

ASS. REC. BY: Taufik

REF:

INC

## 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/1143019-001**

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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: Juman

Vehicle: IN / OUT

Veh No: SHA 9426 Yr Regn: 2017 Jan.

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

Truck / Trailer or

Make: Hyundai / I40 c.c. 1685Colour Yellow A/C: Insured / Std / NI / NASp. Reading 456864 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MM HLB4 / UM44077822

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16R: 205/60R16

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

TOYO / YOKO or Wintake

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 9 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 18/8/21Survey held at Comfort Loggia

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

Frt N/S

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

Date / Time Action / Instruction

**COR I/s \$1300 , 2 days.****RED 1390.4;51%**

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / L&amp;A (F) \_\_\_\_\_

Days Of Repair: 2

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

S + RS \$ \_\_\_\_\_

Photos

Others

TOTAL

(CAS)

NINE - (WIS)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 17.08.2021

REPAIR ESTIMATE

Time: 16:34:06

Page: 1

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

JOB NO : 305483094  
 REGN NO : SHA 942G  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 05.01.2017  
 DATE/TIME IN : 17.08.2021 10:55  
 ACCIDENT DATE : 17.08.2021

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-2322-A	BUMPER COVER FRT	1	1,052.20 20.00 841.76
0002	04-01-0101-0111-G	BUMPER COVER CLIP	10	22.00 20.00 17.60
0003	04-01-0103-0638-G	BRKT ASSY-FR BPR UPR SIDE	1	44.80 20.00 35.84

SUB-TOTAL : 895.20

## JOB NATURE

0000	PB	PANEL BEATING	300.00
0001	SP	SPRAYPAINT CHARGE	600.00

SUB-TOTAL : 900.00

TOTAL : 1,795.20

MVA NAME & SIGNATURE  
 DATE : 17/8/21

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE  
 DATE :

2690.4

**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:

Tarphi 97495745  
 up 18/8/21 @ 4pm  
 2 days  
 C/S Resurvey after repair  
 Tarphi @ LKK Auto.

Date/Time: 17.08.2021 16:24

Page : 1

Team: ARC Repair TP(CFSO)1

**JOB CARD**

Sales Order: 4109505

JC NO.:

305483094

OWNER

IS

OWNER NO.

LESS

(R)

(P)

DUNT CARD NO.

CITYCAB PTE LTD

7010070

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(O)

REGN NO.:

SHA 942G

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

17.08.2021 10:55

YR OF MANU.

05.01.2017

TARGET DATE

CHASSIS CODE

KMHLB41UMHU097822

COMPLETION DATE/TIME:

JOB DESCRIPTION

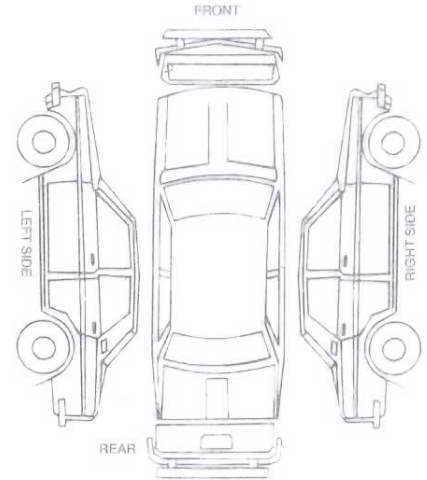
Accident Date: 17.08.2021

NATURE: 3P 17.08.2021

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

No.:

SHA 942G

JU NTUC LKK

Vehicle No.:

SHA 942G

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard


## INSURER ENQUIRY

**Find  
insurer**

Vehicle reg. no.

SJP4609R

Date of Accident

17/08/2021 

Reset

% **RESULT & RECEIPT**

## TP Insurer Enquiry

Insurance ..... **NTUC Income Insurance Co-op...**Period of Insurance ..... **03/02/2021 - 24/03/2022**Requested By ..... **Janet Lim Siang Gek (COMFOR...**Requested Date ..... **17/08/2021 13:48****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

## 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	17/08/2021 19:09 (SGT)
Date of Accident	17/08/2021 07:45 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	ALONG TPE TOWARDS CHANGI AFTER PASIR RIS DR 8 EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA942G
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) +65-91505699
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	FOO VIN TECK
NRIC No	SXXXX607F

Date Of Birth	05/08/1962
Occupation	Outdoor
Date Of Driving Pass	02/04/1984
Driving experience	37 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91505699
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 110D PUNGGOL FIELD
Address complement	#02-602
Postcode	SINGAPORE 824110
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	Hit and run / Vandalism / Damaged whilst parked
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### 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 17/08/2021 AT ABOUT 07:45HRS, I WAS DRIVING VEHICLE A ( SHA942G) ALONG TPE TOWARDS CHANGI AFTER PASIR RIS DR 8 EXIT. WHILE TRAVELLING STRAIGHT ON SECOND LANE I NOTICED VEHICLE B (SJP4609R) CUT INTO LANE TWO FROM LANE 3. I HONKING BUT VEHICLE B STILL CUT INTO LANE TWO AND GRAZED ONTO VEHICLE A LEFT FRONT BUMPER. AFTER THE COLLISION VEHICLE B NEVER STOP AND LEFT THE SCENE. I CAN'T TAKE PHOTO OF VEHICLE B CARPLATE. I ONLY CAN MANAGE TO TAKE VEHICLE B CARPLATE AFTER VIEWING IN CAR CAMERA OF MY VEHICLE. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

#### 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 NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP4609R
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
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 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.

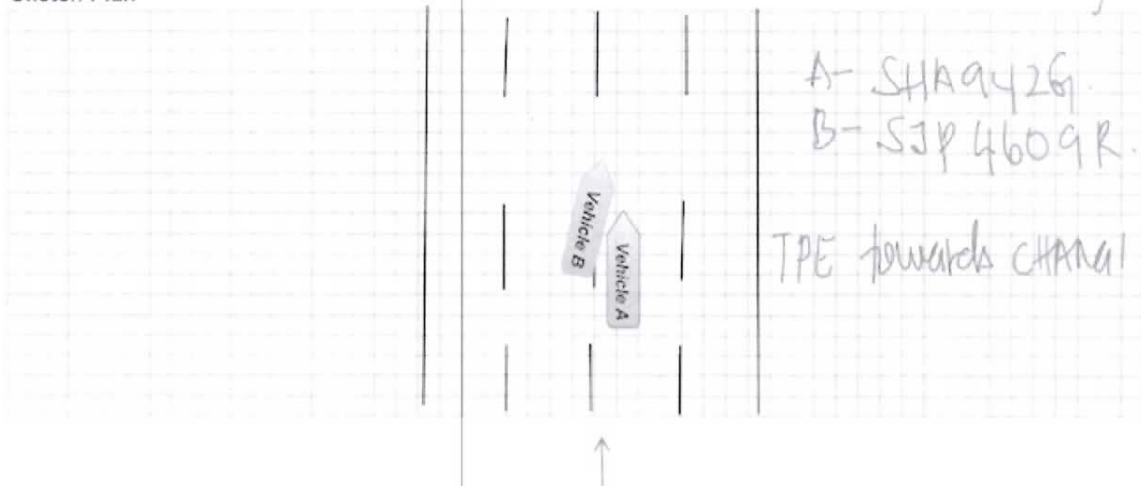
(collectively the "Purposes")

- (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

**Sketch Plan**

## Describe Circumstances of the Accident

ON 17/08/2021 AT ABOUT 07:45HRS, I WAS DRIVING VEHICLE A (SHA942G) ALONG TPE TOWARDS CHANGI AFTER PASIR RIS DR 8 EXIT. WHILE TRAVELLING STRAIGHT ON SECOND LANE I NOTICED VEHICLE B (SJP4609R) CUT INTO LANE TWO FROM LANE 3. I HONKING BUT VEHICLE B STILL CUT INTO LANE TWO AND GRAZED ONTO VEHICLE A LEFT FRONT BUMPER. AFTER THE COLLISION VEHICLE B NEVER STOP AND LEFT THE SCENE. I CAN'T TAKE PHOTO OF VEHICLE B CARPLATE. I ONLY CAN MANAGE TO TAKE VEHICLE B CARPLATE AFTER VIEWING IN CAR CAMERA OF MY VEHICLE. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

## Declaration

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

Policyholder's Signature / Date & Time

7 / 9

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

17/8/21 - 1140H

Witnessed by Reporting Centre Personnel

heman