

ASS. REC. BY: Tang Jih

REF: CC4/ALH 21003046/TI 943

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. _____

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 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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: _____

Vehicle: IN / OUT

Time TS

Veh No: SAH 98326 Yr Regn: 2019, Nov

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

Truck / Trailer or

Make: Hyundai

c.c

1580

Colour: Yellow

A/C:

Insured / Std / NI / NA

Sp. Reading: 121755

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: UM HCSSTCV 24182767

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: 195/65 R15

R: 195/65 R15

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

D.O.I. 9/3/21

Survey held at Comfort Lodge

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?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / L.B.H. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Photos _____

Others _____

TOTAL _____

Aig Asia -cpp)

LKK -

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

JOB NO : 305457528
 REGN NO : SHA9832G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 14.11.2019
 DATE/TIME IN : 08.03.2021 11:10
 ACCIDENT DATE : 08.03.2021

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 | RY |
| 0002 04-01-0104-2533-G | REAR BUMPER CTR MOULDING | 1 | 451.25 | 20.00 | 361.00 | RY |
| 0003 04-01-0104-2545-G | REAR BUMPER LWR MOLULDING | 1 | 155.00 | 20.00 | 124.00 | X |
| 0004 04-01-0101-0111-G | REAR BUMPER CLIPS | 10 | 22.00 | 20.00 | 17.60 | X |
| 0005 09-01-9999-0068-A | REVERSE SENSOR | 1 | 180.00 | | 180.00 | ? |
| 0006 04-01-0104-1150-A | REAR BUMPER MAT | 1 | 50.00 | | 50.00 | X |
| 0007 FNPS | REAR NO.PLATE W/TIRM COVER | 1 L | 55.00 | | 55.00 | ana ✓ |

SUB-TOTAL : 1,155.12

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: 08.03.2021

REPAIR ESTIMATE

Arg Asia - C/P

Time: 14:50:12

Page: 2

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

JOB NO : 305457528
REGN NO : SHA9832G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 14.11.2019
DATE/TIME IN : 08.03.2021 11:1
ACCIDENT DATE : 08.03.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,975.12

Lmk
MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

w/plate

Tanpin 97495249
9/3/21 @ 10am 'wp'
2 days r/p Resurvey after repair
Tanpin @ 11am 11.00am

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: 08.03.2021 14:23

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

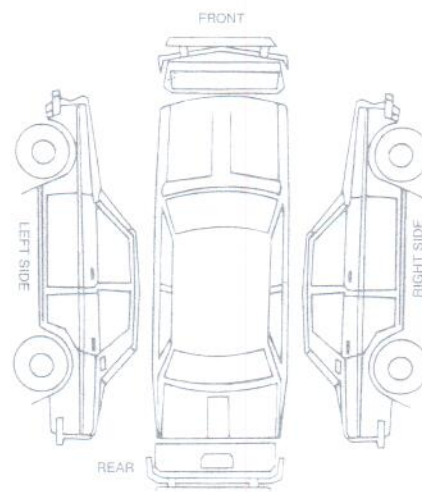
JC NO.: 305457528

| | | |
|--|--------------------------------------|--------------------------------------|
| OWNER CITYCAB PTE LTD AS 7010070 OWNER NO 383 SIN MING DRIVE RESS Singapore SINGAPORE 575717 65551188 (R) (P) | REGN NO SHA9832G | MILEAGE |
| | MAKE: HYUNDAI | FUEL E.....1/2.....F |
| | MODEL IONIQ(G3) | DATE/TIME IN 08.03.2021 11:10 |
| | YR OF MANUF 14.11.2019 | TARGET DATE |
| OUNT CARD NO. | CHASSIS CODE KMH851CVLU182767 | COMPLETION DATE/TIME: |

Accident Date: 08.03.2021
NATURE: 3P 08.03.2021

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: **SHA9832G** **LIMITS**

Vehicle No.: **SHA9832G**

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 | 08/03/2021 14:06 (SGT) |
| Date of Accident | 08/03/2021 10:15 (SGT) |
| Exact Location of Accident | Bedok North Rd, Singapore |
| Additional Location Information | BEODK NORTH RD B4 PIE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA9832G |
|-----------------------------|----------|

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 | RAHMAT BIN ABDOL SHARIP |
| NRIC No | SXXXX390H |
| Date Of Birth | 29/05/1972 |
| Occupation | Outdoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 18/08/1997 |
| Driving experience | 23 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97545095 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | 892B 06-161 WOODLANDS DRIVE 50 |
| Address complement | - |
| Postcode | 731892 |
| 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 | 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 | 4 |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|--------|
| Name | - |
| 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

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 | SFW3322J |
| 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 | MODERATE |
| Details of property damaged in accident | FRT & REAR |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|--------------------|
| Vehicle Registration Number | GBD8035C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | MODERATE |
| Details of property damaged in accident | FRT & REAR |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|---|--------------------|
| Vehicle Registration Number | GBH8047Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | MODERATE |
| Details of property damaged in accident | FRT |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

- A : SHA 9826
- B : SFW 3322J
- C : GBD 8035C
- D : GBH 8047Y



Bedok North Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/3/2021 @ about 1015 hrs. i was travel at left lane of Bedok North Road with passenger onboard. Upon reaching Bus stop, i give stop my vehicle to give way one BUS. A few second later, i felt an impact from my rear, i came out and check it was a chain collision and there was total three vehicle behind my vehicle, which vehicle B - SFW 3322J, vehicle C - GBD 8035C and vehicle D - GBH 8047Y. No one was injured in at that time of accident.

DECLARATION

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

CITYCAB PTE LTD
IO REG. NO 193502839G

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Hong Leong Tale
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 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)
 - (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:
NRIC/Fin No: