

ASS. REC. BY: Tang JH

REF:

NS/INC 21008492/T1vc

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: **SJV 1263S**

Policy No. _____

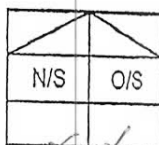
Claims No. **MT/1140368-002**

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS **WP**Date: _____ Person Contacted: **Lim TS** Vehicle: IN / OUTVeh No: **SHA 88 Y** Yr Regn: **2019, Oct**

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

Truck / Trailer or

Make: **Hyundai** c.c. **1580**Colour: **yellow** A/C: Insured / Std / NI / NASp. Reading: **21558** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **MMHC85/CVL6180534**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **195/65R15**R: **h n**

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

TOYO / YOKO or **Winstalre**Front **Rear**R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. **9/8/21** D.O.I. **11/8/21 0445**Survey held at **Comfort Garage**

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

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

Date / Time Action / Instruction

16/8/21 Final fig \$2221.06 confirmed by email (Red 999.80 , 31%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 16/8/21-Typist

Report Format: **TP**Lump Sum / L.B.A. **\$2221.06**Days Of Repair: **2**Resurvey No. of Trip: **2**Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKK -

DATE: 11-Aug-21INSURANCE: NTUC CP/PMODEL: Hyundai IoniqMVA: LIM T SVEHICLE NO.: SHA 88Y

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Boot Lid Emblem-Hybrid	1		\$24.30 X
	Boot Lid Emblem-Ioniq	1		\$31.30 X
	Rear Bumper	1		\$459.40 X R
	Rear Bumper Reinforcement	1		\$394.80 ?
	Rear Bumper Reinforcement Bracket (LH/RH)	2	\$138.10	\$276.20 ?
	Rear Bumper Centre Moulding Assy	1		\$451.25 def
	Rear Bumper Lower Centre Moulding Assy	1		\$155.00 cut
	Rear Bumper Cover Clips	10	\$2.20	\$22.00 ne
	Rear Bumper Reflector Lamp(LH/RH)	2	\$41.45	\$82.90 X
	Rear Bumper Fog Lamp	1		\$201.50 X
	Rear Bumper Towing Cover	1		\$98.80 X
	SUB TOTAL			\$2,197.45
	LESS 20%			\$439.49
	DISCOUNTED TOTAL			\$1,757.96
	Boot Lid ComfortDelGro	1		\$35.00 X
	Boot Lid 65521111	1		\$35.00 X
	Boot Lid APPS	1		\$40.00 X
	Rear Bumper Reverse Sensor	1		\$180.00 m
	Rear No.Plate W/Trim Cover	1		\$55.00 mis
	S/NETT			\$345.00
	LESS 10%			\$34.50
	S/NETT TOTAL			\$310.50
	SPARE PARTS TOTAL			\$2,068.46
	Labour Charge			
	Panel Beating			\$400.00 350
	Spray Painting Charge			\$600.00 250
	Remove/Refix Reverse Sensor			\$120.00 30
	TOTAL LABOUR			\$1,120.00
	ESTIMATE TOTAL			\$3,188.46

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.

Tanpin 97495249
 WP 4/8/21 445
 P/P Resurvey new parts
 Tanpin @klhant.com
 2 days

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.: 305482216

OWNER

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

IDENTIFICATION CARD NO.

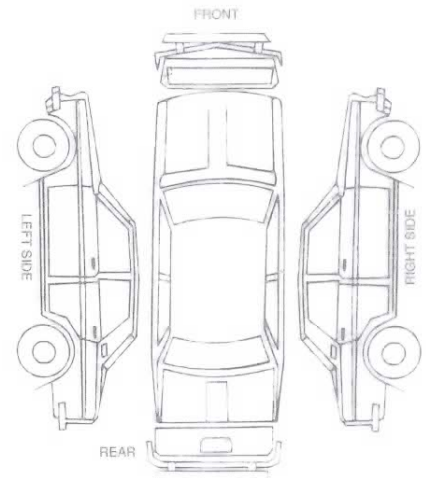
REGN NO.: SHA 88Y	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 10.08.2021 15:20
YR OF MANU. 22.10.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU180534	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.08.2021
NATURE: 3P 09.08.2021

S/NO LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Vehicle No.: SHA 88Y LIMITS

Vehicle No.: SHA 88Y

Signature of 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	10/08/2021 19:11 (SGT)
Date of Accident	09/08/2021 09:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA88Y
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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) +65-96759819
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 AH SOON
NRIC No	SXXXX914C

Date Of Birth	30/08/1948
Occupation	Outdoor
Date Of Driving Pass	22/10/1969
Driving experience	51 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96759819
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 384 TAMPINES STREET 32 #06-37
Address complement	-
Postcode	520384
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 vehicle 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?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT
T/20210809/2026

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	SJV1263S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-89527725
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN AH SOON
Gender	Male
Phone No	(Phone) +65-96759819
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SHA88Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.
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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.

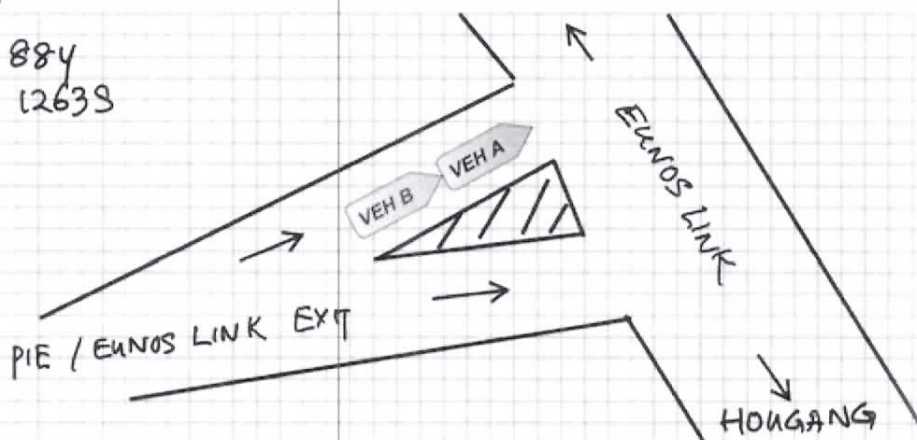
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHA 884
B - SJV 12639



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20210809/2026

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 10.08.2021 1630 HRS

Witnessed by Reporting Centre
Personnel Kyon Yong



**SINGAPORE
POLICE FORCE**

Police Station: C/O On-Call
Central S.P.C.
8 Queens Street 2, SINGAPORE 627814
Tel: No. 1800-6271000



Report No. T202106090206

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
09/08/2021 13:52

Video Report No.:

Station Diary No.:
27

Informant's Particulars

Name of Informant:
TAN AH SOON

Address:
APT BLK 384 TAMPINES STREET 32 #06-37 SINGAPORE
520884

ID Type / ID No.:
NRIC NO / S0663914C

Contact No.:
Home/Office: Mobile: 96759819

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 72 Date of Birth: 30/08/1948

Type of Informant:
Driver

Race:
Chinese

Language:

Institution / School Name:

Occupation:
Taxi driver

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2021 09:45	Type of Location: Y-Junction
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA0088Y	Car			Yellow	Slightly Damaged	0
SJV1263S	Car					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Persons Injured: NIL

Use of Pedestrian Crossing: NA

Samsung Quad Camera

使用Galaxy A9 (2018)拍摄

SINGAPORE POLICE FORCE
Police Station Of Origin:
Limbang N.P.C.
63 Upper Ebor Road 2 SINGAPORE 029914
Tel No.: 1800-5672999

Report No.: 20210808-002

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 2 LIM JIA XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/08/2021 13:52
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED SAJJAD VAHID ALHINDUAN Contact NO.: 65476404	Classification Of Case:

Authentication Stamp
NO

Samsung Quad Camera
使用Galaxy A9 (2018)拍摄

SIGNATURE