

ASS. REC. BY:

Steve

REPT

CS/CT121908888 / ETC

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.

Sum Insured:

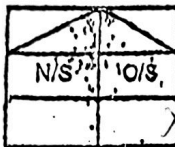
Excess:

(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

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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 9113Z

Yr Regn:

17/3/16

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

Truck / Trailer or

Make:

Hyundai

C.C.

1999

Colour:

Yellow

A/C: Insured / Std / NI / N

Sp. Reading

656284

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMHL6414164085506

Gen. Cond: Good / Fair / Poor / Bught

Steering: Inorder / Jammed / Locked / Burnt or

Brakes: Inorder / Jammed / Locked / Burnt or

Mod: Nil / 3/Rim / STD AIRim or

Tyre Size:

F:

205/100R16

R:

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

TOYO / YOKO or

Sailun

Front

Rear

R/Bal:

4

mm

R/Bal:

4

mm

U/Bal:

4

mm

U/Bal:

4

mm

D.O.A.

14/8/21

D.O.A.

25/8/21

Survey held at

Ding, Putnam

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

Rear RH.

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

Date / Time

Action / Instruction

confirm the finalize is \$950 (L/S, before GST) 3 repair days

red:4751.44; 83%

me/Time, File, Press etc.



: Prel. Report



: Final Report

ale/Tune, File Return to?

Days Of Repair:

3

Resurvey No. of Trips

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Workshop (\$

\$ + RS \$1

Produce

Others

TOTAL

3/2/2016

11/12/16

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

24/08/2021 14:37

JOB-NO: 50113563

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHA9113Z

TRANS: AUTO

CHASSIS: KMHLB41UMGU085506

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDEU440992

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	1,400.00	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	280.00	0.00	280.00	X	Y	_____
4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	220.00	0.00	220.00	30	Y	_____
5 TO REFIT REAR REVERSE SENSOR	1.00	150.00	0.00	150.00	30	Y	_____
6 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	160.00	0.00	160.00	60	Y	_____
7 TO RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	200	Y	_____
8 TO RESPRAY REAR BUMPER LOWER	1.00	250.00	0.00	250.00	X	Y	_____
9 TO RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00	X	Y	_____
10 TO RESPRAY REAR QUARTER PANEL	1.00	250.00	0.00	250.00	200	Y	_____
11 TO RESPRAY REAR DOOR PANEL	1.00	250.00	0.00	250.00	X	Y	_____
12 TO RESPRAY SIDE SKIRT RH	1.00	250.00	0.00	250.00	X	Y	_____
TOTAL:		3,880.00	0.00	3,880.00			_____

MATERIALS

1 REAR BUMPER COVER	X R	1.00	599.68	119.94	479.74	L	Y	_____
2 REAR RH BUMPER RETAINER	X	1.00	58.60	11.72	46.88	L	Y	_____
3 REAR BUMPER ENERGY ABSORBER	X	1.00	99.62	19.92	79.70	L	Y	_____
4 REAR BUMPER LOWER	X	1.00	228.40	45.68	182.72	L	Y	_____
5 REAR WHEEL RIM COVER	/ CUT	1.00	265.50	53.10	212.40	L	Y	_____
6 REAR RH FENDER LINER	X	1.00	178.88	35.78	143.10	L	Y	_____
7 REAR RH QUARTER PANEL AIR VENT	X	1.00	89.88	17.98	71.90	L	Y	_____
8 REAR BUMPER CLIP SET	X - 11A	1.00	80.00	0.00	80.00	S 20	Y	_____
9 REAR BUMPER LOWER CLIP	X	1.00	70.00	0.00	70.00	S	Y	_____
10 REAR FENDER LINER CLIP SET	X	1.00	65.00	0.00	65.00	S	Y	_____
11 ROCKER PANEL MOULDING CLIP	X	1.00	60.00	0.00	60.00	S	Y	_____
12 REAR DOOR "COMFORT DELGRO" STICKER	X	1.00	140.00	0.00	140.00	S	Y	_____
13 REAR DOOR "GOOGLE PLAY STORE" "APP STORE" STICKER	X	1.00	140.00	0.00	140.00	S	Y	_____
14 TAILLAMP GUIDE CLIP SET	X	1.00	50.00	0.00	50.00	S	Y	_____
TOTAL:			2,125.56	304.12	1,821.44			_____

