

ASS. REC. BY: Taufikh

REF:

INC

NS/INC20014477/T1qd3

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. 5113231516-01 (20/11/20-19/11/21)

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: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

DVP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

ChiangVeh No: SHB23774 Yr Regn: 2016 Sep

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

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour: yellow A/C: Insured / Std / NI / NASp. Reading: 711001 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414M G4093664

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 -

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

TOYO / YOKO or Durafume

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 23/12/20Survey held at Comfort Lodge

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

N/S Rear, u/c

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

Date / Time Action / Instruction

13/01/21 @ 11.21am Taufikh finalised with Mr Chiang LS \$3550, 4 days (Red \$5664.34, 61%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 19/01 Typist

☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: TPLump Sum / LS: 3550

CITYCAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHB2377u

DATE 22.12.20

MAKE HYUNDAI

MVA CHIANG/ NTUC

MODEL I-40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$1,106.00
1	REAR BUMPER LOWER COVER			\$228.00
1	REAR BUMPER BRACKET LH			\$35.00
1	LH ROCKER GARNISH			\$732.80
1	REAR LH DOOR PANEL			\$2,201.10
1	REAR LH FENDER			\$2,171.40
1	REAR SHOCK ABSORBER LH			\$341.85
1	REAR UPPER ARM LH			\$335.75
1	REAR LOWER ARM LH			\$353.80
1	REAR WHEEL BEARING W/ HUB			\$724.00
1	FUEL TANK OUTER GARNISH			\$59.40
1	REAR WHEEL CAP LH			\$214.20
	SUB TOTAL			\$8,503.30
	20.00%			\$1,700.66
	DISCOUNTED TOTAL			\$6,802.64
1	REAR BUMPER MAT			\$50.00
1	REAR BUMPER REVERSE SENSOR			\$135.70
1	REAR DOOR COMFORT APP STICKER			\$80.00
1	REAR TYRE			\$216.00
				\$481.70
	Labour Charge			
	Panel Beating			\$800.00
	Spray Painting Charge			\$800.00
	Remove/refix door parts			\$120.00
	Tuff coat			\$120.00
	Remove/refix rear lh upholstery			\$90.00
	TOTAL LABOUR			\$1,930.00
	ESTIMATE TOTAL			\$9,214.34
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.				

Taufik 9749549
 WP 23/12/20 2pm
 1/3 Resurvey after repair
 04 days
 Taufik @ LK Auto-wu

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:

Date/Time: 22.12.2020 09:17

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.: 305440455

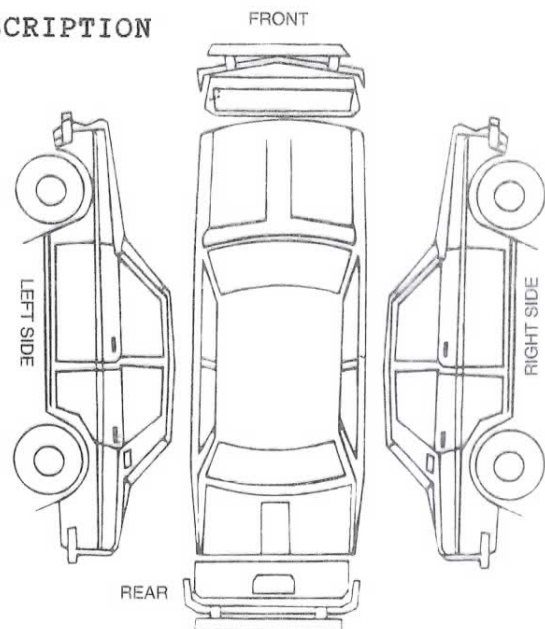
STOMER	REGN NO. SHB2377U	MILEAGE
CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL
7010070	MODEL I-40	E.....1/2.....F
STOMER NO. 383 SIN MING DRIVE	YR OF MANU. 15.09.2016	DATE/TIME IN 22.12.2020 13:50
DRESS Singapore SINGAPORE 575717	CHASSIS CODE RMHLB41UMGU093664	TARGET DATE
65551188		COMPLETION DATE/TIME:
(R)		
(P)		
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 22.12.2020

NATURE: 3P 22.12.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB2377U

CHIANG

Vehicle No.:

SHB2377U

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	22/12/2020 14:47 (SGT)
Date of Accident	22/12/2020 13:10 (SGT)
Exact Location of Accident	Jln Tan Tock Seng, Singapore
Additional Location Information	JLN TAN TOCK SENG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2377U
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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	CHUA HENG JEE@ CHUA SEOW HENG
NRIC No	SXXXX943C
Date Of Birth	22/02/1952
Occupation	Outdoor

Date Of Driving Pass	01/11/1976
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96573517
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Address	BLK 269C COMPASSVALE LINK
Address complement	#15-101
Postcode	543269
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	SLL6427H
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-62411120
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC

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

MODERATE
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**.
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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.

CITYCAB 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: Olivia Wendy
NRIC/Fin No.:

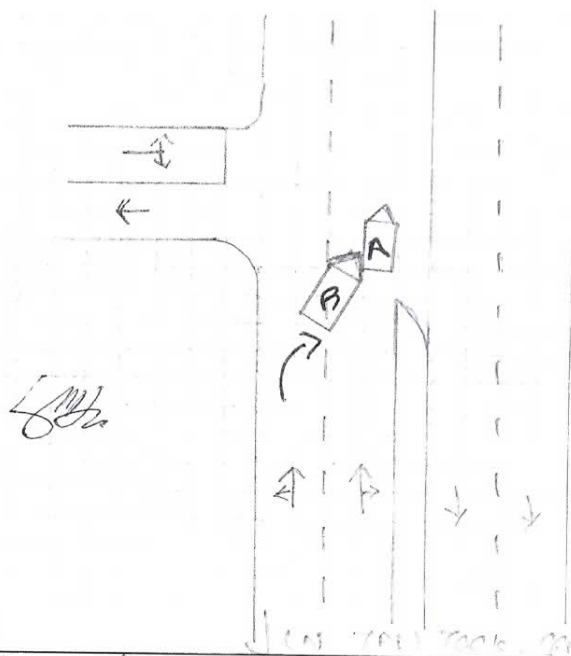
22 JUL 2019

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SKETCH PLAN

A = SHB 2377U

B = SLL 6427H
(TOYOTA HIACE)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 22/12/2016 @ 1310 hrs, I was driving along Jln Tanjong Seng direction with no passenger on board my taxi.

As I was driving suddenly there is a jerk on my taxi, left rear portion so I slow down to stop.

I came out to checked and found out a van of SLL 6427H right front portion had grazed onto my 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. 189502239G

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name: Olivia Wendy
NRIC/Fin No.: 22 11 2016