

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 6 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 655A Yr Regn: 6/8/19
Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /
Truck / Trailer or
Make: Hyundai Toniq c.c. 1580
Colour: Yellow A/C: Insured / Std / NI / NA
Sp. Reading: 35310 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMH C851CVKU165171
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: 185/60R15
R: 17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or: Sailor
Front
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 3/11/22 D.O.I. 4/11/22
Survey held at Ding Aro
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear LH
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Steve finalised LS \$4900, 6 days. (Red \$7649.96, 61%)
	Steve Re-finalised LS \$4850, 6 days. (Red \$7699.96, 61%)

Date/Time, File Pass to? ☐ : Prelim. Report
1) 28/11 Typist ☐ : Final Report
Date/Time, File Return to?
2) _____
Days Of Repair: 6
Resurvey No. of Trip: 1
Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Invs (\$) ☐ : Weekend (\$)
Survey Fee: _____
Transportation: _____
S + RS. SI _____
Photos _____
Others _____
TOTAL _____
Repair Format: MER-TP
Lump Sum / L.S. (\$ 4900)

TO :

ESTIMATE REPORT 1ST Quotation

FAX NO:

03/11/2022 16:17

JOB-NO: 50114607

Page 1 of 2

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0CONTACT: 65533880
64739522**VEHICLE DETAILS**

LICENSE NO: SHC0655A

TRANS: AUTO

CHASSIS: KMHC851CVKU165171

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 Di

ENGINE: G4LEKU299327

OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD

JOB-CODE: TP

SA: Ding Auto User 2

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	160.00	0.00	160.00	30	Y	
3 TO REMOVE AND REFIT OF NECESSARY ITEMS TO FACILITATE BODYWORK REPAIR	1.00	250.00	0.00	250.00	200	Y	
4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	220.00	0.00	220.00	30	Y	
5 TO REFIT REAR REVERSE SENSOR	1.00	100.00	0.00	100.00	X	Y	
6 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	120.00	0.00	120.00	60	Y	
7 TO REMOVE AND REFIT REAR UNDERCARRIAGE PARTS TO ENABLE BODYWORK REPAIR	1.00	350.00	0.00	350.00	X	Y	
8 TO RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	200	Y	
9 TO RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00	X	Y	
10 TO RESPRAY REAR QUARTER PANEL OUTER	1.00	250.00	0.00	250.00	200	Y	
11 TO RESPRAY REAR DOOR PANEL	1.00	250.00	0.00	250.00	200	Y	
12 TO RESPRAY REAR DOOR PANEL OUTER HANDLE AND COVER	1.00	250.00	0.00	250.00	30	Y	
13 TO RESPRAY REAR DOOR OUTER WAIST LINE MOULDING	1.00	250.00	0.00	250.00	X	Y	
14 TO RESPRAY SIDE SKIRT LH (Root pillar LH)	1.00	250.00	0.00	250.00	200	Y	
TOTAL:		4,350.00	0.00	4,350.00			

MATERIALS

1 REAR BUMPER COVER X	1.00	459.40	91.88	367.52	L	Y	
2 REAR LH BUMPER RETAINER X	1.00	33.10	6.62	26.48	L	Y	
3 REAR LH QUARTER PANEL X CUT	1.00	1,768.30	353.66	1,414.64	L	Y	
4 REAR LH WHEEL RIM COVER X	1.00	346.40	69.28	277.12	L	Y	
5 REAR LH WHEEL RIM X	1.00	1,091.50	218.30	873.20	L	Y	
6 REAR LH KNUCKLE ARM X	1.00	386.90	77.38	309.52	L	Y	
7 REAR LH KNUCKLE HUB+BEARING X	1.00	454.00	90.80	363.20	L	Y	
8 REAR LH LOWER ARM X	1.00	393.10	78.62	314.48	L	Y	
9 REAR LH ASSIST ARM X	1.00	92.80	18.56	74.24	L	Y	
10 REAR LH SUSPENSION SHOCK ABSORBER X	1.00	230.50	46.10	184.40	L	Y	
11 REAR LH STABILIZER LINK X	1.00	92.10	18.42	73.68	L	Y	
12 REAR LH TRAILING ARM X	1.00	121.00	24.20	96.80	L	Y	

