

CC4-AIG 2101581/ea3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP WSRP ER L O D R E G I W V A I N V I M Y
 To Inspect Vehicle No: _____
 of Workshop mls _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____
 (Client's Record)
 Make of Vehicle _____
 Amount _____

(Policy Condition)
 Remark: The vehicle compromised its
 safety at the time of inspection.

Del. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 CIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repair: _____ days Res.: Yes or No
 Cum Sum: _____ % 3 Vol.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: _____

Vol No: SHA 242T YR Regn: 12/11/15
Type: M/Car / M/Cycle / Bus / Van / Lorry / Yacht / Prime Mover /
Truck / Trailer or _____
Make: Hyundai / 110 CB: 1999
Colour: Yellow A/C: Insured / Std / N / H
Sp. Reading: 780584 Tyre: Insured / Std / N / H
Eng No: _____
Chassis: KMHLB41UMG41079792
Gen. Cond: Good / Fair / Poor / Bump
Steering: Free / Jammed / Locked / Burnt or
Broken Insured / Jammed / Locked / Burnt or
Mod: III / SRM / GYO / SRM or
Tyre Size: 21 205/55R15
RI: 11
Bus / DUM / EXNOVA / OY / FS / LIZA / MIC / ORTEV / PIR / BURNI
TOYO / YOKO or B

Front

R/Usl. 4 mm

U/Usl. 4 mm

D.O.A. 10/11/21

Survey held at Ding Aulo

Dist. of Damages to Pri (Rest) / C/S / M/S / UIC / Regulator of

Back

R/Usl. 4 mm

U/Usl. 4 mm

D.O.A. 15/11/21

The 'Vid' displays frame / Body structure collected dual collisions.

Date / Time	Action / Instruction
11/11/2023	1. Review the project schedule and ensure all tasks are on track.
11/11/2023	2. Conduct a meeting with the team to discuss progress and challenges.
11/11/2023	3. Update the project status report and share it with stakeholders.
11/11/2023	4. Review the budget and ensure all expenses are within the allocated amount.
11/11/2023	5. Prepare for the next phase of the project and assign tasks to team members.

Prell, Report
Final Report

Days of Repair: _____
Resurvey No. of Trips: _____

Survey #901
Transportation

Add Foot

Site Insp	(S)	
Interview	(I)	
Trach. Insp	(T)	
Waste Prod	(W)	
		TOTAL

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

15/11/2021 11:03

JOB-NO: 50113757

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: SHA0242T

TRANS: AUTO

CHASSIS: KMHLB41UMGU079792

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDEU440390

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	1,000.00	0.00	1,000.00	200	Y	_____
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	180.00	0.00	180.00	20	Y	_____
3 TO REMOVE AND REFIT OF NECESSARY ITEMS TO FACILITATE REPAIR	1.00	300.00	0.00	300.00	X	Y	_____
4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	270.00	0.00	270.00	30	Y	_____
5 TO REFIT REAR REVERSE SENSOR	1.00	150.00	0.00	150.00	30	Y	_____
6 TO RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	200	Y	_____
7 TO RESPRAY REAR BUMPER LOWER	1.00	250.00	0.00	250.00	X 120	Y	_____
8 TO RESPRAY REAR REVERSE SENSOR	1.00	250.00	0.00	250.00	30	Y	_____
9 TO RESPRAY REAR END PANEL OUTER	1.00	250.00	0.00	250.00	X	Y	_____
TOTAL:		2,900.00	0.00	2,900.00			_____
<u>MATERIALS</u>							
1 REAR BUMPER COVER / CRU	1.00	599.68	119.94	479.74	L	Y	_____
2 REAR BUMPER LOWER / CRU	1.00	228.40	45.68	182.72	L	Y	_____
3 REAR BUMPER ENERGY ABSORBER	1.00	99.62	19.92	79.70	L	Y	_____
4 REAR BUMPER REINFORCEMENT	1.00	484.40	96.88	387.52	L	Y	_____
5 REAR LH BUMPER REINFORCEMENT BRACKET	1.00	98.63	19.73	78.90	L	Y	_____
6 REAR RH BUMPER REINFORCEMENT BRACKET	1.00	98.63	19.73	78.90	L	Y	_____
7 REAR BUMPER CLIP SET / n/c	1.00	75.00	30	75.00	S	Y	_____
8 REAR REVERSE SENSOR SET / Shaded	2.00	400.00	200	400.00	S	Y	_____
9 REAR BUMPER LOWER CLIP / n/c	1.00	65.00	10	65.00	S	Y	_____
TOTAL:		2,149.36	321.88	1,827.48			_____
TOTAL PARTS & LABOUR :		5,049.36	321.88	4,727.48			_____

