

NS/INC21009233/Vtc

ASSIGNMENT SHC 7464M

File No:

Date:

Estimated Cost:

OD/TP/NS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop m/s

(1)

Insured

Policy No

Claims No

MT/1143069-002

Sum Insured:

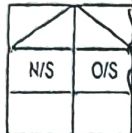
Excess:

(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 Report

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC 7464M

Yr Regn:

7/1, 19

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

Truck / Trailer or

Make:

Toyota prius

cc 1798

Colour:

yellow

A/C: Insured / Std / NI / NA

Sp Reading

30/80.6

T/Ratio: Insured / Std / NI / NA

Eng/No:

C/No:

3TDH83F4203078261

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

195/65R15

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

TOYO / YOKO or

West/ghc

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

3/18/21

D.O.I.

3/18/21 1600

Survey held at

Comfort

Des. of Damages: Frl / Rear / O/S / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

rebatc: 24826

LUMP SUM 2550

RED: 1047.83;29%

Date/Time, File Pass to?



: Protl, Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Finis

Chivse

Print

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: WSAI and

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	B39G

Vehicle Details

Vehicle No.	SHC7464M
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Sep 2021
Vehicle Make	TOYOTA
Vehicle Model:	PRIUS SDR HATCHBACK (AUTO)
Primary Colour:	Yellow
Manufacturing Year:	2018
Engine No.:	2ZR2B89057
Chassis No.:	JTDKB3FU203078261
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	09 Jan 2019
First Registration Date:	09 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$14,247.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Jan 2027
PARF Rebate Amount:	\$10,685.00

Intended COE Rebate Details

COE Expiry Date:	08 Jan 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,838.00
COE Rebate Amount:	\$13,941.00
Total Rebate Amount:	\$24,626.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 01 Sep 2021.

OK

NOTE - (A) Sum

Date: 31.08.2021

Time: 13:47:35

Page: 1

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

JOB NO : 305485067  
 REGN NO : SHC7464M  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 09.01.2019  
 DATE/TIME IN : 31.08.2021 09:50  
 ACCIDENT DATE : 31.08.2021

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-0573-G	FENDER SUB-ASSY FRONT RH+	1	945.30	25.00	708.97	Def
0002 04-01-0302-2297-G	EMBLEM SIDE PANEL (HYBRID)	1	86.50	25.00	64.87	nec
0003 04-01-0302-0898-G	COVER OUTER MIRROR RH	1	141.90	25.00	106.42	Xr
0004 04-01-0302-0594-G	MIRROR ASSY OUTER REAR VI	1	1,390.10	25.00	1,042.57	Cut
0005 28-01-0199-0014-A	FRT DOOR L/R CCTPL	1 N	75.00	2.50-	75.00	nec
SUB-TOTAL :						1,997.83

## JOB NATURE

0000 PB	PANEL BEATING	750.00	525
0001 SP	SPRAYPAINT CHARGE	800.00	750
0002 17-01	CHECK WIRING	50.00	20

SUB-TOTAL : 1,600.00

3597.83

Therav Lkh  
 Therav@Lkh auto-lon  
 81235769  
 2 days w/p  
 L/S after repair photos  
 31/8/21 1600

**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:

Date/Time: 31.08.2021 13:38 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 4114203

JC NO. 305485067

OWNER

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

JOINT CARD NO

REGN NO. <b>SHC7464M</b>	MILEAGE
MAKE <b>TOYOTA</b>	FUEL F..... 1/2..... F
MODEL <b>PRIUS HYBRID(G4)31</b>	DATE/TIME IN <b>31.08.2021 09:50</b>
YR OF MANU. <b>09.01.2019</b>	TARGET DATE
CHASSIS CODE <b>JTDKB3FU203078261</b>	COMPLETION DATE/TIME

### JOB DESCRIPTION

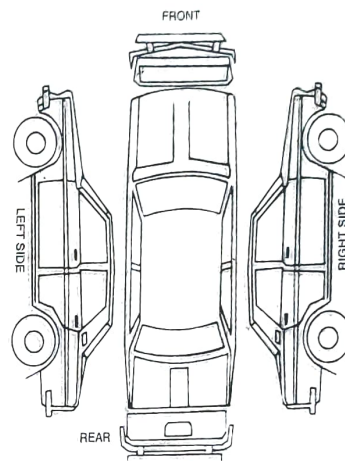
Accident Date: 31.08.2021

ATURE: 3P 31.08.2021

/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHC7464M

JU NTUC

Vehicle No.:

SHC7464M

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 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	31/08/2021 11:38 (SGT)
Date of Accident	31/08/2021 08:30 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7464M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	XXXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-81256014
Alternative Phone No	(Office) +65-65508768

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

## 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	LAI KA FOO RICK
NRIC No	SXXXX973H

Date Of Birth	30/07/1977
Occupation	Outdoor
Date Of Driving Pass	02/05/2002
Driving experience	19 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81256014
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 122B SENGKANG EAST WAY #09-21
Address complement	-
Postcode	542122
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	Raining
Road Surface	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

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 31/08/2021 AT ABOUT 08:30HRS, I WAS DRIVING VEHICLE A ( SHC7464M) ALONG SEMBAWANG ROAD. WHILE TRAVELLING STRAIGHT WITHIN LANE AFTER TRAFFIC JUNCTION, VEHICLE B FROM GAMBAS AVE MAKE A RIGHT AND COLLIDED ONTO VEHICLE A RIGHT SIDE. I SUSTAIN NECK PAIN DUE TO THE IMPACT.

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	PC8312S
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MR GOH
Contact Number	(Phone) +65-97394803
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	LAI KA FOO RICK
Gender	Male
Phone No	(Phone) +65-81256014
Address	APT BLK 122B SENGKANG EAST WAY #09-21
Address Complement	-
Post Code	542122
Approximate Age Years Old	44
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SHC7464M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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 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. 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.

### B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

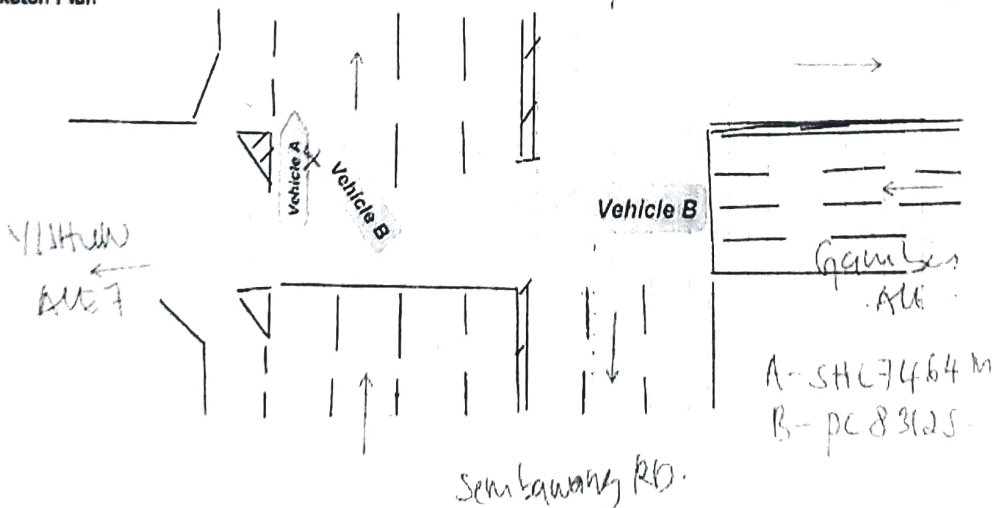
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 31/08/2021 AT ABOUT 08:30HRS, I WAS DRIVING VEHICLE A ( SHC7464M) ALONG SEMBAWANG ROAD. WHILE TRAVELLING STRAIGHT WITHIN LANE AFTER TRAFFIC JUNCTION, VEHICLE B FROM GAMBAS AVE MAKE A RIGHT AND COLLIDED ONTO VEHICLE A RIGHT SIDE. I SUSTAIN NECK PAIN DUE TO THE IMPACT.

Declaration

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

Policyholder's Signature / Date & Time

1 / 9

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

31/8/21 - 1040H

Witnessed by Reporting Control Personnel

Khanawij