ASS. REC. BY: NAZ | REF: NS/INC2100521O/Nuc | JUMARNI

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD (TP) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHC 561L

at Workshop m/s ComfortDelGro Engineering

of _____

Insured: SDV 6898Z

Policy No. _____

Claims No. MT/1129927-001

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

X X

N/S	O/S
LMS	RMS

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 561L Yr Regn: 30 APR 2019

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

Truck / Trailer or _____

Make: HYUNDAI I20N 1.4 (C.C) 1,580

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

Sp.Reading 245,446 T/Radio: (Insured) / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVKU141351

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: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or WESTLAKE(F) DAVANTI(R) → tyre brands

Front		Rear	
R/Bal.	5 mm	R/Bal.	4 mm
L/Bal.	5 mm	L/Bal.	4 mm
D.O.A.	21/4/2021	D.O.I.	26/4/2021

Survey held at EDGE LOYANG

Des. of Damages : (Frt) / Rear / O/S / (N/S) / U/C / Rooftop or _____

(Frt) → FRONT; O/S → OFFSIDE; (N/S) → NEARSIDE; U/C → UNDERCARRIAGE

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

INC PTP

Date / Time	Action / Instruction
28/4/2021	FINALIZED PART BY PART REPAIR $600.00 / 2 REPAIR DAYS
	(RED $444.72; 43%)

Date/Time, File Pass to? 1) 28/4 TYPIST

Date/Time, File Return to? 2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

~~Lump Sum~~ / I.B.I: ($ 600)

Survey Fee:	
Transportation:	
___S+RS,___SI	
Photos	
Others	
TOTAL	

NTUC - (P/P)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 26.04.2021
Time: 11:24:38
Page: 1

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

JOB NO	:	305465450
REGN NO	:	SHC 561L
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G2)
DATE OF REGN	:	30.04.2019
DATE/TIME IN	:	26.04.2021 10:45
ACCIDENT DATE	:	21.04.2021

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION					
0001 04-01-0104-2534-G COVER-FR BUMPER#	1		430.90	20.00	344.72 XR

SUB-TOTAL : 344.72

JOB NATURE

0000 PB	PANEL BEATING	~~400.00~~ ~~250~~ 350
0001 SP	SPRAYPAINT CHARGE	~~300.00~~ 250

SUB-TOTAL : 700.00

TOTAL : 1,044.72

Jumami

MVA NAME & SIGNATURE
DATE : 26/4/21

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

NA2 LKK 26/4/2021 1230
P/P
2 DAYS
AFTER PAINT PHOTOS

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:

COMFORTDELGRO
NGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 26.04.2021 11:21 Page : 1

eam: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: JC NO.:305465450

OMER

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

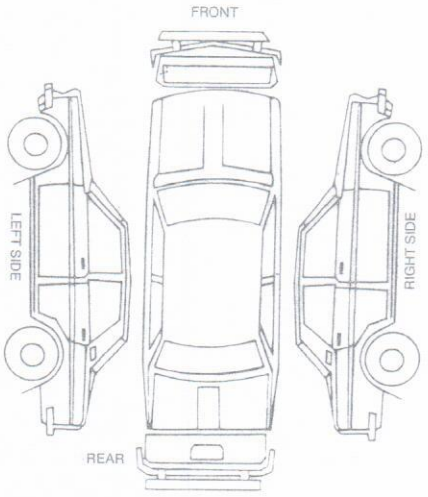
OUNT CARD NO.

