

### 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/1130129-002  
 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 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: SHC 914C Yr Regn: 7 JAN 2016  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: HYUNDAI 140 C.C. 1,685  
 Colour: YELLOW A/C: Insured / Std / NI / NA  
 Sp. Reading: 634,653 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLB41UMGU081044  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD / Alloy Rim or  
 Tyre Size: F: 205/60 R16  
 R: 11

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

Front	Rear
R/Bal. <u>4</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>4</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>28/4/2021</u>	D.O.I. <u>29/4/2021</u>

Survey held at EDGE COYANG  
 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.

Date / Time	Action / Instruction
31/5/2021	FINALIZED LUMP SUM REPAIR \$ 3,450.00 / 3 REPAIR DAYS (Red: 3610.33, 51%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) ☐ : S + RS, SI

Report Format : TP

Lump Sum / I.B.I. (\$ 3450/-)

☐ : Interview (\$ \_\_\_\_\_) Photos

☐ : Tech. Invs (\$ \_\_\_\_\_) Others

☐ : Weekend (\$ \_\_\_\_\_)

TOTAL



Date/Time: 29.04.2021 12:20

Page : 1

Team: ARC Repair TP(CFSO)1

**JOB CARD** Sales Order:

JC NO.:305466253

Customer:

Customer: CITYCAB PTE LTD  
Customer NO. 7010070  
Address: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65551188 (O)  
(P)

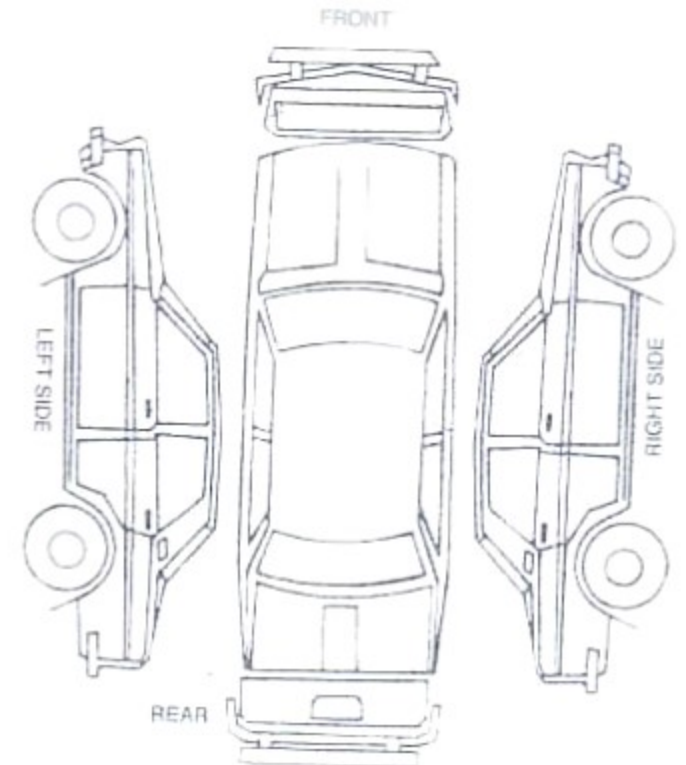
Document Card NO.

REGN NO.: <b>SHC 914C</b>	MILEAGE
MAKE : <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>I40</b>	DATE/TIME IN <b>29.04.2021 09:05</b>
YR OF MANU. <b>07.01.2016</b>	TARGET DATE
CHASSIS CODE <b>KMHLB41UMGU081044</b>	COMPLETION DATE/TIME:

Accident Date: 28.04.2021  
Nature: 3P 28.04.2021

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION



Checked & Passed Out By:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Judgement Slip

Exit Pass

Vehicle No.: SHC 914C LIMITS

Vehicle No.: SHC 914C

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	29/04/2021 11:09 (SGT)
Date of Accident	28/04/2021 17:15 (SGT)
Exact Location of Accident	Jln Eunus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC914C
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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) +65-98502321
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 HOW HUAT
NRIC No	SXXXX995C



Date Of Birth	08/10/1947
Occupation	Outdoor
Date Of Driving Pass	13/04/1977
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-98502321
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 108 BEDOK NORTH ROAD #06-2210
Address complement	-
Postcode	460108
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)	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

ON 28/04/2021 @ 1715HRS, I WAS DRIVING MY VEHICLE SHC914C ALONG JLN EUNOS. WHILE I'M TRAVELLING ON U-TURN LANE AND ABOUT TO MAKE A U-TURN. VEHICLE B - YN7202T ON MY LEFT LANE ( GOING STRAIGHT ONLY LANE ) WAS MAKING A U-TURN AND HIT ONTO MY VEHICLE. NOBODY WAS INJURED.

