

ASS. REC. BY: Taufikh

REF:

NS/ INC 21001629/T1vf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

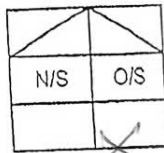
Insured: SMU 9253MPolicy No. 5118940832Claims No. MT/1119420-002

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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: lim ts

Vehicle: IN / OUT

Veh No: SUB 3298H Yr Regn: 2019, June.

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

Truck / Trailer or

Make: Hyundai ionic C.C. 1580Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVK1164449

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: 145/65R5R: 145/65R5

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

TOYO / YOKO or Woflehu

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 30/1/21 D.O.I. 2/2/21Survey held at Compt Guy

Des. 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 Beating work

25/2/21 Taufikh confirmed \$2875.40 (Red 2392.84,45%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 25/2/21-Typist

Report Format: TPLump Sum / L.B.I. / \$2875.40Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 02.02.2021

Time: 11:14:25

Page: 1/3

NTUC - OP/P)
LKK -

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

JOB NO : 305451565
 REGN NO : SHB3298H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 26.06.2019
 DATE/TIME IN : 31.01.2021 00:50
 ACCIDENT DATE : 30.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	am -
0002	04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00	am -
0003	04-01-0104-2370-G	REAR BUMPER FOGLAMP	1	201.50	20.00	161.20	X
0004	04-01-0104-2288-G	REAR BUMPER BEAM	1	394.80	20.00	315.84	am -
0005	04-01-0104-2545-G	REAR BUMPER LWR MOULDING	1	155.00	20.00	124.00	am -
0006	04-01-0104-3819-G	REAR BUMPER STAY LH	1	138.10	20.00	110.48	X
0007	04-01-0104-3919-G	REAR BUMPER STAY RH	1	138.10	20.00	110.48	?
0008	04-01-0104-2532-G	REAR BUMPER SIDE BRKT RH	1	55.80	20.00	44.64	?
0009	04-01-0104-0852-G	REAR BUMPER REFLECTOR RH	1	41.45	20.00	33.16	am is -
0010	04-01-0104-2547-G	REAR BUMPER UNDER CVR RH	1	108.00	20.00	86.40	?
0011	04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60	am -
0012	04-01-0104-2544-G	REAR BUMPER TOW COVER	1	98.80	20.00	79.04	X
0013	04-01-0104-2346-G	REAR END PANEL	1	532.00	20.00	425.60	Rx

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 02.02.2021

Time: 11:14:25

Page: 2

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

JOB NO : 305451565
 REGN NO : SHB3298H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 26.06.2019
 DATE/TIME IN : 31.01.2021 00:50
 ACCIDENT DATE : 30.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0014 02-01-0104-2099-G	EXHAUST MUFFLER	1	943.50	20.00	754.80	?
0015 04-01-0104-2270-G	BOOTLID EMBLEM-HYBRID	1	24.30	20.00	19.44	X
0016 04-01-0104-2271-G	BOOTLID EMBLEM-IONIQ	1	31.30	20.00	25.04	X
0017 28-01-0103-0005-A	BOOTLID COMFORTDELGRO	1	35.00	10.00	31.50	X
0018 28-01-0103-0006-A	BOOTLID 65521111	1	35.00	10.00	31.50	X
0019 28-01-9999-2025-A	BOOTLID APPS	1	30.00	10.00	27.00	X
0020 09-01-9999-0068-A	REVERSE SENSOR	1.000	180.00	10.00	162.00	nm ✓

SUB-TOTAL : 3,288.24

JOB NATURE

0000 PB	PANEL BEATING	800.00	525
0001 SP	SPRAYPAINT CHARGE	900.00	500

COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.02.2021

REPAIR ESTIMATE

Time: 11:14:25

Page: 3

NTUC-CP/P
LKK-

B TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305451565
REGN NO : SHB3298H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 26.06.2019
DATE/TIME IN : 31.01.2021 00:50
ACCIDENT DATE : 30.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 17-01 CHECK ALL LIGHTING

60.00 30

0003 L R/I REVERSE SENSOR

120.00 30

0004 L R/I EXHAUST MUFFLER

100.00 ? photo 80

0005 23-01 TOWING FEE

0.00

SUB-TOTAL : 1,980.00

TOTAL : 5,268.24

Lmfs

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

Taufhin 97495749
WP' 2/2/21C 5pmp/p Resury before part
taufhin e/hhant-won
2-3 days

wstbke

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 modifications is allowed
- Supplementary repairs must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

