

Steve

CS/SMR22011403/Evg3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

DD TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **SHB 699D**

Policy No. _____

Claims No. **TAX/11/22/2020**

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

Est. 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: _____

Date/Time Action/Instructions

22/11/22 Steve informed LS \$5450 (Red 9093.85, 62%)

Veh No: **SHB 9139R** Yr Regn: **9/1/19**

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

Truck / Trailer or

Make: **Toyota Prius** s.c. **1799 1798**

Colour: **Yellow** A/O: Insured / Std / Nil / NA

Sp. Reading: **33586** T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/N: **JTDKB3P4903078161**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRM / STD A/Rim or

Tyre Size: F: **195/50R15**

R: _____

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

TOYO / YOKO or: **Sailun**

Front R/Bal. **4** mm

U/Bal. **4** mm

O.O.A. **13/11/22**

Survey held at: **Oing Auto**

Des. of Damages: Fnt / Rear / O/S / N/S / U/D / Rooktop or

Rear RH

The U/D / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to? ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2) 23/11/22-typist

Report Format: **TP**

Lump Sum / H.S. (\$) **5450**

Days Of Repair: **6**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

LS + RS (\$)

Prokes

Others

TOTAL

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

14/11/2022 10:39

OWNER'S PARTICULARS

JOB-NO: 50114626

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHB2139R

TRANS: AUTO

CHASSIS: JTDKB3FU903078161

MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT

ENGINE: 2ZR2B88029

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
<u>LABOUR</u>							
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	170.00	0.00	170.00	30	Y	
3 TO REMOVE AND REFIT OF NECESSARY ITEMS TO FACILITATE BODYWORK REPAIR	1.00	250.00	0.00	250.00	50	Y	
4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	180.00	0.00	180.00	30	Y	
5 TO REFIT REAR REVERSE SENSOR	1.00	100.00	0.00	100.00	30	Y	
6 TO REMOVE AND REFIT REAR TAILGATE UPPER AND LOWER WINDSCREEN TO ENABLE BODYWORK REPAIR	1.00	260.00	0.00	260.00	X	Y	
7 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	140.00	0.00	140.00	80	Y	
8 TO REMOVE AND REFIT REAR UNDERCARRIAGE PARTS TO ENABLE BODYWORK REPAIR	1.00	350.00	0.00	350.00	X	Y	
9 TO RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	200	Y	
10 TO RESPRAY REAR BUMPER EXTENSION FILLER	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	Y	
12 TO RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00	X	Y	
13 TO RESPRAY REAR QUARTER PANEL OUTER	1.00	250.00	0.00	250.00	200	Y	
14 TO RESPRAY REAR DOOR PANEL	1.00	250.00	0.00	250.00	200	Y	
15 TO RESPRAY ROCKER PANEL OUTER RH	1.00	250.00	0.00	250.00	200	Y	
16 TO RESPRAY SIDE SKIRT RH	1.00	250.00	0.00	250.00	200	Y	
TOTAL:		4,850.00	0.00	4,850.00			

MATERIALS

1 REAR BUMPER COVER / OR	1.00	442.60	110.65	331.95	L	Y	
2 REAR RH BUMPER RETAINER / OR	1.00	117.70	29.43	88.27	L	Y	
3 REAR RH BUMPER SIDE SEAL / CR	1.00	88.50	22.13	66.37	L	Y	
4 REAR RH BUMPER EXTENSION FILLER X	1.00	123.70	30.93	92.77	L	Y	
5 REAR RH QUARTER PANEL / DN	1.00	871.50	217.88	653.62	L	Y	
6 REAR RH QUARTER PANEL AIR VENT X	1.00	67.00	16.75	50.25	L	Y	
7 REAR RH WHEEL RIM / CVT	1.00	1,879.40	469.85	1,409.55	L	Y	
8 REAR RH KNUCKLE ARM X	1.00	953.60	238.40	715.20	L	Y	
9 REAR RH KNUCKLE HUB + BEARING X	1.00	725.60	181.40	544.20	L	Y	

