

ASS. REC. BY:

Stev

CS/SMR 21006917/Euf3

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TPRES/OD-RES/EVA/INV/MV

To Inspect Vehicle No: SHC 7707M

at Workshop m/s DING AUTO

at

Insured: SMB 127D

Policy No.

Claims No. BUS/05/21/5037

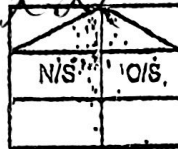
Sum Insured: Excess:

(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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

Cum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHC 7707M

Yr Regn:

9/10/19

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

Truck / Trailer or

Make:

Hyundai AE 1001g

c.c.

1598

Colour:

Velh

A/C:

Insured / Std / NI / N

Sp. Reading

149938

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

K11H2851C.VLU 180573

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/65 R15

R:

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

TOYO / YOKO or

Wetlake

Front

Rear

R/Bal.

\$

mm

R/Bal.

\$

mm

L/Bal.

\$

mm

L/Bal.

\$

mm

D.O.A.

29/5/21

D.O.I.

21/5/21

Survey held at

Ding Auto

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

F1 LH

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

14/6/2021 Confirmed final fig L/S \$5100. 3 repair days

(RED \$21763.41; 81%)

File/Time, File, Poss to?

☐

: Prel. Report

14/6 TYPIST

☐

: Final Report

File/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) Photo

) Others

TOTAL

Approved:

TP

Nett Sum \$5100

TO :

FAX NO:

ESTIMATE REPORT

1ST Quotation

21/05/2021 9:16

JOB-NO: 50113395

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 3

ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0

64739522

93583181 Jim my

VEHICLE DETAILS

LICENSE NO: SHC7707M

TRANS: AUTO

CHASSIS: KMHC851CVLU180573

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 Di

ENGINE: G4LEKU376452

OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD

JOB-CODE: TP

SA: Ding Auto User 2

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AREA	1.00	1,000.00	0.00	1,000.00	400	Y	
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	180.00	0.00	180.00	30	Y	
3 TO REMOVE AND REFIT OF NECESSARY ITEMS TO FACILITATE REPAIR	1.00	300.00	0.00	300.00	X	Y	
4 TO READJUST AND REALIGN HEADLAMP AIM	1.00	160.00	0.00	160.00	30	Y	
5 TO VACUUM AND TOPUP AIR COND GAS FOR A/C CONDENSER	1.00	250.00	0.00	250.00	X	Y	
6 TO DISMANTLE AND REFIT A/C CONDENSER AND RADIATOR TO ENABLE REPAIR	1.00	280.00	0.00	280.00	X	Y	
7 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	140.00	0.00	140.00	X	Y	
8 TO CHECK AND REPAIR FRONT WIRE HARNESS	1.00	250.00	0.00	250.00	30	Y	
9 TO RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00	200	Y	
10 TO RESPRAY FRONT FENDER PANEL	1.00	250.00	0.00	250.00	200	Y	
11 TO RESPRAY FRONT BONNET	1.00	250.00	0.00	250.00	X	Y	
12 TO RESPRAY FRONT BUMPER LOWER CENTER MOULDING	1.00	250.00	0.00	250.00	?	Y	
13 TO RESPRAY FRONT BUMPER UPPER CENTER MOULDING	1.00	250.00	0.00	250.00	150	Y	
14 TO RECALIBRATE SMART CRUISE CONTROL UNIT	1.00	250.00	0.00	250.00	100	Y	
15 TO RESPRAY FRONT BUMPER MOULDING	1.00	250.00	0.00	250.00	80 (flyby)	Y	
16 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	350.00	0.00	350.00	100	Y	
TOTAL:		4,660.00	0.00	4,660.00			

MATERIALS

1 FRONT BUMPER COVER / OR ?	1.00	796.95	159.39	637.56	L	Y	
2 FRONT BUMPER LOWER LIP	1.00	133.66	26.73	106.93	L	Y	
3 FRONT BUMPER LOWER GRILLE COVER ?	1.00	285.83	57.17	228.66	L	Y	
4 FRONT BUMPER LOWER CENTER MOULDING ?	1.00	168.70	33.74	134.96	L	Y	
5 FRONT BUMPER LICENCE PLATE MOULDING X	1.00	190.85	38.17	152.68	L	Y	
6 FRONT LH SIDE BUMPER SUPPORT BRACKET / OR	1.00	135.81	27.16	108.65	L	Y	
7 FRONT LH BUMPER RETAINER / BR	1.00	98.63	19.73	78.90	L	Y	
8 FRONT LH AIR CURTAIN DUCT ASSY / OR	1.00	156.99	31.40	125.59	L	Y	

## CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
9 FRONT LH BUMPER MOULDING <i>✓ CUF</i>	1.00	194.58	38.92	155.66	L	Y	
10 FRONT LH DAY TIME RUNNING LIGHT ASSY <i>✓ BK</i>	1.00	599.66	119.93	479.73	L	Y	
11 FRONT WIRING ASSY <i>?</i>	1.00	4,362.11	872.42	3,489.69	L	Y	
12 FWS EXTENSION WIRING HARNESS ASSY <i>?</i>	1.00	285.39	57.08	228.31	L	Y	
13 FRONT BUMPER ENERGY ABSORBER <i>✓ BK</i>	1.00	139.87	27.97	111.90	L	Y	
14 FRONT BUMPER REINFORCEMENT <i>X</i>	1.00	609.96	121.99	487.97	L	Y	
15 FRONT BUMPER LOWER STIFFENER <i>X</i>	1.00	579.87	115.97	463.90	L	Y	
16 FRONT BUMPER UPPER CENTER MOULDING <i>✓ BK</i>	1.00	319.54	63.91	255.63	L	Y	
17 RADIATOR GRILLE <i>?</i>	1.00	1,390.36	278.07	1,112.29	L	Y	
18 SMART CRUISE CONTROL UNIT COVER (W/ HYUNDAI EMBLEM) <i>✓ BK</i>	1.00	184.98	37.00	147.98	L	Y	
19 RADIATOR GRILLE UPPER COVER <i>✓ BK</i>	1.00	286.54	57.31	229.23	L	Y	
20 FRONT LH ACTIVE AIR UPPER FLAP ASSY <i>✓ BK</i>	1.00	443.21	88.64	354.57	L	Y	
21 FRONT RH ACTIVE AIR UPPER FLAP ASSY <i>✓ BK</i>	1.00	443.21	88.64	354.57	L	Y	
22 FRONT END MODULE CARRIER ASSY <i>?</i>	1.00	1,251.73	250.35	1,001.38	L	Y	
23 HEADLAMP LH <i>✓ BK</i>	1.00	2,320.50	464.10	1,856.40	L	Y	
24 HEADLAMP RH <i>?</i>	1.00	2,320.50	464.10	1,856.40	L	Y	
25 FRONT LH FENDER PANEL <i>✓ DD</i>	1.00	875.35	175.07	700.28	L	Y	
26 FRONT LH FENDER LINER <i>✓ TN</i>	1.00	326.60	65.32	261.28	L	Y	
27 FRONT LH FENDER EMBLEM <i>✓ BK</i>	1.00	156.20	31.24	124.96	L	Y	
28 SMART CRUISE CONTROL UNIT ASSY <i>X</i>	1.00	2,503.05	500.61	2,002.44	L	Y	
29 HORN LH <i>X</i>	1.00	148.23	29.65	118.58	L	Y	
30 HORN RH <i>X</i>	1.00	148.23	29.65	118.58	L	Y	
31 VIRTUAL ENGINE SOUND SYSTEM <i>X</i>	1.00	847.73	169.55	678.18	L	Y	
SPEAKER ASSY							
32 A/C CONDENSER <i>X</i>	1.00	1,208.51	241.70	966.81	L	Y	
33 FRONT BUMPER UNDERTRAY COVER <i>?</i>	1.00	484.22	96.84	387.38	L	Y	
34 FRONT LH AIR GUARD <i>X</i>	1.00	138.67	27.73	110.94	L	Y	
35 FRONT RH AIR GUARD <i>X</i>	1.00	138.67	27.73	110.94	L	Y	
36 A/C HOSE LIQUID TUBE ASSY (SMALL) <i>X</i>	1.00	262.85	52.57	210.28	L	Y	
37 A/C HOSE LIQUID LINE (CONDENSER > COMPRESSOR) <i>X</i>	1.00	295.73	59.15	236.58	L	Y	
38 INVERTER RADIATOR ASSY <i>X</i>	1.00	650.40	130.08	520.32	L	Y	
39 ENGINE FRONT AIR INTAKE HOSE <i>X</i>	1.00	154.01	30.80	123.21	L	Y	
40 ENGINE FRONT AIR INTAKE BOX <i>X</i>	1.00	499.33	99.87	399.46	L	Y	
41 FRONT RH SIDE BUMPER SUPPORT <i>X</i>	1.00	135.81	27.16	108.65	L	Y	
BRACKET							
42 FRONT BUMPER CLIP SET <i>✓ BK</i>	1.00	85.00	0.00	85.00	S	Y	
43 FRONT BUMPER RIVET SET <i>✓ BK</i>	1.00	75.00	0.00	75.00	S	Y	
44 FRONT FENDER LINER CLIP SET <i>✓ BK</i>	1.00	75.00	0.00	75.00	S	Y	
45 RADIATOR GRILLE CLIP SET <i>✓ BK</i>	1.00	70.00	0.00	70.00	S	Y	
46 RADIATOR GRILLE UPPER COVER CLIP <i>✓ BK</i>	1.00	65.00	0.00	65.00	S	Y	
47 FRONT BUMPER RETAINER CLIP <i>✓ BK</i>	1.00	55.00	0.00	55.00	S	Y	
48 FRONT VEHICLE NUMBER PLATE WITH FRAME <i>✓ BK</i>	1.00	150.00	0.00	150.00	S	Y	
49 RADIATOR COOLANT <i>X</i>	2.00	170.00	0.00	170.00	S	Y	
50 DAY TIME RUNNING LIGHT SCREW SET <i>✓ BK</i>	1.00	55.00	0.00	55.00	S	Y	
51 FRONT BUMPER UNDERTRAY COVER CLIP SET <i>?</i>	1.00	65.00	0.00	65.00	S	Y	
TOTAL:		27,538.02	334.61	22,203.41			
TOTAL PARTS & LABOUR :		32,198.02	5,334.61	26,863.41			

