUR</b>			
	<b>ESTIMATE TOTAL</b>			<b>\$2,280.60</b>
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

Steve (LKK) with PL  
26/10/20, 11-30am

2 dys

P/P

M BOL SK

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 is allowed
- Supplemental items must be surveyed and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

### Workshops

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
620 Hougang Road Singapore 406499

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768731

Date/Time: 26.10.2020 11:27

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.:305429972

STOMER

CITYCAB PTE LTD  
/MS 7010070  
STOMER NO 383 SIN MING DRIVE  
DRESS Singapore SINGAPORE 575717  
65551188 (O)

.. (R)  
(P)

COUNT CARD NO.

REGN NO:

SHB3111M

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

DATE/TIME IN 24.10.2020 12:30

YR OF MANU

24.07.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU164822

COMPLETION DATE/TIME:

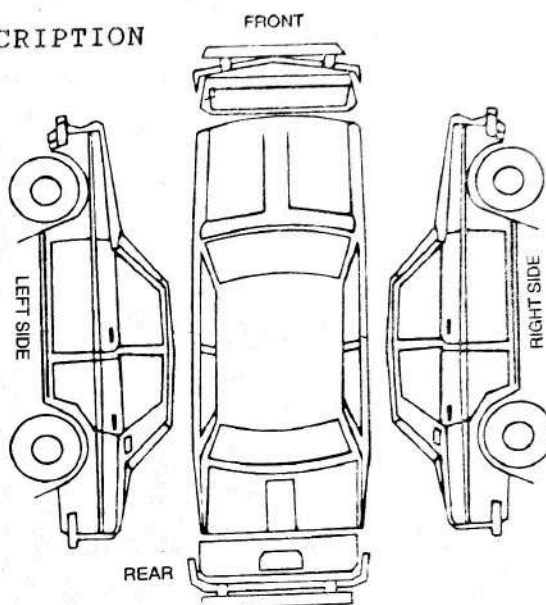
### JOB DESCRIPTION

Accident Date: 24.10.2020  
NATURE: 3P 24.10.2020

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

Knowledge Slip

No.:

SHB3111M

CHIANG

f Service Advisor

turned to Service Reception upon collection

Signature/Date

Exit Pass

Vehicle No.:

SHB3111M

Name of Service Advisor

To be kept by Security Guard

CUSTOMER'S 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	26/10/2020 10:18
Date Of Accident	24/10/2020 11:45
Exact Location Of Accident	ALONG LAVENDER ST TOWARDS BEACH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3111M
<b>Insured/Policyholder</b>	
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	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-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	LEE KWANG PHENG
NRIC No	SXXXX572G
Date Of Birth	26/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1983
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96737568
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address BLK 450A SENGKANG WEST WAY  
#16-327  
Postcode 791450  
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? YES  
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

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

Vehicle Registration Number SLH609K  
Vehicle Make/Model/Colour VOLKSWAGEN  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver MIKE QUEK  
NRIC/Passport Number  
Contact Number 97826784  
Address  
Postcode  
Insurance Company Name

ature Of Damage

FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

LEE KWANG PHENG

Approximate Age

Injuries Sustain

NECK PAIN AND DIZZY

Injured person in which vehicle?

SHB3111M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

# IMPORTANT NOTICE

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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.

CITYCAS PTE LTD  
CO. REG. NO. 199502839G

Olivia Wendy

26 OCT. 2020

Policyholder's Signature  
& Time:

Driver's Signature  
(if driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

A - SUB311M

B = SLH 609K

(WORKSHEET)

74316

Kempas

10 AVENUE 100

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

**DECLARATION**

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

ZHENG

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

Olivia Wenny 26 OCT 2020

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



**Describe Circumstances of the Accident.**

On the 24/10/2020 at 11:45hrs, I was driving along Lavender St towards Beach Rd direction  
With 1 passenger on board my taxi.


The front vehicle suddenly stop so I stop as well when there's an impact on my rear portion.  
I came out to checked and found out a vehicle of SLH609K front portion had collided onto  
My taxi rear portion.


I felt slight neck pain and dizzy was given 2 days MC from POW Family Clinic & Surgery.

**Declaration**

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

CITYCAB PTE LTD  
CO. REG. NO. 193502800G  
Policyholder's Signature/Date &  
Time

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

Orivia Wee   
Witnessed by Reporting  
Centre Personnel  
26 OCT 2020