

ASS. REC. BY:

Stev

REF: AIG

## 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 Rpt:

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:

SHK 595P

Yr Regn:

1/4/19

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

Truck / Trailer or

Make:

Typh Mus

c.c 1798

Colour:

Yellow

A/C: Insured / Std / Nil / N

Sp. Reading

22.9772

T/Radio: Insured / Std / Nil / N

Eng/No:

C/No:

JTOKB3F49030PK13

Gen. Cond: Good (Fair) Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F:

F:

195/65R15

R:

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.

23/10/21

D.O.A.

23/10/21

Survey held at

Confidential

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

F1 R1

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prel. Report

: Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Provice

Others

TOTAL

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

Pop. Form 1

Lump Sum / F.E.C.

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 23.10.2020

Time: 14:52:47

Page: 1

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

JOB NO : 305429543  
 REGN NO : SHC 595P  
 MILEAGE : 0000000000  
 MAKE : TOYOTA *Yellow*  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 01.04.2019  
 DATE/TIME IN : 23.10.2020 10:15  
 ACCIDENT DATE : 23.10.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2292-G	PRIG4 COVER FRONT BUMPER	1	499.90	25.00	374.92	/	BR
0002	04-01-0302-2971-G	PRIG4 SUPPORT FRONT BUMPE	1	82.30	25.00	61.72	/	BR
0003	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50	/	REC
0004	04-01-0302-0635-G	PRIG4 ABSORBER FRONT BUMP	1	78.80	25.00	59.10	X	
0005	04-01-0302-2170-G	PRIG4 BRACKET FRT BUMPER	1	99.00	25.00	74.25	/	BR (number plate holder)
0006	04-01-0302-2164-A	PRIG4 GRILLE SUB-ASSY RAD	1	301.90	25.00	226.42	/	?
0007	04-01-0302-2062-G	PRIG4 GRILLE RADIATOR LOW	1	166.90	25.00	125.17	/	?
0008	04-01-0302-0633-G	PRIG4 COVER FRONT BUMPER	1	28.38	25.00	21.28	X	
0009	04-01-0302-2915-A	PRIG4 UNIT ASSY HEADLAMP	1	3,455.00	25.00	2,591.25	/	BR
0010	04-01-0302-4991-A	PRIG4 LAMP ASSY FOG RH	1	920.00	25.00	690.00	/	BR
0011	04-01-0302-2307-G	PRIG4 COVER SUB-ASSY ENGI	1	180.80	25.00	135.60	X	
0012	04-01-0302-0573-A	PRIG4 FENDER SUB-ASSY FRO	1	945.30	25.00	708.97	/	OD
0013	04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (	1	52.30	25.00	39.22	/	REC

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 23.10.2020  
Time: 14:52:47  
Page: 2

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

JOB NO : 305429543  
REGN NO : SHC 595P  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBR  
DATE OF REGN : 01.04.2019  
DATE/TIME IN : 23.10.2020 10  
ACCIDENT DATE : 23.10.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 04-01-0302-2934-G PRIG4 LINER FRONT FENDER	1	198.40	25.00	148.80	X
0015 03-01-0302-2020-G PRIG4 WHEEL DISC	1	1,555.10	25.00	1,166.32	X
SUB-TOTAL :					6,439.52

JOB NATURE

0000 20-05	FRT FENDER ADVERTISMENT LOGO RH	100.00	✓
0001 L	PANEL BEATING	800.00	640
0002 23-502	SPRAYPAINT ON AFFECTED AREA	450.00	400
0003 17-01	CHECK ALL LIGHTING	50.00	30
0004 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	30
0005 20-08	ADJUST FRONT WHEEL ALIGNMENT	80.00	60
SUB-TOTAL :		1,530.00	

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 23.10.2020  
Time: 14:52:47  
Page: 3

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

JOB NO : 305429543  
REGN NO : SHC 595P  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 01.04.2019  
DATE/TIME IN : 23.10.2020 10:1  
ACCIDENT DATE : 23.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 7,969.52

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Steve (LKK) W L P/L  
P/P

23/10/20, 4.15 pm

3 dys

Ry Bel SM

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
- Supplementary items must be resurveyed and  
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Date/Time: 23.10.2020 13:42

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305429543

TOMER

CITYCAB PTE LTD

AS 7010070

TOMER NO 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65551188

(O)

(R)

(P)

QUANT CARD NO.

