

Veron
ASS. REC. BY: NAZ REF: NS/ INC 21005262/NVC LOKE P/P

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: GBF 9984X
Policy No. _____
Claims No. MT/1129128-002
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 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 9498M Yr Regn: 9 OCT/ 2019
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HYUNDAI IONIQ 1.6 C.C. 1,580
Colour: YELLOW A/C: Insured / Std / NI / NA
Sp. Reading: 121,734 T/Radio: Insured / Std / NI / NA

Eng/No: _____
C/No: KM11C851CVL4178518

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

X BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / tyre brands
X TOYO / YOKO or Westlake

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>27/4/2021</u>	D.O.I. <u>28/4/2021</u>

Survey held at CDK LOYANG
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
5/5/2021	FINALIZED PART BY PART REPAIR \$2,339.32 / 3 REPAIR DAYS (Red Tag, 24H)

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

1) Date/Time, File Return to?

2) 5/5 - typist

Report Format : TP

Lump Sum / I.B.I: (\$ 2339.32)

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

INC P/P

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	27/04/2021 18:40 (SGT)
Date of Accident	27/04/2021 14:15 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	Towards SGH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9498M
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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) +65-93620686
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 SHU KUN (CHEN SHUKUN)
NRIC No	SXXXX301A

Date Of Birth	03/04/1981
Occupation	Outdoor
Date Of Driving Pass	27/09/2012
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93620686
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 451B SENGKANG WEST WAY #10-373
Address complement	-
Postcode	792451
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)	5
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	Male

PASSENGER 3

Name	CHILD
Gender	Male

PASSENGER 4

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 IN MY LANE ON CENTER LANE. VEHICLE B FROM BEHIND MY TAXI OVERTOOK FROM RIGHT SIDE TO IN FRONT OF MY TAXI AND COLLIDED ONTO MY TAXI FRONT RIGHT PORTION. ALL PASSENGER WAS OKAY, HOWEVER I STILL IN SHOCKED. NO SERIOUS INJURY. 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	GBF9984X
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG SWEE CHIANG
NRIC No	SXXXX566G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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

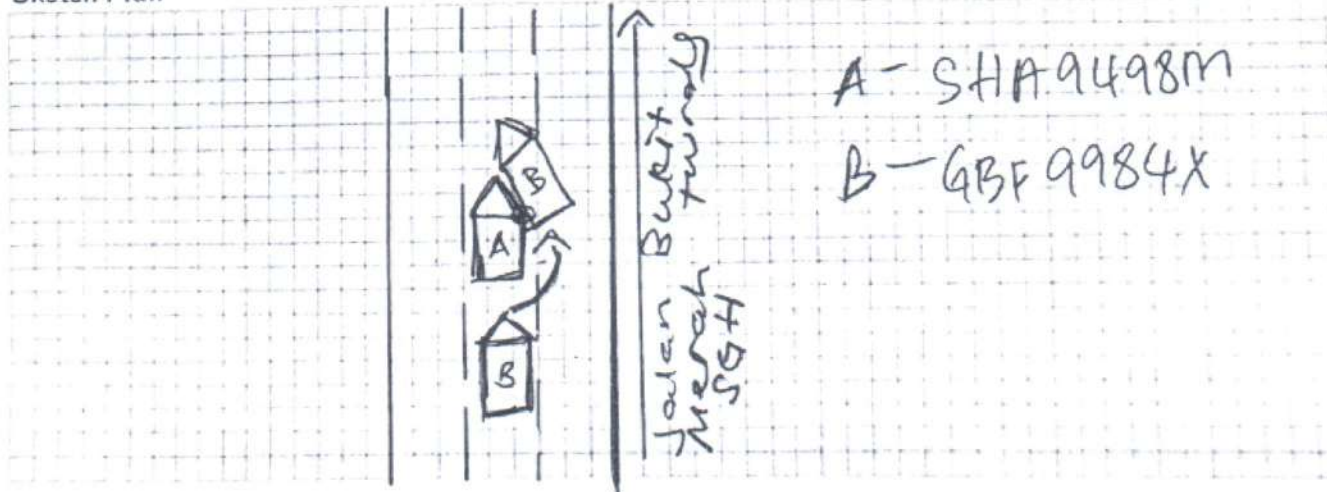
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

15/30 hrs 27/4/21

Sketch Plan

Describe Circumstances of the Accident

I was driving straight in my lane on center lane. Vehicle B from behind my taxi overtook from right side to in front of my taxi and collided onto my taxi at front right portion. All passenger was okay. However I still in shocked. No serious injury. Video footage captured 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 DA Hashim
15:30hrs 27/7/21

