

ASS. REC. BY:

Stere

REF:

SMRT

CS/SMR22002157/Ety3

## 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.

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 7882P

Yr Regn:

13/2/20

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

Truck / Trailer or

Make:

Hyundai i10

c.c

1580

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

23066R

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHC 951 CVLH 184314

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:

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.

6/3/22

D.O.I.

8/3/22

Survey held at

Ding Automotive

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front RH

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time

Action / Instruction

PART BY PART \$3562.04, 3DAYS  
RED: 7,588.60; 68%

Date/Time, File Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / L.B.H. (%)

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:



: Site Insp

(\$



: Interview

(\$



: Tech. Invs

(\$



: Weekend

(\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

TO :

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

08/03/2022 13:09

JOB-NO: 50114004

**OWNER'S PARTICULARS**

NAME: CityCab PTE LTD (Fleet)  
 ADDRESS: 383 SIN MING DRIVE  
 SINGAPORE 575717 0

CONTACT: 65533880  
 64739522

Page 1 of 2

**VEHICLE DETAILS**

LICENSE NO: SHC7882P TRANS: AUTO  
 MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI  
 OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD  
 JOB-CODE: TP SA: Ding Auto User 2

CHASSIS: KMHCB51CVLU184314  
 ENGINE: G4LEKU389505

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<b>LABOUR</b>							
1 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AFFECTED AREA	1.00	1,600.00	0.00	1,600.00	400	Y	_____
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	170.00	0.00	170.00	30	Y	_____
3 TO REMOVE AND REFIT OF NECESSARY ITEMS TO FACILITATE BODYWORK REPAIR	1.00	350.00	0.00	350.00	30	Y	_____
4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	300.00	0.00	300.00	X	Y	_____
5 TO READJUST AND REALIGN HEADLAMP AIM	1.00	150.00	0.00	150.00	30	Y	_____
6 TO VACUUM AND TOPUP A/C GAS FOR A/C CONDENSER	1.00	180.00	0.00	180.00	X	Y	_____
7 TO REMOVE AND REFIT A/C CONDENSER, RADIATOR AND OTHER NECESSARY ITEM TO ENABLE BODYWORK REPAIR	1.00	300.00	0.00	300.00	X	Y	_____
8 TO RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00	200	Y	_____
9 TO RESPRAY FRONT BUMPER CENTER UPPER MOULDING	1.00	250.00	0.00	250.00	X	Y	_____
10 TO RESPRAY FRONT BUMPER MOULDING	1.00	250.00	0.00	250.00	X	Y	_____
11 TO RESPRAY FRONT BUMPER LOWER MOULDING	1.00	250.00	0.00	250.00	X	Y	_____
12 TO RESPRAY FRONT FENDER PANEL	1.00	250.00	0.00	250.00	200	Y	_____
TOTAL:		4,300.00	0.00	4,300.00			_____

**MATERIALS**

1 FRONT BUMPER COVER / BR	1.00	430.90	86.18	344.72	L	Y	_____
2 FRONT RH BUMPER RETAINER X	1.00	28.00	5.60	22.40	L	Y	_____
3 FRONT RH BUMPER SIDE SUPPORT X	1.00	12.00	2.40	9.60	L	Y	_____
BRACKET							
4 FRONT BUMPER ENERGY ABSORBER X	1.00	86.90	17.38	69.52	L	Y	_____
5 FRONT RH BUMPER MOULDING X	1.00	93.00	18.60	74.40	L	Y	_____
6 FRONT RH FOG LAMP X	1.00	642.50	128.50	514.00	L	Y	_____
7 FRONT RH BUMPER AIR CURTAIN DUCT X	1.00	56.50	11.30	45.20	L	Y	_____
8 WIPER RESERVOIR X	1.00	150.80	30.16	120.64	L	Y	_____
9 FRONT BUMPER REINFORCEMENT X	1.00	1,075.10	215.02	860.08	L	Y	_____
10 FRONT BUMPER UPPER CENTER MOULDING X	1.00	284.90	56.98	227.92	L	Y	_____
11 FRONT BUMPER UNDERTRAY COVER X	1.00	469.40	93.88	375.52	L	Y	_____
12 FRONT RH HEADLAMP / CMJ	1.00	2,110.30	422.06	1,688.24	L	Y	_____
13 FRONT RH HEADLAMP COMPUTER X	1.00	841.80	168.36	673.44	L	Y	_____

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



# CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
14 FRONT RH FENDER PANEL <i>DN</i>	1.00	588.80	117.76	471.04	L	Y	
15 FRONT RH FENDER LINER <i>TN</i>	1.00	114.70	22.94	91.76	L	Y	
16 FRONT RH FENDER EMBLEM <i>MC</i>	1.00	26.60	5.32	21.28	L	Y	
17 FRONT RH FENDER AND BUMPER MOUNTING BRACKET <i>X</i>	1.00	39.30	7.86	31.44	L	Y	
18 FRONT END MODULE CARRIER <i>X</i>	1.00	949.30	189.86	759.44	L	Y	
19 FRONT BUMPER CLIP SET <i>MC</i>	1.00	75.00	0.00	75.00 <i>25</i>	S	Y	
20 FRONT BUMPER RIVET SET <i>MC</i>	1.00	65.00	0.00	65.00 <i>10</i>	S	Y	
21 FRONT BUMPER UNDERTRAY COVER CLIP <i>X</i>	1.00	60.00	0.00	60.00	S	Y	
22 FRONT FENDER LINER CLIP SET <i>MC</i>	1.00	65.00	0.00	65.00 <i>10</i>	S <i>20</i>	Y	
23 FRONT BUMPER MOULDING CLIP <i>X</i>	1.00	55.00	0.00	55.00	S	Y	
24 RADIATOR COOLANT 4L <i>X</i>	1.00	130.00	0.00	130.00	S	Y	
TOTAL:		8,450.80	1,600.16	6,850.64			

TOTAL PARTS & LABOUR : 12,750.80 1,600.16 11,150.64

EXCESS/LOADING: \$\$ 0.00

No. Of Day: 3

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

DATE OF SURVEY: 1 1 Steve (LKK)

SURVEYED BY: PIP, My Be Sy

CONTACT NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

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

DAuto002

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:

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 ..... 07/03/2022 14:00 (SGT)  
Date of Accident ..... 06/03/2022 10:45 (SGT)  
Exact Location of Accident ..... Corporation Rd, Singapore  
Additional Location Information .....  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC7882P  
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) +65-98337755  
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 - Claiming third party  
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 ..... NG GHIM SOON(HUANG JINSHIN)  
NRIC No ..... SXXXX130F



Date of Birth ..... 01/11/1977  
 Location ..... Outdoor  
 Date of Driving Pass ..... 29/09/1999  
 Driving experience ..... 22 YEARS AND 6 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-98337755  
 Alt. Phone Number .....  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... 311A CLEMENTI AVENUE 4 #16-155  
 Address complement .....  
 Postcode ..... 121311  
 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? ..... 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 ..... Clementi Neighbourhood Police Centre  
 Police Station Phone No ..... (Phone) +65-18008729999  
 Alt. Police Station Phone No ..... (Fax) +65-68728039  
 Police Station Address ..... No. Singapore 129858  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

ON THE 06/03/2022 AT AROUND 1045HRS. I VEHICLE A (SHC7882P) WAS DRIVING ALONG BOON LAY DRIVE ON THE LFT LANE TURNING RIGHT ONTO CORPORATION ROAD WITH A PASSENGER ON BOARD. AS I FINISHED MY TURN, VEHICLE B (SHC4873K) WHO WAS ON MY RIGHT ABRUPTLY LANE CHANGE ONTO MY LANE AND COLLIDED ONTO MY FRONT RIGHT BUMPER. THE IMPACT HAS CAUSED ME TO SUFFER INJURIES ON BOTH MY ARMS WHICH I WILL SEEK MEDICAL ATTENTION FOR IT.

#### 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	SHC4873K
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	NG GHIM SOON(HUANG JINSHIN)
Gender	Male
Phone No	(Phone) +65-98337755
Address	311A CLEMENTI AVENUE 4 #16-155
Address Complement	-
Post Code	121311
Approximate Age Years Old	-
Injuries Sustained	BOTH ARM INJURIES
Injured person in which vehicle?	SHC7882P
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 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.

*[Signature]*

*[Signature]*

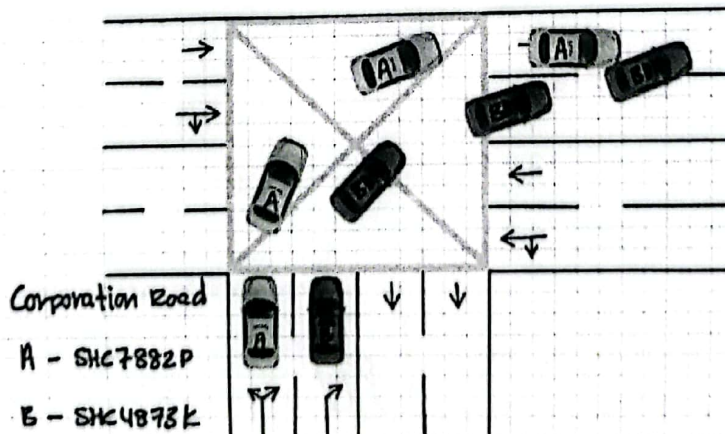
DAHNIAL

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 06/03/2022 1230

Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

ON THE 06/03/2022 AT AROUND 1045HRS. I VEHICLE A (SHC7882P) WAS DRIVING ALONG BOON LAY DRIVE ON THE LFT LANE TURNING RIGHT ONTO CORPORATION ROAD WITH A PASSENGER ON BOARD. AS I FINISHED MY TURN, VEHICLE B (SHC4873K) WHO WAS ON MY RIGHT ABRUPTLY LANE CHANGE ONTO MY LANE AND COLLIDED ONTO MY FRONT RIGHT BUMPER. THE IMPACT HAS CAUSED ME TO SUFFER INJURIES ON BOTH MY ARMS WHICH I WILL SEEK MEDICAL ATTENTION FOR IT.

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 06/03/2022 1230



DAHNIAL

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20220306/2027

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20220306/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/03/2022 15:46		Vide Report No.:		Station Diary No.: 44	
<b>Informant's Particulars</b>					
Name of Informant: NG GHIM SOON			Address: APT BLK 311A CLEMENTI AVENUE 4 #16-155 SINGAPORE 121311		
ID Type / ID No.: NRIC NO / S7743130F			Contact No.: Home/Office: Mobile: 98337755		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 01/11/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2022 10:45	Type of Location: T-Junction
Location:  BOON LAY DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4873K	Taxi	TOYOTA	PRIUS	Maroon	Slightly Damaged	0
SHC7882P	Taxi	HYUNDAI	IONIQ	Yellow	Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220306/2027

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20220306/2027

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:  
D / STAFF SGT MOHAMAD  
ABDUL NASIR S/O  
SAVALHAMITHU

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:

Date/Time:  
06/03/2022 15:46

Classification Of Case:

NP168

