

Ref: Thevan

Ref: Nfuc

NS/INC22002130/Vqc

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: _____
Clnms No: MT/1162193-006
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: _____ % J Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB2196A Yr Regn: 6/10/16
Type: M/Car / M/Cycle / Bus / Van / Lorry / Truck / Prime Mover /
Truck / Trailer or
Make: Hyundai 120 c.c. 1685
Colour: Yellow AC: Insured / Std / NI / NA
Sp. Reading: 97883.1 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: hmfHLB41umHu095318
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: NII / SRIm / STD A/RIm or
Tyre Size: F: 206/60R16
R: 206/60R16
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Westlake
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 16/2/22 D.O.I. 17/2/22 1600
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 \$2950, 3 days. (Red \$2002.70, 40%)

Days Time File Pass to? ☐ : Prelim. Report
12/22/03 Typist ☐ : Final Report
Days Time File Return to?

Days Of Repair: 3
Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : V/A & E (\$ _____)

Survey Fee: _____
Transportation: _____
S + RS: \$ _____
Fines: _____
Others: _____
Total: _____

Request For Fee: TP
2950

Date/Time: 17.02.2022 11:24

Page : 1

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4175092

JC NO305505044

OMER

S CITYCAB PTE LTD
OMER NO 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188
(P) (C)

REGN NO: SHB2196A	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL I-40	DATE/TIME IN 17.02.2022 08:00
YR OF MANU. 06.10.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU095318	COMPLETION DATE/TIME:

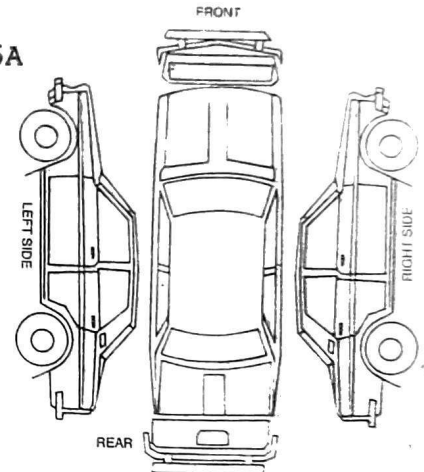
JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 16.02.2022
NATURE: 3P 16.02.2022/C

NO LABOR CODE
0010 PB

DESCRIPTION
LUMPSUM REPAIR-SHB2196A



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

SHB2196A

LIMITS

Vehicle No.:

SHB2196A

Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed to Service Reception upon collection

To be kept by Security Guard.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Effective Date: 1 Nov 2020

DATE: 17-Feb-22

MODEL: Hyundai i40

INSURANCE: NTUC (LKS)

VEHICLE NO.: SHB2196A - CityCab

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Fender RH	1		\$663.00
	Front Fender Shield RH	1		\$174.90
	Front Door RH	1		\$2,256.40
	Front Wheel Cap RH	1		\$217.20
	Wing Mirror RH	1		\$670.00
	SUB TOTAL			\$3,981.50
	LESS 20%			\$796.30
	DISCOUNTED TOTAL			\$3,185.20
	Front Door ComfortDelGro RH	1		\$75.00
	S/NETT SUB			\$75.00
	LESS 10%			\$7.50
	S/NETT TOTAL			\$67.50
	Front Door Advertisement Sticker RH	1		\$100.00
	Front Fender Adv.Sticker RH	1		\$100.00
	NETT TOTAL			\$200.00
	TOTAL SPARE PARTS			\$3,452.70
	Labour Charge			
	Panel Beating			\$600.00
	Spray Painting Charge			\$600.00
	Tuff Kote			\$60.00
	Transfer of Door Mechanism			\$120.00
	Wheel Alignment			\$120.00
	TOTAL LABOUR			\$1,500.00
	ESTIMATE TOTAL			\$4,952.70

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.

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:

Thuan 82235769
17/2/22 1606
L/S after repair photo
3days w/p

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	17/02/2022 09:50 (SGT)
Date of Accident	16/02/2022 18:25 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	SLIP ROAD, UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2196A
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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) +65-97811533
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	LEE CHOO HOCK
NRIC No	SXXXX377H

Date Of Birth	07/03/1959
Occupation	Outdoor
Date Of Driving Pass	29/12/1976
Driving experience	45 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97811533
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	314 SEMBAWANG DRIVE #06-460
Address complement	-
Postcode	750314
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	3
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	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 16/02/2022 AT ABOUT 1825HRS I WAS DRIVING MY VEHICLE A SHB2196A ALONG THE CTE SLIP ROAD TOWARDS UPPER SERANGOON ROAD. AS MY VEHICLE A WAS ALREADY HALF WAY INTO THE 1ST LANE, VEHICLE B SLF1110K WHICH WAS ALSO FILTERING FROM BEHIND. VEHICLE B THEN COLLIDED HIS LEFT FRONT ONTO MY VEHICLE A RIGHT FRONT. UPON COLLISION, VEHICLE B FLIP SIDE WAY AND THEN COLLIDED ONTO VEHICLE C SMY8990D RIGHT REAR. NO ONE WAS INJURED AT THAT POINT OF TIME. NO PARTICULARS EXCHANGED

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	SLF1110K
Vehicle Manufacturer	Toyota

Vehicle Model	Vellfire
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMY8990D
Vehicle Manufacturer	Volkswagen
Vehicle Model	Touran
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.

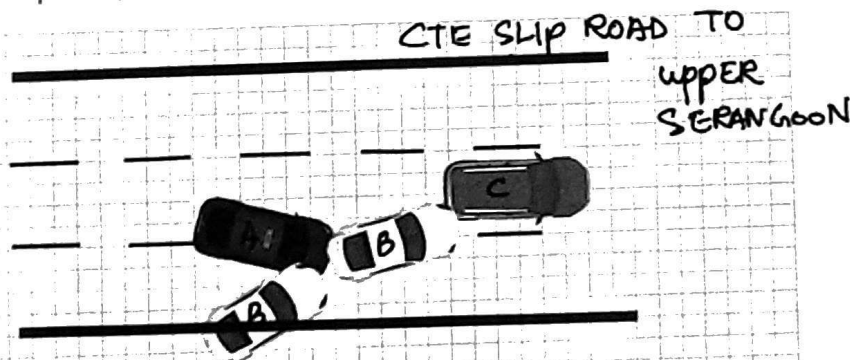
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHB 2196A
B - SLF 1110K
C - SMY 8990D



Describe Circumstances of the Accident

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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

17.02.2022 0915HRS



Witnessed by Reporting Centre Personnel

Kyran Yong