TOTAL PARTS & LABOUR :

6,005.56

304.12

5,701.44

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
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EXCESS/LOADING:S\$ 0.00

No. Of Day:

3 dys L/S, R/L

RE-SURVEY: BEFORE/AFTER PAINTING

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

DATE OF SURVEY:

25/8/21, 19.3A

SURVEYED BY:

Steve (LKK)

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 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 16/08/2021 14:58 (SGT)
Date of Accident 14/08/2021 10:55 (SGT)
Exact Location of Accident Lornie Hwy, Singapore
Additional Location Information ALONG LORNIE HIGHWAY TOWARDS CTE BRADDELL/
BISHAN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA9113Z

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) +65-93884211
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 HOY LOONG SANG

NRIC No	SXXXX485E
Date Of Birth	13/02/1964
Occupation	Outdoor
Date Of Driving Pass	26/05/1999
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93884211
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 808C CHOA CHU KANG AVENUE 1
Address complement	#11-600
Postcode	SINGAPORE 683808
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 14/08/2021 AT ABOUT 1055 HOURS, I WAS TRAVELING ALONG LORNIE HIGHWAY TOWARDS CTE BRADDELL/ BISHAN IN MY VEHICLE A (SHA9113Z). I WAS AT THE SLIP POCKET TOWARDS CTE WHEN ANOTHER VEHICLE B (SLD3980M) HIT MY RIGHT SIDE OF THE VEHICLE. I WOULD LIKE TO STATE THAT BOTH OF US DID NOT EXCHANGE ANY PARTICULARS AND NOBODY WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes

Yes

FILE NOT SUITABLE

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD3980M
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	"
Vehicle Colour	"
Vehicle Category	Private hire
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:

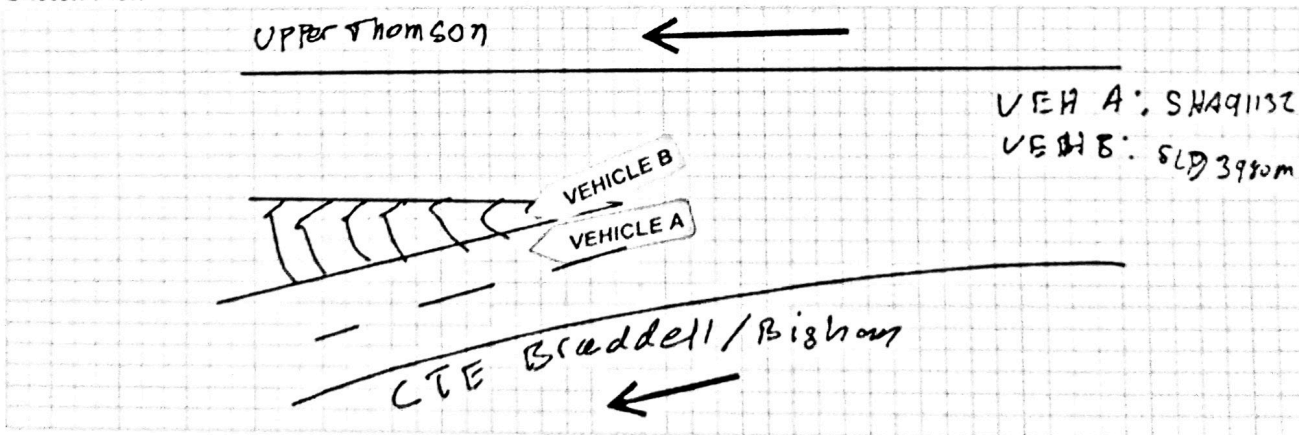
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 14/08/2021 AT ABOUT 1055 HOURS, I WAS TRAVELING ALONG LORNIE HIGHWAY TOWARDS CTE BRADDELL/ BISHAN IN MY VEHICLE BEARING SHA9113Z. I WAS AT THE SLIP POCKET TOWARDS CTE WHEN ANOTHER VEHICLE BEARING SHD3980M HIT MY RIGHT SIDE OF THE VEHICLE. I WOULD LIKE TO STATE THAT BOTH OF US DID NOT EXCHANGE ANY PARTICULARS AND NOBODY WAS INJURED.

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

7 / 9

16/08/2021 11:50 hrs

Atic