EXCESS/LOADING:\$ 0.00

No. Of Day: \_\_\_\_\_

RE-SURVEY: BEFORE/AFTER PAINTING  
PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CLAIM DETAILS**

DESCRIPTION	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
Steve CLKK)						

SURVEYED BY:

CONTACT NO:

8322 8813

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

3 dys

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:

## 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 ..... 20/05/2021 15:51 (SGT)  
Date of Accident ..... 20/05/2021 09:42 (SGT)  
Exact Location of Accident ..... Bukit Panjang Ring Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### INSURER'S OWN VEHICLE

Vehicle Registration Number ..... SHC7707M

### 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) +65-83280798  
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 ..... OH KIM BENG  
NRIC No ..... SXXXX286J

Date Of Birth ..... 25/11/1957  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 16/03/1978  
 Driving experience ..... 43 YEARS AND 2 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-83280798  
 Alt. Phone Number ..... -  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... BLK 629 SENJA ROAD #04-202  
 Address complement ..... -  
 Postcode ..... 670629  
 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 ..... Side Swipe  
 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 20/05/2021 AT ABOUT 0942HRS, I WAS DRIVING VEHICLE A SHC7707M ALONG SENJA RD AND WANTED TO TURN RIGHT INTO BUKIT PANJANG RIND RD. AS I WAS TURNING RIGHT INTO BUKIT PANJANG RING ROAD, VEHICLE B SMB127D FROM LEFT LANE TOO CLOSE TO MY VEHICLE. SO I STOPPED TO LET VEHICLE B PASS BY FIRST BUT VEHICLE B REAR RIGHT SIDE HIT INTO MY VEHICLE LEFT FRONT. EXCHANGED PARTICULARS. NO INJURY.

#### 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

Vehicle Registration Number ..... SMB127D  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Bus  
 Name of Driver ..... KAHAR BIN JAAFAR

NRIC No .....	SXXXX447F
Contact Number .....	(Phone) +65-96721125
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

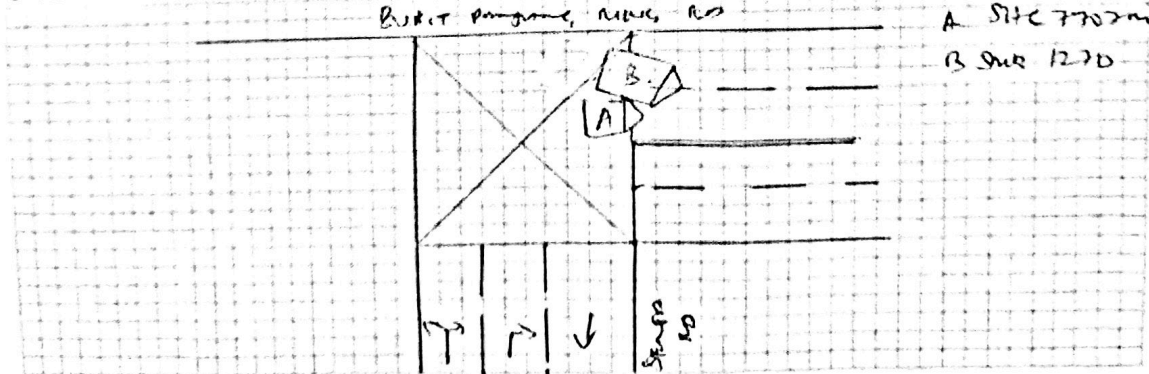
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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

### Sketch Plan





Describe Circumstances of the Accident

On 20/05/21 at about 09:15 hrs, I was driving vehicle A  
 016 7707 M along Seaford and wanted to turn right into Rother  
 Highway B106 No. 10. As I was turning right into Rother passing  
 Rother Road, vehicle B (Sub 127 D) from left lane turned too close  
 to my vehicle so I stopped to let vehicle A pass by first but  
 vehicle B from right side hit into my vehicle left front. EXCHANGED  
 INSURANCE DETAILS

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

20/05/21 / 11:17 hrs

Brimm