

SEC. REC. BY: Steve

REF: CS/CT121011495/Egy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. SNM21D206462/C02

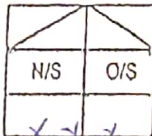
Sum Insured: _____ Excess: _____

(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 Seen: _____ Consistent? : Yes or No

Est. Repairs. 5 days Res.: Yes or No

Lum Sum: _____ % J-Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 107R

Yr Regn: 18/4/19

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

Truck / Trailer or

Make: Toyota Prius

c.c. 1798

Colour: Yellow

A/C: Insured / Std / NI / NA

Sp. Reading: 3239.89

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU703079986

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R 185/55R15

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal. 4 mm

R/Bal. 4 mm

L/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 8/11/21

D.O.A. 10/11/21

Survey held at Ding Automotive

Des. of Damages: Frt / Rear / O/S / N/S / VIC / Roof/tp or

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

Date / Time Action / Instruction

11/11/21@3.59pm revised to Tan Kah Leong via Merimen.

19/11/21@3.05pm Steve finalised final fig \$6499.75, 5 days. (Red \$8273.83, 56%)

Date/Time, File Pass to?

☐ : Provl. Report

19/11 Typist

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 5

Resurvey No. of Trip: 3

Survey Fee:

Transportation:

\$ + P.S. \$

Printed

Checked

Total

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

☐ : Wheel and (\$ _____)

Request Form 14 : MER-TP

Final Fig (L.B.): 6499.75

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

10/11/2021 16:59

OWNER'S PARTICULARS

JOB-NO: 50113753

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 3

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHC0107R

TRANS: AUTO

CHASSIS: JTDKB3FU703079986

MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT

ENGINE: 2ZR2C08843

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	800	Y	_____
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	180.00	0.00	180.00	30	Y	_____
3 TO REMOVE AND REFIT OF NECESSARY ITEMS TO FACILITATE REPAIR	1.00	350.00	0.00	350.00	50	Y	_____
4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	280.00	0.00	280.00	30	Y	_____
5 TO REFIT REAR REVERSE SENSOR	1.00	160.00	0.00	160.00	30	Y	_____
6 TO REAPPLY SEAL JOINT ON WELDING AFFECTED AREAS	1.00	200.00	0.00	200.00	X	Y	_____
7 TO TRANSFER REAR BOOT MECHANISM TO NEW BOOT AND PERFORM WATER SEEPAGE TEST	1.00	180.00	0.00	180.00	50	Y	_____
8 TO REMOVE AND REFIT REAR UPPER AND LOWER WINDSCREEN GLASS TO ENABLE BODYWORK REPAIR	1.00	260.00	0.00	260.00	200	Y	_____
9 TO REMOVE AND REFIT REAR EXHAUST TO ENABLE BODYWORK REPAIR	1.00	220.00	0.00	220.00	X	Y	_____
10 TO CHECK AND REPAIR WIRE HARNESS	1.00	220.00	0.00	220.00	X	Y	_____
11 TO RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	200	Y	_____
12 TO RESPRAY REAR REVERSE SENSOR	1.00	250.00	0.00	250.00	50	Y	_____
13 TO RESPRAY REAR BUMPER EXTENSION FILLER	1.00	250.00	0.00	250.00	X	Y	_____
14 TO RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00	200	Y	_____
15 TO RESPRAY REAR TAILGATE PANEL	1.00	250.00	0.00	250.00	200	Y	_____
16 TO RESPRAY REAR TAILGATE OUTER GARNISH	1.00	250.00	0.00	250.00	150	Y	_____
17 TO RESPRAY REAR FLOOR PAN	1.00	250.00	0.00	250.00	?	Y	_____
TOTAL:		5,200.00	0.00	5,200.00			_____

MATERIALS

1 REAR BUMPER COVER / 00	1.00	442.60	110.65	331.95	L	Y	_____
2 REAR BUMPER CENTER GUARD / CR4	1.00	576.30	144.08	432.22	L	Y	_____
3 REAR LH BUMPER EXTENSION FILLER X	1.00	123.70	30.93	92.77	L	Y	_____
4 REAR RH BUMPER EXTENSION FILLER X	1.00	123.70	30.93	92.77	L	Y	_____
5 REAR BUMPER TOWING COVER / CR4	1.00	15.40	3.85	11.55	L	Y	_____
6 REAR RH BUMPER SIDE SEAL X	1.00	88.50	22.13	66.37	L	Y	_____
7 REAR BUMPER REINFORCEMENT / 00	1.00	332.70	83.18	249.52	L	Y	_____

(photo)

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

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
8 REAR LH BUMPER RETAINER	1.00	116.50	29.13	87.37	L	Y	
9 REAR TAILGATE PANEL ASSY	1.00	1,147.80	286.95	860.85	L	Y	
10 REAR TAILGATE OUTER GARNISH	1.00	925.60	231.40	694.20	L	Y	
11 REAR TAILGATE TOYOTA EMBLEM	1.00	47.90	11.98	35.92	L	Y	
12 REAR TAILGATE PRIUS EMBLEM	1.00	54.60	13.65	40.95	L	Y	
13 REAR TAILGATE HYBRID EMBLEM	1.00	54.60	13.65	40.95	L	Y	
14 REAR BOOT LOCK	1.00	467.00	116.75	350.25	L	Y	
15 REAR BOOT WEATHERSTRIP	1.00	372.30	93.08	279.22	L	Y	
16 REAR END PANEL	1.00	650.30	162.58	487.72	L	Y	
17 REAR END PANEL TRIM BOARD	1.00	126.70	31.68	95.02	L	Y	
18 REAR BUMPER CENTER UNDER COVER	1.00	229.90	57.48	172.42	L	Y	
19 REAR LH BUMPER UNDER COVER	1.00	241.90	60.48	181.42	L	Y	
20 REAR RH BUMPER UNDER COVER	1.00	175.10	43.78	131.32	L	Y	
21 REAR EXHAUST TAIL PIPE	1.00	1,649.00	412.25	1,236.75	L	Y	
22 REAR EXHAUST PIPE GASKET	1.00	53.50	13.38	40.12	L	Y	
23 REAR TAILGATE UPPER WINDSCREEN MOULDING	1.00	35.50	8.88	26.62	L	Y	
24 REAR TAILGATE UPPER WINDSCREEN ADHESIVE DAM	1.00	28.90	7.23	21.67	L	Y	
25 REAR TAILGATE LOWER WINDSCREEN MOULDING	1.00	23.60	5.90	17.70	L	Y	
26 REAR TAILGATE LOWER WINDSCREEN ADHESIVE DAM	1.00	28.90	7.23	21.67	L	Y	
27 REAR LH TAILGATE LOWER WINDSCREEN OUTER MOULDING NO.2	1.00	30.90	7.73	23.17	L	Y	
28 REAR RH TAILGATE LOWER WINDSCREEN OUTER MOULDING NO.2	1.00	30.90	7.73	23.17	L	Y	
29 TAILLAMP LOWER LH	1.00	502.00	125.50	376.50	L	Y	
30 TAILLAMP LOWER RH	1.00	502.00	125.50	376.50	L	Y	
31 REAR LH DECK FLOOR BOX	1.00	313.00	78.25	234.75	L	Y	
32 REAR RH DECK FLOOR BOX	1.00	313.60	78.40	235.20	L	Y	
33 REAR BUMPER CLIP SET	1.00	80.00	0.00	80.00	S	Y	
34 REAR BUMPER UNDER COVER CLIP SET	1.00	65.00	0.00	65.00	S	Y	
35 REAR REVERSE SENSOR SET	2.00	400.00	0.00	400.00	S	Y	
36 REAR BUMPER PROTECTOR	1.00	160.00	0.00	160.00	S	Y	
37 REAR BUMPER EXTENSION FILLER CLIP	1.00	55.00	0.00	55.00	S	Y	
38 REAR END PANEL SEALANT	2.00	160.00	0.00	160.00	S	Y	
39 REAR TAILGATE "6552-1111" STICKER	1.00	140.00	0.00	140.00	S	Y	
40 REAR TAILGATE "COMFORT DELGRO" STICKER	1.00	140.00	0.00	140.00	S	Y	
41 REAR TAILGATE "BOOK NOW" STICKER	1.00	140.00	0.00	140.00	S	Y	
42 REAR WINDSCREEN PRIMER	2.00	150.00	0.00	150.00	S	Y	
43 REAR WINDSCREEN GLASS PAD SET	1.00	55.00	0.00	55.00	S	Y	
44 REAR WINDSCREEN SEALANT	3.00	180.00	0.00	180.00	S	Y	
45 REAR TAILGATE OUTER GARNISH CLIP	1.00	65.00	0.00	65.00	S	Y	
46 REAR SPOILER CLIP AND PAD SET	1.00	55.00	0.00	55.00	S	Y	
47 REAR QUARTER PANEL ADVERTISEMENT STICKER	1.00	250.00	0.00	250.00	S	Y	
48 TAILLAMP GUIDE CLIP SET	1.00	55.00	0.00	55.00	S	Y	
49 REAR BUMPER RETAINER CLIP	1.00	55.00	0.00	55.00	S	Y	
TOTAL:		12,029.90	456.32	9,573.58			
TOTAL PARTS & LABOUR :		17,229.90	2,456.32	14,773.58			

EXCESS/LOADING:\$ 0.00

No. Of Day: _____

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: ____ / ____ / ____

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

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
SURVEYED BY: <u>Steve (LKK) 10/11/21, 5.09pm</u> <u>WHL PL</u>							
CONTACT NO: _____ FAX NO: _____ <u>5 days</u>							
NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED <u>P/P</u>							
DAuto002 <u>My BIL by</u>							
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:

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	09/11/2021 19:29 (SGT)
Date of Accident	08/11/2021 22:45 (SGT)
Exact Location of Accident	Park Villas Terrace, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC107R
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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) +65-96712354
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	KHOR TOK DING
NRIC No	SXXXX034J

Date Of Birth 18/12/1952
 Occupation Outdoor
 Date Of Driving Pass 09/04/1987
 Driving experience 34 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number
 Alt. Phone Number
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 333 BUKIT BATOK STREET 32 #09-257
 Address complement
 Postcode 650333
 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 - Head to Rear
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 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 UNKNOWN
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Traffic Police
 Police Station Phone No (Phone) +65-65470000
 Alt. Police Station Phone No (Fax) +65-65474900
 Police Station Address 10 Ubi Avenue 3 Singapore 408865
 Was notice of intended Prosecution given? No
 If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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 SMV2012H

Vehicle Manufacturer	.....	-
Vehicle Model	.....	-
Vehicle Variant	.....	-
Vehicle Colour	.....	-
Vehicle Category	.....	Private car
Name of Driver	.....	-
Contact Number	.....	(Phone) +65-97832740
Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	.....	-
No. Of Passenger (Including Driver)	.....	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	.....	KHOR TOK DING
Gender	.....	Male
Phone No	.....	(Phone) +65-96712354
Address	.....	-
Address Complement	.....	-
Post Code	.....	-
Approximate Age Years Old	.....	-
Injuries Sustained	.....	INJURIES ON NECK AND BACK AND SEEK MEDICAL CARE
Injured person in which vehicle?	.....	SHC107R
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.
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

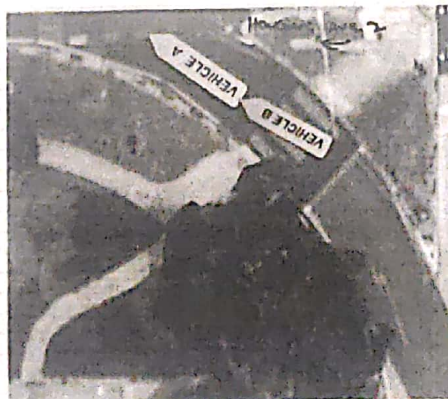
- A SHU 0712
- B SHU 2014

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

09/11/21 / 1430hrs

Witnessed by Reporting Centre Personnel

BAUNG



Describe Circumstances of the Accident

REFER TO POLICE REPORT.

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

09/11/11 / 14/11/11

Baugh

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 839G

Vehicle Details

Vehicle No.: SHC107R
Vehicle to be Exported: Yes
Intended Deregistration Date: 10 Nov 2021
Vehicle Make: TOYOTA
Vehicle Model: PRIUS 5DR HATCHBACK (AUTO)
Primary Colour: Yellow
Manufacturing Year: 2018
Engine No.: 22R2C08843
Chassis No.: JTDKKB3FU703079986
Maximum Power Output: 90.0 kW (120 bhp)
Open Market Value: \$26,605.00
Original Registration Date: 18 Apr 2019
First Registration Date: 18 Apr 2019
Transfer Count: 0
Actual ARF Paid: \$14,247.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 17 Apr 2027
PARF Rebate Amount: \$10,685.00

Intended COE Rebate Details

COE Expiry Date: 17 Apr 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 8
PQP Paid: \$20,940.00
COE Rebate Amount: \$14,229.00
Total Rebate Amount: \$24,914.00

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 10 Nov 2021

OK