

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. CLMOMVC000004156-50114128

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 Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 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:

Yr Regn:

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

Truck / Trailer or

Make:

c.c. 1580

Colour:

A/C: Insured / Std / NI / NA

Sp. Reading:

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

Steve finalised final fig \$8242.68, 5 days. (Red \$7984.44, 49%)

Date/Time, File Pass to?

: Prelim. Report

1) 11/05 Typist

Date/Time, File Return to?

: Final Report

2)

Report Format: TP

Lump Sum / I.B.F. (\$) 8242.68

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

26/04/2022 12:19

JOB-NO: 50114128

OWNER'S PARTICULARSNAME: CityCab PTE LTD (Fleet)
ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0CONTACT: 65533880
64739522

Page 1 of 2

VEHICLE DETAILSLICENSE NO: SHC7855T 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 2CHASSIS: KMHC851CVLU183592
ENGINE: G4LEKU388032**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AFFECTED AREA	1.00	1,400.00	0.00	1,400.00	1000	Y	_____
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	180.00	0.00	180.00	30	Y	_____
3 TO REMOVE AND REFIT OF NECESSARY ITEMS TO FACILITATE BODYWORK REPAIR	1.00	280.00	0.00	280.00	30	Y	_____
4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	300.00	0.00	300.00	100	Y	_____
5 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	150.00	0.00	150.00	X	Y	_____
6 TO READJUST AND REALIGN HEADLAMP AIM	1.00	120.00	0.00	120.00	30	Y	_____
7 TO VACUUM AND TOPUP A/C GAS FOR A/C CONDENSER	1.00	180.00	0.00	180.00	120	Y	_____
8 TO REMOVE AND REFIT A/C CONDENSER, RADIATOR AND OTHER NECESSARY ITEM TO ENABLE BODYWORK REPAIR	1.00	260.00	0.00	260.00	50	Y	_____
9 TO CHECK AND REPAIR WIRE HARNESS	1.00	180.00	0.00	180.00	X	Y	_____
10 TO RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00	200	Y	_____
11 TO RESPRAY FRONT BUMPER CENTER UPPER MOULDING	1.00	250.00	0.00	250.00	120	Y	_____
12 TO RESPRAY FRONT BUMPER MOULDING	1.00	250.00	0.00	250.00	50	Y	_____
13 TO RESPRAY FRONT BUMPER LOWER MOULDING	1.00	250.00	0.00	250.00	X	Y	_____
14 TO RESPRAY FRONT BONNET	1.00	250.00	0.00	250.00	200	Y	_____
15 TO RESPRAY FRONT BONNET HINGE	1.00	250.00	0.00	250.00	X	Y	_____
16 TO RESPRAY FRONT FENDER PANEL	1.00	250.00	0.00	250.00	200	Y	_____
TOTAL:		4,800.00	0.00	4,800.00			_____
MATERIALS							
1 FRONT BUMPER COVER / BR	1.00	430.90	86.18	344.72	L	Y	_____
2 FRONT LH BUMPER RETAINER / BR	1.00	28.00	5.60	22.40	L	Y	_____
3 FRONT LH BUMPER SIDE SUPPORT BRACKET / BR	1.00	12.00	2.40	9.60	L	Y	_____
4 FRONT LH BUMPER MOULDING / MS	1.00	93.00	18.60	74.40	L	Y	_____
5 FRONT LH FOG LAMP / BR	1.00	642.50	128.50	514.00	L	Y	_____
6 FRONT LH BUMPER AIR CURTAIN DUCT / BR	1.00	13.90	2.78	11.12	L	Y	_____
7 FRONT BUMPER ENERGY ABSORBER X	1.00	86.90	17.38	69.52	L	Y	_____
8 FRONT BUMPER REINFORCEMENT X	1.00	1,075.10	215.02	860.08	L	Y	_____

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CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
9 FRONT LH HEADLAMP <i>BR</i>	1.00	2,110.30	422.06	1,688.24	L	Y	
10 FRONT LH HEADLAMP COMPUTER	1.00	841.80	168.36	673.44	L	Y	
11 FRONT END MODULE CARRIER <i>BR</i>	1.00	949.30	189.86	759.44	L	Y	
12 FRONT LH FENDER PANEL <i>BR</i>	1.00	588.80	117.76	471.04	L	Y	
13 FRONT LH FENDER LINER <i>his</i>	1.00	114.70	22.94	91.76	L	Y	
14 FRONT LH FENDER EMBLEM <i>X</i>	1.00	26.60	5.32	21.28	L	Y	
15 FRONT BUMPER LOWER LIP <i>X</i>	1.00	35.10	7.02	28.08	L	Y	
16 RADIATOR GRILLE <i>X</i>	1.00	1,409.10	281.82	1,127.28	L	Y	
17 RADIATOR GRILLE EMBLEM <i>X</i>	1.00	152.30	30.46	121.84	L	Y	
18 FRONT LH WHEEL RIM COVER <i>X</i>	1.00	346.40	69.28	277.12	L	Y	
19 FRONT BONNET <i>BR</i>	1.00	2,253.80	450.76	1,803.04	L	Y	
20 FRONT LH BONNET HINGE <i>X</i>	1.00	118.70	23.74	94.96	L	Y	
21 FRONT BUMPER CENTER UPPER MOULDING <i>X</i>	1.00	284.90 <i>cut</i>	56.98	227.92	L	Y	
22 FRONT BUMPER UNDERTRAY COVER <i>X</i>	1.00	469.40	93.88	375.52	L	Y	
23 FRONT LH PIEZO BUZZER <i>?</i>	1.00	70.40	14.08	56.32	L	Y	
24 A/C CONDENSER <i>X</i>	1.00	663.60	132.72	530.88	L	Y	
25 FRONT BUMPER LOWER GRILLE COVER <i>X</i>	1.00	186.90	37.38	149.52	L	Y	
26 FRONT BUMPER LOWER MOULDING <i>X</i>	1.00	44.00	8.80	35.20	L	Y	
27 RADIATOR GRILLE UPPER COVER <i>X</i>	1.00	48.30	9.66	38.64	L	Y	
28 FRONT LH ACTIVE UPPER AIR FLAP <i>X</i>	1.00	356.00	71.20	284.80	L	Y	
29 FRONT BUMPER LICENCE PLATE MOULDING <i>X</i>	1.00	158.60	31.72	126.88	L	Y	
30 FRONT BUMPER LOWER REINFORCEMENT <i>X</i>	1.00	85.10	17.02	68.08	L	Y	
31 FRONT BUMPER CLIP SET <i>NP</i>	1.00	65.00	0.00	65.00	S	Y	
32 FRONT BUMPER RIVET SET <i>NP</i>	1.00	60.00	0.00	60.00	S	Y	
33 RADIATOR COOLANT <i>NP</i>	1.00	120.00	0.00	120.00	S	Y	
34 FRONT FENDER LINER CLIP SET <i>NP</i>	1.00	60.00	0.00	60.00	S	Y	
35 FRONT BUMPER UNDERTRAY COVER CLIP <i>X</i>	1.00	55.00	0.00	55.00	S	Y	
36 FRONT BUMPER MOULDING CLIP SET <i>NP</i>	1.00	55.00	0.00	55.00	S	Y	
37 RADIATOR GRILLE CLIP SET <i>X</i>	1.00	55.00	0.00	55.00	S	Y	
TOTAL:		14,166.40	739.28	11,427.12			

TOTAL PARTS & LABOUR :

18,966.40 2,739.28 16,227.12

EXCESS/LOADING:\$ \$ 0.00

No. Of Day: _____

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

DATE OF SURVEY: ____ / ____ / ____

SURVEYED BY: _____ *Steve (LKK)*
26/4/22, 3:20pm

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 authorized and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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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 26/04/2022 12:14 (SGT)
Date of Accident 26/04/2022 06:30 (SGT)
Exact Location of Accident Commonwealth Ave W, Singapore
Additional Location Information
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7855T

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) +65-87381080
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 TAN CHEE CHONG
NRIC No SXXXX996I

Date Of Birth	29/04/1968
Occupation	Outdoor
Date Of Driving Pass	07/12/1991
Driving experience	30 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87381080
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	26 DOVER CRESCENT #08-59
Address complement	-
Postcode	130026
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	Collision - Head to Rear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 26/04/2022 AT ABOUT 06:30HRS. I WAS DRIVING VEHICLE A, SHC7855T TRAVELLING ALONG CLEMENTI ROAD THEN I TURNED RIGHT TOWARDS COMMONWEALTH AVE WEST AT THE CENTER LANE. I NOTICED VEHICLE B IN FRONT OF ME ALSO TURNING RIGHT AND WENT TO THE MOST LEFT LANE AND SUDDENLY HE CUT INTO MY LANE WITHOUT TURNING ON HIS RIGHT SIGNAL AND HIT ONTO MY VEHICLE.

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	CB7550L
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	BAGIO BIN SALAN

Contact Number	(Phone) +65-96703716
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT 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")

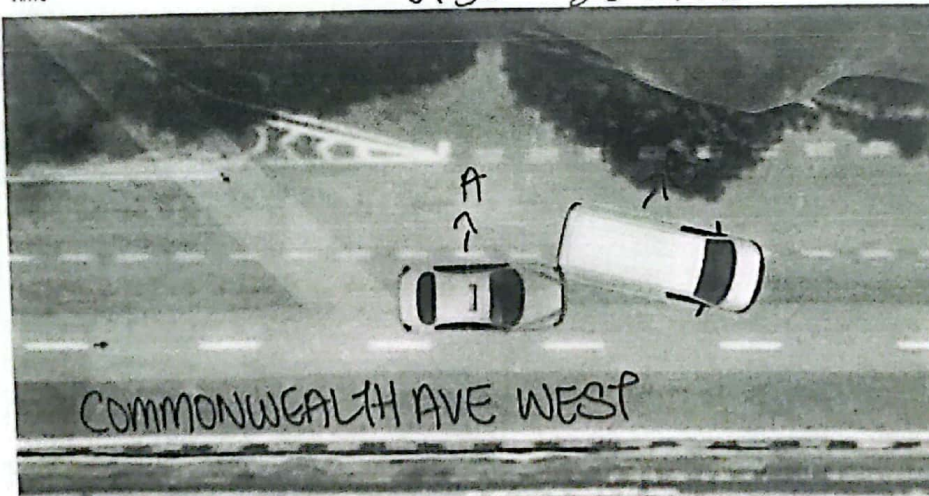
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 09:30 26.04.22

Witnessed by Reporting Centre Personnel MO NADIN



A - SHC 78557
B - CB75501

Describe Circumstances of the Accident

ON 26/04/2022 AT ABOUT 06:30HRS. I WAS DRIVING VEHICLE A, SHC7855T TRAVELLING ALONG CLEMENTI ROAD THEN I TURNED RIGHT TOWARDS COMMONWEALTH AVE WEST AT THE CENTER LANE. I NOTICED VEHICLE B IN FRONT OF ME ALSO TURNING RIGHT AND WENT TO THE MOST LEFT LANE AND SUDDENLY HE CUT INTO MY LANE WITHOUT TURNING ON HIS RIGHT SIGNAL AND HIT ONTO MY VEHICLE.

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

09:30 26.04.22

MO NAZQ IN