

ASS. REC. BY: Toughlin

REF: ALG

### 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  
Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: Cheng Vehicle: IN / OUT

Veh No: SHC1536 Yr Regn: 2019, July  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai i20 C.C. 1580  
Colour: Yellow A/C: Insured / Std / NI / NA  
Sp. Reading: 12041 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
C/No: KMH C851 CVK 4164638

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15  
R: 2

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

| Front              |  | Rear                   |
|--------------------|--|------------------------|
| R/Bal. <u>6</u> mm |  | R/Bal. <u>6</u> mm     |
| L/Bal. <u>6</u> mm |  | L/Bal. <u>6</u> mm     |
| D.O.A. _____       |  | D.O.I. <u>22/12/20</u> |

Survey held at Comfort 6 way

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / L.S. / C \_\_\_\_\_

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

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

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

\_\_\_\_ S + RS. \_\_\_\_ SI

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

# REPAIR ESTIMATE\*

VEHICLE NO SHC153G

DATE 21/12/20

MAKE :

MODEL : HYUNDAI IONIQ G2

/CHIANG /AIG

| Qty  | Parts Description/ Labour   | Type | Unit Price | Amount         |
|--|---|------|------------|----------------|
| 1  | FRONT BUMPER COVER  |      |            | any ✓ \$418.30 |
| 1  | FRONT BUMPER GRILLE LH  |      |            | any ✓ \$186.90 |
| 1  | FRONT DAYLIGHT LH   |      |            | ? \$642.50     |
| 1  | FRONT BUMPER BRACKET LH   |      |            | ? \$35.00      |
| 1  | HEADLAMP ASSY LH  |      |            | X \$1,993.65   |
| 1  | HEAD SUPPORT PANEL  |      |            | X \$949.30     |
| 1  | FRONT BUMPER CTR MOULDING   |      |            | X \$186.90     |
| 1  | FRONT LH FENDER   |      |            | RY \$588.80    |
| 1  | FRONT FENDER SHIELD LH  |      |            | m ✓ \$164.70   |
| 1  | FENDER EMBLEM BLUE -DRIVE   |      |            | na ✓ \$26.60   |
| 1  | FRONT RH WHEEL COVER LH   |      |            | cut ✓ \$346.40 |
| 10   | FRONT BUMPER CLIPS  |      |            | na ✓ \$22.00   |
|  | SUB TOTAL   |      |            | \$5,561.05     |
|  | 20.00%  |      |            | \$1,112.21     |
|  | DISCOUNTED TOTAL  |      |            | \$4,448.84     |
|  | Labour Charge   |      |            |                |
|  | Panel Beating   |      |            |                |
|  | Spray painting  |      |            |                |
|  | Check Lighting  |      |            |                |
|  | Remove/refix A/c condenser & charge gas   |      |            |                |
|  | TOTAL LABOUR  |      |            | \$1,480.00     |
|  | ESTIMATE TOTAL  |      |            | \$5,928.84     |
|  | Toughin 9749549<br>wp 22/12/2004pm<br>toughin@lhamk.com<br>2-3days<br>Resurvey before paint   |      |            |                |
|  | <div>LKK Auto Consultants hence notify the Repairer of the following:<ul style="list-style-type: none"><li>• To resurvey before/after spray painting</li><li>• To display damaged part(s) during resurvey</li><li>• Parts prices are subject to confirmation</li><li>• Third party survey is on a "Without Prejudice" basis</li><li>• No illegal modification(s) is allowed</li><li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li></ul>Acknowledged by Repairer<br/>Signature:<br/>Date:</div> |      |            |                |
| 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. |   |      |            |                |

# 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  
320 Lor Road Singapore 60649

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768

Date/Time: 22.12.2020 08:43

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.: 305440297

CUSTOMER

COMPANY: CITYCAB PTE LTD  
VEHICLE NO: 7010070  
CUSTOMER NO: 383 SIN MING DRIVE  
ADDRESS: Singapore SINGAPORE 575717  
TEL. (R) 65551188 (O)  
(P)

DISCOUNT CARD NO.

REGN NO:

SHC 153G

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

DATE/TIME IN 21.12.2020 12:20

YR OF MANU.

02.07.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU164638

COMPLETION DATE/TIME:

### JOB DESCRIPTION

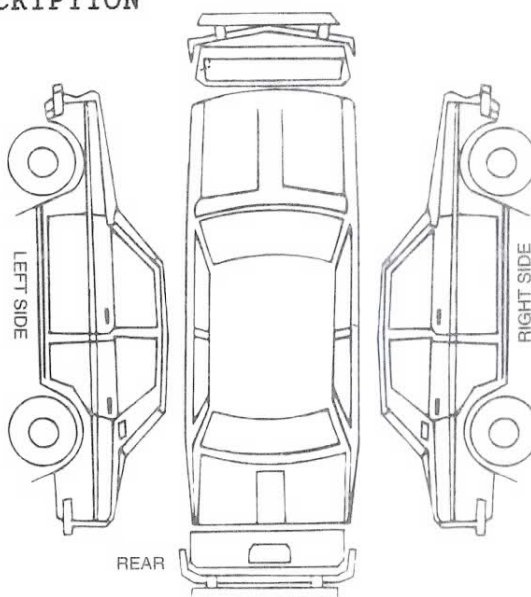
Accident Date: 21.12.2020  
NATURE: 3P 21.12.2020

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

me:

No.:

Vehicle No.:

SHC 153G

CHIANG

Vehicle No.:

SHC 153G

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

be 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              | 21/12/2020 15:27 (SGT) |
| Date of Accident                | 21/12/2020 11:50 (SGT) |
| Exact Location of Accident      | Loyang Way, Singapore  |
| Additional Location Information | LOYANG WAY             |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SHC153G |
|-----------------------------|---------|

#### 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  | Ioniq                     |
| 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 PENG SENG |
| NRIC No        | SXXXX354C    |
| Date Of Birth  | 29/04/1954   |
| Occupation     | Outdoor      |

|  |                               |
|--|-------------------------------|
| Date Of Driving Pass   | 14/06/1977                    |
| Driving experience   | 43 YEARS AND 6 MONTHS         |
| Gender   | Male                          |
| Mobile Number  | (Phone) +65-97517227          |
| Alt. Phone Number  | -                             |
| Email Address  | PSNG54@GMAIL.COM              |
| Address  | BLK 754 JURONG WEST STREET 74 |
| Address complement   | #09-40                        |
| Postcode   | 640754                        |
| 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| 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?  | 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 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SML4408P    |
| Vehicle Manufacturer        | Kia         |
| Vehicle Model               | -           |
| Vehicle Variant             | -           |
| Vehicle Colour              | -           |
| Vehicle Category            | Private car |
| Name of Driver              | -           |
| Contact Number              | -           |
| Address                     | -           |
| Address complement          | -           |
| Postcode                    | -           |
| Insurance Company Name      | AIG         |

Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

SLIGHT  
RH 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. 19351039G

Policyholder's Signature  
Date & Time:

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

Date & Time: 21.12.2020

1415h

Reporting Centre Personnel's Signature

Name:

NRIC/Fin No.: Larry Ng

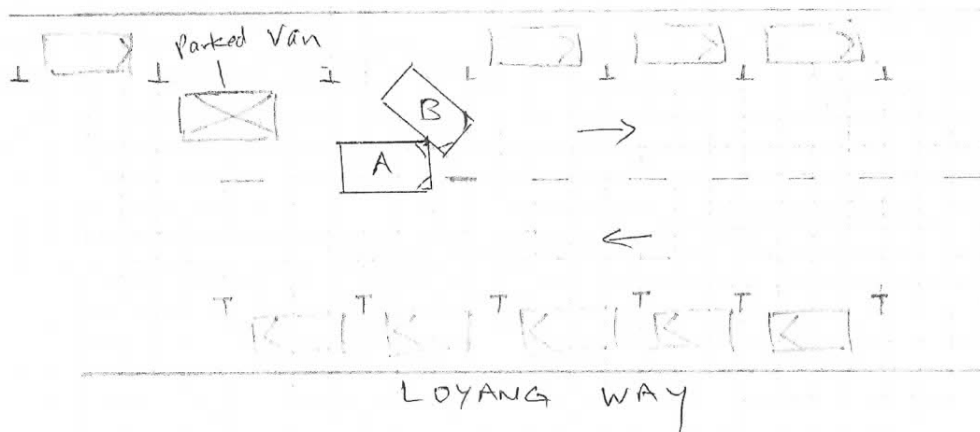
1



### SKETCH PLAN

CHINESE  
TEMPLE

A-SHC 153 G  
B-SML 4408 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

to student attached +

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

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

Date & Time: 21.12.2020  
1415hrs

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

Name: Larry Ng  
NRIC/Fin No.:



**Describe Circumstances of the Accident.**

On 21.12.2020, at about 1150hrs, I was driving my Citycab, SHC153G, along Loyang Way with no pax. Weather was clear and moderate traffic.

Somewhere outside the Loyang temple, there were vehicles parked on both sides of the road.

There was a stationary van, stopped outside the parked vehicles. I slowly overtook the stationary van. Suddenly, a parked car, B, moved out and collided with my taxi left front side.

No injury at the time of accident.

**Declaration**

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

CITYCAB PTE LTD  
CO. REG. NO. 199501839G

Policyholder's Signature/Date &  
Time

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

Larry Ng  
Witnessed by Reporting  
Centre Personnel

*[Signature]*  
21.12.2020  
1415h