

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OR INSURANCE / REPAIRS / EVALUATION / INVESTIGATION

To Inspect Vehicle No: SHC 7291U

at Workshop no: _____

at _____

Insured: XE 5506P

Policy No. BVFCB0007172114

Claims No. NSV2100149/HIF

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: The vehicle had obtained its
repair at the time of inspection.

Rel. or Market Value: _____

IOAO Accident Report: _____ Consistent? Yes or No

GIA / PR Seen: _____ Consistent? Yes or No

Est. Repairs: 2 days Rep.: Yes or No

Sum Sum: _____ % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle IN / OUT

Vol: No: SHC 72914 Yr Regn: 25/8/16
Type: M. Car / M. Cycle / Bus / Van / Lorry / ~~Truck~~ Prime Mover /
Truck / Trailer or
Make: Hyundai 140 C.E. 1999
Colour: Yellow A/O: Insured / Stolen / N / N
Sp. Reading 840638 T/Ratio: Insured / Stolen / N / N
Eng/No: KMHLB4UM7G4093575
Chassis No: KMHLB4UM7G4093575
Gen. Cond: Good / Fair / Poor / Rusty
Steering: In order / Jammed / Locked / Burnt or
Brakes: In order / Jammed / Locked / Burnt or
Mod: H / S / Rim / STD / 4 Rim or
Tyre Size: Ft 205/60R16
Rr 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Firenza
Front R/Rol. 4 mm R/Rol. 4 mm
L/Rol. 4 mm L/Rol. 4 mm
D.O.A. 8/11/21 O.C.I. 10/11/21
Survey held at Ding Automotive
Des. of Damages: Frt / Rear / 0/5 / H/S / VIC / Reelap or
The V/O / Chassis Frame / Body Structure affected due to collision

Date/Time	Action/Instructions
	Confirmed P/P \$739.76, 2 repair days (RED \$1711.84; 70%)

15/11 TYPIST	Days Of Report: <u>2</u>	Resurvey No. of Trips: <u>2</u>
Final Report	Survey Fee	Transportation
	Add Fee:	
	Site Insp (\$)	
	Interview (\$)	
	Trans. Invo (\$)	
	Vehicle Invo (\$)	
TP		
\$739.76		

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

10/11/2021 10:59

JOB-NO: 50113750

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: SHC7291U

TRANS: AUTO

CHASSIS: KMHLB41UMGU093575

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4DFU566587

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
LABOUR							
1 TO RUST PROOFING OF THE AFFECTED AREA	1.00	160.00	0.00	160.00	X	Y	
2 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	240.00	0.00	240.00	30	Y	
3 TO RESPRAY FRONT DOOR PANEL	1.00	250.00	0.00	250.00	X	Y	
4 TO RESPRAY FRONT SIDE MIRROR	1.00	250.00	0.00	250.00	80	Y	
5 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AREA	1.00	800.00	0.00	800.00	100	Y	
TOTAL:		1,700.00	0.00	1,700.00			
MATERIALS							
1 FRONT RH SIDE MIRROR ASSY	1.00	586.30	117.26	469.04	L	Y	
2 FRONT RH SIDE MIRROR GLASS	1.00	75.90	15.18	60.72	L	Y	
3 FRONT RH DELTA CHROME GARNISH	1.00	102.30	20.46	81.84	L	Y	
4 FRONT DOOR "COMFORT DELGRO" STICKER	1.00	140.00	0.00	140.00	S	Y	
TOTAL:		904.50	152.90	751.60			
TOTAL PARTS & LABOUR :		2,604.50	152.90	2,451.60			

EXCESS/LOADING:\$ 0.00

No. Of Day:

2 dys

RE-SURVEY: BEFORE/AFTER PAINTING
PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: / /

PIP

My Bel ly

SURVEYED BY:

CONTACT NO:

FAX NO:

Steve (LKK)

10/11/21, 11-00am

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

Ding Auto Consultants hence notify

Ding Auto User 2 of the following:

• To resurvey before/after spray painting

• To display damaged part(s) during resurvey

• This price is subject to confirmation

TEL: • Third party survey is on a "FAX" 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:

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

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 08/11/2021 16:25 (SGT)
Date of Accident 08/11/2021 08:45 (SGT)
Exact Location of Accident Jln Boon Lay, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7291U

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) +65-98348826
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 THAM KWANG HAI
NRIC No SXXXX679B

Date Of Birth	19/05/1960
Occupation	Outdoor
Date Of Driving Pass	20/02/2001
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98348826
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 315 CLEMENTI AVENUE 4 #07-137
Address complement	-
Postcode	120315
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)	5
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	Male

PASSENGER 3

Name	UNKNOWN (CHILD)
Gender	Male

PASSENGER 4

Name	UNKNOWN (CHILD)
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 08/11/21 AT ABOUT 0845HRS I WAS DRIVING VEHICLE A SHA7291U ALONG JALAN BOON LAY WITH FOUR PASSENGERS. I WAS AT EXTREME LEFT LANE WHICH WAS MERGING FROM FOUR INTO THREE LANE. AS I WAS DRIVING STRAIGHT SUDDENLY VEHICLE B XE5506P MOVE TOO NEAR TO MY VEHICLE SO I SLOW DOWN MY VEHICLE TO AVOID CONTACT ONTO UNKNOWN VEHICLE FROM SLIP ROAD (LEFT) BUT VEHICLE B LEFT SIDE SWIPE MY VEHICLE FRONTRIGHT. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

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	XE5508P
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

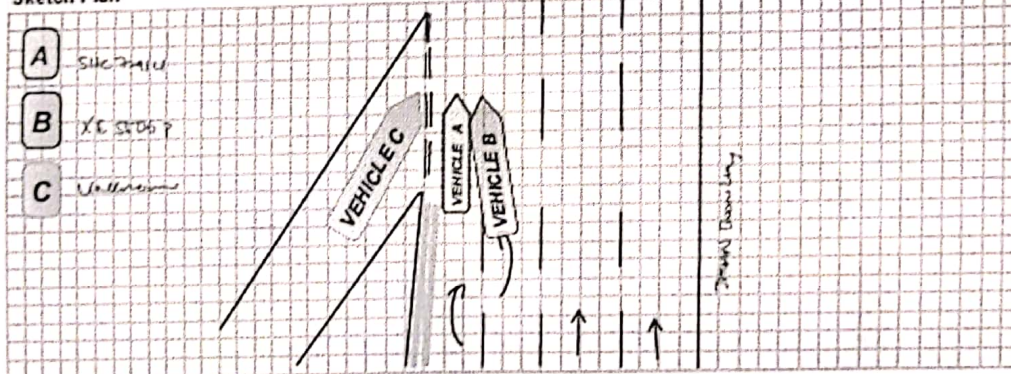
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
 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.
 - (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 08/11/21 AT ABOUT 0845HRS I WAS DRIVING VEHICLE A SHA7291U ALONG JALAN BOON LAY WITH FOUR PASSENGERS. I WAS AT EXTREME LEFT LANE WHICH WAS MERGING FROM FOUR INTO THREE LANE. AS I WAS DRIVING STRAIGHT SUDDENLY VEHICLE B XE5506P MOVE TOO NEAR TO MY VEHICLE SO I SLOW DOWN MY VEHICLE TO AVOID CONTACT ONTO UNKNOWN VEHICLE FROM SLIP ROAD (LEFT) BUT VEHICLE B LEFT SIDE SWIPE MY VEHICLE FRONT RIGHT. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

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

08/11/21 / 0845HRS



Witnessed by Reporting Centre Personnel

BALUN