

ASS. REC. BY: Tang JH

REF:

INC NS/INC21008498/T1uc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHD 8825Tat Workshop m/s COMFORT DELGRO

of _____

Insured: XE 543P

Policy No. _____

Claims No. MT/1140616-001

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Ms Loke Vehicle: IN / OUTVeh No: SHD 8825T Yr Regn: 2018, Aug

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

Truck / Trailer or

Make: Hyundai c.c. 1580Colour: Yellow

Sp. Reading _____

Eng/No: _____

C/No: UUN H0851CVK4106630

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: 195/65R15R: 195/65R15

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

TOYO / YOKO or Winstake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 12/8/21 0330pmSurvey held at Comfort Delgro

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

O/S Rear

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

Date / Time	Action / Instruction
	<u>Survey work</u>

Confirmed final fig L/S \$2300, 3 repair days.

(RED \$1896.88; 45%)

Date/Time, File Pass to?

☐

: Prel. Report

1) 1/9 TYPIST

☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Report Format: TPLump Sum / Hourly (\$ \$2300)

REPAIR ESTIMATE

Model : IONIQ(G3)

MVA: MS. LOKE YY

418

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.

Tauphin 97495749
WR 12/8/12 330pm
c/s Henry H. H. H.
Lupine H. H. H.
2-3 days.

LKK Auto Consultants hence notify the Repairer of the following:

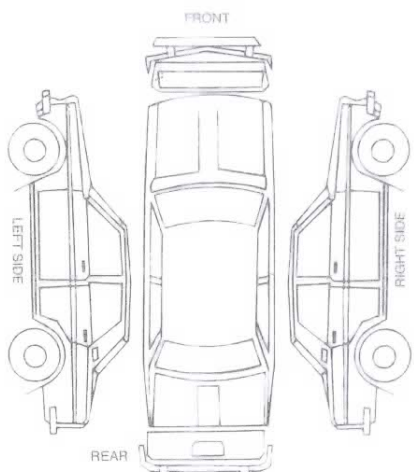
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Team:	ARC Repair TP(CFSO)1	JOB CARD	Sales Order: 4107644	JC NO.: 305482462
TOMER		REGN NO.:	SHD8825T	MILEAGE
MS	CITYCAB PTE LTD	MAKE :	HYUNDAI	FUEL
TOMER NO.	7010070			E.....1/2.....F
RESS	383 SIN MING DRIVE	MODEL	IONIQ(G2)	DATE/TIME IN
	Singapore SINGAPORE 575717			11.08.2021 14:45
(R)	65551188	YR OF MANU.	17.08.2018	TARGET DATE
(P)				
COUNT CARD NO.		CHASSIS CODE	KMHC851CVKU106630	COMPLETION DATE/TIME:

Accident Date: 11.08.2021 NATURE: 3p 11.08.2021		JOB DESCRIPTION	
S/NO	LABOR CODE	DESCRIPTION	
			
CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHD8825T YY		Vehicle No.: SHD8825T	
Signature/Date		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	12/08/2021 11:46 (SGT)
Date of Accident	11/08/2021 11:35 (SGT)
Exact Location of Accident	Whitley Rd, Singapore
Additional Location Information	ENTERING INTO PIE/TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8825T
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) +65-90076521
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 - Reporting only
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 BOON HEE ,JASON
NRIC No	SXXXX989G

Date Of Birth	13/06/1979
Occupation	Outdoor
Date Of Driving Pass	14/03/2000
Driving experience	21 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90076521
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 108 COMMONWEALTH CRESCENT #01-246
Address complement	-
Postcode	140108
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 11/08/2021 AT ABOUT 1135HRS I WAS DRIVING MY VEHICLE A SHD8825T ON WHITLEY ROAD ENTERING INTO PIE/TUAS. MY VEHICLE A WAS IN FRONT OF VEHICLE B XE543P AT THE SLIP ROAD. VEHICLE B THEN COLLIDED HIS FRONT LEFT ONTO MY VEHICLE A RIGHT REAR. NO ONE WAS INJURED .PARTICULARS EXCHANGED

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	XE543P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	OH CHIN HOCK

NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

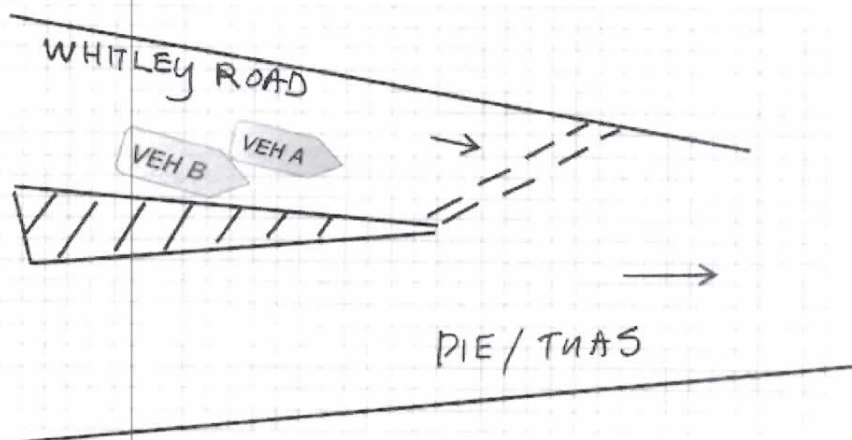
SXXXX153J
(Phone) +65-93850882
BLK 1154 ANG MO KIO AVENUE 5 #11-3104
-
560154
-
-
-
1

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8. Consent under the Personal Data Protection Act (PDPA)

(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.

Witnessed by Reporting Centre
Personnel *Kyari Yong*

A - SHD 8825T
B - XE 543P



Describe Circumstances of the Accident

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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 11-08-2021 1545HRS

Witnessed by Reporting Centre Personnel *Ngan Yung*