REGN NO.: SHC 561L	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 26.04.2021 10:45
YR OF MANU. 30.04.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU141351	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 21.04.2021
ATURE: 3P 21.4.2021

/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHC 561L JU NTUC LKK

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 561L

Name of Service Advisor Date

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 witholding 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	22/04/2021 12:21 (SGT)
Date of Accident	21/04/2021 11:30 (SGT)
Exact Location of Accident	Newton Circus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC561L

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) +65-96326118
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	NIAH CHING WAH
NRIC No	SXXXX935I

Date Of Birth	17/11/1955
Occupation	Outdoor
Date Of Driving Pass	01/07/1977
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96326118
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 315 SERANGOON AVENUE 2 #04-212
Address complement	-
Postcode	550315
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 - Roundabout
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

I MOVING FORWARD AFTER THE GREEN LIGHT. SUDDENLY VEHICLE B FROM MY LEFT SIDE ENCROACHED TO MY LANE AND HIT MY TAXI RIGHT FRONT PORTION. VEHICLE B RUN AWAY AFTER THE IMPACT. AFTER THE IMPACT I HORN TO VEHICLE B BUT HE NEVER STOP AND CONTINUE GO OFF. I WAS ALONE AND INJURED. VIDEO FOOTAGE CAPTURED THE VEHICLE REGISTERED NUMBER AND 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	SDV6898Z
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	-
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 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) 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.

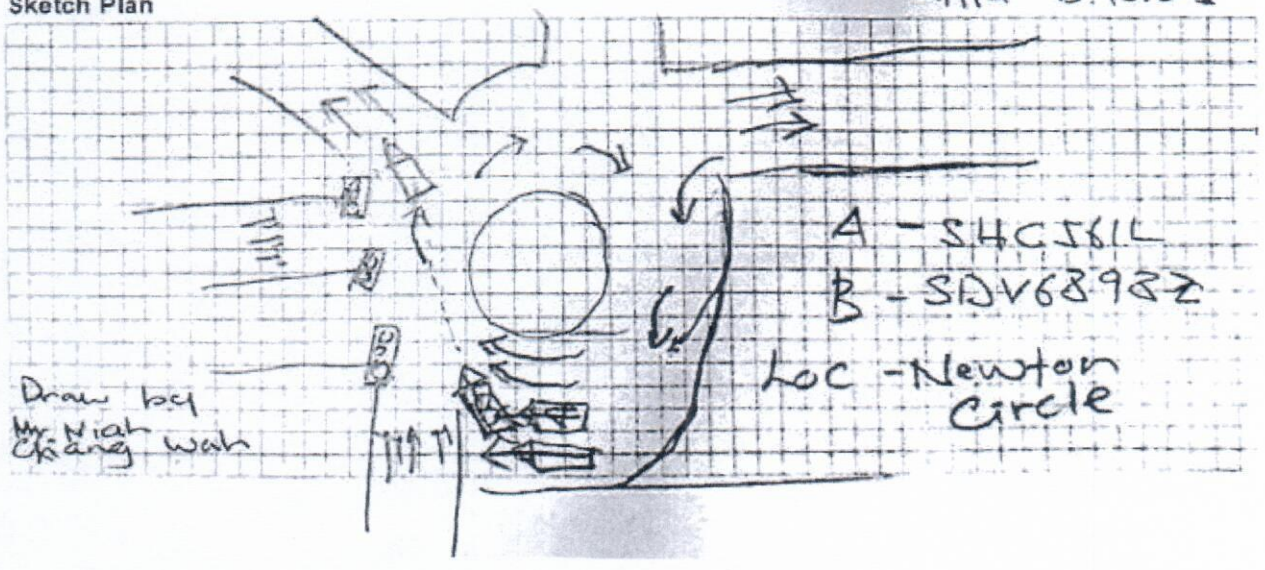
(collectively the "**Purposes**")

(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 Hashim 21/4/21 15:10hrs

Sketch Plan



Describe Circumstances of the Accident

I moving forward after the green light. Suddenly vehicle B from my left side encroached to my lane and hit my taxi right front portion. Vehicle B run away after the Tmpact. After the impact I horn to vehicle B but he never stop and continue go aff. I was alone and Injuries. Video footage captured the vehicle registered number and incident.

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 Dol Hashim
21/4/21 15:10hrs


SHC 561L