EXCESS/LOADING:S\$ 0.00

No. Of Day: _____

RE-SURVEY: BEFORE/AFTER PAINTING

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

DATE OF SURVEY: ____ / ____ / ____

CLAIM DETAILS

DESCRIPTION	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
SURVEYED BY: <u>Steve CLKK</u>						
CONTACT NO: _____	FAX NO: _____					

15/11/21, 11.00am

L/S, R, AL sy
2 d/s

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED
DAuto002
Ding Auto User 2

ESTIMATOR
STA AUTOCENTRE
TEL: _____

FAX: _____

- LKK Auto Centre hence notify
the Repairer of the following:
- To resurvey before 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 11/11/2021 14:31 (SGT)
Date of Accident 10/11/2021 21:50 (SGT)
Exact Location of Accident North Bridge Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA242T

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) +65-97727570
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 MOHAMAD KHAMSAI BIN JOKO
NRIC No SXXXX222I

Date Of Birth 13/11/1969
 Occupation Outdoor
 Date Of Driving Pass 02/01/1991
 Driving experience 30 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97727570
 Alt. Phone Number
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 635A SENJA ROAD #08-245
 Address complement
 Postcode 671635
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured
 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 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? 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 MUHD SHAHRUL AN
 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 THE 10/11/2021 AT ABOUT 2150 HOURS, I WAS DRIVING VEHICLE A (SHA242T) ON LANE 2 GOING STRAIGHT ALONG NORTH BRIDGE ROAD WHEN VEHICLE B (SFU3398B) REAR ENDED THE BACK OF MY TAXI. I WAS STATIONARY BEFORE THE TRAFFIC LIGHT ON RED. NOBODY IS INJURED.

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 SFU3398B
 Vehicle Manufacturer
 Vehicle Model

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91832063
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.

(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.

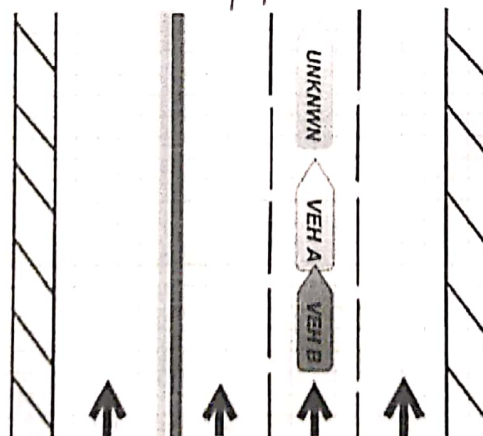
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

↑
NORTH
BRIDGE
ROAD



A-SHA242T
B-SFU3398B

Describe Circumstances of the Accident

ON THE 10/11/2021 AT ABOUT 2150 HOURS, I WAS DRIVING VEHICLE A (SHA242T) ON LANE 2 GOING STRAIGHT ALONG NORTH BRIDGE ROAD WHEN VEHICLE B (SFU3398B) REAR ENDED THE BACK OF MY TAXI. I WAS STATIONARY BEFORE THE TRAFFIC LIGHT ON RED. NOBODY IS 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

11/11/21

1050