#### 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	YN7202T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DI DAJIN

Passport No/FIN	GXXXX729X
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2



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 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:

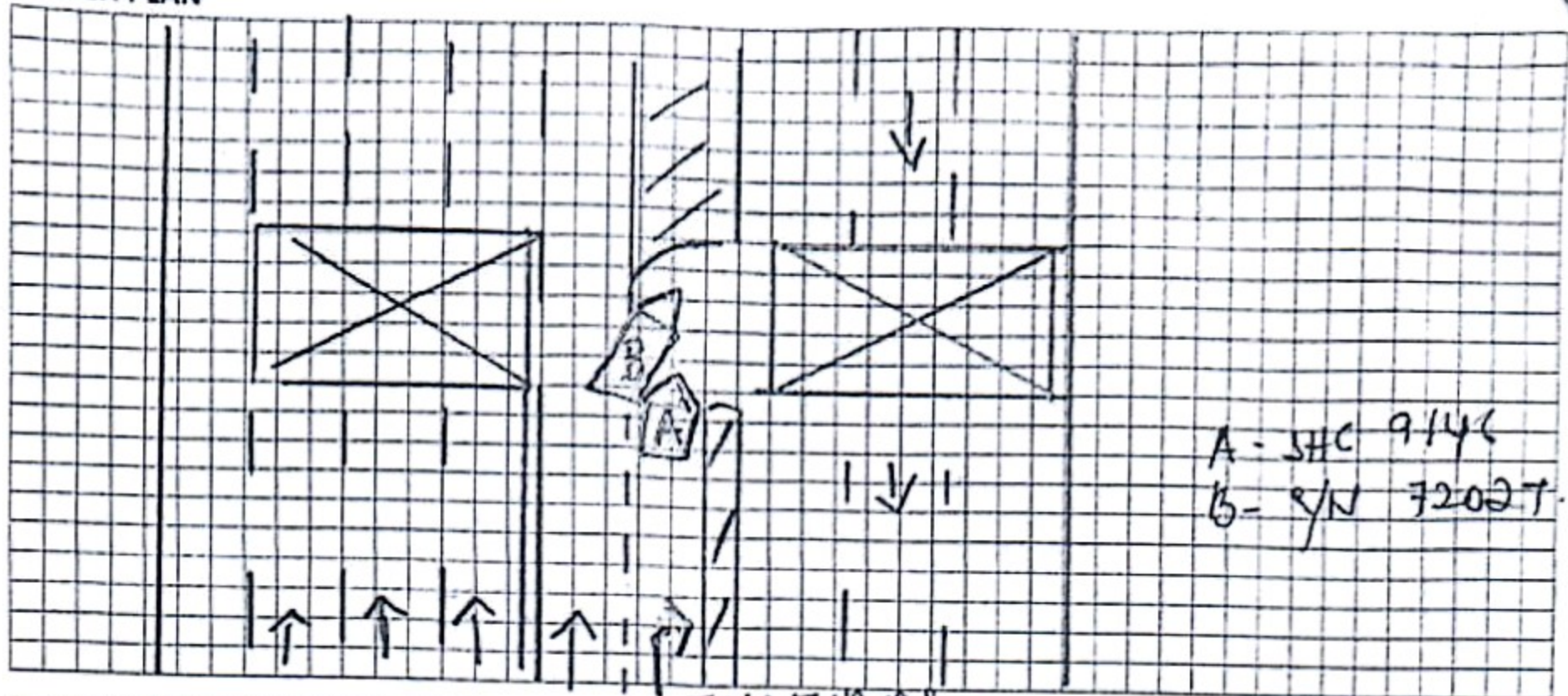
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 24/4/2021 - 1030H

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT JLN BUNOS

On 28/4/2021 @ 1715hrs, I was driving my vehicle SHC 9146 along JLN BUNOS. While I travelling on u-turn lane and about to make a u-turn, vehicle B-YN 7202T on my left lane (going straight only lane) was make a u-turn on and hit onto my vehicle. Nobody was injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

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

28/4/21  
1030hr

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



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 29.04.2021

Time: 12:28:22

Page: 1

NTUC - LHS  
LKK - Naz

12 TS

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

JOB NO : 305466253  
 REGN NO : SHC 914C  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I40  
 DATE OF REGN : 07.01.2016  
 DATE/TIME IN : 29.04.2021 09:05  
 ACCIDENT DATE : 28.04.2021

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT	REMARKS
1		2,265.90	20.00	1,812.72	XR
1		663.00	20.00	530.40	TN
1		1,052.20	20.00	841.76	DEF
1		1,800.00	20.00	1,440.00	SCR
1		670.00	20.00	536.00	XR

SUB-TOTAL : 5,160.88

## JOB NATURE

0000 PB	PANEL BEATING	<del>600.00</del>	560
0001 SP	SPRAYPAINT CHARGE	<del>1200.00</del>	850
0002 17-01	CHECK ALL LIGHTING	<del>40.00</del>	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	<del>60.00</del>	40

SUB-TOTAL : 1,900.00



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 29.04.2021

Time: 12:28:22

Page: 2

NTUC - 45  
LKK - NAZ

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

JOB NO : 305466253  
REGN NO : SHC 914C  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I40  
DATE OF REGN : 07.01.2016  
DATE/TIME IN : 29.04.2021 09:0  
ACCIDENT DATE : 28.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 7,060.88

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

NAZ LKK  
29/4/2021 1330  
LIS  
3 DAY  
AFTER REPAIR 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: