

02/21/17

ASS. REC. BY:

N92

REF:

CS/TMI 21005121/NV-f3

JUMARNI

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: SLM 28494

Policy No. MM000074

Claims No. M2102012

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
LMS	RHS

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 34C 7088R Yr Regn: 21 APR 2016

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

Truck / Trailer or

Make: HYUNDAI IYO C.C. 1,685

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

Sp. Reading: 418,990 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UM4U08884Y

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 / 65 R16

R: 11

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

TOYO / YOKO or WESTLAK

Front 6 mm Rear 5 mm

R/Bal. 6 mm L/Bal. 5 mm

D.O.A. 23/4/2021 D.O.I. 26/4/2021

Survey held at CDGE LOYANG

Des. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or

FRONT OFFSIDE NEARSIDE

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

INCL/S

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format : _____

Lum Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

____ S + RS, ____ SI

Photos

Others

TOTAL

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	23/04/2021 18:41 (SGT)
Date of Accident	23/04/2021 08:40 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7088R
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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) +65-97539175
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

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	LEE BOON HAI
NRIC No	SXXXX599B

Date Of Birth	21/08/1962
Occupation	Outdoor
Date Of Driving Pass	11/10/1982
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97539175
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 970 HOUGANG STREET 91 #11-164
Address complement	-
Postcode	530970
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 - Change/cross lane
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
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

I WAS DRIVING STRAIGHT ON THE EXTREME RIGHT LANE AND COLLISION HAPPENED WHEN VEHICLE B CUT INTO MY LANE FROM THE CENTER LANE. NOBODY INJURED, ONLY VEHICLES DAMAGED. VIDEO FOOTAGE CAPTURED INCIDENT.

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	SLM2849U
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	ONG SOON KEE
NRIC No	SXXXX015I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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:

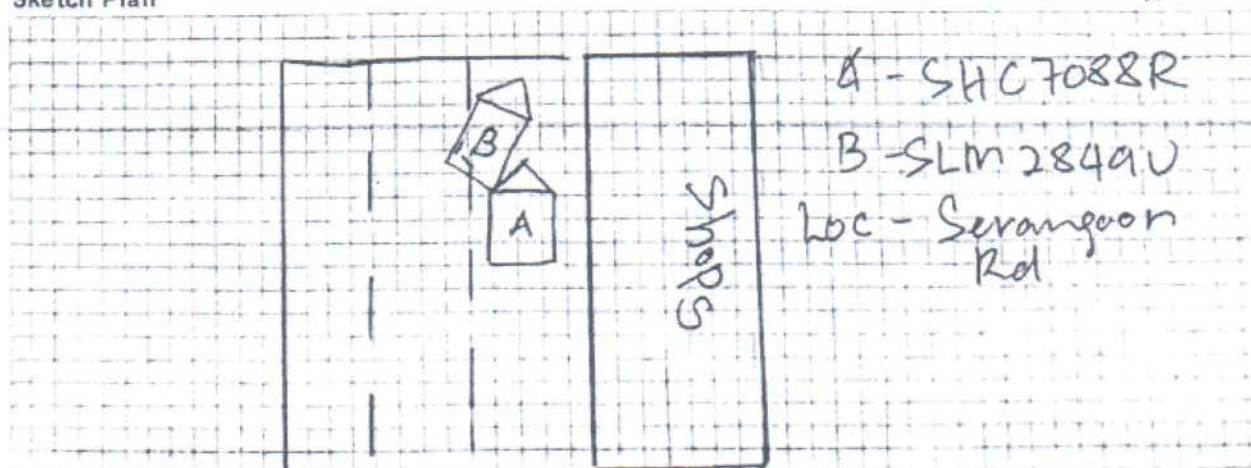
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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 *Ad Hashim*
16:20hrs 23/4/24

Sketch Plan



Describe Circumstances of the Accident

I was driving straight on the extreme right lane and collision happened when vehicle B cut into my lane from the center lane. Nobody injured, only vehicles damaged. Video footage captured incident.

24/4

Declaration

We declare the foregoing particulars are true in every respect.

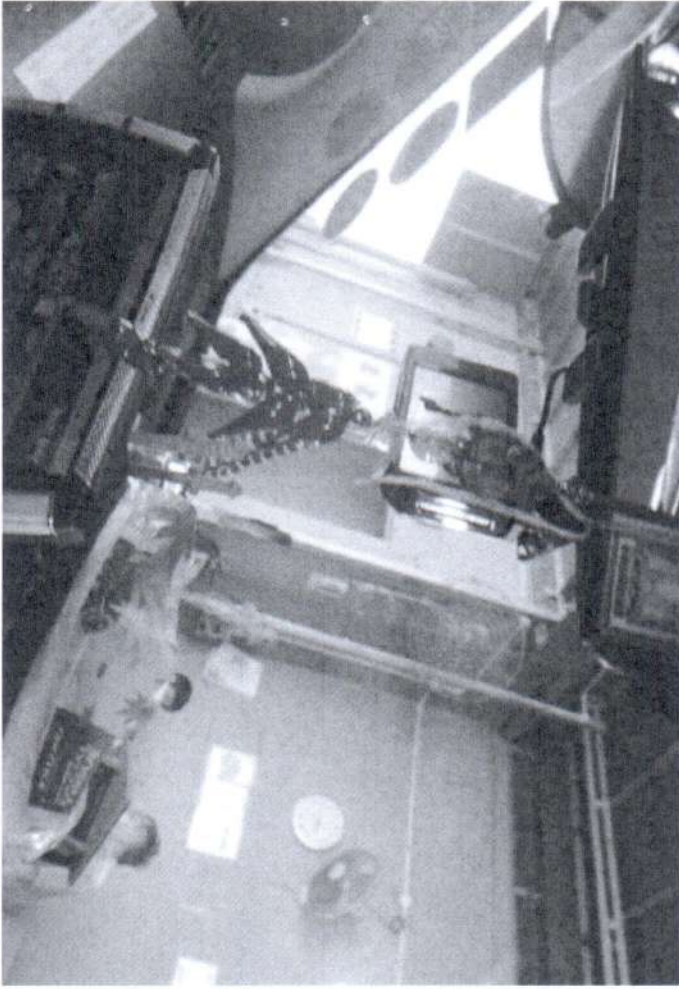
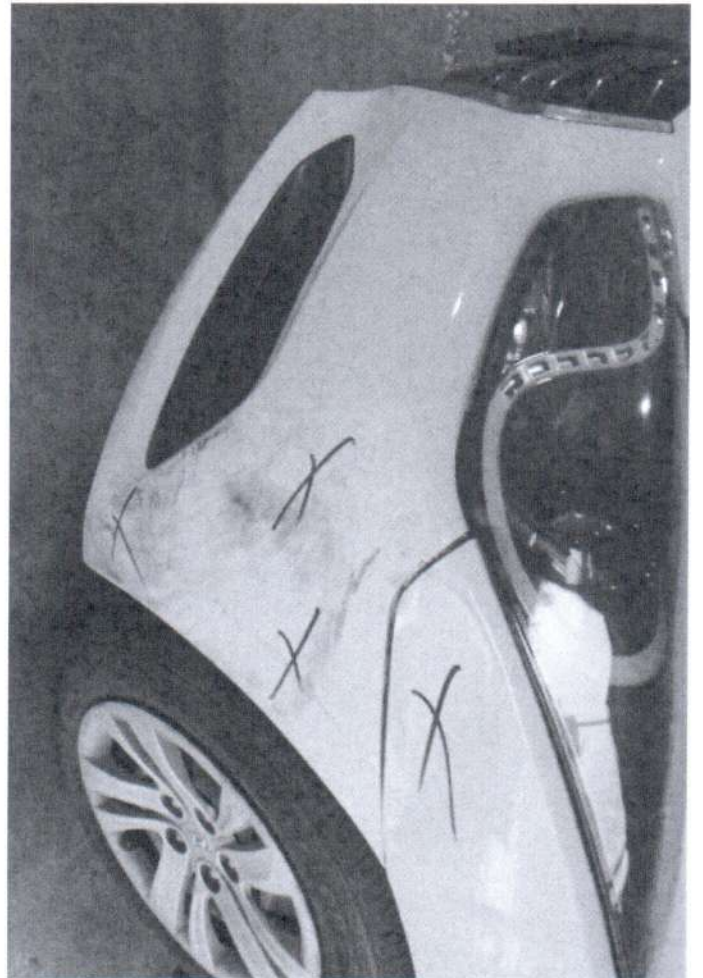
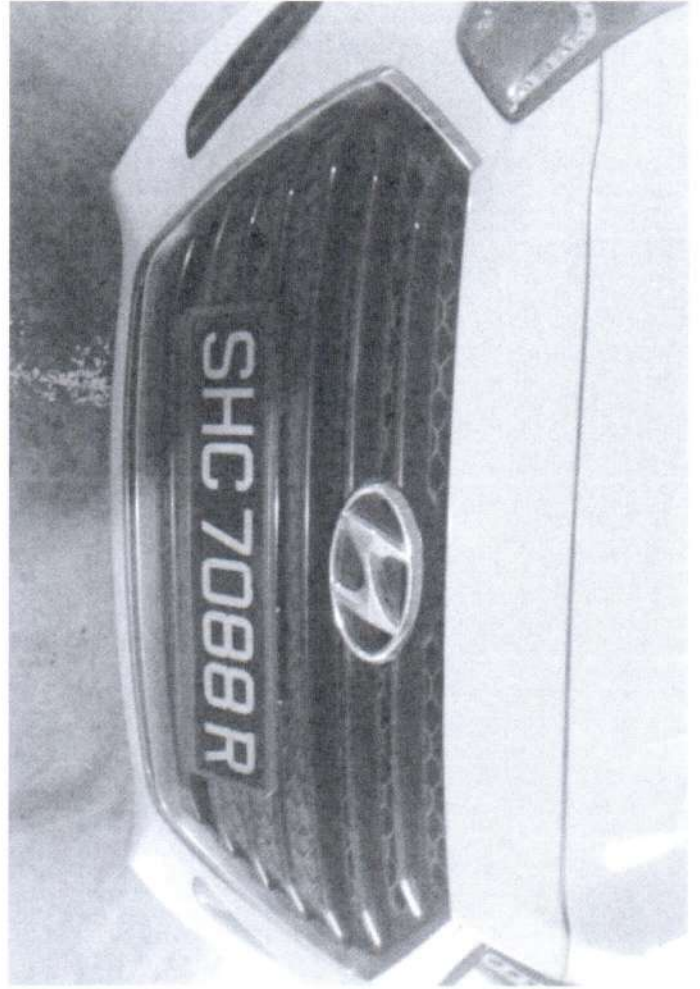
[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel *ad Hashim*
23/4/21 23/4/21





