

A.S.S. REC. BY: Paul

REF: \_\_\_\_\_

8293

## 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA8513JYr Regn: 2015 / NOV

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

Truck / Trailer or

Make: HYUNDAI 740 1.7 CRDI c.c. 1685Colour YELLOW A/C: Insured / Std / NI / NASp. Reading 607593 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB41umgu080545

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or WESTLAK

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 12/12/2020 D.O.I. 14/12/2020Survey held at COMFORT LOYALTYDes. 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

Finalised amount of \$ 3,200 / 5 days of lump sum repair is confirmed  
red: 2325.25; 42%

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.A. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation: \_\_\_\_\_

S + RS. SI

Photos

Others

TOTAL

TOTAL

Weekend

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

DATE: 14.12.20

3P INSURANCE: NTUC

MODEL: HYUNDAI I40

SURVEYOR: LKK-TAUFIKH

VEH NO.: SHA8513J

MVA: LIMITS

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Bootlid <i>h</i>	1		\$2,174.90
	Bootlid Hinge (LH/RH) ?	2	\$142.30	284.60
	Bootlid Hyundai Plate <i>ne</i>	1		\$21.10
	Bootlid 'H' Emblem <i>ne</i>	1		\$63.10
	Bootlid CRDI Plate <i>ne</i>	1		\$52.40
	Bootlid I40 Emblem <i>ne</i>	1		\$67.90
	Bootlid Lower Outer Garnish ?	1		\$227.90
	Rear Bumper <i>de</i>	1		\$1,106.00
	Rear Bumper Reinforcement ?	1		\$428.40
	Rear Bumper Clip (10 pcs) <i>ne</i>	10	\$2.20	\$22.00
	Rear Bumper Side Bracket RH/LH X	2	\$35.60	\$71.20
	Rear Bumper Sponge ?	1		\$119.50
	Rear Bumper Under Cover X	1		\$228.00
	Rear Bumper Reflector RH / LH X	2	\$35.00	\$70.00
	SPARE PARTS SUB TOTAL			\$4,937.00
	LESS 20%			\$987.40
	DISCOUNTED SPARE PARTS TOTAL			\$3,949.60
	Bootlid ComfortDelGro <i>ne</i>	1		\$30.00
	Bootlid 65521111 <i>ne</i>	1		\$30.00
	Reverse Sensor ?	1		\$135.70
	Rear No. Plate W/Trim Cover X	1		\$55.00
	NETT SUB TOTAL			\$250.70
	NETT LESS 10%			\$25.70
	NETT TOTAL			\$225.63
	Rear Bumper Mat <i>ne</i>	1		\$50.00
	S/NETT TOTAL			\$50.00
	SPARE PARTS & OTHERS TOTAL			\$4,225.23
	Panel Beating			\$600.00 <i>500</i>
	Spray Painting Charge			\$500.00
	Wiring Charge			\$40.00 X
	Tuff Kote			\$40.00
	Remove/Refix Reverse Sensor			\$120.00 <i>60</i>
	LABOUR TOTAL			\$1,300.00
	ESTIMATE TOTAL			\$5,525.25

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.

*Paul*  
*Hp 90010068*  
*5 days*  
*4/8*  
*14/12/2020*  
*@ 1730*  
*Ready after repair*

# COMFORTDELGRO ENGINEERING

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops  
59 Loyang Drive Singapore 508969 24 Serangoon Loop Singapore 758156  
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 758732  
320 Loh Road Singapore 606491

Member of COMFORTDELGRO

Date/Time: 14.12.2020 11:16 Page : 1

Team: ARC Repair TP(CFSO)1

### JOB CARD

Sales Order:

JC NO.: 305438798

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO.: SHA8513J	MILEAGE
OWNER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	MAKE: HYUNDAI	FUEL E.....1/2.....F
CHASSIS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	MODEL I-40	DATE/TIME IN 12.12.2020 13:25
	YR OF MANU. 12.11.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMGU080545	COMPLETION DATE/TIME:

COUNT CARD NO.

### JOB DESCRIPTION

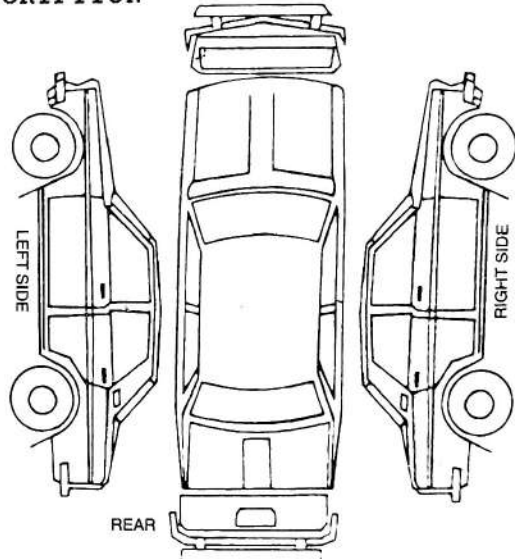
Accident Date: 12.12.2020  
NATURE: 3P 12.12.2020

3/NO

LABOR CODE

DESCRIPTION

FRONT



- 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:

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHA8513J LIMITS

Vehicle No.: SHA8513J

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

## 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 Submission	14/12/2020 10:41 (SGT)
Date of Accident	12/12/2020 12:10 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	ALONG KPE TWDS CITY BEFORE AIRPORT RD EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8513J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXXXX1R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

## VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

## INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088937MFSH
Cover Note Number	-

## DRIVER

Name of Driver	NG HWEE YONG DAVID
NRIC No	SXXXXX913D
Date Of Birth	01/12/1954
Occupation	Outdoor

Driving Pass	07/06/1973
experience	47 YEARS AND 6 MONTHS
er	Male
ile Number	(Phone) +65-98534779
Phone Number	-
Email Address	HWEEYONGNG54@GMAIL.COM
Address	BLK 213 YISHUN STREET 21
Address complement	#09-171
Postcode	760213
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### 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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	-
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	GBK9131P
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JASON ANG
Contact Number	(Phone) +65-85444484

Pass complement  
code  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

-  
-  
-  
NTUC  
MODERATE  
FRONT  
1



**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.

CITYCAR PTE LTD  
CO. REG. NO. 198502039G

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.:

14.12.2020

SKETCH PLAN

A: SHH 8513J  
B: GBK 9131P



SPE  
Airport  
Road Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/12/2020 at about 12:10hrs, I Veh A. was driving at above said location with a male pax on board. Suddenly vehicle in front brake to stop, I immediate applied brake to stop upon seeing this. Lucky I managed to stop in time to avoid collision. A few second later, I felt an impact from behind, Veh B front portion collided onto the rear portion of my stationary taxi. 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. 150502099G

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.: Loke Wei Yiong

14.12.2020