

ASS. REQ. BY: Taufikh

REF:

INC

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: 5114557706-01 (06/12/2020-05/12/2021)

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WPDate: _____ Person Contacted: Jumani Vehicle: IN / OUTVeh No: SHA 8656E Yr Regn: 2nd 61 July

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

Truck / Trailer or

Make: Flycatcher 140 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 824716 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH LB4 / UM 6 4092287

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16R: 2 2

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

TOYO / YOKO or Wothke

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 18/12/20Survey held at Comfort byang

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

Frt O/S

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

Date / Time Action / Instruction

27/12/20 @ 9.39am Taufikh finalised Jumani LS \$2050, 3 days (Red \$2389.52, 54%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 15/01 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

____ \$ + RS. ____ SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Rep. Format: TPLump Sum 1844 2050

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

HTUL-CL(Sum)
Date: 17.12.2020
Time: 15:53:02
Page: 1
JM

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

JOB NO : 305439662
REGN NO : SHA8656E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 14.07.2016
DATE/TIME IN : 17.12.2020 12:45
ACCIDENT DATE : 17.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	FRT BUMPER COVER+	1	1,052.20	20.00	841.76	ole
0002 04-01-0103-0573-A	I40VC PANEL-FENDER RH+	1	663.00	20.00	530.40	bt
0003 04-01-0103-0782-A	I40VC LAMP ASSY-HEAD RH#	1	1,800.00	20.00	1,440.00	X
0004 04-01-0103-0640-G	BRACKET-FR BUMPER SIDE RH	1	24.60	20.00	19.68	?
0005 04-01-0103-0638-G	BRKT ASSY-FR BPR UPR SIDE	1	22.40	20.00	17.92	?
0006 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	217.20	20.00	173.76	und

SUB-TOTAL : 3,023.52

JOB NATURE

0000 PB	PANEL BEATING	600.00	420.
0001 SP	SPRAYPAINT CHARGE	500.00	400
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	30

SUB-TOTAL : 1,200.00

Tanphin 97795749
'WP' 18/12/20 @ 1pm
4/5 Resurvey after repair
Tanphin @ 11hants won.
2-3 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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:

Team: ARC Repair TP(CFS0)1

JOB CARD Sales Order:

JC NO.: 305439662

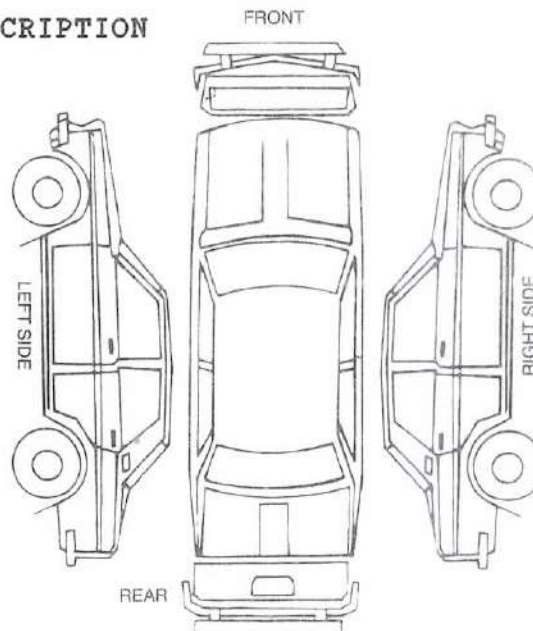
OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO: SHA8656E	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 17.12.2020 12:45
	YR OF MANU. 14.07.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU092287	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 17.12.2020
NATURE: 3P 17.12.2020 /C

3/NO LABOR CODE DESCRIPTION



ICKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: **SHA8656E**

JU NTUC LKK

Vehicle No.:

SHA8656E

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	17/12/2020 14:56 (SGT)
Date of Accident	17/12/2020 08:35 (SGT)
Exact Location of Accident	Pasir Ris Drive 10, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8656E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.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	NARAYANA S/O PUNCHURANAN
NRIC No	SXXXX095E

Date Of Driving Pass	27/02/1979
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96327927
Alt. Phone Number	-
Email Address	NACHURA_TRANSPORT@YAHOO.COM.SG
Address	BLK 737 PASIR RIS DRIVE 10
Address complement	#05-33
Postcode	510737
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED
POLICE REPORT : T/20201217/2035

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL1320H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	MODERATE
Details of property damaged in accident	LEFT FRT
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN -RIDER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	FBL1320H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.

YICAR PTE LTD
REG. NO. 198502330G

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Hong Leong Tai*
NRIC/Fin No.:

SKETCH PLAN

A SLA 8656 E

B FBL 13204

Driver's Dye 1

21
B

Driver's Dye 10

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached Police Report # 7/20261217/2033

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Hong Leong Teo
NRIC/Fin No:

17/12/2020



**SINGAPORE
POLICE FORCE**



T/20201217/2035

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20201217/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2020 11:53	Vide Report No.: G/20201217/0071	Station Diary No.: 41
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Informant's Particulars

Name of Informant: NARAYANA S/O PUNCHURANAN			Address: APT BLK 737 PASIR RIS DRIVE 10 #05-33 SINGAPORE 510737	
ID Type / ID No.: NRIC NO / S0533095E			Contact No.: Home/Office: 65814013	Mobile: 96327927
Nationality: SINGAPORE CITIZEN			Email: Nachura_Transport@yahoo.com.sg	
Sex: Male	Age: 73	Date of Birth: 09/08/1947	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/12/2020 08:35	Type of Location: X-Junction
Location: PASIR RIS DRIVE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL1320H	Motorcycle				Slightly Damaged	0
SHA8656E	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201217/2035

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20201217/2035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NARAYANA S/O PUNCHURANAN	ID No.	S0533095E
Related Vehicle	SHA8656E (Car)	Contact No.	65814013
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/12/2020 at about 0835hrs, I was involved in a Traffic accident that happened at the traffic junction of Pasir Ris Dr 10 and Pasir Ris Dr 1, involving my vehicle SHA8656E (Taxi) and a motorcycle with plate reg number FBL1320H. At that point of time, I just left my house from Pasir ris Dr 10 and thus, there was no passenger onboard with me in my vehicle.

As I was driving along Pasir Ris Dr 10, I came across a traffic light junction and following which, I intended to turn left into Pasir Ris Dr 1. At that point of time, the traffic light was in green however, there was a cyclist who was using the pedestrian crossing to cross the road. Thus, I slowed down my vehicle and waited for the cyclist to cross the junction. As I was waiting for the said cyclist to complete crossing the road, the said motorcycle (FBL1320H) suddenly side swiped the right side of my vehicle. I do not know where the motorcycle came from but after it collided onto my vehicle on the right, the rider then fell onto the road. Thus, I immediately stopped my vehicle and assisted the rider.

Following which, I called for the police/ambulance for assistance and they subsequently came down to the scene. I was issued by with a case number G/20201217/0071 and the police also seized the SD card of my in-car camera.



SINGAPORE
POLICE FORCE



T/20201217/2035

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20201217/2035

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MUHAMMAD FIRDAUS BIN ABDULLAH
SHAFI-IE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/12/2020 11:53

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311

Classification Of Case:

Authentication Stamp

NF158



