

## 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
<u>X</u>	<u>X</u>

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 772X Yr Regn: 9/10/19

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

Truck / Trailer or

Make: Hyundai AE Long c.c. 1580Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 289950 T/Radio: Insured / Std / NI / NA

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

C/No: KM HC 85 / CV 178668

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rjm / STD A/Rim or

Tyre Size: F: 185/55R15R: 17

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

TOYO / YOKO or \_\_\_\_\_

Front Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 5/9/22 D.O.I. 6/9/22Survey held at Ding Auto

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

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

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

Report Format: \_\_\_\_\_

Lump Sum / L.B.H. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

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

05/09/2022 10:12

JOB-NO: 50114452

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

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**VEHICLE DETAILS**LICENSE NO: SHC0272X TRANS: AUTO  
MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 D  
OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD  
JOB-CODE: TP SA: Ding Auto User 2CHASSIS: KMHCB851CVLU178668  
ENGINE: G4LEKU362985**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	1,400.00	0.00	1,400.00	600	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	220.00	0.00	220.00	30	Y	_____
4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	240.00	0.00	240.00	30	Y	_____
5 TO REFIT REAR REVERSE SENSOR	1.00	100.00	0.00	100.00	30	Y	_____
6 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	120.00	0.00	120.00	X	Y	_____
7 TO CHECK AND REPAIR WIRE HARNESS	1.00	150.00	0.00	150.00	X	Y	_____
8 TO RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	200	Y	_____
9 TO RESPRAY REAR BUMPER CENTER MOULDING	1.00	250.00	0.00	250.00	150	Y	_____
10 TO RESPRAY REAR BUMPER LOWER MOULDING	1.00	250.00	0.00	250.00	X	Y	_____
11 TO RESPRAY REAR REVERSE SENSOR	1.00	250.00	0.00	250.00	X 80	Y	_____
12 TO RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00	200	Y	_____
13 TO RESPRAY REAR TAILGATE PANEL	1.00	250.00	0.00	250.00	200	Y	_____
14 TO RESPRAY REAR QUARTER PANEL	1.00	250.00	0.00	250.00	200	Y	_____
TOTAL:		4,150.00	0.00	4,150.00			_____
<b>MATERIALS</b>							
1 REAR BUMPER COVER / 00	1.00	459.40	91.88	367.52	L	Y	_____
2 REAR LH BUMPER RETAINER / OR	1.00	33.10	6.62	26.48	L	Y	_____
3 REAR RH BUMPER RETAINER X	1.00	33.10	6.62	26.48	L	Y	_____
4 REAR BUMPER CENTER MOULDING / OR	1.00	270.10	54.02	216.08	L	Y	_____
5 REAR LH BUMPER REFLECTOR - cut?	1.00	58.60	11.72	46.88	L	Y	_____
6 REAR BUMPER REINFORCEMENT	1.00	294.80	58.96	235.84	L	Y	_____
7 REAR LH BUMPER REINFORCEMENT ?	1.00	138.10	27.62	110.48	L	Y	_____
BRACKET							
8 REAR RH BUMPER REINFORCEMENT ?	1.00	138.10	27.62	110.48	L	Y	_____
BRACKET							
9 REAR BUMPER LOWER MOULDING X	1.00	47.50	9.50	38.00	L	Y	_____
10 REAR FOG LAMP X	1.00	201.50	40.30	161.20	L	Y	_____
11 REAR LICENCE PLATE LAMP ASSY X	1.00	96.64	19.33	77.31	L	Y	_____
12 REAR BUMPER TOWING COVER - MJ	1.00	9.10	1.82	7.28	L	Y	_____
13 REAR BUMPER WIRE HARNESS Y	1.00	210.10	42.02	168.08	L	Y	_____

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## CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
14 REAR BUMPER CENTER UNDER COVER X	1.00	28.70	5.74	22.96	L	Y	
15 REAR LH BUMPER UNDER COVER X	1.00	27.50	5.50	22.00	L	Y	
16 SMART KEY ANTENNA / BR	1.00	40.50	8.10	32.40	L	Y	
17 REAR LH BLIND SPOT DETECTION UNIT	1.00	1,874.40	374.88	1,499.52	L	Y	
18 REAR TAILGATE HYUNDAI EMBLEM / MC	1.00	68.20	13.64	54.56	L	Y	
19 REAR TAILGATE IONIQ EMBLEM / MC	1.00	48.20	9.64	38.56	L	Y	
20 REAR TAILGATE HYBRID EMBLEM / MC	1.00	51.20	10.24	40.96	L	Y	
21 REAR BOOT WEATHERSTRIP / TN	1.00	127.40	25.48	101.92	L	Y	
22 REAR BOOT LOCK X	1.00	224.00	44.80	179.20	L	Y	
23 TAILLAMP LH X	1.00	905.20	181.04	724.16	L	Y	
24 REAR LH QUARTER PANEL X R	1.00	1,768.30	353.66	1,414.64	L	Y	
25 REAR LH QUARTER PANEL AIR VENT X	1.00	57.60	11.52	46.08	L	Y	
26 REAR LH WHEEL RIM COVER X	1.00	346.40	69.28	277.12	L	Y	
27 REAR END PANEL	1.00	532.00	106.40	425.60	L	Y	
28 REAR BUMPER CLIP SET / MC	1.00	55.00	0.00	55.00	S	Y	
29 REAR REVERSE SENSOR SET / BR	2.00	300.00	0.00	300.00	S	Y	
30 REAR BUMPER PROTECTOR / MC	1.00	120.00	0.00	120.00	S	Y	
31 REAR TAILGATE "COMFORT DELGRO" / MC	1.00	100.00	0.00	100.00	S	Y	
STICKER							
32 REAR TAILGATE "6552-1111" STICKER / MC	1.00	100.00	0.00	100.00	S	Y	
33 REAR TAILGATE "BOOK NOW" STICKER / MC	1.00	100.00	0.00	100.00	S	Y	
34 REAR LICENCE PLATE NUMBER WITH / MC	1.00	80.00	0.00	80.00	S	Y	
FRAME							
35 REAR BUMPER UNDER COVER CLIP SET X	1.00	55.00	0.00	55.00	S	Y	
36 TAILLAMP GUIDE CLIP SET X	1.00	50.00	0.00	50.00	S	Y	
37 FUEL FLAP "PETROL ONLY" STICKER X MC	1.00	100.00	0.00	100.00	S	Y	
TOTAL:		9,149.74	617.95	7,531.79			

