

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. MT/1161087-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs. 3 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:

SHC736A

Yr Rogn:

9/10/19

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

Truck / Trailer or

Make:

Hyundai Ioniq

c.c 1580

Colour:

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

333332

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Km+KBS/CULU/79024

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

Westlane

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

30/1/22

D.O.I.

3/2/22

Survey held at

CDGE

Des. of Damages: (Fr) / 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

Thevan finalised LS \$2000, 3 days. (Red \$3410, 63%)

Date/Time, File Pass to?

☐

: Prelim. Report

23/02 Typist

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. \$

Fines

Other

Total

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: VV&I (\$

Request Fines:

TP

Lump Sum / 2000

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKK -

DATE: 3-Feb-22INSURANCE: NTUC (LIS)MODEL: Hyundai IoniqMVA: LIM T SVEHICLE NO.: SHC 736A - CityCab

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Frt Fender LH	1		\$588.80 / PT
	Frt Fender Shield LH	1		\$164.70 /
	Frt Fender Blue-Drive LH	1		\$26.60 / nec
	Frt Wheel Cap LH	1		\$346.40 / scr
	Headlamp LH	1		\$1,993.65 /
	Frt Bumper	1		\$430.90 / PT
	Frt Bumper Upper Moulding	1		\$368.50 XJUC
	Frt Bumper Side Bracket LH	1		\$35.00 / nec
	Frt Bumper Clips	10	\$2.20	\$22.00 / nec
	Daylight LH	1		\$642.50 XJUC
	Daylight Grille LH	1		\$93.45 / scr
	SUB TOTAL			\$4,712.50
	LESS 20%			\$942.50
	DISCOUNTED TOTAL			\$3,770.00
	<u>Labour Charge</u>			\$800.00 700
	Panel Beating			\$600.00 500
	Spray Painting Charge			\$60.00 30
	Check Lightings			\$60.00 30
	Tuff Kote			\$120.00 XNW
	Wheel Alignment			
	TOTAL LABOUR			\$1,640.00
	ESTIMATE TOTAL			\$5,410.00

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Thwan@Lkhauto.com

82235769

3/2/21 1600

LIS after repair photo
wp 3days

- 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:

Job: ARC Repair TP(CFSO)1
Customer: COMER
Sales Order: 4169901
JC NO: 305503139

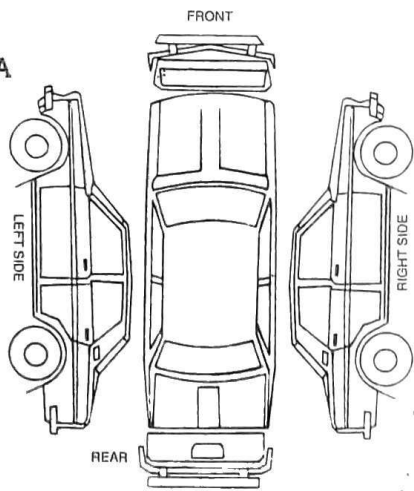
Customer: CITYCAB PTE LTD Customer NO. 7010070 Address: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P)	REGN NO.: SHC 736A	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: IONIQ(G3)	DATE/TIME IN: 31.01.2022 09:30
	YR OF MANU. 09.10.2019	TARGET DATE
	CHASSIS CODE: KMHC851CVLU179024	COMPLETION DATE/TIME:
	DUNT CARD NO.	

Accident Date: 30.01.2022
Nature: 3P 30.01.2022

Job NO: 00010
LABOR CODE: PB

JOB DESCRIPTION

DESCRIPTION
LUMPSUM REPAIR-SHC 736A



BOOKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Checklist

SHC 736A LIMITS

Exit Pass
Vehicle No.: SHC 736A

Signature/Date Name of Service Advisor Date
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 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	31/01/2022 14:07 (SGT)
Date of Accident	30/01/2022 02:45 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	HOUGANG AVENUE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC736A
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) +65-86664563
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 - Reporting only
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	TOH SER KHONG
NRIC No	SXXXX549B

Date Of Birth	16/09/1968
Occupation	Outdoor
Date Of Driving Pass	06/11/1989
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) *65-86664563
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	416 ANG MO KIO AVENUE 10 #12-955
Address complement	-
Postcode	560416
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	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)	3
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

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 30/01/22 AT ABOUT 0245HRS I WAS DRIVING VEHICLE A SHC736A ALONG TAMPINES ROAD WITH TWO PASSENGERS. I WAS AT EXTREME RIGHT LANE AND WANTED TO TURN RIGHT INTO HOUGANG AVENUE 7. AS I WAS TURNING, SUDDENLY VEHICLE B PC6777Y SIDE SWIPE MY VEHICLE FRONT LEFT. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

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	PC6777Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MANPREET SINGH
Work Permit No	0XXX0325
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

A SHC736A

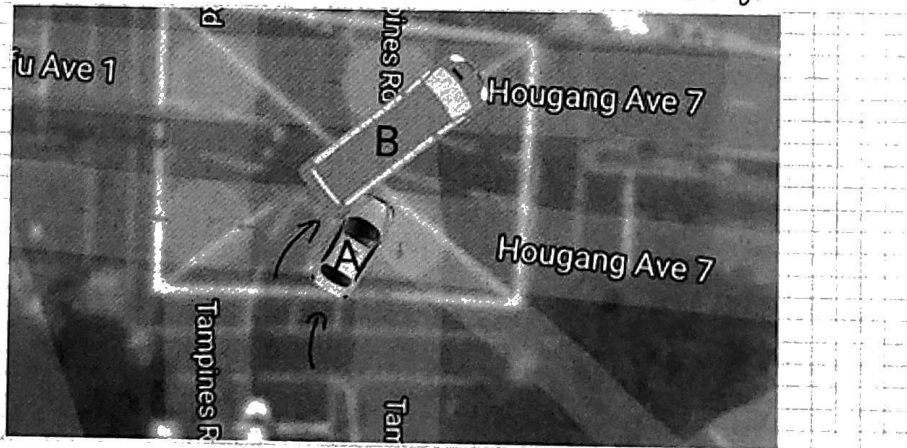
B PC6777Y

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

20/10/22 / 0500hrs

Witnessed by Reporting Centre Personnel

Buang

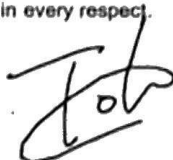


Describe Circumstances of the Accident

ON 30/01/22 AT ABOUT 0245HRS I WAS DRIVING VEHICLE A SHC736A ALONG TAMPINES ROAD WITH TWO PASSENGERS. I WAS AT EXTREME RIGHT LANE AND WANTED TO TURN RIGHT INTO HOUGANG AVENUE 7. AS I WAS TURNING, SUDDENLY VEHICLE B PC6777Y SIDE SWIPE MY VEHICLE FRONT LEFT. 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

20/01/22 12:50/hrs



Witnessed by Reporting Centre Personnel

20/01/22