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CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
10 REAR RH LOWER ARM X	1.00	497.50	124.38	373.12	L	Y	
11 REAR RH TRAILING ARM X	1.00	370.40	92.60	277.80	L	Y	
12 REAR RH UPPER ARM X	1.00	420.80	105.20	315.60	L	Y	
13 SIDE SKIRT RH / CRH	1.00	594.80	148.70	446.10	L	Y	
14 ROCKER PANEL OUTER RH / DD	1.00	583.40	145.85	437.55	L	Y	
15 REAR RH DOOR PANEL / DD	1.00	1,294.90	323.73	971.17	L	Y	
16 REAR RH DOOR FRAME FRONT BLACK / MC	1.00	21.90	5.48	16.42	L	Y	
TAPE							
17 REAR RH DOOR FRAME REAR BLACK TAPE / MC	1.00	15.40	3.85	11.55	L	Y	
18 REAR RH DOOR FRAME UPPER BLACK / MC	1.00	34.90	8.73	26.17	L	Y	
TAPE							
19 REAR RH SUSPENSION ARM X	1.00	239.20	59.80	179.40	L	Y	
20 REAR RH STABILIZER LINK X	1.00	179.10	44.78	134.32	L	Y	
21 REAR RH SUSPENSION SHOCK ABSORBER X	1.00	127.00	31.75	95.25	L	Y	
22 REAR BUMPER CENTER GUARD X	1.00	576.30	144.08	432.22	L	Y	
23 REAR BUMPER CLIP SET / MC	1.00	55.00	30 0.00	55.00	S	Y	
24 REAR BUMPER EXTENSION FILLER CLIP X	1.00	50.00	0.00	50.00	S	Y	
25 REAR QUARTER PANEL SEALANT / MC	2.00	100.00	30 0.00	100.00	S	Y	
26 REAR WINDSCREEN PRIMER / MC	2.00	100.00	15 0.00	100.00	S	Y	
27 REAR WINDSCREEN SEALANT / MC	3.00	150.00	40 0.00	150.00	S	Y	
28 REAR BUMPER ADVERTISEMENT STICKER / MC	1.00	250.00	80 0.00	250.00	S	Y	
29 REAR LH QUARTER PANEL X MC	1.00	250.00	80 0.00	250.00	S	Y	
ADVERTISEMENT STICKER							
30 REAR RH QUARTER PANEL / MC	1.00	250.00	100 0.00	250.00	S	Y	
ADVERTISEMENT STICKER							
31 SIDE SKIRT ADVERTISEMENT STICKER / MC	1.00	250.00	80 0.00	250.00	S	Y	
32 REAR DOOR "GOOGLE PLAY STORE" / MC	1.00	100.00	50 0.00	100.00	S	Y	
STICKER							
33 REAR DOOR "COMFORT DELGRO" STICKER / MC	1.00	100.00	40 0.00	100.00	S	Y	
34 REAR DOOR ADVERTISEMENT STICKER / MC	1.00	250.00	100 0.00	250.00	S	Y	
35 REAR BUMPER PROTECTOR X	1.00	120.00	0.00	120.00	S	Y	
TOTAL:		12,250.20	556.35	9,693.85			

TOTAL PARTS & LABOUR : 17,100.20 2,556.35 14,543.85

EXCESS/LOADING:\$ 0.00

No. Of Day: 6 days

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

DATE OF SURVEY: 15/11/22, 19.00pm

SURVEYED BY: L/S

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 14/11/2022 10:55 (SGT)
Reported by Driver
Date of Accident 13/11/2022 11:10 (SGT)
Exact Location of Accident Somerset Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB2139R

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) +65-81943755
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 LEK MENG KIANG
NRIC No SXXXX084J
Date Of Birth 25/09/1962
Occupation Outdoor

Date Of Driving Pass	07/11/1981
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-81943755
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 268C BOON LAY DRIVE #10-552
Address complement	-
Postcode	643268
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 - 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)	5
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

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Female

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 THE 13/11/2022 AT ABOUT 1110 HOURS, I WAS DRIVING VEHICLE A (SHB2139R) ON LANE 1 ALONG SOMERSET ROAD WHEN VEHICLE B (SHB699D) EXITED OUT OF A PICK UP POINT WITHOUT CHECKING FOR APPROACHING VEHICLE, WITHOUT STOPPING AT THE STOP LINE, COLLIDED ON MY REAR RIGHT SIDE AS I WAS PASSING BY HIM. HIS FRONT HIT MY REAR RIGHT SIDE. NOBODY IS INJURED.

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 SHB699D
Vehicle Manufacturer Toyota
Vehicle Model Prius
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -
Contact Number (Phone) +65-89027783
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

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' 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

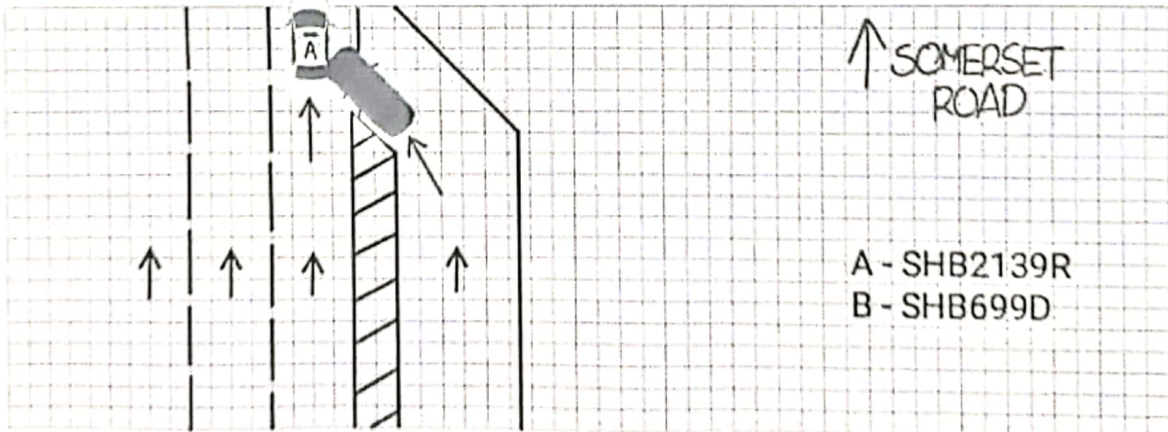
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 14/11/22 0930

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE 13/11/2022 AT ABOUT 1110 HOURS, I WAS DRIVING VEHICLE A (SHB2139R) ON LANE 1 ALONG SOMERSET ROAD WHEN VEHICLE B (SHB699D) EXITED OUT OF A PICK UP POINT WITHOUT CHECKING FOR APPROACHING VEHICLE, WITHOUT STOPPING AT THE STOP LINE, COLLIDED ON MY REAR RIGHT SIDE AS I WAS PASSING BY HIM. HIS FRONT HIT MY REAR RIGHT SIDE. NOBODY IS INJURED.

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 14 / 11 / 22 0430



Witnessed by Reporting Centre Personnel