

AS: S. REC: BY: T. G. J. M.

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

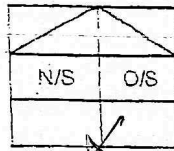
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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

Way

Veh No: SHA 3886 Yr Regn: 2016 / oct

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

Truck / Trailer or

Make: Toyota Prius C.C. 1798

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 626477 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STD/KB3FU 00*3534130

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 21

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

TOYO / YOKO or

Wexlake

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 03/10/22

Survey held at Carport Wexlake

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

S + RS. SI. _____

Photos _____

Others _____

Rep. / Former: _____

Lum Sum / E. A. P. _____

CITYCAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA388G

DATE 28.09.2022

MAKE 21.10.2016

CHIANG/INCOME

MODEL TOYOTA PRIUS G4

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$503.04
1	REAR BUMPER LOWER COVER			\$654.96
1	REAR BUMPER REINFORCEMENT			\$378.32
1	REAR CENTRE LOWER COVER			\$232.00
2	REAR BUMPER SIDE RETAINER LH/ RH		\$112.70	\$225.00
10	REAR BUMPER CLIP		\$2.20	\$22.00
	SUB TOTAL		1558.32	\$2,015.32
	25.00%			\$503.83
	DISCOUNTED TOTAL		1168.74	\$1,511.49
1	REAR BUMPER MAT			\$50.00
1	REAR BUMPER ADVERTISEMENT			\$50.00
1	BUMPER REVERSE SENSOR			\$135.70
				\$222.13
	Labour Charge			
	Panel Beating			\$550.00
	Spray Painting Charge			\$300.00
	Tuff Kote			\$60.00
	Remove/Refix Reverse Sensor			\$60.00
	TOTAL LABOUR		1848.74	\$970.00
	ESTIMATE TOTAL		4581.450	\$2,703.62
			2days.	
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.				

Tanfui 97195745
 wp 3/10/22 @ 430pm
 2days
 1/5 Resurvey after repair
 Tanfui C/Handover

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:

Workshops

205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 03.10.2022 12:58

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4944645

JC No: 305532072

CUSTOMER

VMS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
-- (R) 65551188 (O)
(P)

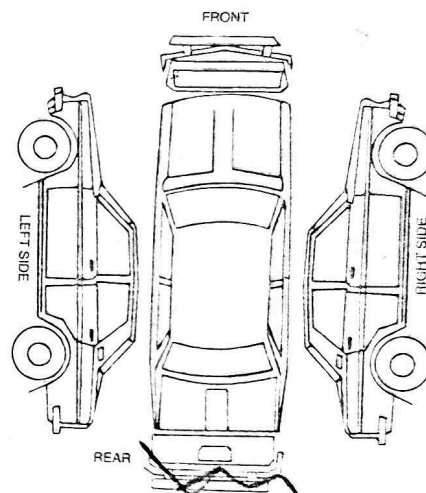
COUNT CARD NO.

REGN NO.: SHA 388G	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)03.10.2022 09:05	DATE/TIME IN
YR OF MANU. 21.10.2016	TARGET DATE
CHASSIS CODE JTDKB3FU003534130	COMPLETION DATE/TIME:

JOB DESCRIPTION

Ident Date: 28.09.2022
JRE: 3P 28.09.2022

NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

No.: SHA 388G

CHIANG

Exit Pass

Vehicle No.:

SHA 388G

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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 29/09/2022 11:54 (SGT)
Reported by Driver
Date of Accident 28/09/2022 14:00 (SGT)
Exact Location of Accident Jln Eunus, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA388G

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) +65-87483891
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 1798

INSURANCE COMPANY

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

DRIVER

Name of Driver MOHAMED NOOR AZMI BIN RAHMAT
NRIC No SXXXX665A
Date Of Birth 19/08/1969
Occupation Outdoor

Date Of Driving Pass 11/03/1998
 Driving experience 24 YEARS AND 6 MONTHS
 Gender Male
 Mobile Number (Phone) +65-87483891
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 294 PUNGGOL CENTRAL #05-523
 Address complement -
 Postcode 820294
 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) 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 28.09.2022 AT ABOUT 1400HRS I WAS DRIVING MY VEHICLE SHA388G FETCHING PASSENGER TO EAST COAST LAGOON. MY VEHICLE A STOP ON THE MIDDLE LANE RED LIGHT TRAFFIC JUNCTION OF JALAN EUNOS ROAD AND CHANGI ROAD. VEHICLE B GC379Z THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO HIS DESTINATION AFTER TAKING SCENE PHOTOS AND PARTICULARS.

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

Vehicle Registration Number	GX379Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HUA SOON HONG
NRIC No	SXXXX882A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
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.
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

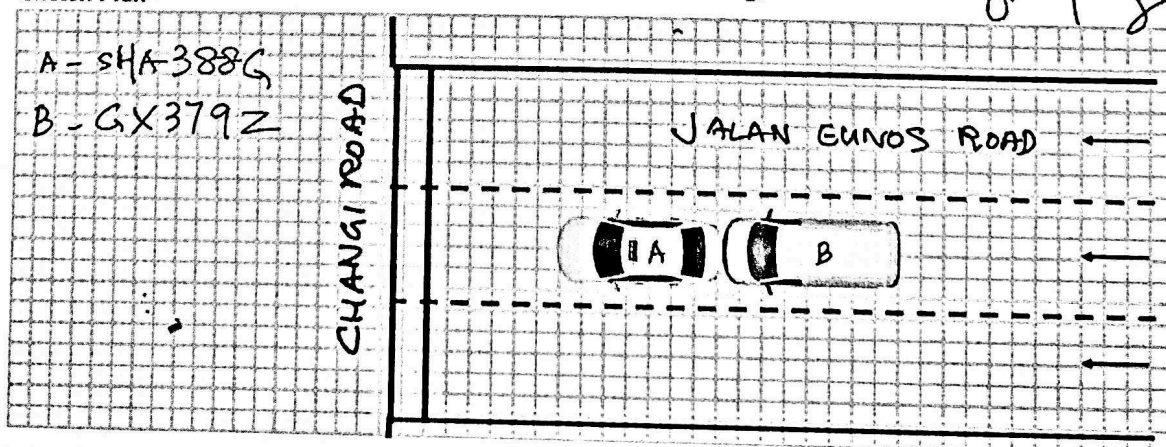
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 28.09.2022 AT ABOUT 1400HRS I WAS DRIVING MY VEHICLE SHA388G FETCHING MY PASSENGER TO EAST COAST LAGOON. MY VEHICLE A STOP ON THE MIDDLE LANE RED LIGHT TRAFFIC JUNCTION OF JALAN EUNOS ROAD AND CHANGI ROAD. VEHICLE B GX379Z THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO HIS DESTINATION AFTER TAKING SCENE PHOTOS AND PARTICULARS.

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

29.09.2022 1040HRS

Witnessed by Reporting Centre Personnel

29.09.2022