

REC BY: T. J. M. M.

REF:

NS/INCL 23001517 / Twp 3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect/Vehicle No: _____

at Workshop this _____

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.

Sal. 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 7294L Yr Regn: 2016, May

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

Truck / Trailer or

Make: Hyundai 140 C.C. 1685

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

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

Eng/No: _____

C/No: KMHLB41UMG = U092648

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: 205/60R16

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

TOYO / YOKO, or

Wufake

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I. 6/2/23

Survey held at 6th Court Lagos

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

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

Date / Time	Action / Instruction
	<u>Total loss, not economical to repair, chassis affected, not safe to repair.</u>

Date/Time, File Pass to?

☐ : Prel. Report

1) Date/Time, File Return to?

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Adm Fee: _____

Site Ins (\$)

Lab Fee (\$)

Weekend (\$)

Photos

Report Fee: _____

Lab Fee: _____

COMFORT DELGRO ENGINEERING PTE LTD

Updated 11 Feb 2020

REPAIR ESTIMATE

DATE: 04.02.23

INSURANCE: INCOME

MODEL: Hyundai i40 (Front)

MVA: JUMANI

VEHICLE NO.: SHC7294L

DOA 01.02.23

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	Bonnet			\$2,265.90	bt
	Bonnet Rubber (LH)			\$35.70	?
	Bonnet Rubber (RH)			\$35.70	?
	Bonnet Hinge (LH/RH)		\$126.70	\$253.40	bt
	Bonnet Moulding			\$105.20	?
	Bonnet Lock			\$142.20	bt
	Bonnet Absorber (LH/RH)		\$61.60	\$123.20	bt
	Bonnet Insulator			\$202.50	?
	Bonnet Seal			\$31.90	?
	Bonnet Insulator Clips	10		\$15.00	?
	Bonnet Cable			\$39.60	?
	Radiator Grille U Moulding			\$94.70	cur
	Radiator Grille H Emblem			\$129.50	ner
	Radiator Grille			\$1,480.00	cur
	Front Bumper Cover			\$1,052.20	de
	Front Bumper Sponge			\$379.20	cur
	Front Bumper Reinforcement			\$588.40	bt
	Front Bumper Grille (LH/RH)		\$187.20	\$374.40	CH? Lot de
	Front Number Plate			\$25.00	Nett cur
	Front No. Plate Trim Cover			\$30.00	Nett cur
	Emblem-Symbol Mark			\$28.70	Nett cur
	Front Bumper Centre Grille			\$178.60	de
	Front Bumper Lip			\$152.00	mg
	Front Bumper Bracket Top (LH/RH)		\$44.80	\$89.60	de
	Front Bumper Centre Grille Top Garnish (I40)			\$80.00	de
	Front Bumper Bracket (LH/RH)		\$25.40	\$50.80	de
	Front Bumper Side Bracket		\$14.30	\$28.60	des
	Front Bumper Retainer Mounting		\$76.20	\$152.40	?
	Front Bumper Grille Air Duct (LH/RH)		\$126.20	\$252.40	?
	Headlamp Support Panel Assy			\$907.40	cur
	Headlamp (LH/RH)		\$1,388.00	\$2,776.00	cur
	Headlamp Support Top Cover			\$222.60	?
	Headlamp Halogen Bulb (LH/RH)		\$28.80	\$57.60	?
	Radiator			\$1,637.20	?
	Radiator Fan Blade, Cowling, Motor Assy			\$1,194.20	?
	Radiator Bracket (LH/RH)		\$13.00	\$26.00	?
	Radiator Hose Upper			\$229.50	?
	Radiator Hose Lower			\$135.60	?
	Radiator Expansion Tank			\$163.80	?
	Radiator Guard		\$76.50	\$153.00	?
	Horn Unit (LH/RH)		\$73.80	\$147.60	?
	Horn Wire			\$156.60	?
	Air Cleaner Assy			\$118.60	?
	Air Filter			\$63.70	?
	Air Cleaner Cover			\$47.80	?

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	Air Duct			\$171.70	?
	Air Flow Sensor			\$527.80	?
	Resonator Tank Hose			\$218.30	?
	Air Cleaner Hose			\$351.00	?
	Air CleanerBody			\$112.30	?
	Air Cleaner Housing			\$88.50	?
	Air Cleaner Bottom Assy			\$325.00	?
	Front Fender (LH/RH)		\$663.00	\$1,326.00	bt -
	Front Fender Shield (LH/RH)		\$174.90	\$349.80	th -
	Front Fender Mudflap (LH/RH)			\$16.20	ms -
	Front Fender Retainer			\$24.60	dk -
	Front Fender Guard			\$120.00	?
	Aircon Blower Motor Unit			\$1,056.40	?
	Aircon Expansion Valve			\$182.90	?
	Aircon Sensor Pressure-Suc/Liq			\$238.10	?
	Aircon Condenser			\$947.80	?
	Aircon Receiver			\$71.50	?
	Aircon Suction & Liquid Hose			\$624.00	?
	Aircon Discharge Hose			\$194.40	?
	Aircon Blower Motor			\$271.90	?
	Aircon Control Assy			\$983.70	?
	Battery Tray			\$146.20	?
	Battery Stay			\$20.90	?
	New Battery			\$207.00	Nett?
	Fuse Box Front			\$415.20	?
	Steering wheel assy			\$871.90	aut -
	Steering wheel Air bag			\$2,948.50	aut -
	Steering Angle assy			\$1,150.30	aut -
	Front Chassis Member RH			\$1,380.00	bt -
	Front Chassis Member LH			\$1,380.00	bt
	SUB TOTAL			\$33,175.90	
	LESS 20%			\$6,635.18	
	DISCOUNTED TOTAL			\$26,540.72	
	Labour Charge				
	Panel Beating			1500	1400
	Spray Painting Charge			\$1,500.00	1250
	Wiring Charge			\$50.00	30
	Tuff Kote			\$50.00	30
	Towing Charge			\$60.00	X
	Front/Four Wheel Alignment			\$120.00	00
	Remove/Refix Radiator			\$120.00	100?
	Remove/Refix Aircon & Refill Gas			\$150.00	100?
	Remove/Refix Fuse Box			\$180.00	?
	Re programme Air Bag & safety belt syatem			\$550.00	150
	Diagnostic & resetting to Erase Fault Code			\$480.00	750
	TOTAL LABOUR			\$ 4,760.00	

