

ASS. REC. BY: JimREF: CS/SMD 2100 2082/R19d3

8396

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SHC 611Bat Workshop m/s DINH AUTOof 31, CORPORATION RDInsured: Sampo

Policy No. \_\_\_\_\_

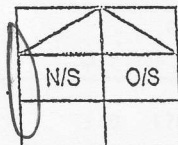
Claims No. CMTD2100484/THE

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: 9 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC 611B Yr Regn: 2019 / APR

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

Truck / Trailer or

Make: HYUNDAI IONIQ 1.6 DCT c.c. 1580Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 160039 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM H2851CVKU141370Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or TAKSINH

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 13/02/2021 D.O.I. 15/02/2021Survey held at DINH AUTODes. 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

19/02/21 @ 4.17pm revised to Thelma Choo by email.

04/03/21 @ 9.55am Rasul finalised with Jacelyn final fig \$8731.08, 9 days (Red \$4375.98, 50%)

Date/Time, File Pass to?



: Prel. Report

1) 09/03 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)Rep. Format: TPLump Sum / L.S. (\$ 8731.08)

TO :

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

15/02/2021 14:30

JOB-NO: 50113154

**OWNER'S PARTICULARS**

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0

64739522

**VEHICLE DETAILS**

LICENSE NO: SHC0611B

TRANS: AUTO

CHASSIS: KMH851CVKU141370

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEJU191438

OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD

JOB-CODE: TP

SA: Ding Auto User 1

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<b>LABOUR</b>							
1 STRAIGHT AND PANEL BEAT ACCIDENT AREA	1.00	1,700.00	0.00	<del>1,700.00</del>		Y	1400
2 SUNDRIES	1.00	50.00	0.00	50.00		Y	20
3 RUST PROOFING	1.00	80.00	0.00	80.00		Y	60
4 R&R FRONT RIM & TYRE LH	1.00	80.00	0.00	80.00		Y	50?
5 R&R FRONT UNDERCARRIAGE	1.00	250.00	0.00	250.00		Y	80?
6 R&R FRONT DOOR COMPONENTS LH	1.00	150.00	0.00	150.00		Y	60
7 R&R REAR PASSENGER SEAT & SEAT BELT & REAR FENDER QTR GARNISH LH & ROOF TOP LINING TO REPLACE REAR FENDER LH	1.00	280.00	0.00	<del>280.00</del>		Y	80
8 R&R SPARE TYRE TRAY & TRIM & SPARE TYRE & SPARE TYRE BOARD	1.00	120.00	0.00	<del>120.00</del>		Y	60
9 R&R REVERSE SENSOR	1.00	60.00	0.00	60.00		Y	X
10 R&R FUEL LIP COVER & FUEL LIP HOUSING	1.00	120.00	0.00	120.00		Y	40
11 CONDUCT 4 WHEEL ALIGNMENT & BALANCING	1.00	250.00	0.00	250.00		Y	60
12 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
13 RESPRAY FRONT FENDER LH	1.00	250.00	0.00	250.00		Y	200
14 RESPRAY FRONT DOOR LH	1.00	250.00	0.00	250.00		Y	200
15 RESPRAY REAR DOOR LH	1.00	250.00	0.00	250.00		Y	200
16 RESPRAY SIDE SKIRT LH	1.00	250.00	0.00	250.00		Y	100
17 RESPRAY REAR FENDER LH	1.00	250.00	0.00	250.00		Y	200
18 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200
TOTAL:		4,890.00	0.00	4,890.00			

**MATERIALS**

1 FRONT BUMPER	1.00	599.68	119.94	479.74	L	Y	
2 FRONT BUMPER RETAINER LH	1.00	48.32	9.66	38.66	L	Y	
3 FRONT FENDER LH	1.00	609.54	121.91	487.63	L	Y	
4 FRONT FENDER EMBLEM-BLUE DRIVE LH	1.00	77.04	15.41	61.63	L	Y	
5 FRONT FENDER INNER SHIELD LH	1.00	252.85	50.57	202.28	L	Y	
6 SIDE SKIRT LH	1.00	659.60	131.92	527.68	L	Y	
7 FRONT WHEEL CAP LH	1.00	265.50	53.10	212.40	L	Y	
8 FRONT WHEEL RIM LH	1.00	1,224.60	244.92	979.68	L	Y	
9 FRONT TIE ROD END LH	1.00	156.48	31.30	125.18	L	Y	
10 FRONT STEERING RACK END LH	1.00	171.87	34.37	137.50	L	Y	
11 FRONT DOOR LH	1.00	1,927.30	385.46	1,541.84	L	Y	
12 FRONT DOOR LOWER MOULDING LH	1.00	286.30	57.26	229.04	L	Y	
13 REAR DOOR LOWER MOULDING LH	1.00	199.60	39.92	159.68	L	Y	

