

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SHC 7238A

at Workshop m/s DING AUTO

of 31 CORPORATION RD

Insured: SLS 2766T NTK

Policy No. _____

Claims No. MT/1207369-002

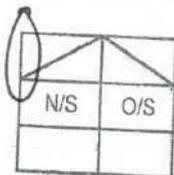
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 29K

IDAC Accident Rpt: _____ 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

Date / Time Action / Instruction

REPAIR 4M17-9K

22/2/23 Lump Sum \$4350 confirmed by email (Red 9613.70, 68%)

Veh No: SHC 7238A Yr Regn: 2016 July

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

Truck / Trailer or

Make: HYUNDAI I40 1.7 CRDI c.c. 1685

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

Sp. Reading: 567757 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB4UMH092563

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or APLUS

Front _____ Rear _____

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

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

D.O.A. 29/01/23 D.O.I. 31/01/23

Survey held at DING AUTO

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S FR

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

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 2

1) _____ Date/Time, File Return to?

2) 23/2/23-typist

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Report Format : TP

Lump Sum / L.S. (\$) 4350

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHC7238A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	02 Feb 2023
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDGU661873
Chassis No.:	KMHLB41UMGU092563
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,731.00
Original Registration Date:	28 Jul 2016
First Registration Date:	28 Jul 2016
Transfer Count:	0
Actual ARF Paid: —	\$18,731.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jul 2024
PARF Rebate Amount:	\$12,175.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jul 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$39,616.00
COE Rebate Amount:	\$7,348.00
Total Rebate Amount:	\$19,523.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 02 Feb 2023

OK

Vehicle NBV for Fleet Safety Division

Project ID : ZFC18132
 DATE : 02.01.2023
 TIME : 09:14:06

CITYCAR PRE LTD
 VEHICLE NBV for Fleet Safety Division
 AS AT 31.12.2022

DEEN ID : ZFC18132
 PAGE : 1

Co-Code : CAE
 Licence Pl.No : SMC7239A
 Old Asset No :
 Ven. Model : Hyundai I40
 Reg. Date : 28.07.2016
 Car. Date : 28.07.2016
 Accident. Date : 29.01.2023
 Veh. Age : 078

Asset No	SA.No	Sal. Dep. Mths	Rec.Mth. Dep	Sal. Dep. Value	Asset Description 1	Cost	Op. Acc. Dep	Cur. Year Dep	Remain. Dep	Net Book Value	Scrap Value/Estimated PMT Return
10010810	0	012	6	294.43	SMC7239A H40 28.07.2016 BMSIC COST W AIRCON	26,500.00	19,432.60-	3,531.20-	22,965.00-	3,531.20	1.00
10010810	1	012	6	41.62	SMC7239A H40 28.07.2016 INSURK 30RT 20M00V15793	3,746.19	2,747.20-	499.50-	3,246.70-	499.49	0.00
10010810	2	012	6	63.26	SMC7239A H40 28.07.2016 ADZ XH09V19791	13,731.00	5,494.97-	999.07-	6,493.94-	12,237.06	11,238.00
10010810	3	012	6	40.18	SMC7239A H40 28.07.2016 COE 808	39,618.00	29,051.73-	5,282.14-	34,338.87-	5,282.13	0.00
10010810	4	090	6	0.00	SMC7239A H40 28.07.2016 COE TOP UP	0.00	0.00	0.00	0.00	0.00	0.00
10010810	5	012	6	0.00	SMC7239A H40 28.07.2016 AIR CONDITIONER	0.00	0.00	0.00	0.00	0.00	0.00
10010810	6	012	6	0.00	SMC7239A H40 28.07.2016 PRINTER DIGITAL THERMAL	0.00	0.00	0.00	0.00	0.00	0.00
10010810	7	012	6	0.00	SMC7239A H40 28.07.2016 FAXIMEIER DIGITAL FL	0.00	0.00	0.00	0.00	0.00	0.00
10010810	8	012	6	1.56	SMC7239A H40 28.07.2016 VEH REG FEE	140.00	102.67-	18.67-	221.34-	18.66	0.00
				861.05		88,733.19	56,829.07-	10,332.58-	67,461.65-	21,571.54	
		COE				410.18				49,117.19	
		Vehicle				420.87				56,829.07-	
						861.05		0.00		21,571.54	
										16,289.41	
										21,571.54	
										0.00	

Vehicle : Renault 7/4 & COE
 Vehicle : Renault 7/4, Mich COE
 Taximeter

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	30/01/2023 11:36 (SGT)
Reported by	Driver
Date of Accident	29/01/2023 11:05 (SGT)
Exact Location of Accident	Lor Melayu, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7238A

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) +65-90122781
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	TAN BOO HOE
NRIC No	SXXXX453B
Date Of Birth	15/06/1961
Occupation	Outdoor