AIG

REGN NO SHC 595P

MILEAGE

MAKE : TOYOTA

FUEL

E 1/2 F

MODEL PRIUS HYBRID(G4)23.10.2020 10:15

YR OF MANU 01.04.2019

TARGET DATE

CHASSIS CODE JTDKB3FU903079813

COMPLETION DATE/TIME

JOB DESCRIPTION

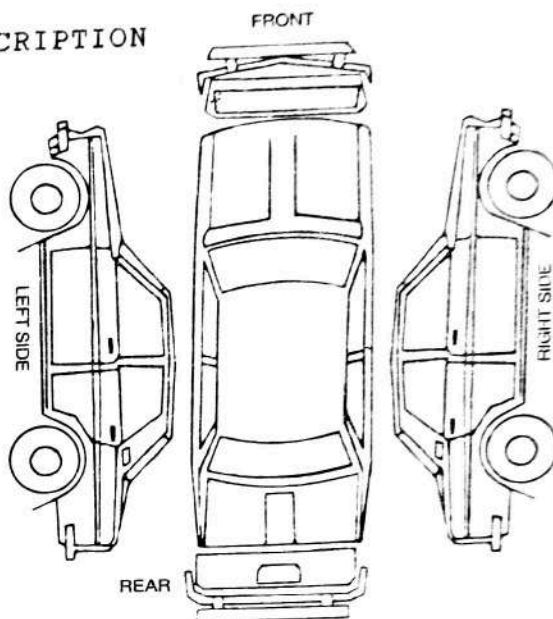
Accident Date: 23.10.2020

NATURE: 3P 23.10.2020

3/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

No.: SHC 595P

LKE

STEVE

Exit Pass

Vehicle No.: SHC 595P

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

Returned to Service Reception upon collection

## SINGAPORE ACCIDENT STATEMENT

### NOTICE

Report correctly the details of the accident to speed up the claims process.  
This form must be completed by the Policyholder and/or the Authorised Driver.  
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to  
deny policy liability.  
Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.  
False reporting may be referred to the Police for investigation.  
This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for  
viewing and that copies of this report will, for a fee, be made available upon application by interested parties.  
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  
as aforesaid.

### ACCIDENT STATEMENT

Date Of Report 23/10/2020 11:17  
Date Of Accident 23/10/2020 09:30  
Exact Location Of Accident ALONG BATTERY ROAD TAXI STAND  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC595P  
**Insured/Policyholder**  
Name Of Registered Owner CITYCAB PTE LTD  
Co Reg No 1XXXXX839G  
Email Address FLEETSAFETY@CDGETAXI.COM.SG  
Mobile Phone No OFFICE-65508768  
Alternative Phone No  
**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 TAN MAH SENG  
NRIC No SXXXX094I  
Date Of Birth 18/06/1951  
Occupation OUTDOOR  
Date Of Driving Pass 01/12/1980  
Driving Experience 39 YEARS AND 10 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92378098  
Fax Number  
Contact Number  
Email Address NOEMAIL

BLK 257 TAMPINES STREET 21  
#10-206  
520257

an employee of the Insured's Company NO  
Relationship of the Driver with the Insured OTHER - TAXI DRIVER  
Registration Number of Driver's Own -  
-  
-

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? 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) 3  
Passenger 1 NAME: : -  
GENDER: : MALE  
Passenger 2 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 S1528CD  
Vehicle Make/Model/Colour KIA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ANGELIKA GOTTERIERE MARK SAAKE  
NRIC/Passport Number  
Contact Number  
Address

Company Name  
Image  
Passenger (Including Driver)

LH CENTRE



**IMPORTANT NOTICE**

Please report correctly the details of the accident to speed up the claims process.

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 our orders.

CITYCAB PTE LTD  
CO. REG. NO. 199601009G

Policyholder's Signature  
& Time:

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

Reporting Centre Personnel's Signature  
Name: Hong Leong Tan

PLAN

A - SHC 595P

B - S 1528 CD

Taxi stand

Battery Road

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the 23/10/2020 @ about 0930 hrs. i was stopping at the taxi stand waiting for customer. After the passenger onboard my taxi. Before i moved out i have check my behind traffic. I noticed vehicle B - S 1528 CD was far behind me and did not signal to turn left. so i slowly moved out my taxi and at that time vehicle B pass through my front and suddenly turn left and collided onto my front right portion. No one was injured at that time of accident.


## DECLARATION

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

CITYCAR PTE LTD  
CO. REG. NO. 190502239G

Policyholder's Signature  
Date & Time:

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

 23/10/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No. 