

ASS. REQ. BY:

Steve

CC4/LPC 21010176/693

ASSIGNMENT

From:

Date:

Estimated Cost:

OP. TP/WS/TPRES/OD-RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

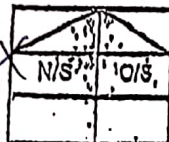
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report

Consistent? : Yes or No

SIA / PR Seen

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Sum Sum

%

3 Vol.: Yes or No

QA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 7631Y

Yr Regn:

217/19

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

Truck / Trailer or

Make:

Hyundai

C.E.

1598

Colour:

Yellow

A/O:

Insured / Std / NI / N

Sp. Reading

301662

T/Ratio:

Insured / Std / NI / N

Eng/No:

C/No:

KMH C851-CYKU 164 737

Gen. Condi: Good / Fair / Poor / Bught

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal:

4

mm

R/Bal:

4

mm

L/Bal:

4

mm

L/Bal:

4

mm

D.O.A.

1/19/21

D.O.I.

4/19/21

Survey held at

Ding Automobile

Des. of Damages: F/R / Rear / O/S / N/S / U/C / Roof/Top or

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

Date / Time

Action / Instruction

Time/Time, File, Report



Prell. Report



Final Report

Time/Time, File, Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS + SI

Friction

Others

TOTAL

Add Fee:



Site Insp

(\$



Interview

(\$



Tech. Inve

(\$



Work and

(\$

Time/Time, File, Report

Time/Time, File, Report

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

04/10/2021 11:16

JOB-NO: 50113664

OWNER'S PARTICULARS

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

CONTACT: 65533880
 64739522

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VEHICLE DETAILS

LICENSE NO: SHC7631Y TRANS: AUTO
 MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI
 OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD
 JOB-CODE: TP SA: Ding Auto User 2

CHASSIS: KMHC851CVKU164737
 ENGINE: G4LEKU297775

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	800.00	0.00	800.00	100	Y	_____
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	170.00	0.00	170.00	X	Y	_____
3 TO REMOVE AND REFIT OF NECESSARY ITEMS TO FACILITATE REPAIR	1.00	300.00	0.00	300.00	X	Y	_____
4 TO TRANSFER OF FRONT DOOR MECHANISM TO NEW DOOR AND PERFORM WATER SEEPAGE TEST	1.00	220.00	0.00	220.00	X	Y	_____
5 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	260.00	0.00	260.00	X	Y	_____
6 TO RESPRAY FRONT DOOR PANEL	1.00	250.00	0.00	250.00	200	Y	_____
7 TO RESPRAY FRONT DOOR OUTER HANDLE AND COVER	1.00	250.00	0.00	250.00	X	Y	_____
8 TO RESPRAY FRONT SIDE MIRROR	1.00	250.00	0.00	250.00	80	Y	_____
TOTAL:		2,500.00	0.00	2,500.00			_____
<u>MATERIALS</u>							
1 FRONT LH SIDE MIRROR ASSY / BR	1.00	1,054.60	210.92	843.68	L	Y	_____
2 FRONT LH DOOR PANEL X R	1.00	1,978.00	395.60	1,582.40	L	Y	_____
3 FRONT LH DOOR FRAME UPPER BLACK TAPE X	1.00	16.60	3.32	13.28	L	Y	_____
4 FRONT LH DOOR REAR BLACK TAPE X	1.00	9.90	1.98	7.92	L	Y	_____
5 FRONT LH OUTER DOOR BELT MOULDING ASSY X	1.00	73.50	14.70	58.80	L	Y	_____
6 FRONT LH OUTER DOOR HANDLE X	1.00	168.90	33.78	135.12	L	Y	_____
7 FRONT LH SIDE MIRROR COVER / BR	1.00	40.60	8.12	32.48	L	Y	_____
8 FRONT LH SIDE MIRROR GLASS X	1.00	175.90	35.18	140.72	L	Y	_____
9 FRONT DOOR "COMFORT DELGRO" STICKER / nk	1.00	140.00	0.00	140.00	80 S	Y	_____
10 FRONT DOOR MOULDING CLIP X	1.00	50.00	0.00	50.00	S	Y	_____
TOTAL:		3,708.00	703.60	3,004.40			_____
TOTAL PARTS & LABOUR :		6,208.00	703.60	5,504.40			_____

EXCESS/LOADING:\$ 0.00

No. Of Day: _____

RE-SURVEY: BEFORE/AFTER PAINTING

G-STAR-WI-ET-001-02-Rev00

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
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PART-BY-PART OR LUMP SUM: S\$

DATE OF SURVEY: _____

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 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 01/10/2021 14:28 (SGT)
Date of Accident 01/10/2021 10:30 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information TOWARDS PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7631Y

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) +65-94747315
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 - Claiming third party
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 THIAM CHYE
NRIC No SXXXX892D

Date Of Birth 09/11/1960
 Occupation Outdoor
 Date Of Driving Pass 11/01/1985
 Driving experience 36 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-94747315
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 448A BUKIT BATOK WEST AVENUE 9 #18-16
 Address complement -
 Postcode 651448
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured RELIEF DRIVER
 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 - Change/cross lane
 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 PASSENGER
 Gender Female

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 01/10/2021 AT ABOUT 10:30 HRS, I WAS DRIVING VEHICLE A (SHC7631Y) ALONG BKE TOWARDS PIE. WHILE TRAVELLING STRAIGHT ON SECOND LANE, THIRD LANE CLOSE DUE TO ACCIDENT. WHILE DRIVING SLOWLY, VEHICLE B(XD5663Z) CHANGE LANE FROM THIRD LANE TO SECOND SUDDENLY AND HIT ONTO VEHICLE A LEFT SIDE. 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 IS NOT SUITABLE
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD5663Z
 Vehicle Manufacturer -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	1

SKETCH PLAN**IMPORTANT NOTICE**

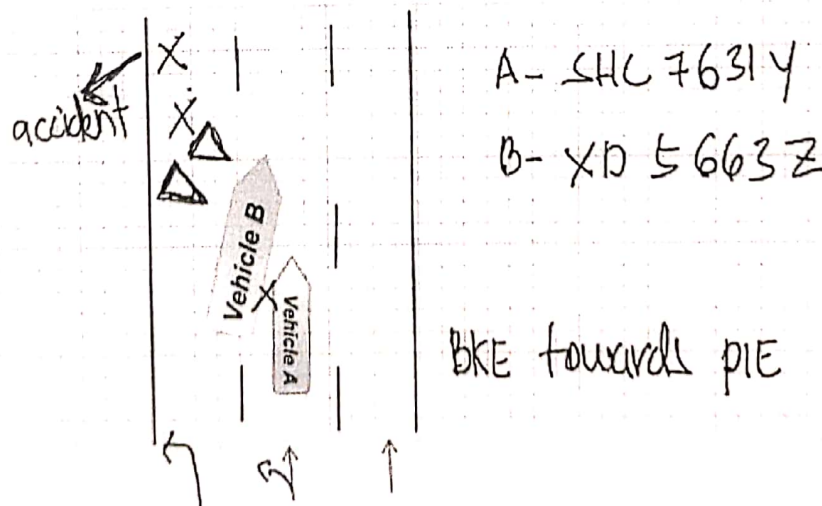
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 01/10/2021 AT ABOUT 10:30 HRS, I WAS DRIVING VEHICLE A (SHC7631Y) ALONG BKE TOWARDS PIE. WHILE TRAVELLING STRAIGHT ON SECOND LANE, THIRD LANE CLOSE DUE TO ACCIDENT. WHILE DRIVING SLOWLY, VEHICLE B(XD5663Z) CHANGE LANE FROM THIRD LANE TO SECOND SUDDENLY AND HIT ONTO VEHICLE A LEFT SIDE. 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

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

1/10/21 - 1330HRS

Witnessed by Reporting Centre
Personnel

1/10/21