

ASS. REC. BY: Tang JH

REF: NS/INC 21002832/T1vd3

**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: **FBN 5167Y**  
 Policy No. **5107866594-01**  
 Claims No. **MT/1123149-002**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S		O/S	

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 **WP**  
 Date: \_\_\_\_\_ Person Contacted: Jimin Vehicle: IN / OUT

Veh No: **SAC 829R** Yr Regn: **2020 Jan**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: **Hyundai** c.c. **1586**  
 Colour: **Yellow** A/C: **Insured / Std / NI / NA**  
 Sp. Reading: **96882** T/Radio: **Insured / Std / NI / NA**  
 Eng/No: \_\_\_\_\_  
 C/No: **KMHC851CV64188707**  
 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: **195/65R15**  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Wothake**  
 Front Rear  
 R/Bal. **6** mm R/Bal. **6** mm  
 L/Bal. **6** mm L/Bal. **6** mm  
 D.O.A. **26/2/21** D.O.I. **26/2/21**  
 Survey held at **Comfort Lodge**  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / L/Rooftop or  
**6/5 Rear**  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
17/3/21	Final fig \$3120.60 confirmed by email (Red 2271.64,42%)

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

Days Of Repair: **3**  
 Resurvey No. of Trip: **1**

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) **17/3/21-Typist**

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

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

Rep. Format: **TP**  
 Lump Sum / L.B.F. (P) **\$3120.60**

Nurul - P/P

COMFORTDELGRO ENGINEERING PTE LTD

Date: 26.02.2021

REPAIR ESTIMATE

Time: 17:15:06

Page: 1

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

JOB NO : 305455737  
REGN NO : SHC 829R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 16.01.2020  
DATE/TIME IN : 26.02.2021 15:35  
ACCIDENT DATE : 26.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	COVER-RR BUMPER#	1	459.40	20.00	367.52	<i>cut</i>
0002	04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1	451.25	20.00	361.00	<i>cut</i>
0003	04-01-0104-0810-G	MOULDING ASSY-SIDE SILL R	1	290.00	20.00	232.00	<i>Ry</i>
0004	04-01-0104-2698-G	LAMP ASSY-REAR COMB OUTSI	1	870.40	20.00	696.32	<i>cut</i>
0005	04-01-0104-0575-G	PANEL ASSY-QUARTER OUTER	1	1,768.30	20.00	1,414.64	<i>Ry</i>
0006	04-01-0104-0852-G	REFLECTOR/REFLEX ASSY-RR	1	41.45	20.00	33.16	<i>cut</i>
0007	04-01-0101-0111-G	BUMPER COVER CLIP REAR	10	22.00	20.00	17.60	<i>all</i>

SUB-TOTAL : 3,122.24

JOB NATURE

0000	PB	PANEL BEATING				1100.00	<i>875</i>
0001	SP	SPRAYPAINT CHARGE				1000.00	<i>750</i>
0002	17-01	CHECK ALL LIGHTING				20.00	<i>/</i>
0003	20-00	TUFF COAT ON AFFECTED PARTS.				30.00	<i>x</i>

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

JOB NO : 305455737  
REGN NO : SHC 829R  
MILEAGE : 000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 16.01.2020  
DATE/TIME IN : 26.02.2021 15:3  
ACCIDENT DATE : 26.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0004 20-204 REMOVE/REFIX UPHOLSTERY REAR

120.00 60%

SUB-TOTAL : 2,270.00

TOTAL : 5,392.24

*Juman*  
MVA NAME & SIGNATURE  
DATE: 26/2/21

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Tanpin 97485745  
in P 26/2/21 1730  
p/p Resurvey after repair  
3-4 days  
Tanpin C (Khondan)

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: 26.02.2021 17:01 Page : 1

**JOB CARD**

Team: ARC Repair TP(CFSO)1  
TOMER

Sales Order:

JC NO.: 305455737

AS  
TOMER NO. CITYCAB PTE LTD  
7010070  
RESS  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65551188 (O)  
(P)

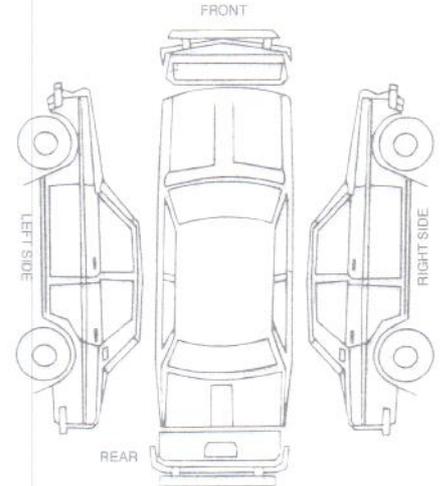
REGN NO.:	SHC 829R	MILEAGE
MAKE :	HYUNDAI	FUEL
MODEL	IONIQ(G3)	E.....1/2.....F
YR OF MANU.	16.01.2020	DATE/TIME IN
CHASSIS CODE	KMHC851CVLU184111	TARGET DATE
		COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 26.02.2021  
NATURE: 3P 26.02.2021

S/NO                      LABOR CODE                      DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHC 829R                      JU NTUC LKK