Date/Time: 26.04.2021 09:56

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.:305465422

OWNER

IS CITYCAB PTE LTD
OWNER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

IDENTIFICATION CARD NO.

REGN NO.:

SHC7088R

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

26.04.2021 09:25

YR OF MANU.

21.04.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU088844

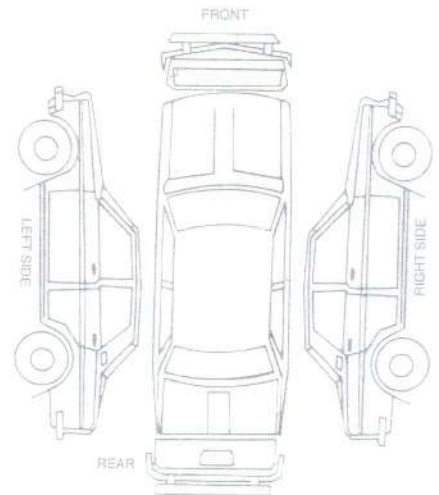
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 23.04.2021

ATURE: 3P 23.4.2021

/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SHC7088R JU TOKIO LKK

Vehicle No.: SHC7088R

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

Jumani

(Usum)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	23/04/2021
Vehicle Reg. No.:	SHC7088R	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	21/04/2016
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4FDGU621269	Chassis No:	KMHLB41UMGU088844
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	2,826.40
Miscellaneous Items	11.00
Labour	1,300.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,137.40
+ GST 7.00% (S\$)	289.62
Nett Amount (S\$)	4,427.02

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 26 Apr 2021)**Parts:** 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC7088R/26/04/2021 10:07**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRT BUMPER ASSY	20.00	0.00	*1,025.20 FL
2	1		*FRT BUMPER SIDE BRACKET LH	20.00	0.00	*44.80 FL
3	1		*FRT FENDER LH	20.00	0.00	*663.00 FL
4	1		*HEADLAMP ASSY LH	20.00	0.00	*1,800.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	3,533.00
- List Item Discount on L Items (S\$)	706.60
Total Parts (S\$)	2,826.40

ComfortDelGro Engineering Pte Ltd/SHC7088R/26/04/2021 10:07. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	600.00 ⁵⁶⁰
2	SPRAYPAINT	New	600.00 ⁵⁰⁰
3	CHECK WIRING	New	50.00 ⁴⁰
4	TUFF KOTE	New	50.00 ⁴⁰
Gross Labour Cost (S\$)			1,300.00

ComfortDelGro Engineering Pte Ltd/SHC7088R/26/04/2021 10:07. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

NAY CLK
LIS
3 DMD
CHECK ITEM PHOTO
APPR RELATE PHOTO

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: