

ASS. REC. BY:

Steve

REF:

NTUC

NS/INC20011860/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 5094739602-02 (21/11/2019-20/11/2020)

Claims No. MT/1106987-002

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 Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 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:

SHA 8862B

Yr Regn:

12/7/17

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

Truck / Trailer or

Make:

Toyota Prius

C.C

1798

Colour:

Blue

A/C:

Insured / Std / NI / N

Sp. Reading

462822

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

JTD KB JF450355987

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

L1

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

Front

R/Bal.

5

mm

Rear

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

18/10/20

D.O.I.

21/10/20

Survey held at

Confidential

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

Frt L1

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

Date / Time

Action / Instruction

22/10/20@11.21pm Steve finalised with Jumani LS \$2000, 2 days. (Red \$720.76, 26%)

Date/Time, File, Pass to?

☐

: Prell. Report

Days Of Repair: 2

Resurvey No. of Trip: 1

30/10 Typist

☐

: Final Report

Date/Time, File Return to?

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Pop. Form:

TP

Lump Sum / 100%

2000

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 21.10.2020
Time: 10:32:26
Page: 1

NRUC - (Lisun)
JH

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

JOB NO : 305429066
REGN NO : SHA8862B
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 12.07.2017
DATE/TIME IN : 21.10.2020 10:01
ACCIDENT DATE : 18.10.2020

QTY IND UNIT-PRICE DISC% AMOUNT

JOB / PARTS DESCRIPTION

PART REQUISITION

0001 04-01-0302-2292-A	PRIG4 COVER FRONT BUMPER	1	499.90	25.00	374.92	/	BR
0002 04-01-0302-0574-A	PRIG4 FENDER SUB-ASSY FRO	1	945.30	25.00	708.97	/	DD
0003 04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (1	86.50	25.00	64.87	/	PC
0004 28-01-0103-0007-A	(I40)FRT DOOR LOGO CCTPL	1 N	80.00	10.00	72.00	/	PC
						SUB-TOTAL : 1,220.76	

JOB NATURE

0000 PB	PANEL BEATING	700.00	640
0001 SP	SPRAYPAINT CHARGE	700.00	600
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	20
		SUB-TOTAL : 1,500.00	

Steve (LKK) W R
21/10/20, 11.00am

2 dgs
L/S
My AC sy

- To be used for repair only
- Parts must be replaced on "no prejudice" basis
- Third party must be notified
- No illegal modifications
- Supplemental work must be surveyed and is subject to final approval by insurance Company

Acknowledged by Repairer
Signature:
Date:

COMFORTDELGRO ENGINEERING

Director 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

320 Telok Ayer Street Singapore 066406

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 21.10.2020 10:11

Page : 1

ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.:305429066

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (O)

MEM NO.

SS

(R)

(P)

REGN NO: SHA8862B	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)21	DATE/TIME IN 10.2020 10:01
YR OF MANU. 12.07.2017	TARGET DATE
CHASSIS CODE JTDKB3FU503559587	COMPLETION DATE/TIME:

COUNT CARD NO.

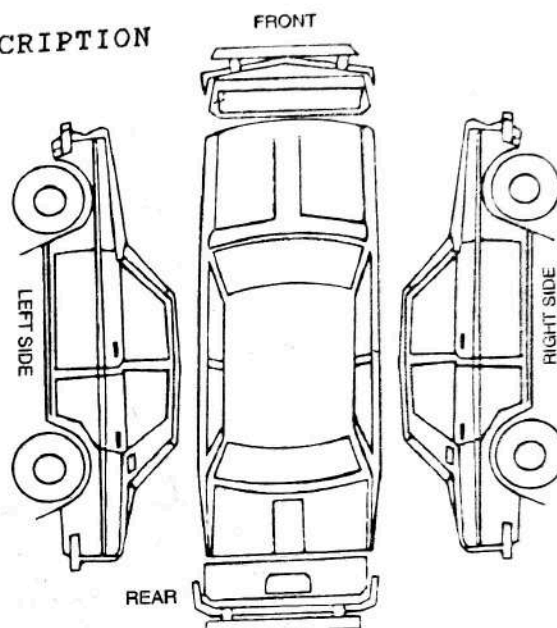
JOB DESCRIPTION

Accident Date: 18.10.2020
NATURE: 3P 18.10.2020/C

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHA8862B

JU NTUC LKK

Vehicle No.:

SHA8862B

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

NOTICE

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

ACCIDENT STATEMENT:

Time Of Report
Date Of Accident
Exact Location Of Accident
Country/State of Loss

19/10/2020 15:34
18/10/2020 14:20
ALONG AMOY ST
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

ANG CHIN HONG

NRIC No

SXXXX628D

Date Of Birth

08/05/1958

Occupation

OUTDOOR

Date Of Driving Pass

05/04/1978

Driving Experience

42 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-91871647

Fax Number

Contact Number

EMail Address

ANG.ANTHEA@GMAIL.COM

BLK 338 SEMBAWANG CRESCENT
#06-162
750338

employee of the Insured's Company NO
Relationship of the Driver with the Insured OTHER - TAXI DRIVER
Registration Number of Driver's Own -
-
-
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) 1

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 SGZ8611P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TEO HUA TAI
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage RH FRONT
No. Of Passenger (Including Driver)

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.

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.

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. 199502839G

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.:

19 OCT 2020

PLAN

= SHA 8862B *Qay.*

B = EGZ 8611P



Amoy 2T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

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

CITYCAP PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

Olivia Wendy
Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/Fin No.: 19 OCT 2020

Describe Circumstances of the Accident.

On the 18/10/2020 at about 14:20hrs, I was driving along Amoy St direction with no passenger on board my taxi.

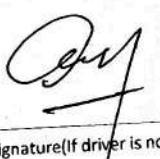
I was driving very slow when suddenly a vehicle of SGZ8611P drive out from the parking lot and collided onto my taxi left front portion.


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. 189504089G
Policyholder's Signature/Date &
Time


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


Witnessed by Reporting
Centre Personnel

Olivia Wendy

19 OCT 2020