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	ESTIMATE TOTAL			\$ 31,300.72
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.				

Tanpin 92495749
 WP' 6/2/23E 4pm
 US Money after repair
 - to provide taxi book value
 - to check taxi repair limit
 8 days

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:

Date/Time: 04.02.2023 11:43

Page : 1

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5797462

JC NO.305544574

OMER

S

CITYCAB PTE LTD

7010070

OMER NO

ESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(R)

(O)

(P)

JUNT CARD NO.

REGN NO:

SHC7294L

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

01.02.2023 22:50

DATE/TIME IN

YR OF MANU

11.08.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU092648

COMPLETION DATE/TIME:

JOB DESCRIPTION

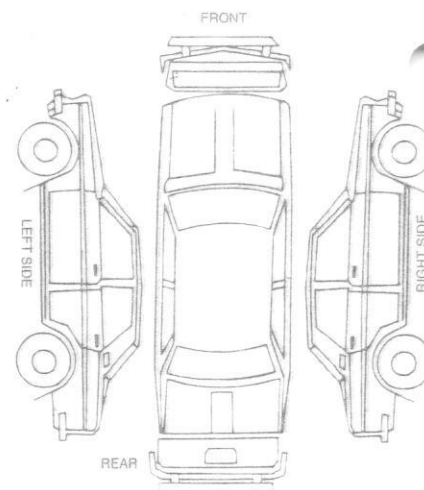
ccident Date: 01.02.2023

ATURE: 3P.01.02.23

'NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

o.:

SHC7294L

JU INCOME

Vehicle No.:

SHC7294L

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard



SINGAPORE POLICE FORCE



T/20230204/7015

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230204/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2023 09:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG KIM TECK			Address: 341 HOUGANG AVENUE 7 #07-453 SINGAPORE 530341		
ID Type / ID No.: NRIC NO / S7414844A			Contact No.: Home/Office: Mobile: 92963394		
Nationality: SINGAPORE CITIZEN			Email: KIMTECK31@HOTMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 13/05/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/02/2023 22:50	Type of Location: X-Junction
Location: OPHIR STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC7294L	Car					1
SJN1834L	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230204/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230204/7015

CONTINUATION OF REPORT

Driver			
Name	ONG KIM TECK	ID No.	S7414844A
Related Vehicle	SHC7294L (Car)	Contact No.	92963394
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/02/2023	Date	NIL
No. of Days granted Medical Leave	17	Degree of	Serious

Brief Details.

On 01/02/2023 at about 2250hours at cross junction of Ophir Road and Victoria Street. I was travelling on the lane 2 from the right along Ophir Road and suddenly, a vehicle (B) travelling on Victoria Street go straight and collided onto my front portion of my vehicle (A) causing damages to my vehicle. I wish to state that the traffic light was green to my favour. I wish to state that I have 1 passenger inside my vehicle. I have 17 days MC for my injury.

Vehicles involving in the situation:

Vehicle A: SHC7294L
Vehicle B: SJN1834L



**SINGAPORE
POLICE FORCE**



T/20230204/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230204/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHD SYARIFUDDIN MUHD AJMAIN
Contact No.: 65476083

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
04/02/2023 09:36

Classification Of Case:

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	04/02/2023 17:59 (SGT)
Reported by	Driver
Date of Accident	01/02/2023 22:50 (SGT)
Exact Location of Accident	Ophir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7294L
-----------------------------	----------

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) +65-92963394
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419140

DRIVER

Name of Driver	ONG KIM TECK (WANG JINDE)
NRIC No	SXXXX844A
Date Of Birth	13/05/1974
Occupation	Outdoor

Date Of Driving Pass	14/06/1995
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92963394
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 341 HOUGANG AVENUE 7 #07-453
Address complement	-
Postcode	530341
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT
T / 20230204 / 7015

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	SJN1834L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG KIM TECK (WANG JINDE)
Gender	Male
Phone No	(Phone) +65-92963394
Address	BLK 341 HOUGANG AVENUE 7 #07-453
Address Complement	-
Post Code	530341
Approximate Age Years Old	-
Injuries Sustained	NECK , BACK, ARMS N RIGHT HAND
Injured person in which vehicle?	SHC7294L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT EYE SIDE BLEEDING
Injured person in which vehicle?	SHC7294L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 lodgment 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)

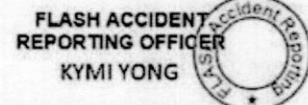
I understand, acknowledge, agree and consent that:

(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.

[Signature]



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
04.02.2023 1140HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T / 20230204 / 7015

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 04.02.2023 1145HRS

Witnessed by Reporting Centre
Personnel

