

ASS. REC. BY:

REF:

CL4/ALG 21004359/T193.

ASSIGNMENT

From: _____

Date: _____

Veh No:

SMC 793814

Yr Regn:

24/9/Jan

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

Truck / Trailer or

Make:

Toyota Prius

c.c

1398

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

250114

T/Radio: Insured / Std / NI / NA

Eng/No:

JTDK133E-400307837

C/No:

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

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.

6/4/21

Survey held at

Longport Agency

Des. of Damages: Frt / Rear / G/S / N/S / U/C / Rooftop or

FRONT

The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: _____

IDAC Accident Report: _____ 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

WP
LIMITS

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Formed: _____

Lump Sum / I.B.I. / F

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

S + RS. SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Date: 06.04.2021

REPAIR ESTIMATE

Time: 08:47:14

Page: 1

Aig Azia
cp/p)

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305462186

REGN NO : SHC7938M

MILEAGE : 0000000000

MAKE : TOYOTA

MODEL : PRIUS HYBRID(G4)

DATE OF REGN : 09.01.2019

DATE/TIME IN : 05.04.2021 10:15

ACCIDENT DATE : 05.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-A	FRT BUMPER	1	499.90	25.00	374.92	cur
0002 04-01-0302-0633-G	FRT BUMPER HOLE COVER RH	1	28.40	25.00	21.30	cut
0003 04-01-0302-2971-G	FRT BUMPER SIDE SUPPORT R	1	77.00	25.00	57.75	?
0004 04-01-0302-2915-G	HEADLAMP RH	1	3,455.00	25.00	2,591.25	cut
0005 04-01-0302-4991-G	FOGLAMP RH	1	920.00	25.00	690.00	cut
0006 04-01-0302-0573-A	FRT FENDER RH	1	945.30	25.00	708.97	X R
0007 04-01-0302-2934-G	FRT FENDER SHIELD RH	1	198.40	25.00	148.80	X
0008 04-01-0302-2297-G	FRT FENDER (HYBRID) RH	1	52.30	25.00	39.22	cut
0009 04-01-0302-2277-G	RADIATOR UPR GRILLE	1	361.10	25.00	270.82	?
0010 04-01-0302-2062-G	RADIATOR LWR GRILLE	1	166.90	25.00	125.17	cut

SUB-TOTAL : 5,028.20

JOB NATURE

0000 20-05 Frt Fender Adv.Sticker RH

100.00 cut

COMFORTDELGRO ENGINEERING PTE LTD

Date: 06.04.2021

REPAIR ESTIMATE

Time: 08:47:14

Page: 2

Ang Asia (P/P) 12 IS

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

JOB NO : 305462186
REGN NO : SHC7938M
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 09.01.2019
DATE/TIME IN : 05.04.2021 10:1
ACCIDENT DATE : 05.04.2021

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 PB	PANEL BEATING	800.00		525		
0002 SP	SPRAYPAINT CHARGE	600.00		500		
0003 17-01	CHECK ALL LIGHTING	40.00		30		
0004 20-00	TUFF COAT ON AFFECTED PARTS.	40.00		X		
SUB-TOTAL						: 1,580.00

TOTAL : 6,608.20

Limfs
MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Tanpin 87495745
up 6/4/21 350p
p/o resurvey before paint
2-3 days
tanpin C/Intervention

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:

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.:305462186

OMER

S CITYCAB PTE LTD
OMER NO. 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

JUNT CARD NO.

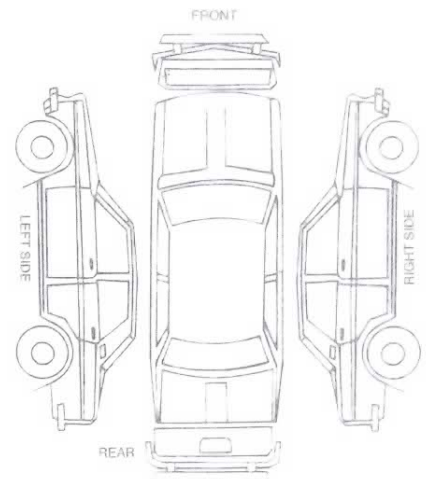
REGN NO: SHC7938M	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)05	DATE/TIME IN 04.2021 10:15
YR OF MANU. 09.01.2019	TARGET DATE
CHASSIS CODE JTDKB3FU003078307	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 05.04.2021
ATURE: 3P 05.04.2021

/NO LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: **SHC7938M** **LIMITS**

Vehicle No.: **SHC7938M**

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	05/04/2021 16:00 (SGT)
Date of Accident	05/04/2021 09:15 (SGT)
Exact Location of Accident	Flower Rd & Kovan Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7938M
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) +65-82026336
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
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	ANG KWONG SING
NRIC No	SXXXX670B

Date Of Birth	13/01/1974
Occupation	Outdoor
Date Of Driving Pass	24/02/1998
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82026336
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 230 ANG MO KIO AVENUE 3 #07-1264
Address complement	-
Postcode	560230
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 - Cross Junction
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 5/4/2021 AT ABOUT 0915HRS, I WAS DRIVING MY VEHICLE ALONG FLOWER RD. AS I WAS ALMOST REACHED CENTRE JUNCTION (KOVAN RD), VEHICLE B SKR8367P DROVE OUT FROM JUNCTION. I APPLIED MY BRAKE IMMEDIATELY TO AVOID THE COLLISION, HOWEVER VEHICLE B SKR8367 LEFT FRONT PORTION WAS GRAZED ONTO MY VEHICLE RIGHT FRONT PORTION. NO INJURIES AT THE MOMENT OF ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR8367P
Vehicle Manufacturer	Citroen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-90883878
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

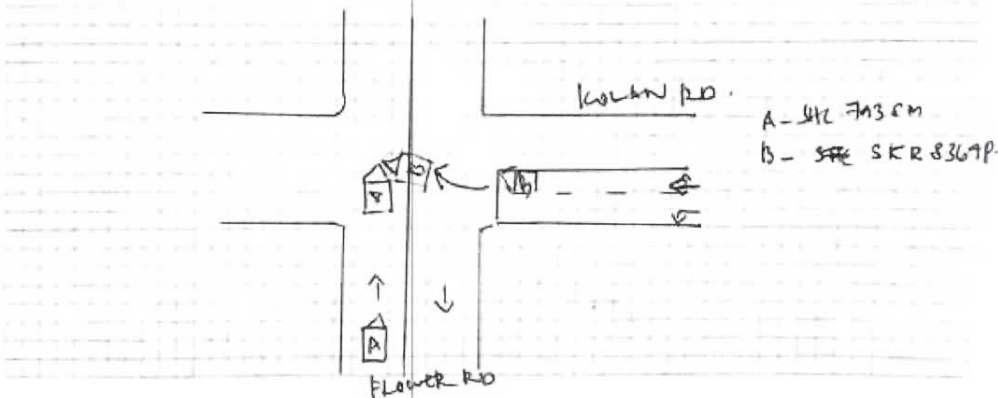
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 5/4/2021, at about 0915hrs, I was driving my vehicle along flower Rd. As I was almost reached centre junction (Koror Rd), vehicle B SKR 8367P drove out from junction. I applied my brake immediately to avoid the collision however vehicle B - SKR 8367P left front portion was grazed onto my vehicle right front portion. No injuries at the moment of accident.

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