

ASS. REQ. BY:

Steve

REF

CS/CTI 2109 8867 / E9.C

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

at

Insured:

Policy No.

Claims No.

SNM21D204666/C02

Sum Insured:

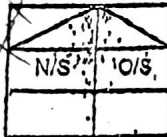
Excess:

(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 Sent:

Consistent? : Yes or No

Est. Repair:

3 days

Res.:

Yes or No

Cum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN/OUT

Veh No:

SHA 9346T

Yr Regn:

11/8/16

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

Truck / Trailer or

1685

Make:

Hyundai

C.C.

1999

Colour:

Yellow

A/C:

Insured / Std / NI / N

Sp. Reading

372211

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMH13410: M/G 4092601

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

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

Tyre Size:

F:

205/62R16

R:

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

U/Bal.

5

mm

U/Bal.

5

mm

D.O.A.

21/8/21

D.O.A.

24/8/21

Survey held at

Ding Automotive

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

Fnt LH

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

Date/Time

Action/Instruction

24/08/21@5.21pm revised to Cecilia Lee via Merimen.

02/09/21@11.44pm Steve finalised with Guang L.S \$2800. 3 days (Red \$9448.12, 77%)

Date/Time, File, Pass id?



: Prel. Report

03/09 Typist



: Final Report

Date/Time, File, Return id?

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS \$

Provision

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (%)



Wash and

Date/Time, File, Return id?

MER-TP

Date/Time, File, Return id?

2800

TO :

ESTIMATE REPORT 1ST Quotation

FAX NO:

23/08/2021 11:04

JOB-NO: 50113581

Page 1 of 2

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)
 ADDRESS: 383 SIN MING DRIVE
 SINGAPORE 575717 0

CONTACT: 65533880
 64739522

VEHICLE DETAILS

LICENSE NO: SHA9346T
 MAKE / MODEL: HYUNDAI / i40
 OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD
 JOB-CODE: TP

TRANS: AUTO

CHASSIS: KMHLB41UMGU092601
 ENGINE: D4FDGU662195

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	1,400.00	0.00	1,400.00	400	Y	_____
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	170.00	0.00	170.00	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 DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	260.00	0.00	260.00	30	Y	_____
5 TO READJUST AND REALIGN HEADLAMP AIM	1.00	140.00	0.00	140.00	X	Y	_____
6 TO REMOVE AND REFIT A/C CONDENSER, RADIATOR AND INTERCOOLER TO ENABLE REPAIR	1.00	280.00	0.00	280.00	X	Y	_____
7 TO VACUUM AND TOPUP AIR COND GAS FOR A/C CONDENSER AND INTERCOOLER	1.00	250.00	0.00	250.00	X	Y	_____
8 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	160.00	0.00	160.00	X	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	200	Y	_____
12 TO RESPRAY FRONT WHEEL RIM COVER	1.00	250.00	0.00	250.00	X	Y	_____
TOTAL:		3,960.00	0.00	3,960.00			_____
<u>MATERIALS</u>							
1 FRONT BUMPER COVER	1.00	599.68	119.94	479.74	L	Y	_____
2 FRONT BUMPER LOWER LIP	1.00	83.67	16.73	66.94	L	Y	_____
3 FRONT LH BUMPER RETAINER	1.00	48.93	9.79	39.14	L	Y	_____
4 FRONT LH BUMPER SIDE MOUNTING BRACKET	1.00	38.83	7.77	31.06	L	Y	_____
5 FRONT BUMPER ENERGY ABSORBER	1.00	98.60	19.72	78.88	L	Y	_____
6 FRONT BUMPER REINFORCEMENT	1.00	484.40	96.88	387.52	L	Y	_____
7 FRONT LH BUMPER FOG LAMP GRILLE COVER	1.00	288.55	57.71	230.84	L	Y	_____
8 FRONT LH BUMPER AIR DUCT	1.00	133.66	26.73	106.93	L	Y	_____
9 FRONT LH HEADLAMP	1.00	1,808.60	361.72	1,446.88	L	Y	_____
10 FRONT LH HEADLAMP BRACKET	1.00	52.33	10.47	41.86	L	Y	_____
11 FRONT BONNET	1.00	1,812.68	362.54	1,450.14	L	Y	_____
12 FRONT LH FENDER PANEL	1.00	656.70	131.34	525.36	L	Y	_____
13 FRONT LH FENDER LINER	1.00	186.30	37.26	149.04	L	Y	_____

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
14 RADIATOR GRILLE X	1.00	1,110.10	222.02	888.08	L	Y	
15 RADIATOR GRILLE EMBLEM X	1.00	142.84	28.57	114.27	L	Y	
16 RADIATOR GRILLE CHROME MOULDING X	1.00	121.77	24.35	97.42	L	Y	
17 FRONT LH WHEEL RIM COVER X	1.00	265.20	53.04	212.16	L	Y	
18 FRONT BUMPER UPPER STRIP X	1.00	98.60	19.72	78.88	L	Y	
19 AIR CLEANER INTAKE RESONATOR X	1.00	198.67	39.73	158.94	L	Y	
20 FRONT END MODULE CARRIER ASSY X	1.00	986.30	197.26	789.04	L	Y	
21 FRONT BUMPER CLIP SET / n/c	1.00	80.00	0.00	80.00	S	Y	
22 FRONT BUMPER RIVET SET X / n/c	1.00	60.00	0.00	60.00	S	Y	
23 FRONT TYRE 205/60/16 X	1.00	350.00	0.00	350.00	S	Y	
24 FRONT FENDER LINER CLIP SET X	1.00	65.00	0.00	65.00	S	Y	
25 RADIATOR GRILLE CLIP SET X	1.00	60.00	0.00	60.00	S	Y	
26 RADIATOR COOLANT X	4.00	300.00	0.00	300.00	S	Y	
TOTAL:		10,131.41	843.29	8,288.12			
TOTAL PARTS & LABOUR :		14,091.41	1,843.29	12,248.12			

EXCESS/LOADING: S\$ 0.00

No. Of Day: 3 days

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM: S\$

DATE OF SURVEY: Steve (LKK) 24/8/21, 3.00pm

SURVEYED BY:

CONTACT NO:

FAX NO:

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

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

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 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. 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 21/08/2021 17:36 (SGT)
Date of Accident 21/08/2021 12:45 (SGT)
Exact Location of Accident Victoria St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA9346T

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) +65-91189217
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 KHOO TIAN HOCK
NRIC No SXXXX150G

Date Of Birth	20/01/1952
Occupation	Outdoor
Date Of Driving Pass	13/12/1974
Driving experience	46 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91189217
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 836 HOUGANG CENTRAL #10-543
Address complement	-
Postcode	530836
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 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 21/08/21 AT ABOUT 1245HRS I WAS DRIVING VEHICLE A SHA9346T ALONG VICTORIA STREET. I WAS AT EXTREME RIGHT LANE AT INTERSECTION OF JALAN SULTAN, AS I SIGNALLED AND TURNING RIGHT INTO JALAN SULTAN VEHICLE B GBE3753R FROM SECOND LANE TURN RIGHT INTO MY LANE SO I STOPPED MY VEHICLE BUT VEHICLE B STILL GRAZED ONTO MY VEHICLE FRONT LEFT. EXCHANGED PARTICULAR AND NO INJURIES.

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	GBE3753R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	ISLAM MD TARIQUL
Passport No/FIN	GXXXX109M
Contact Number	(Phone) +65-82536142
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

A SHH 9212

B G2K 3253 R

Describe Circumstances of the Accident

ON 21/08/21 AT ABOUT 1245HRS I WAS DRIVING VEHICLE A SHA9346T ALONG VICTORIA STREET. I WAS AT EXTREME RIGHT LANE AT INTERSECTION OF JALAN SULTAN, AS I SIGNALLED AND TURNING RIGHT INTO JALAN SULTAN VEHICLE B GBE3753R FROM SECOND LANE TURN RIGHT INTO MY LANE SO I STOPPED MY VEHICLE BUT VEHICLE B STILL GRAZED ONTO MY VEHICLE FRONT LEFT. EXCHANGED PARTICULAR AND NO INJURIES.

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

Witnessed by Reporting Centre Personnel

21/08/21 1510 Hrs

Baumg