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

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
13 REAR LH UPPER ARM X	1.00	112.20	22.44	89.76	L	Y	
14 REAR LH DOOR PANEL	1.00	2,147.90	429.58	1,718.32	L	Y	
15 REAR LH DOOR FRAME FRONT BLACK TAPE	1.00	7.00	1.40	5.60	L	Y	
16 REAR LH DOOR FRAME REAR BLACK TAPE	1.00	7.00	1.40	5.60	L	Y	
17 REAR LH DOOR FRAME UPPER BLACK TAPE	1.00	9.70	1.94	7.76	L	Y	
18 REAR LH DOOR DIVISION CHANNEL BAR X	1.00	53.30	10.66	42.64	L	Y	
19 REAR BUMPER CLIP SET X	1.00	55.00	0.00	55.00	S	Y	
20 REAR DOOR "GOOGLE PLAY STORE" STICKER	1.00	100.00	0.00	100.00	S	Y	
21 REAR DOOR "COMFORT DELGRO" STICKER	1.00	100.00	0.00	100.00	S	Y	
22 REAR BUMPER ADVERTISEMENT STICKER	1.00	250.00	0.00	250.00	S	Y	
23 REAR LH QUARTER PANEL ADVERTISEMENT STICKER	1.00	250.00	0.00	250.00	S	Y	
24 REAR RH QUARTER PANEL ADVERTISEMENT STICKER X	1.00	250.00	0.00	250.00	S	Y	
25 REAR DOOR ADVERTISEMENT STICKER	1.00	250.00	0.00	250.00	S	Y	
26 SIDE SKIRT ADVERTISEMENT STICKER X	1.00	250.00	0.00	250.00	S	Y	
27 SIDE SKIRT CLIP SET X	1.00	50.00	0.00	50.00	S	Y	
28 REAR DOOR OUTER WAIST LINE MOULDING CLIP X	1.00	50.00	0.00	50.00	S	Y	
29 FUEL FLAP "PETROL ONLY" STICKER	1.00	100.00	0.00	100.00	S	Y	
30 FUEL FLAP ADVERTISEMENT STICKER	1.00	250.00	0.00	250.00	S	Y	
TOTAL:		9,761.20	1,561.24	8,199.96			
TOTAL PARTS & LABOUR :		14,111.20	1,561.24	12,549.96			

EXCESS/LOADING:S\$ 0.00

No. Of Day: _____

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

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: _____

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 03/11/2022 17:08 (SGT)
Reported by Driver
Date of Accident 03/11/2022 14:15 (SGT)
Exact Location of Accident 9 N Buona Vista Dr, Singapore 138588
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC655A

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) +65-97961685
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
Model i40
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 1685

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number VFX/P2419140

DRIVER

Name of Driver LIM CHIN MING (LIN ZHENMING)
NRIC No SXXXX562C
Date Of Birth 25/03/1974
Occupation Outdoor

Date Of Driving Pass 20/02/1993
 Driving experience 29 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number
 Alt. Phone Number (Phone) +65-97961685
 Email Address
 Address fleetsafety@cdgtaxi.com.sg
 Address complement BLK 202 CLEMENTI AVENUE 6 #13-63
 Postcode 120202
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles? Hirer
 Vehicle Registration Number of Other Vehicle Owned by Driver No
 Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Major/Minor Rd
 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
 Translator's name
 Translator's ID
 Translator's phone number
 Translator's email
 Original language used in the statement

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 03/11/2022 AT ABOUT 1415HRS, I WAS DRIVING VEHICLE A ALONG SERVICE ROAD OF 9 NORTH BUONA VITA DRIVE, THE METROPOLIS. AS VEHICLE A WAS TRAVELLING STRAIGHT, VEHICLE B DROVE OUT OF THE CARPARK AND COLLIDED INTO VEHICLE A LEFT REAR PASSENGER SIDE DOOR. 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 GBB96P
 Vehicle Manufacturer Toyota
 Vehicle Model Dyna
 Vehicle Variant
 Vehicle Colour

Vehicle Category	Commercial vehicle
Name of Driver	GNANASEKARAN ASAITHAMBI
Passport No/FIN	GXXXX056K
Contact Number	(Phone) +65-86417613
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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' 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.

FLASH ACCIDENT
REPORTING OFFICER

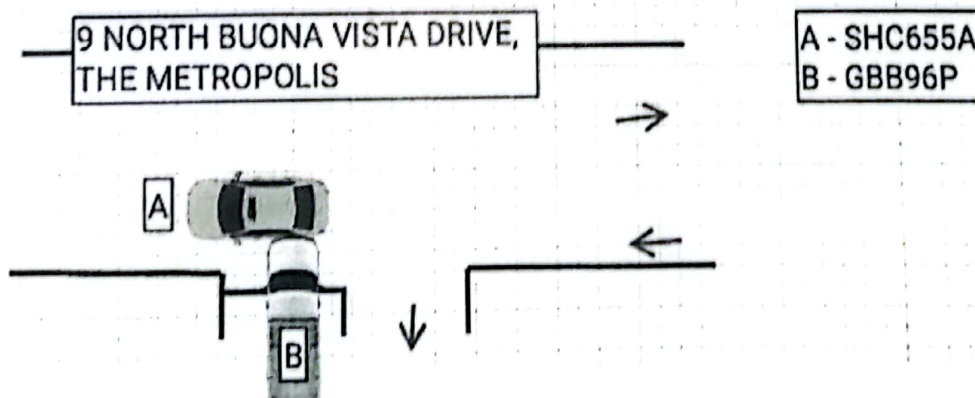
FRO LATIFF

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 03/11/2022 1645hrs

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 03/11/2022 AT ABOUT 1415HRS, I WAS DRIVING VEHICLE A ALONG SERVICE ROAD OF 9 NORTH BUONA VITA DRIVE, THE METROPOLIS. AS VEHICLE A WAS TRAVELLING STRAIGHT, VEHICLE B DROVE OUT OF THE CARPARK AND COLLIDED INTO VEHICLE A LEFT REAR PASSENGER SIDE DOOR. NOBODY WAS INJURED AT THE TIME OF 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

03/11/2022 1645hrs

FLASH ACCIDENT
REPORTING OFFICER

FRO LATIFF



Witnessed by Reporting Centre Personnel