

ASS. FEE BY: Taufik

INC

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. **MT/1128377-004**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(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: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS WP
 Date: _____ Person Contacted: Chuan Vehicle: IN / OUT

Veh No: SMA 9971M Yr Regn: 2019, Sep
 Type: M.Cár / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Lon/g c.c. 1500
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHC851CVL4178531
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/65R15
 R: 22
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wostlake
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 19/4/21
 Survey held at Comfit Logon
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
20/05/21 @ 12.10pm	Taufikh finalised with Mr Chiang final fig \$1802.40, 2 days. (Red \$2537.44, 58%)

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 21/05 Typist

Days Of Repair: 2
 Resurvey No. of Trip: 1

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Other:	
TOTAL	

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invt (\$ _____)
 : Wash (\$ _____)

Project Final: **TP**
 Total Amount: **1802.40**

CITYCAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO **SHA9971M**

15/04/21

MAKE :

CHIANG/NTUC

MODEL **IONIQ G3**

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER		<i>car</i> \$459.40
1	REAR BUMPER CENTRE MOULDING		<i>car</i> \$451.25
1	REAR BUMPER SIDE BRACKET RH		<i>car</i> \$55.80
10	REAR BUMPER COVER CLIPS		\$2.20 <i>all</i> \$22.00
1	REAR BUMPER RH UNDER COVER		X \$108.00
1	REAR IONIQ EMBLEM		<i>car</i> \$24.30
1	REAR HIBRID EMBLEM		<i>car</i> \$31.30
1	REAR BUMPER COVER TOWING		X \$98.80
1	REAR RH- BLIND SPOT RADAR		? \$1,625.00
1	REAR BUMPER REFLECTOR RH		<i>car</i> \$41.45
	SUB TOTAL		\$2,917.30
	20.00%		\$583.46
	DISCOUNTED TOTAL		\$2,333.84
1	REAR REVERSE SENSOR		X \$180.00
1	BOOTLID COMFORT LOGO & TEL NO.STICKER		<i>car</i> \$60.00
		10.00%	\$216.00
	Labour Charge		
	Panel Beating		350 \$760.00
	Spray Painting Charge		300 \$600.00
	Tuff Kote		X \$90.00
	Diagnose/Rest error code	<i>Report 180</i>	? \$280.00
	Remove/refix Reverse sensor	<i>30</i>	\$60.00
	TOTAL LABOUR		\$1,790.00
	ESTIMATE TOTAL		\$4,339.84

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.

*Tanpin 97495749
 up' 14/4/21 @ 430
 1/3 Resurvey after repair
 Tanpin e1kkauto.com
 2 days*

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:

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.:305464171

CUSTOMER
CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L. (R) 65551188 (O)
(P)
COUNT CARD NO.

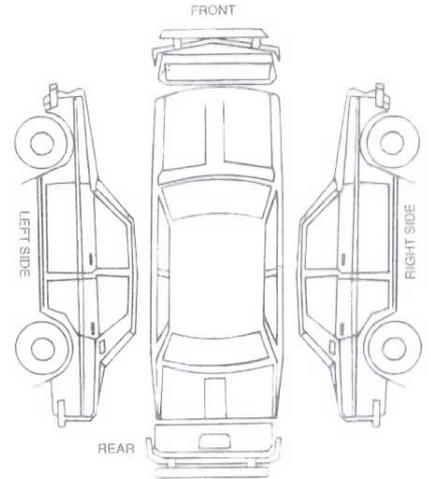
REGN NO.: SHA9971M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 15.04.2021 16:00
YR OF MANU. 24.09.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU178531	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.04.2021
NATURE: 3P 15.04.2021

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: **SHA9971M** **CHIANG**

Exit Pass

Vehicle No.: **SHA9971M**

Name 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	16/04/2021 13:27 (SGT)
Date of Accident	15/04/2021 08:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	Towards Tuas
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9971M
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) +65-90237073
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
Transmission	Auto
CC	1580

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	TAN HOCK BENG (CHENG FUMING)
NRIC No	SXXXX875E

Date Of Birth	31/08/1975
Occupation	Outdoor
Date Of Driving Pass	21/09/1998
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90237073
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 152 ANG MO KIO AVENUE 5 #02-3014
Address complement	-
Postcode	560152
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210415/2040

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	FX819H
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-97116170
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN HOCK BENG (CHENG FUMING)
Address	BLK 152 ANG MO KIO AVENUE 5 #02-3014
Address Complement	-
Post Code	560152
Approximate Age Years Old	45
Injuries Sustained	-
Injured person in which vehicle?	SHA9971M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.

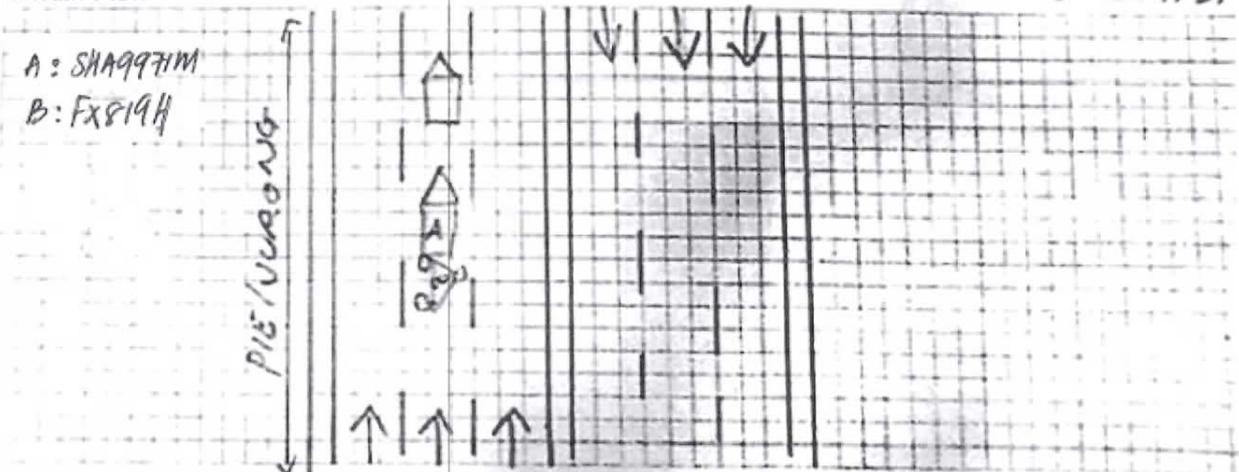
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel *Ad Hashim*
17:20 hrs 15/4/21

Sketch Plan





**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20210415/2040

2 of 3

Report No. T/20210415/2040

CONTINUATION OF REPORT

Driver			
Name	TAN HOCK BENG	ID No.	S7525875E
Related Vehicle	SHA9971M (Car)	Contact No.	90237073
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/04/2021	Date Discharge	15/04/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time. I was driving on the above mentioned location towards Tuas. I observed that traffic was heavy and as I was driving a car on my front did a emergency brake. To avoid the collision I did emergency break and subsequently felt a vehicle had hit on to my rear. I made a check and realized that a motorcycle had hit on to my rear. We check our vehicle and since there was a accident prior to mine. Aetos officer came to assist. The rider subsequently rode his bike to the road shoulder. I went to Sunshine Clinic Family Practice & Surgery and have gotten 05 days MC. I wish to state that I have in-car camera.

The rider hp number: 97116170



**SINGAPORE
POLICE FORCE**



T/20210415/2040

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20210415/2040

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: G / Sgt 2 MUHAMMAD HAIRULNIZAM BIN HAMRAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2021 12:21
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:

Authentication Stamp
NP168