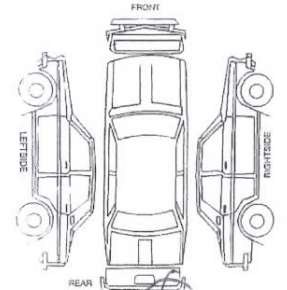
JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>31/1/21</u> Time Received: <u>0100</u>		3. Vehicle Type: ☐ Private ☒ Taxi (CTPL/CCPL) ☐ Fleet ☐ STK (Boon Lay)	4. Type of Towing: ☒ Normal Tow ☐ King Dolly ☐ Flat Bed ☐ Crane-up
2. ☐ New ☐ SPARK Kakis Name of Customer : <u>MR Teo</u> Contact No. : <u>86080668</u> Vehicle No. : <u>SAB3298H</u> Make / Model / Colour : <u>IONIQ D</u> Email : _____		5. Nature of Service: ☐ Jumpstart ☐ Recovery ☐ Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____
7. Location: <u>19A Jalan Tenteram</u>		8. Vehicle Tow - In Workshop: ☐ Smoky Exhaust ☐ Wheel Jammed ☐ Overheating ☐ Steering Faulty ☐ Brake Faulty ☐ Alternator Faulty ☐ Starting Problem ☐ Loss Power ☒ Accident ☐ Engine Stalled ☐ Return Taxi	
9. Preferred Workshop: ☐ Braddell ☒ Loyang ☐ Pandan ☐ Sin Ming ☐ Sungei Kadut ☐ Ubi ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD) ☐ Others: _____			

10. Odometer Reading : _____
Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scatched O : Missing

Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☒ GAO ☐ OTHERS
Name of Driver : King
Vehicle No. : Imagies J
Time Dispatch : 0100
Time of Arrival : 0130
Time Completed : 0200

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

31/1

Date

0200

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

Date/Time: 02.02.2021 10:35

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305451565

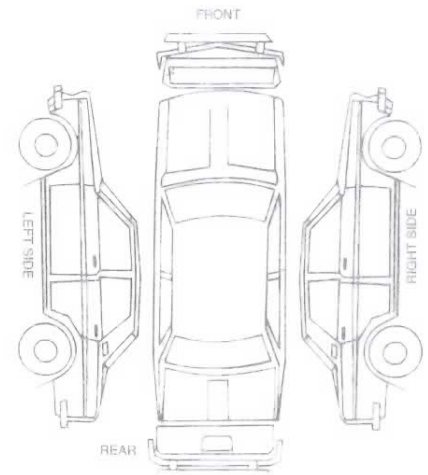
OWNER	REGN NO.	MILEAGE
CITYCAB PTE LTD	SHB3298H	
7010070	MAKE :	FUEL
383 SIN MING DRIVE	HYUNDAI	E.....1/2.....F
Singapore SINGAPORE 575717	MODEL	DATE/TIME IN
65551188 (R) (P)	IONIQ(G2)	31.01.2021 00:50
	YR OF MANU.	TARGET DATE
	26.06.2019	
	CHASSIS CODE	COMPLETION DATE/TIME:
	KMHC851CVKU164449	

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 30.01.2021
NATURE: 3P 30.01.2021/C

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.: SHB3298H LIMITS

Vehicle No.: SHB3298H

Signature/Date

Signature/Date

Name of Service Advisor

Date

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	01/02/2021 19:15 (SGT)
Date of Accident	30/01/2021 23:30 (SGT)
Exact Location of Accident	Havelock Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3298H
-----------------------------	----------

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) +65-86080668
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	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	TEO TIONG KWEE
NRIC No	SXXXX913F
Date Of Birth	25/08/1951
Occupation	Outdoor

Date Of Driving Pass	26/01/1981
Driving experience	40 YEARS
Gender	Male
Mobile Number	(Phone) +65-86080668
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 18 JALAN TENTERAM #10-132
Address complement	-
Postcode	321018
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	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

ON 30/1/21 AT ABOUT 2330HRS, I WAS DRIVING MY VEHICLE A (SHB3298H) ALONG HAVELOCK RD TOWARDS UPP PICKERING ST. I WAS AT FIRST LANE (EXTREME RIGHT) AND AT STATIONARY POSITION FOR PICK UP PASSENGER SUDDENLY VEHICLE B (SMU9253M) COLLIDED FROM BEHIND (HEAD TO REAR). MY VEHICLE REAR DAMAGED. EXCHANGED PARTICULARS. NO INJURY.

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	SMU9253M
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAI SIYAK WAN
NRIC No	SXXXX821E
Contact Number	(Phone) +65-91052889
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CITYCAR PTE LTD
CO. REG. NO. 199502339G

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

