

ASS. REC. BY: Thavan

REF: Ntuc

NS/INC22003247/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. \_\_\_\_\_

Claims No. MT/1167587-002

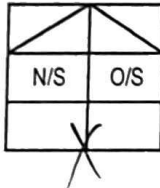
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 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: SHA406m Yr Regn: 23/4/19

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: 238757 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: kmf1c8slcvhu/140724

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 Westlake

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 5/4/22

Survey held at CDGE

Rear

R/Bal. 5 mm

L/Bal. 5 mm

D.O.I. 6/4/22 1700

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

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

Date / Time Action / Instruction

Thevan finalised LS \$1350, 2 days. (Red \$1578.66, 54%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 25/04 Typist

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trlp: 1

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\_\_\_\_ S + RS \_\_\_\_ SI

Photos

Others

TOTAL

Report Format : TP

Lump Sum 1350 (\$ \_\_\_\_\_)


Date/Time: 06.04.2022 08:50

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4193276

JC NO:305511505

TOMER  
 MS CITYCAB PTE LTD  
 7010070  
 TOMER NO  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 (R) 65551188 (O)  
 (P)

REG NO: SHA 406M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 05.04.2022 15:55
YR OF MANU. 23.04.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU140724	COMPLETION DATE/TIME:

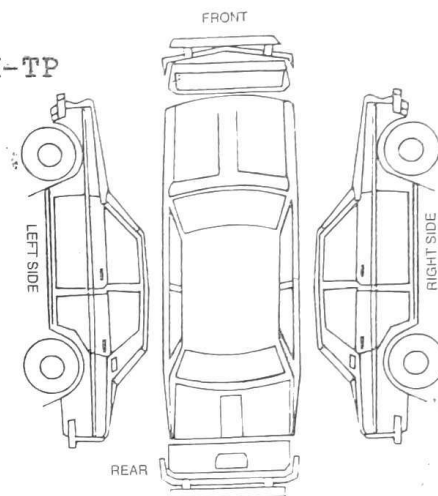
COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 05.04.2022  
 ATURE: 3P 05.04.2022

/NO LABOR CODE  
 00010 PB

DESCRIPTION  
 PANEL BEATING-SHA 406M-TP



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SHA 406M LIMITS

Vehicle No.: SHA 406M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Effective Date: 1 Nov 2020

DATE: 20-Jan-22MODEL: Hyundai IoniqINSURANCE: NTUC CLSVEHICLE NO.: SHA 406M - CityCabMVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	Rear Bumper	1		\$ 459.40	cut
	Rear Bumper Reinforcement	1		\$ 394.80	X Svc
	Rear Bumper Reinforcement Bracket LH/RH	2	\$ 138.10	\$ 276.20	X Svc
	Rear Bumper Centre Moulding	1		\$ 451.25	cut
	Rear Bumper Lower Centre Moulding	1		\$ 155.00	X Svc
	Rear Bumper Cover Clips	10	\$ 2.20	\$ 22.00	X Svc
	Rear Bumper Tow Cover	1		\$ 98.80	X Svc
	Rear Foglamp	1		\$ 201.50	X Svc
	<b>SUB TOTAL</b>			<b>\$ 2,058.95</b>	
	<b>LESS 20%</b>			<b>\$ 411.79</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,647.16</b>	
	Reverse Sensors	1		\$ 180.00	X Svc
	Rear No. Plate With Trim Cover	1		\$ 55.00	Crn
	<b>S/NETT SUB</b>			<b>\$ 235.00</b>	
	<b>LESS 10%</b>			<b>\$ 23.50</b>	
	<b>S/NETT TOTAL</b>			<b>\$ 211.50</b>	
	Rear Fender Adv. Sticker RH/LH	2	\$ 100.00	\$ 200.00	Nett / NAC
	Rear Bumper Mat	1		\$ 50.00	Nett / NAC
	<b>SPARE PARTS TOTAL</b>			<b>\$ 2,108.66</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 400.00	350
	Spray Painting Charge			\$ 300.00	250
	Remove/Refix Reverse Sensor			\$ 120.00	30
	<b>TOTAL LABOUR</b>			<b>\$ 820.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,928.66</b>	

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:

Tha'an

82235769

6/4/22 1700

4/5 repair delays 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	05/04/2022 21:55 (SGT)
Date of Accident	05/04/2022 14:10 (SGT)
Exact Location of Accident	Mount Pleasant Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA406M
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) +65-98282682
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	CHNG KOK SEONG
NRIC No	SXXXX425F

Date Of Birth	08/10/1955
Occupation	Outdoor
Date Of Driving Pass	30/10/1973
Driving experience	48 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98282682
Alt Phone Number	-
Email Address	fleetsafety@odgtaxi.com.sg
Address	BI OCK 53 JALAN MAMOR
Address complement	#01-150
Postcode	320053
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	Collided into Motorcyclist
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER

Name	PASSENGER
Gender	Female

#### 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 05/04/2022 AT ABOUT 14.10HRS, I WAS DRIVING VEHICLE A ( SHA406M) ALONG MOUNT PLEASANT ROAD TOWARDS PIE (TUAS) WHILE TRAVELLING STRAIGHT FRONT UNKNOWN VEHICLE APPLY JAMMBRAKE AND STOP SUDDENLY. I APPLY BRAKE AND STOP IN TIME WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS, VEHICLE B (FBH8995K) COLLIDED ONTO VEHICLE A REAR BUMPER. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

#### 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 NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH8995K
Vehicle Manufacturer	Yamaha

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	UTHIRAPATHY MURUGESAN
Passport No/FIN	FXXXX002Q
Contact Number	(Phone) +65-90061545
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

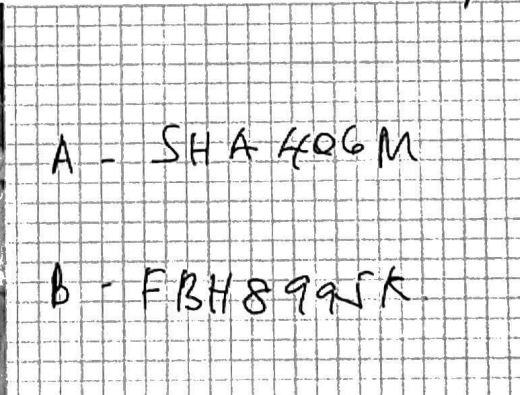
1. Please report **correctly** the details of the accident to speed up the claims process
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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



Describe Circumstances of the Accident

ON 05/04/2022 AT ABOUT 14:10HRS, I WAS DRIVING VEHICLE A (SHA406M) ALONG MOUNT PLEASANT ROAD TOWARDS PIE (TUAS). WHILE TRAVELLING STRAIGHT FRONT UNKNOWN VEHICLE APPLY JAMMBRAKE AND STOP SUDDENLY. I APPLY BRAKE AND STOP IN TIME. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS, VEHICLE B (FBH8995K) COLLIDED ONTO VEHICLE A REAR BUMPER. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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

5/4/22 @ 1640H

Whitney