Date/Time: 28.04.2021 09:40

Page : 1

Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order: 4073280

JC NO.:305466063

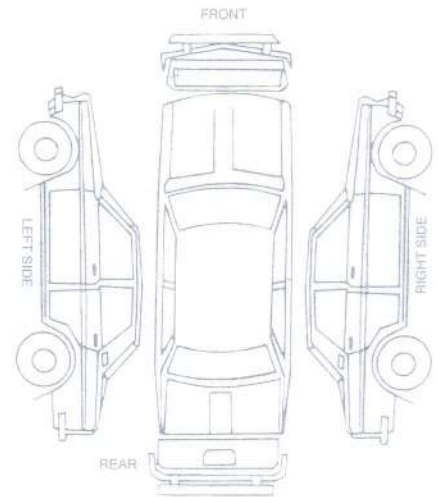
CUSTOMER		REGN NO: SHA9498M	MILEAGE
IR/MS	CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
CUSTOMER NO.	7010070	MODEL IONIQ(G3)	DATE/TIME IN 27.04.2021 15:10
ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 09.10.2019	TARGET DATE
TEL (R) (P)	65551188 (O)	CHASSIS CODE KMHC851CVLU178518	COMPLETION DATE/TIME:
DISCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 27.04.2021

NATURE: 3P 27.04.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

3:

Vehicle No.: **SHA9498M** **YY NTUC**

Vehicle No.: **SHA9498M**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA9498M

DOA: 28/04/21

Date: 28.04.2021

Make : HYUNDAI

Insurance: NTUC

Model : IONIQ(G3)

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRT BUMPER COVER			\$418.30
10	FRT BUMPER CLIPS		\$2.20	\$22.00
1	FRT BUMPER BRACKET RH			\$28.00
1	FRT FENDER RH			\$588.80
1	FRT FENDER SHIELD RH			\$164.70
1	FRT FENDER EMBLEM 'BLUE DRIVE' RH			\$26.60
1	GARNISH ASSY DELTA			\$42.80
1	FRT DOOR RH			\$1,797.20
1	ROCKER PANEL OUTER GARNISH RH			\$290.00
1	FRT DOOR MIRROR ASSY RH			\$1,391.70
	SUB TOTAL			\$4,770.10
	LESS 20%			\$954.02
	DISCOUNTED TOTAL			\$3,816.08
1	FRT DOOR COMFORT LOGO RH			\$75.00
				\$75.00
	Labour Charge			
	PANEL BEATING			\$800.00
	SPRAY PAINTING CHARGE			\$1,200.00
	TUFF KOTE			\$50.00
	TRANSFER OF DOOR			\$120.00
	TOTAL LABOUR			\$2,170.00
	ESTIMATE TOTAL			\$3,087.32

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.

NA2 LKK

28/4/2021 1515

PIP

3 DAYS

CHECK ITEM PHOTOS

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:

Our Job Ref No : 305466063
Date : 29.04.21

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr NAZ

Vehicle Reg No. : SHA9498M CCPL

27.04.21

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC GBF9984X
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$799.32
 - (b) Labour Charges \$1,540.00
 - Total for Part-By-Part Repair Cost** **\$2,339.32**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

3. Estimated normal period for repairs: 3 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : MS. LOKE YY

Tel : 62148355

Fax : 65468156

Signature : 

Name : NAZ LKK

Date : 5/5/2021

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49 / \$2.00			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 29.04.2021

REPAIR ESTIMATE

Time: 15:01:47

Page: 1

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

JOB NO : 305466063
REGN NO : SHA9498M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 09.10.2019
DATE/TIME IN : 27.04.2021 15:10
ACCIDENT DATE : 27.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0573-G	PANEL-FENDER RH#	1	588.80	20.00	471.04
0002 04-01-0104-3913-G	EMBLEM-BLUE DRIVE RH	1	26.60	20.00	21.28
0003 28-01-0103-0007-A	FRT DOOR LOGO CCTPL MOQ30	1	75.00	2.00-	75.00
0004 04-01-0104-0810-G	MOULDING ASSY-SIDE SILL R	1	290.00	20.00	232.00

SUB-TOTAL : 799.32

JOB NATURE

0000 PB	PANEL BEATING	700.00
0001 SP	SPRAYPAINT CHARGE	800.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	40.00

SUB-TOTAL : 1,540.00

TOTAL : 2,339.32

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :