

(08/11/19)

ASS. REC. BY:

Thuan

REF:

ecics

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 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: SHD2989D Yr Regn: 30/4/19
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: Hyundai Ionig c.c. 1580Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: Not avail T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: hmt/c88/cvku/11097Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / 5/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 195/65R15

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

TOYO / YOKO or westlake

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 23/5/22 D.O.I. 26/5/22 1345Survey held at CDGRDes. 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

Date/Time, File Pass to?

1) _____
Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Our Job Ref No : 305516903

Date 27.05.22

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
89 Loring Drive Singapore 508969
Fax 6548 8116

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr THEVAN

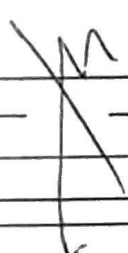
Vehicle Reg No. SHB2989D

Date of Accident : 23.05.22

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: ECICS SMS1310S
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost
 - (c.) Lumpsum Repair (If applicable)
Total for Lumpsum repair cost after Less: 20% \$1,400.00
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 

Name : JUMANI

Tel : 62148315

Fax : 65468156

Signature : 

Name : THEVAN

Date : 19/7/22

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid	---	NO		
3. Survey Fees	---	---		
LTA Search Fee	\$7.49 / \$2.00	YES		
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Date/Time: 23.05.2022 14:17 Page : 1

am: ARC Repair TP(CFS0)1

JOB CARD

Sales Order:

JC NO 305516903

OWNER

CITYCAB PTE LTD
OWNER NO 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (D)

(P)

UNIT CARD NO

REG NO SHB2989D	MILEAGE
MAKE HYUNDAI	FUEL E 1/2 F
MODEL IONIQ(G2)	DATE/TIME IN 23.05.2022 10:35
YR OF MANUF. 30.04.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU141097	COMPLETION DATE/TIME

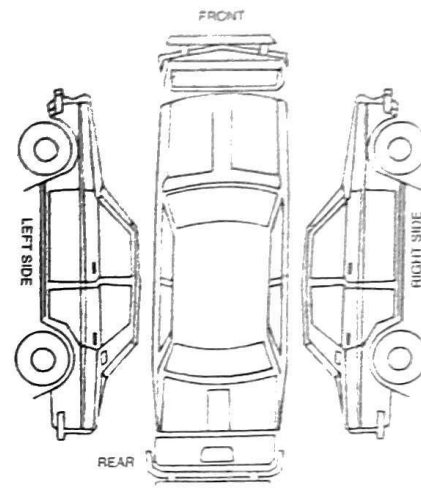
JOB DESCRIPTION

Accident Date: 23.05.2022
NATURE: 3P 23.2022

NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

Vehicle No.: SHB2989D

JU ECICS

Vehicle No.:

SHB2989D

Service Advisor

Signature/Date

Name of Service Advisor

Date

Turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

ECUS (US)

Date: 23.05.2022
Time: 14:26:24
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305516903
REGN NO : SHB2989D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 30.04.2019
DATE/TIME IN : 23.05.2022 10:35
ACCIDENT DATE : 23.05.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G COVER-RR BUMPER#	1	459.40	20.00	367.52	cut
0002 04-01-0104-2533-G MOULDING ASSY-RR BUMPER C	1	216.50	20.00	173.20	cut
0003 04-01-0101-0111-G BUMPER COVER CLIP REAR	10	20.00	20.00	16.00	n/c
0004 04-01-0104-1150-A PROTECTOR MAT	1	50.00	2.00	50.00	n/c
0005 04-01-0104-2288-G BEAM-RR BUMPER	1	394.80	20.00	315.84	7. XSVL
0006 04-01-0104-2531-G BRACKET ASSY-RR BUMPER SI	1	55.80	20.00	44.64	n/c
0007 04-01-0104-0851-G DEP REFLECTOR/REFLEX ASSY	1	41.45	20.00	33.16	CRG
SUB-TOTAL : 1,000.36					

JOB NATURE

0000 PB	PANEL BEATING	700.00	350
0001 SP	SPRAYPAINT CHARGE	600.00	300
0002 L	REMOVE/REFIX REVERSE SENSOR	50.00	30
SUB-TOTAL : 1,350.00			

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER : 7010070
ADDRESS : CITYCAR PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305516903
REGN NO : SHB2989D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 30.04.2019
DATE/TIME IN : 23.05.2022 10:3
ACCIDENT DATE : 23.05.2022

JOB PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,350.36

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

thru
82235709
26/5/22 1345
LIS 2 days wp

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	23/05/2022 18:13 (SGT)
Date of Accident	23/05/2022 10:00 (SGT)
Exact Location of Accident	60 Paya Lebar Rd, Singapore 409051
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2989D
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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) +65-97509256
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 CHOR HUAT
NRIC No	SXXXX355F

Date Of Birth	13/07/1971
Occupation	Outdoor
Date Of Driving Pass	29/01/2002
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97509256
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 420A NORTHSORE DRIVE#15-617
Address complement	-
Postcode	821420
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)	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 23/05/2022 AT ABOUT 10:00 HRS, I WAS DRIVING VEHICLE (A) SHB 2989D ALONG PAYA LEBAR ROAD TOWARDS UPPER PAYA LEBAR ROAD, AS VEHICLE (A) STATIONARY DUE TO THE TRAFFIC, VEHICLE (B) SMS 1380S COLLIDED ONTO VEHICLE (A) REAR LEFT SIDE. DUE TO THE IMPACT, I SUSTAINED PAIN ON MY CHEST AND HAND.

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	SMS1380S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MEGAN LEE

NRIC No	SXXXX559D
Contact Number	(Phone) +65-90460223
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHOR HUAT
Gender	Male
Phone No	(Phone) +65-97509256
Address	BLK420A NORTHSORE DRIVE#15-617
Address Complement	-
Post Code	821420
Approximate Age Years Old	-
Injuries Sustained	CHEST AND HAND PAIN
Injured person in which vehicle?	SHB2989D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

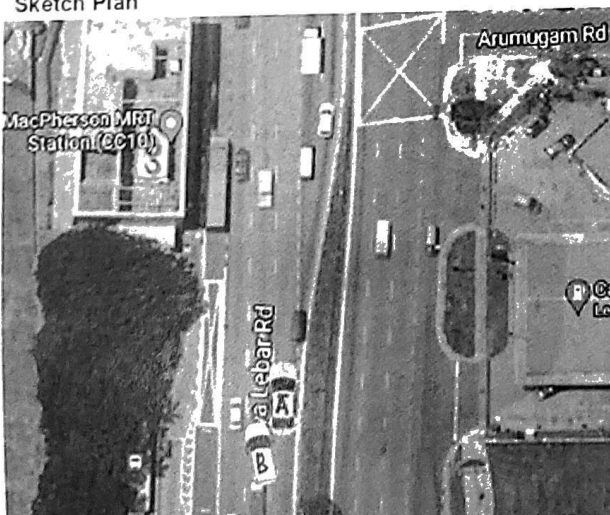
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
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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' law yers/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' law yers/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 law yers/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 29890

B - SMS 13805

Describe Circumstances of the Accident

ON 23/05/2022 AT ABOUT 10:00HRS, I WAS DRIVING VEHICLE A (SHB2989D) ALONG PAYA LEBAR ROAD TOWARDS UPPER PAYA LEBAR ROAD. AS VEHICLE A WAS STATIONARY DUE TO THE TRAFFIC, VEHICLE B (SMS1380S) COLLIDED ONTO VEHICLE A REAR LEFT SIDE. DUE TO THE IMPACT, I SUSTAINED PAIN ON MY CHEST AND HAND.

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




23/5/22 @ 1145H

Handwritten signature of the reporting centre personnel