Vehicle No.: SHC 829R

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	26/02/2021 16:50 (SGT)
Date of Accident	26/02/2021 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI LAMP POST NO: 717
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC829R
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	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	TAN KWANG HWEE
NRIC No	SXXXX494D
Date Of Birth	25/05/1954
Occupation	Outdoor

Date Of Driving Pass	12/10/1973
Driving experience	47 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81254388
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 309 HOUGANG AVENUE 5
Address complement	#09-279
Postcode	530309
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED  
POLICE REPORT : T/20210226/2056

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN5167Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRT LEFT AND RIGHT
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB680G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	LEFT REAR
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NOT SURE
Injured person in which vehicle?	FBN5167Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

**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 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.

GENERAL INFORMATION  
 TEL: 6342 1111  
 FAX: 6342 1111  
 E-MAIL: info@gia.com.sg

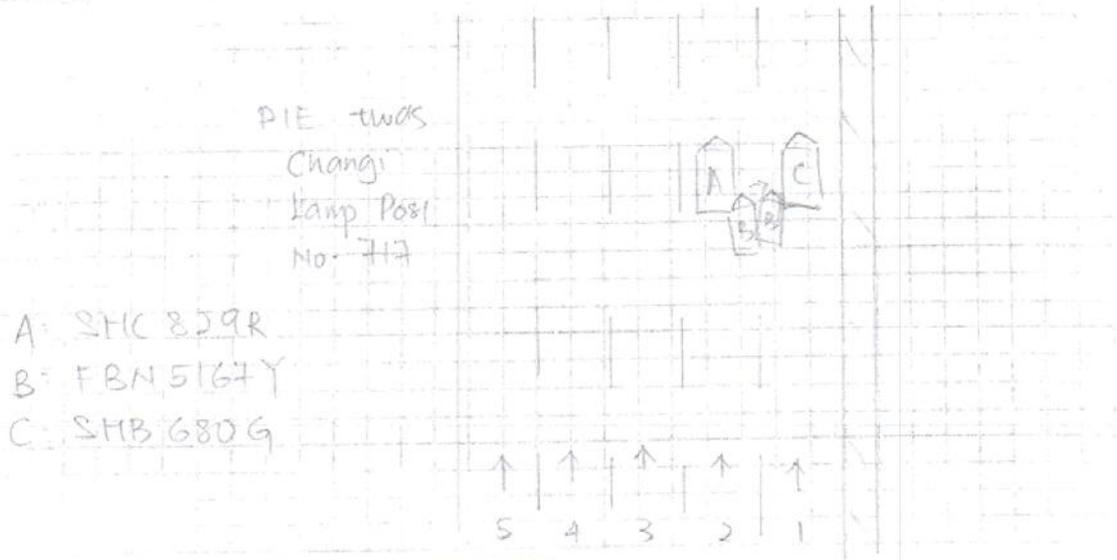
Policyholder's Signature  
 Date & Time:

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

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

*[Handwritten Signature]*  
 26/2/21

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report  
T/20210226/2056

DECLARATION

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

THE ALLIANCE  
INSURANCE CO. LTD

Policyholder's Signature  
Date & Time:

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

  
26/2/21

Reporting Centre Personnel's Signature  
Name: Loke Yee Yee  
NRIC/Fin No.:



**SINGAPORE  
POLICE FORCE**



T/20210226/2056

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20210226/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/02/2021 15:00	Vide Report No.:	Station Diary No.: 67
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**Informant's Particulars**

Name of Informant: TAN KWANG HWE			Address: APT BLK 309 HOUGANG AVENUE 5 #09-279 SINGAPORE 530309		
ID Type / ID No.: NRIC NO / S0022494D			Contact No.: Home/Office:                      Mobile: 81254388		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 25/05/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/02/2021 11:45	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY  Lamp Post Number: 717				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN5167Y	Motorcycle	HONDA	CB190X MANUAL		Slightly Damaged	0
SHB680G	Car	TOYOTA	PRIUS HYBRID 1.8 CVT		Slightly Damaged	0
SHC0829R	Car				Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20210226/2056

2 of 3

Report No. T/20210226/2056

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

CONTINUATION OF REPORT

**Brief Details.**

On 26/02/2021 at about 1145hrs, I was driving my taxi bearing registration plate number SHC0829R along PIE towards Changi. There was one passenger onboard. I was driving along lane 2 and there was another taxi bearing vehicle registration plate number SHB680G on lane 1.

Suddenly, I felt about 2-3 impacts from the rear of my vehicle so I checked on my rear mirror and discovered that a motorcyclist had fallen from his bike. As such, I stopped my vehicle, the taxi beside me also stopped. Traffic Police attended to me and the motorcyclist was conveyed by ambulance.

My vehicle sustained scratches and dents on the rear right portion. Vehicle SHB680G had also sustained the same damage on its rear left portion. I made a check on my passenger (Kang Beng Ho, S0009117J, HP: 92474256) and he informed that he was fine and uninjured.

Traffic Police seized my SD card and issued me an NP323.



**SINGAPORE  
POLICE FORCE**



T/20210226/2056

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20210226/2056

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 1 TAY YONG KIAT <i>Kw</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2021 15:00
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138 <i>[Signature]</i>	Classification Of Case:
Authentication Stamp NP168	

