

ASS. REC. BY: Toughlin

REF:

NS/INC 21004795/T1vc

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: SLV 1698Y

Policy No. _____

Claims No. MT/1128055-002

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 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: WP Vehicle: IN / OUT

Veh No: SHD88114 Yr Regn: 2019, Aug.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mercedes Benz V-class c.c. 2143

Colour white A/C: Insured / Std / NI / NA

Sp. Reading 133662 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF 44781323612546

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: 205/65R16

R: _____

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

TOYO / YOKO or GT Radial

Front 6 mm Rear 6 mm

R/Bal. 6 mm L/Bal. 6 mm

D.O.A. 11/4/21 D.O.I. 13/4/21

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

30/4/21 Final fig \$5050.74 confirmed by email (Red 2070.22,29%)

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 3/5/21-Typist

Report Format: TP

Lump Sum / L.B.I. / \$5050.74

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS. \$ _____

☐ : Interview (\$ _____) ☐ : Photos

☐ : Tech. Invs (\$ _____) ☐ : Others

☐ : Weekend (\$ _____)

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHB6692H

13/04/21

MAKE :

CHIANG /NTUC

MODEL VIANO V1

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|--|------------------------------|------|------------|-------------------|
| 1 | TAILGATE ASSY | | | \$1,975.99 |
| 1 | TAILGATE TRIM | | | \$160.00 |
| 1 | TAILGATE MERC TSTAR LOGO | | | \$39.00 |
| 1 | TAILGATE V220D | | | \$39.00 |
| 1 | TAILGATE CC EMBLEM | | | \$39.00 |
| 1 | TAILGATE LOCK | | | \$136.70 |
| 1 | TAILGATE LOCK OUTER HANDLE | | | \$87.70 |
| 1 | TAILGATE STEP GARNISH | | | \$52.17 |
| 2 | REAR NUMBER PLATE LAMP LH/RH | | \$28.30 | \$56.60 |
| 1 | TAIL RH LAMP ASSY | | | \$622.44 |
| 2 | BUMPER REFLECTOR LH & RH | | \$46.00 | \$92.00 |
| 1 | REAR BUMPER | | | \$1,372.00 |
| 2 | REAR BUMPER SIDE LH & RH | | \$236.80 | \$473.60 |
| | SUB TOTAL | | | \$5,146.20 |
| | LESS 20% | | | \$1,029.24 |
| | | | | \$4,116.96 |
| 1 | REVERSE SENSOR | | | \$388.00 |
| 1 | REAR NUMBER PLATE | | | \$50.00 |
| 2 | SEALANT | | | \$46.00 |
| | MAXICAB STICKER | | | \$30.00 |
| | | | | \$514.00 |
| | Labour Charge | | | |
| | Panel Beating | | | \$1,080.00 |
| | Spray Painting Charge | | | \$600.00 |
| | Check Wiring | | | \$60.00 |
| | Transfer Part to Tail Gate . | | | \$90.00 |
| | Remove/refix reverse sensor | | | \$80.00 |
| | TOTAL LABOUR | | | \$1,910.00 |
| | ESTIMATE TOTAL | | | \$6,540.96 |
| This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company. | | | | |

Tanphat 97495749 03 days
 - up 13/4/21 2pm
 1/5 Resurvey after repair.
 Tanphat @ (Kuantan)
 205/65R16. GT Radial.

Date/Time: 13.04.2021 09:18

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO: 305463503

STOMER

MS CITYCAB PTE LTD
STOMER NO. 7010070
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

COUNT CARD NO.

REGN NO.:

SHD8811H

MILEAGE

MAKE :

MERCEDES BENZ

FUEL

E.....1/2.....F

MODEL

V-CLASS CDI 2.2L11

DATE/TIME IN

04.2021 23:05

YR OF MANU.

22.08.2019

TARGET DATE

CHASSIS CODE

WDF44781323612546

COMPLETION DATE/TIME:

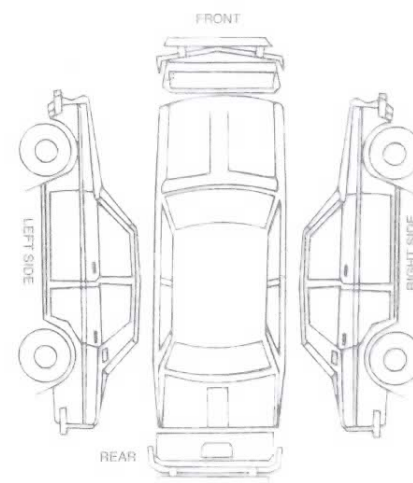
JOB DESCRIPTION

Accident Date: 11.04.2021
NATURE: 3P 11.04.2021

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No.: SHD8811H

CHIANG

Vehicle No.:

SHD8811H

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 | 12/04/2021 16:19 (SGT) |
| Date of Accident | 11/04/2021 14:40 (SGT) |
| Exact Location of Accident | Braddell Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHD8811H |
| 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) +65-91547814 |
| Alternative Phone No | (Office) +65-65508768 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | V220D |
| 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 | 2143 |

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 | MAHADIR BIN JEMAIN |
| NRIC No | SXXXX606G |

| | |
|--|--|
| Date Of Birth | 24/08/1969 |
| Occupation | Outdoor |
| Date Of Driving Pass | 26/10/1988 |
| Driving experience | 32 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91547814 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 254 CHOA CHU KANG AVENUE 2 #05-280 |
| Address complement | - |
| Postcode | 680254 |
| 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) | 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 11/4/2021 @ 1440HRS I WAS DRIVING MY VEHICLE SHD8811H ALONG CTE TOWARDS BRADDELL RD. WHILE MY VEHICLE WAS STATIONARY ALONG SLIP ROAD JUNCTION, VEHICLE B SLV1698Y WAS COLLIDED ONTO MY REAR BUMPER. I SUSTAINED NECK AND BACK PAIN DUE TO THE IMPACT.

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 | SLV1698Y |
| Vehicle Manufacturer | Volvo |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | KHOO SHIRU, JADE |

NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SXXXX254J
(Phone) +65-98160035
BLK 305 ANG MO KIO AVENUE 1 #12-1151
-
560305
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

MAHADIR BIN JEMAIN
BLK 254 CHOA CHU KANG AVENUE 2 #05-280
-
680254
51
NECK & BACK PAIN
SHD8811H
-
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 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/similar 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.

Witnessed by Reporting Centre
Personnel *[Signature]*

A - SHD 8811H
B - SLV 1698V

Describe Circumstances of the Accident

On 11/4/2021 @ 1440hrs I was driving my vehicle SHS 8811A along CTE towards Brindell Rd. While my vehicle was stationary along slip road junction vehicle B - 32V 16484 was collided onto my rear bumper. I sustained neck and back pain due to the impact.

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 12/4/2024 @ 11:45ft

Witnessed by Reporting Centre
Personnel *[Signature]*

