

ASS. REC. BY: Taylor REF: INC

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD / 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

Sal. 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: WP
 Vehicle: IN / OUT Lin TS

Veh No: SUB 2733A Yr Regn: 249, Nov
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
 Make: Toyota Prius Hybrid c.c 1798
 Colour: Yellow A/C. Insured / Std / NI / NA
 Sp. Reading: 139455 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDK133F440389260
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modt: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/65 R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front R/Bal. 0 mm / Rear R/Bal. 6 mm
 L/Bal. 6 mm / U/Bal. 6 mm
 D.O.A. _____ D.O.I. 4/2/21
 Survey held at Compu Logics
 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

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Date/Time, File Return to? _____
 2) _____
 Report Format: _____
 Lumpy Form / I.S.I: () _____

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

Survey Fee: _____
 Transportation: _____
 S + RS: \$ _____
 Photos _____
 Others _____
 TOTAL _____

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.02.2021

Time: 11:07:52

REPAIR ESTIMATE

NTUC - CP/P)
LKK - Taufikh

Page: 1/2

TS

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

JOB NO : 305451847
REGN NO : SHB2733A
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4A)
DATE OF REGN : 28.11.2019
DATE/TIME IN : 04.02.2021 08:40
ACCIDENT DATE : 03.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2712-G	REAR BUMPER	1	458.60	25.00	343.95	de	
0002	04-01-0302-2713-G	REAR BUMPER CENTER GUARD	1	552.60	25.00	414.45	de	
0003	04-01-0302-2288-G	REAR BUMPER REINFORCEMENT	1	318.80	25.00	239.10	?	
0004	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50	we	
0005	09-01-0302-2005-A	REVERSE SENSOR	1	135.70	10.00	122.13	du	
							SUB-TOTAL	: 1,136.13

JOB NATURE

0000	PB	PANEL BEATING		400.00			350	
0001	SP	SPRAYPAINT CHARGE		300.00			250	
0002	L	R/I REVERSE SENSOR		120.00			30	
							SUB-TOTAL	: 820.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.02.2021

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ACCIDENT DATE : 03.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,956.13

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Taufik 2749 2749
WP 4/2/21 04/21
P/P Resurvey before part
02 days

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:

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JG NO 305451847

TOMER

AS CITYCAB PTE LTD

7010070

TOMER NO 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65551188

(O)

(R)

(P)

OUNT CARD NO.

REGN NO

SHB2733A

MILEAGE

MAKE

TOYOTA

FUEL

E 1/2 F

MODEL

PRIUS HYBRID(G4A04.02.2021 08:40

DATE/TIME IN

YR OF MANU

28.11.2019

TARGET DATE

CHASSIS CODE

JTDKB3FU403089360

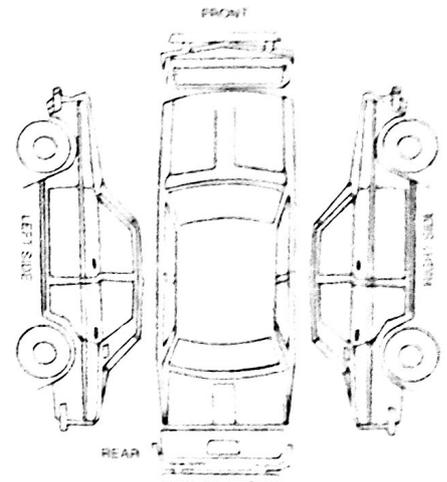
COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 03.02.2021

NATURE: 3P 03.02.2021

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No SHB2733A

LIMITS

Vehicle No

SHB2733A

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	04/02/2021 10:30 (SGT)
Date of Accident	03/02/2021 08:45 (SGT)
Exact Location of Accident	Marymount Rd, Singapore
Additional Location Information	SLIP ROAD FROM MARYMOUNT RD TO SIN MING AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2733A
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	Toyota
Model	Prius
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	LOK SUAN MENG
NRIC No	SXXXX899I
Date Of Birth	09/08/1971
Occupation	Outdoor

Date Of Driving Pass	13/05/1992
Driving experience	28 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83662397
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	116 #12-1198 HOUGANG AVENUE 1
Address complement	-
Postcode	530116
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Male

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

see attach

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	SLM4831G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

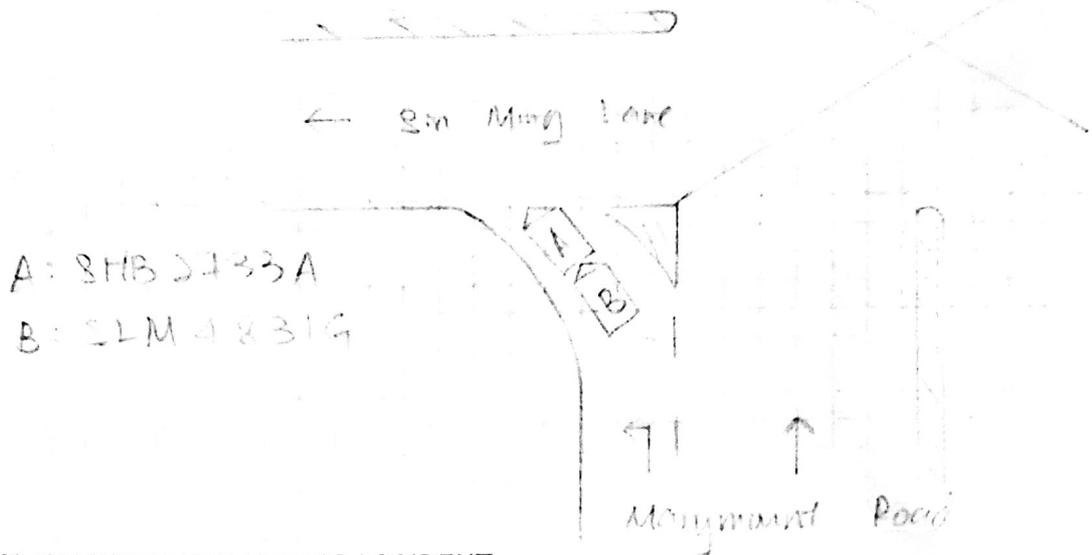
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOK SUAN MENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SHB2733A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/02/2021 at about 08:45 hrs, I Veh A was stopped at above said location to waiting for traffic to clear. Suddenly I felt an impact from behind. I got down to have a check and found Veh B front portion collided onto the rear portion of my taxi. 01 male pax in my taxi and he was fine. Some photo taken for report purpose. I want to consult doctor for neck pain, given 3 days MC.

DECLARATION

We declare the foregoing particulars are true in every respect.

DRYDASH PTE LTD
2513 NEI, #05-02/03W

Policyholder's Signature
Date & Time.

Loll

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

4/2/21

Reporting Centre Personnel's Signature
Name
NRIC Fin No.

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 to 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 making 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

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
 100 ROBINSON ROAD, #10-01, SINGAPORE 068906

Policyholder's Signature
 Date & Time

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

[Signature] 4/2/21
 Reporting Centre Personnel's Signature
 Name
 NRIC Fin No.