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
14 REAR FENDER LH <i>bt</i>	1.00	1,786.30	357.26	1,429.04	L	Y	
15 REAR WHEEL CAP LH <i>slu</i>	1.00	265.50	53.10	212.40	L	Y	
16 REAR BUMPER <i>repair</i>	1.00	659.60	131.92	527.68	L	Y	
17 FRONT BUMPER CLIP SET <i>re</i>	1.00	50.00	0.00	50.00 <i>30</i>	S	Y	
18 FRONT FENDER INNER SHIELD CLIP SET LH <i>?</i>	1.00	35.00	0.00	35.00 <i>?</i>	S	Y	
19 FRONT TYRE LH <i>X</i>	1.00	280.00	0.00	280.00	S	Y	
20 FRONT DOOR TRIM BOARD CLIP SET LH <i>re</i>	1.00	35.00	0.00	35.00	S	Y	
21 FRONT DOOR STICKER-COMFORT DELGRO LH <i>re</i>	1.00	120.00	0.00	120.00 <i>180</i>	S	Y	
22 REPAIR REAR DOOR LH	1.00	0.00	0.00	0.00	S	Y	
23 REAR DOOR STICKER-COMFORT DELGRO LOGO LH <i>re</i>	1.00	120.00	0.00	120.00 <i>120</i>	S	Y	
24 REAR DOOR STICKER-APP STORE & BOOK NOW LH <i>re</i>	1.00	100.00	0.00	100.00	S	Y	
25 REAR FENDER STICKER-PETROL ONLY <i>re</i>	1.00	25.00	0.00	25.00 <i>15</i>	S	Y	
26 REAR FENDER SEALANT LH <i>re</i>	1.00	50.00	0.00	50.00 <i>30</i>	S	Y	
27 REAR BUMPER CLIP SET <i>X</i>	1.00	50.00	0.00	50.00 <i>X</i>	S	Y	
TOTAL:		10,055.08	838.02	8,217.06			
TOTAL PARTS & LABOUR :		14,945.08	1,838.02	13,107.06			

EXCESS/LOADING:\$ 0.00

No. Of Day: 9 days

RE-SURVEY: BEFORE AFTER PAINTING

PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: 15 / 02 / 21

SURVEYED BY: Rahul

CONTACT NO: 90010068

FAX NO: \_\_\_\_\_

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

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:



## 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	14/02/2021 00:45 (SGT)
Date of Accident	13/02/2021 16:00 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS BKE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC611B
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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) +65-90478250
Alternative Phone No	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae 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	GOH LAM KENG
NRIC No	SXXXX860C
Date Of Birth	23/01/1959
Occupation	Outdoor

Date Of Driving Pass .....	28/09/1988
Driving experience .....	32 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90478250
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 816A KEAT HONG LINK #08-57
Address complement .....	-
Postcode .....	681816
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 .....	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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### 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 13/2/21 AT ABOUT 1600HRS, I WAS DRIVING MY VEHICLE A (SHC611B) ALONG SLE TOWARDS BKE TO DROP OFF MY PASSENGER. I WAS AT EXTREME RIGHT LANE. SUDDENLY VEHICLE B (SLA9090H) FROM MIDDLE LANE SIDE SWIPED MY VEHICLE'S LEFT SIDE. 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 .....	SLA9090H
Vehicle Manufacturer .....	Lexus

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG TI KOON
NRIC No .....	SXXXX331H
Contact Number .....	(Phone) +65-91525575
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1



## SKETCH PLAN

## 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 Authorized 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) 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 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.

Policyholder's Signature / Date & Time

Sketch Plan

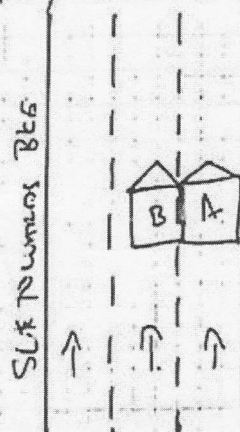
Driver's Signature (If driver is not the policyholder) / Date & Time

13/2/21 / 1720 hrs

Witnessed by Reporting Centre Personnel

*[Signature]*

A SHC 611 B  
B SIA 9090 H



Describe Circumstances of the Accident

ON 13/2/21 AT ABOUT 1600HRS, I WAS DRIVING MY VEHICLE  
(SHC 611R) ALONG SLE TOWNERS BLVD TO DROP OFF MY PASSENGER.  
I WAS AT APPROXIMATE RIGHT LANE. SUDDENLY VEHICLE B (SLN 909011)  
FROM MIDDLER LANE SIDE SWUNG MY VEHICLE LEFT SIDE. EXCHANGE  
PARTICULARS NOTING

Declaration

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

Witnessed by Reporting Centre Personnel

13/2/21 / 1730Hrs

Bmng