Date Of Driving Pass	16/07/1979
Driving experience	43 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90122781
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	505 ANG MO KIO AVENUE 8 # 10-2694
Address complement	-
Postcode	560505
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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 29/01/23 AT ABOUT 1105HRS, I WAS DRIVING VEHICLE A (SHC7238A) ALONG LORONG MELAYU AFTER ALIGHTING PASSENGER AT UNIT 54. NEAR TO UNIT 51, SUDDENLY VEHICLE B (SLS2766T) PARKED ALONG THE ROADSIDE SUDDENLY TURNED OUT AND COLLIDED INTO THE LEFT PORTION OF MY VEHICLE. NO PARTICULARS EXCHANGED, NO INJURY.

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 NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS2766T
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 lodging of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

**FLASH ACCIDENT
REPORTING OFFICER**

FRO AMIN



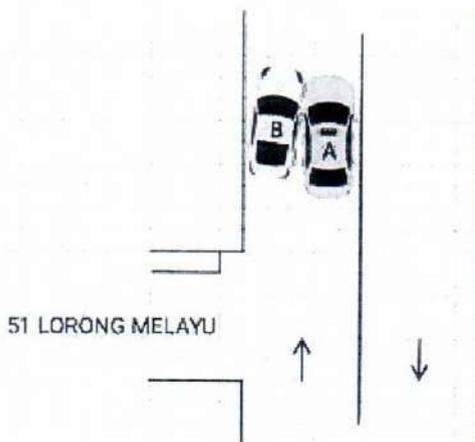
Policyholder's Signature / Date & Time

Sketch Plan

~~_____~~
Driver's Signature (if driver is not the policyholder) / Date & Time

290123 1600

Witnessed by Reporting Centre Personnel



A - SHC7238A
B - SLS2766T

Describe Circumstances of the Accident

ON 29/01/23 AT ABOUT 1105HRS, I WAS DRIVING VEHICLE A (SHC7238A) ALONG LORONG MELAYU AFTER ALIGHTING PASSENGER AT UNIT 54. NEAR TO UNIT 51, SUDDENLY VEHICLE B (SLS2766T) PARKED ALONG THE ROADSIDE SUDDENLY TURNED OUT AND COLLIDED INTO THE LEFT PORTION OF MY VEHICLE. NO PARTICULARS EXCHANGED, NO INJURY.

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 29/01/23 1600

Witnessed by Reporting Centre
Personnel

**FLASH ACCIDENT
REPORTING OFFICER**

FRO AMIN



TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

30/01/2023 12:49

JOB-NO: 50114814

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)
ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

CONTACT: 65533880
64739522

Page 1 of 2

VEHICLE DETAILS

LICENSE NO: SHC7238A TRANS: AUTO CHASSIS: KMHLB41UMGU092563
MAKE / MODEL: HYUNDAI / i40 ENGINE: D4FDGU661873
OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD
JOB-CODE: TP SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AREAS	1.00	1,400.00	0.00	1,400.00		Y	<u>400</u>
2 TO RUST PROOFING OF AFFECTED AREAS	1.00	120.00	0.00	120.00		Y	<u>40</u>
3 TO DIAGNOSTIC, CHECK WIRING, LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	200.00	0.00	200.00		Y	<u>100</u>
4 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	120.00	0.00	120.00		Y	<u>50</u>
5 TO READJUST AND REALIGN HEADLAMP AIM	1.00	100.00	0.00	100.00		Y	<u>30</u>
6 TO REMOVE AND REFIT FRONT UNDERCARRIAGE TO ENABLE BODYWORK REPAIR	1.00	350.00	0.00	350.00		Y	<u>120?</u>
7 TO VACUUM AND TOPUP A/C GAS	1.00	150.00	0.00	150.00		Y	<u>X 11</u>
8 TO REMOVE AND REFIT A/C CONDENSER, RADIATOR AND OTHER NECESSARY ITEMS TO ENABLE BODYWORK REPAIR	1.00	260.00	0.00	260.00		Y	<u>X 11</u>
9 TO RESPRAY FRONT BUMPER COVER	1.00	250.00	0.00	250.00		Y	<u>200</u>
10 TO RESPRAY FRONT BONNET	1.00	250.00	0.00	250.00		Y	<u>200</u>
11 TO RESPRAY FRONT FENDER PANEL	1.00	250.00	0.00	250.00		Y	<u>200</u>
12 TO RESPRAY FRONT FENDER APRON PANEL	1.00	250.00	0.00	250.00		Y	<u>100</u>
13 TO RESPRAY FRONT SIDE MIRROR	1.00	250.00	0.00	250.00		Y	<u>50</u>
14 TO RESPRAY FRONT DOOR PANEL	1.00	250.00	0.00	250.00		Y	<u>200</u>
15 TO RESPRAY SIDE SKIRT LH	1.00	250.00	0.00	250.00		Y	<u>X 11</u>
TOTAL:		4,450.00	0.00	4,450.00			

MATERIALS

1 FRONT BUMPER <i>de</i>	1.00	599.68	119.94	479.74	L	Y	_____
2 FRONT LH BUMPER RETAINER <i>de</i>	1.00	48.93	9.79	39.14	L	Y	_____
3 FRONT LH BUMPER SIDE SUPPORT BRACKET <i>3? X 11</i>	1.00	38.83	7.77	31.06 X	L	Y	_____
4 FRONT BUMPER ENERGY ABSORBER X	1.00	99.86	19.97	79.89 X	L	Y	_____
5 FRONT LH HEADLAMP <i>ca</i>	1.00	1,808.10	361.62	1,446.48	L	Y	_____
6 FRONT LH WHEEL RIM COVER <i>de</i>	1.00	265.50	53.10	212.40	L	Y	_____
7 FRONT LH FENDER PANEL <i>bu</i>	1.00	659.50	131.90	527.60	L	Y	_____
8 FRONT LH FENDER LINER <i>de</i>	1.00	185.12	37.02	148.10	L	Y	_____
9 FRONT LH SIDE MIRROR <i>repair</i>	1.00	588.80	117.76	471.04 XR	L	Y	_____
10 SIDE SKIRT LH <i>X 11</i>	1.00	697.80	139.56	558.24 X	L	Y	_____
11 FRONT LH WHEEL RIM <i>X 11</i>	1.00	285.63	57.13	228.50	L	Y	_____
12 FRONT LH KNUCKLE ARM <i>X 11</i>	1.00	552.20	110.44	441.76 X	L	Y	_____

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
13 FRONT LH KNUCKLE HUB + BEARING ? Xan	1.00	311.79	62.36	249.43 X	L	Y	_____
14 FRONT LH LOWER ARM ?bt	1.00	529.30	105.86	423.44	L	Y	_____
15 FRONT LH STEERING TIE ROD END ?bt	1.00	94.70	18.94	75.76	L	Y	_____
16 FRONT LH STEERING RACK END ?Xan	1.00	107.40	21.48	85.92 X	L	Y	_____
17 FRONT BONNET *repair	1.00	1,812.68	362.54	1,450.14 X	L	Y	_____
18 FRONT LH BONNET HINGE Xan	1.00	68.45	13.69	54.76 X	L	Y	_____
19 AIR CLEANER BOX Xan	1.00	318.60	63.72	254.88 X	L	Y	_____
20 AIR CLEANER INTAKE RESONATOR Xan	1.00	151.60	30.32	121.28 X	L	Y	_____
21 FRONT END MODULE CARRIER ? Xan	1.00	962.87	192.57	770.30 X	L	Y	_____
22 FRONT LH BUMPER FOG LAMP COVER Xan	1.00	178.55	35.71	142.84 X	L	Y	_____
23 FRONT LH BUMPER AIR CURTAIN DUCT Xan	1.00	85.63	17.13	68.50 X	L	Y	_____
24 FRONT LH SUSPENSION SHOCK ABSORBER Xan	1.00	342.20	68.44	273.76 X	L	Y	_____
25 FRONT LH FENDER AND BUMPER MOUNTING BRACKET ? Xan	1.00	45.12	9.02	36.10 X	L	Y	_____
26 FRONT LH FENDER INSULATOR Xan	1.00	53.30	10.66	42.64 X	L	Y	_____
27 FRONT BUMPER CLIP SET	1.00	55.00	0.00	55.00 30	S	Y	_____
28 FRONT BUMPER RIVET SET	1.00	50.00	0.00	50.00 30	S	Y	_____
29 RADIATOR COOLANT ? Xan	1.00	120.00	0.00	120.00	S	Y	_____
30 FRONT FENDER INNER SHIELD CLIP SET	1.00	55.00	0.00	55.00 30	S	Y	_____
31 FRONT DOOR STICKER-COMFORT DELGRO LH ? Xan	1.00	120.00	0.00	120.00 80	S	Y	_____
32 FRONT TYRE 205/60/16 Xan	1.00	350.00	0.00	350.00 X	S	Y	_____
33 FRONT BONNET INSULATOR CLIP Xan	1.00	50.00	0.00	50.00 X	S	Y	_____
TOTAL:		11,692.14	178.44	9,513.70			_____
TOTAL PARTS & LABOUR :		16,142.14	2,178.44	13,963.70			_____

EXCESS/LOADING:\$S 0.00

No. Of Day: 6 days

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

DATE OF SURVEY: 31 / 01 / 23 @ 1420

SURVEYED BY: Rose

CONTACT NO: 9006068

FAX NO: _____

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

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: _____