TOTAL PARTS &amp; LABOUR :

13,299.74

1,617.95

11,681.79

EXCESS/LOADING:\$ 0.00

No. Of Day: \_\_\_\_\_

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

DATE OF SURVEY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SURVEYED BY: \_\_\_\_\_

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: \_\_\_\_\_

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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 Actual 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	05/09/2022 10:43 (SGT)
Reported by	Driver
Date of Accident	05/09/2022 08:20 (SGT)
Exact Location of Accident	Jurong Pier Rd, Singapore
Additional Location Information	SLIP ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC272X

#### 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) +65-91513920
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
Policy Number / Cover Note Number	VFX/P2419140

#### DRIVER

Name of Driver	TEOH YING HAN
NRIC No	SXXXX044J
Date Of Birth	16/11/1975
Occupation	Outdoor



Date Of Driving Pass	19/03/2007
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91513920
Alt. Phone Number	
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 676A JURONG WEST STREET 64 #10-261
Address complement	
Postcode	641676
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 05/09/2022 AT ABOUT 0820HRS, I WAS STATIONARY IN VEHICLE A ALONG SLIP ROAD TO JURONG PIER ROAD FROM JALAN AHMAD IBRAHIM HEADING TOWARDS THE DIRECTION OF JURONG ISLAND. AS VEHICLE A WAS CHECKING FOR ONCOMING TRAFFIC FROM THE MAJOR ROAD, VEHICLE A FELT A STRONG IMPACT FROM THE REAR AND NOTICED VEHICLE B HAD REAR ENDED VEHICLE A WHILE CHANGING LANES. NOBODY WAS INJURED AT THE TIME OF 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 IS NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ5108Y
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-97641652
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 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.
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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' 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]*

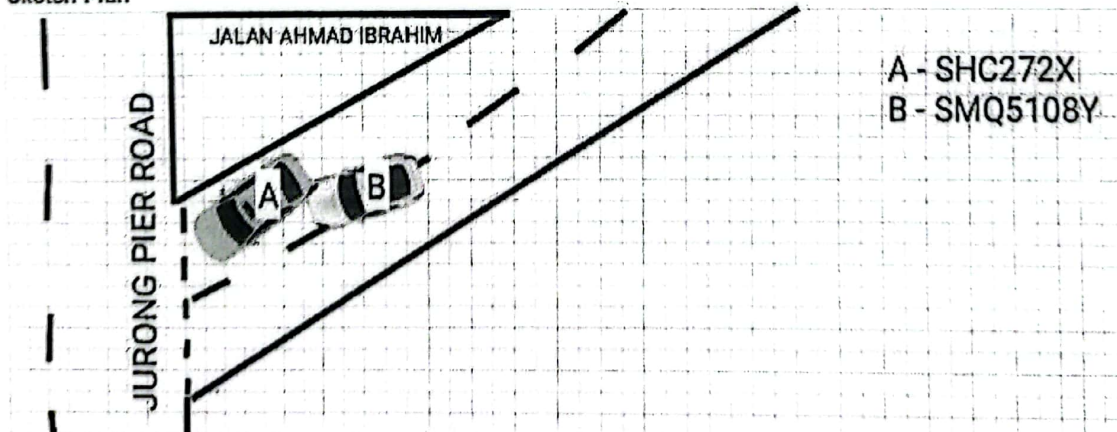
*[Signature]*

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 05/09/2022. 0935hrs

Witnessed by Reporting Centre Personnel

Sketch Plan



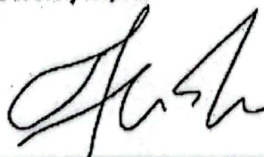


Describe Circumstances of the Accident

ON 05/09/2022 AT ABOUT 0820HRS, I WAS STATIONARY IN VEHICLE A ALONG SLIP ROAD TO JURONG PIER ROAD FROM JALAN AHMAD IBRAHIM HEADING TOWARDS THE DIRECTION OF JURONG ISLAND. AS VEHICLE A WAS CHECKING FOR ONCOMING TRAFFIC FROM THE MAJOR ROAD, VEHICLE A FELT A STRONG IMPACT FROM THE REAR AND NOTICED VEHICLE B HAD REAR ENDED VEHICLE A WHILE CHANGING LANES. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

Declaration

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 05/09/2022. 0935hrs



Witnessed by Reporting Centre Personnel