

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. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHC 357K Yr Regn: 2 MAY 2019
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA PRIUS HYBRID (C.C) 1,785
 Colour: YELLOW A/C: (Insured) / Std / NI / NA }
 Sp. Reading: 233,026 T/Radio: (Insured) / Std / NI / NA }
 Eng/No: _____
 C/No: JTDKB3FU7030233
 Gen. Cond: Good / (Fair) / Poor / Burnt
 Steering: (Inorder) / Jammed / Leaked / Burnt or _____
 Brake: (Inorder) / Jammed / Leaked / Burnt or _____
 Modi: Nil / (S) / Rim / (STD) / Rim or _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S
<u>LMS</u>	<u>RMS</u>

Tyre Size: F: 195/65 R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / tyre brands
 TOYO / YOKO or WESTLAKE

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

Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 25/4/2021 D.O.I. 27/04/2021
 Survey held at CDGE LOYANG

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Des. of Damages: Frt / (Rear) / O/S / N/S / U/C / Rooftop or
FRONT OFFSIDE NEARSIDE
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to?
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Report Format : _____
 Lump Sum / I.B.I: (\$ _____)
 Survey Fee: _____
 Transportation: _____
 S + RS, SI
 Photos
 Others
 TOTAL

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC357K

DOA: 25/4/21

Date: 27-04-21

Make : TOYOTA

Insurance: NTUC

Model : PRIUS

MVA: JUMANI

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER ASSY			\$458.60
1	REAR BUMPER UNDER COVER			\$552.60
1	REAR BUMPER TOW COVER			\$82.70
1	TAILAMP LOWER ASSY RH			\$548.40
10	REAR BUMPER CLIPS			\$22.00
SUB TOTAL				\$1,664.30
LESS 25%				\$416.07
DISCOUNTED TOTAL				\$1,248.23
	REAR FENDER RH/LH ADVERTISEMENT LOGO			\$200.00
				\$200.00
	Labour Charge			
	PANEL BEATING			\$400.00
	SPRAYPAINT			\$300.00
	REMOVE/REFIX REVERSE SENSOR			\$80.00
	CHECK WIRING			\$50.00
TOTAL LABOUR				\$830.00
ESTIMATE TOTAL				\$2,078.23

DEF
DEF
DEF
CRX
NEC

NEC

350
250
30
30

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be

NAZ LKK
27/4/2021 1430
PIE
2 DAYS
BY 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:

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

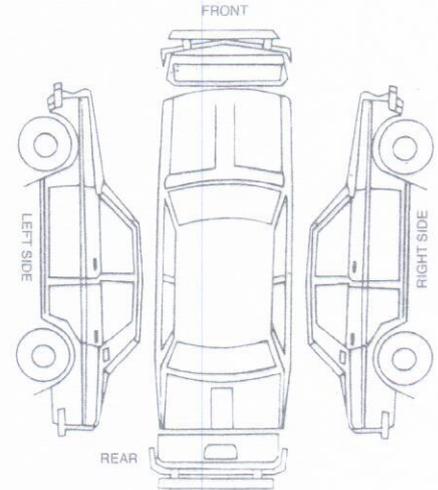
JC NO.:305465733

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188	REGN NO.: SHC 357K	MILEAGE
OWNER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188	MAKE: TOYOTA	FUEL E.....1/2.....F
(R) (P)	MODEL PRIUS HYBRID(G4)25	DATE/TIME IN 04.2021 17:50
	YR OF MANU. 02.05.2019	TARGET DATE
IDENTIFICATION CARD NO.	CHASSIS CODE JTDKB3FU703080233	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 25.04.2021
NATURE: 3P 25.4.2021

/NO LABOR CODE DESCRIPTION



REMOVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: **SHC 357K** **JU NTUC LKK**

Vehicle No.: **SHC 357K**

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 26/04/2021 17:55 (SGT)
Date of Accident 25/04/2021 16:45 (SGT)
Exact Location of Accident Jln Jurong Kechil, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC357K

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) +65-85181843
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 LEE KEE YONG
NRIC No SXXXX617E

Date Of Birth	11/11/1966
Occupation	Outdoor
Date Of Driving Pass	27/05/1991
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85181843
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 204A PUNGGOL FIELD #07-286
Address complement	-
Postcode	821204
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

- REFER TO POLICE REPORT -

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	SD CARD WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ5540H
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOSH SUM EN YONG
NRIC No	SXXXX939Z
Contact Number	(Phone) +65-97363802
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE KEE YONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	STIFFNESS AT BACK OF NECK AND SHOULDER, PAIN ON RIGHT ARM, SORENESS ON LOWER BACK (5 DAYS MC)
Injured person in which vehicle?	SHC357K
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 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 lodgment 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)**

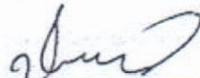
I understand, acknowledge, agree and consent that:

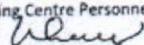
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

 Policyholder's Signature
 Date & Time:

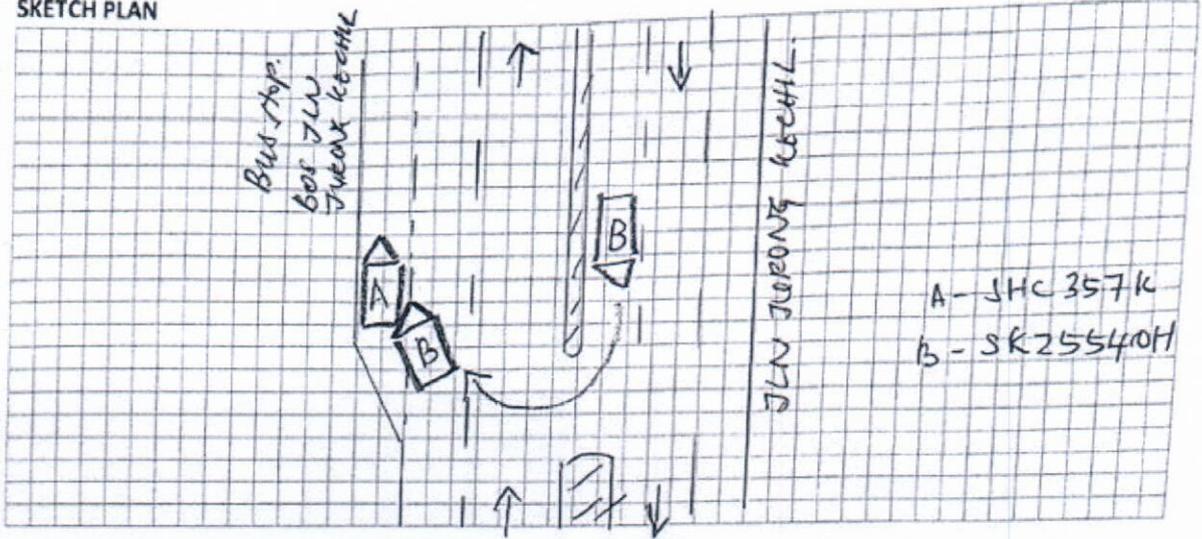


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 26/4/2021 1605H



 Reporting Centre Personnel's Signature
 Name: 
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report -

DECLARATION

I/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: 26/4/2021/1605

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

Driver			
Name	LEE KEE YONG	ID No.	S1762617E
Related Vehicle	SHC357K (Car)	Contact No.	85181843
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/04/2021	Date Discharge	26/04/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	JOSH SUM EN YONG	ID No.	S9039939Z
Related Vehicle	SKZ5540H (Car)	Contact No.	97363802
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/04/2021 at about 1645hrs, I was driving my vehicle(SHC357K) along Jln Jurong Kechil with one passenger heading towards Signature Park near Jln Jurong Kechil Road. Upon reaching her destination, I then stopped at the entrance of the bus stop for my passenger to alight with my hazard lights on. While my passenger was making her payment, suddenly a vehicle(SKZ5540H) had hit onto the rear right of my vehicle. I then came out of my vehicle to make a check and the driver informed that he was from the opposite side of the road and wanted to make a U-Turn and had misjudged as such hit onto the back of my vehicle. We then took photos and exchanged particulars. No police or ambulance was at scene.

My passenger informed me that she is in a hurry and left, I am not sure if she is injured. I then felt stiffness at back of my neck and shoulder, pain on my right arm, soreness on my lower back and went to see a doctor and was given 5 days MC by the doctor.



**SINGAPORE
POLICE FORCE**



T/20210426/2029

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20210426/2029

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 3 WOO WEI JIE DARREN

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
26/04/2021 12:43

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168