

ASS. REC. BY: Tajp

REF: CS/EG/23003045/Tyjs

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: XE 3181E
Policy No. _____
Claims No. CDMCG23000703
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
	X

Bal. or Market Value: _____
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

Veh No: SHB2139R Yr Regn: 2019, Jan
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Prius Hybrid c.c. 1798
Colour: yellow A/C: Insured / Std / NI / NA
Sp.Reading: 373672 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: STDK33FU903078161
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: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Triangle
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 23/3/2023 D.O.I. 24/3/23
Survey held at Ding Auto
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
3/4/23	Lump Sum \$6500 confirmed by email (Red 12,164.90, 65%)

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

1) _____
Date/Time, File Return to?
2) 4/4/23-typist

Rep. Format: Merimen
Lump Sum / H.B. (\$) \$6500

Days Of Repair: 5
Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
S + RS. SI _____
Photos _____
Others _____
TOTAL _____

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

23/03/2023 14:07

JOB-NO: 50114949

OWNER'S PARTICULARS

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

CONTACT: 65533880
 64739522

Page 1 of 3

VEHICLE DETAILS

LICENSE NO: SHB2139R TRANS: AUTO
 MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT
 OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD
 JOB-CODE: TP SA: Ding Auto User 1

CHASSIS: JTDKB3FU903078161
 ENGINE: 2ZR2B88029

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	2,000.00	0.00	2,000.00		Y	<u>700</u>
2 TO RUST PROOFING OF AFFECTED AREAS	1.00	160.00	0.00	160.00		Y	<u>40</u>
3 TO REMOVE AND REFIT OF NECESSARY ITEMS TO ENABLE BODYWORK REPAIR	1.00	350.00	0.00	350.00		Y	<u>60</u>
4 TO DIAGNOSTIC, CHECK WIRING, LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	200.00	0.00	200.00		Y	<u>30</u>
5 TO REFIT REAR REVERSE SENSOR	1.00	100.00	0.00	100.00		Y	<u>30</u>
6 TO TRANSFER REAR BOOT MECHANISM TO NEW BOOT AND PERFORM WATER SEEPAGE TEST	1.00	180.00	0.00	180.00		Y	<u>60</u>
7 TO REMOVE AND REFIT REAR TAILGATE UPPER AND LOWER WINDSCREEN GLASS TO ENABLE BODYWORK REPAIR	1.00	260.00	0.00	260.00		Y	<u>180</u>
8 TO CHECK AND REPAIR WIRE HARNESS	1.00	200.00	0.00	200.00		Y	<u>X</u>
9 TO VACUUM AND CLEAN UP GLASS SHARDS AND WASH REAR LUGGAGE COMPONENTS	1.00	150.00	0.00	150.00		Y	<u>X</u>
10 TO RESPRAY REAR BUMPER COVER	1.00	250.00	0.00	250.00		Y	<u>200</u>
11 TO RESPRAY REAR BUMPER EXTENSION FILLER	1.00	250.00	0.00	250.00		Y	<u>100</u>
12 TO RESPRAY REAR REVERSE SENSOR	1.00	250.00	0.00	250.00		Y	<u>50</u>
13 TO RESPRAY REAR TAILGATE PANEL	1.00	250.00	0.00	250.00		Y	<u>200</u>
14 TO RESPRAY REAR TAILGATE OUTER GARNISH	1.00	250.00	0.00	250.00		Y	<u>100</u>
15 TO RESPRAY REAR TAILGATE SPOILER	1.00	250.00	0.00	250.00		Y	<u>100</u>
16 TO RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00		Y	<u>100</u>
17 TO RESPRAY REAR FLOOR PAN	1.00	250.00	0.00	250.00		Y	<u>X</u>
18 TO RESPRAY REAR LH QUARTER PANEL	1.00	250.00	0.00	250.00		Y	<u>X</u>
19 TO RESPRAY REAR RH QUARTER PANEL	1.00	250.00	0.00	250.00		Y	<u>X</u>
TOTAL:		6,100.00	0.00	6,100.00			
MATERIALS							
1 REAR BUMPER	1.00	442.60	110.65	331.95	L	Y	<u>de</u>
2 REAR BUMPER CENTER GUARD	1.00	576.30	144.08	432.22	L	Y	<u>de</u>
3 REAR BUMPER TOWING COVER	1.00	15.40	3.85	11.55	L	Y	<u>de</u>
4 REAR LH BUMPER RETAINER	1.00	116.50	29.13	87.37	L	Y	<u>de</u>
5 REAR RH BUMPER RETAINER	1.00	117.70	29.43	88.27	L	Y	<u>X</u>
6 REAR LH BUMPER EXTENSION FILLER	1.00	123.70	30.93	92.77	L	Y	<u>Rx</u>
7 REAR RH BUMPER EXTENSION FILLER	1.00	123.70	30.93	92.77	L	Y	<u>X</u>

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
8 REAR BUMPER REINFORCEMENT	1.00	332.70	83.18	249.52	L	Y	bt
9 SMART KEY ANTENNA	1.00	72.00	18.00	54.00	L	Y	?
10 SPARE TYRE LOCK	1.00	20.80	5.20	15.60	L	Y	?
11 REAR BUMPER CENTER UNDER COVER	1.00	229.90	57.48	172.42	L	Y	x
12 REAR LH BUMPER UNDER COVER	1.00	241.90	60.48	181.42	L	Y	x
13 REAR RH BUMPER UNDER COVER	1.00	175.10	43.78	131.32	L	Y	x
14 TAILLAMP LOWER RH	1.00	502.00	125.50	376.50	L	Y	x
15 TAILLAMP UPPER RH	1.00	451.80	112.95	338.85	L	Y	x
16 TAILLAMP LOWER LH	1.00	502.00	125.50	376.50	L	Y	wa
17 TAILLAMP UPPER LH	1.00	443.30	110.83	332.47	L	Y	wa
18 REAR TAILGATE PANEL ASSY	1.00	1,147.80	286.95	860.85	L	Y	bt
19 REAR TAILGATE OUTER GARNISH	1.00	925.60	231.40	694.20	L	Y	cm
20 REAR TAILGATE TOYOTA EMBLEM	1.00	47.90	11.98	35.92	L	Y	wa
21 REAR TAILGATE PRIUS EMBLEM	1.00	54.60	13.65	40.95	L	Y	wa
22 REAR TAILGATE HYBRID EMBLEM	1.00	54.60	13.65	40.95	L	Y	wa
23 REAR BOOT WEATHERSTRIP	1.00	372.30	93.08	279.22	L	Y	?
24 REAR BOOT LOCK	1.00	467.00	116.75	350.25	L	Y	?
25 REAR END PANEL	1.00	650.30	162.58	487.72	L	Y	Rp
26 REAR END PANEL TRIM BOARD	1.00	126.70	31.68	95.02	L	Y	?
27 REAR LH LUGGAGE SIDE TRIM	1.00	355.90	88.98	266.92	L	Y	?
28 REAR RH LUGGAGE SIDE TRIM	1.00	355.90	88.98	266.92	L	Y	x
29 SPARE TYRE BOARD	1.00	519.00	129.75	389.25	L	Y	?
30 TAILLAMP COVER LH	1.00	64.50	16.13	48.37	L	Y	?
31 TAILLAMP COVER RH	1.00	64.50	16.13	48.37	L	Y	x
32 REAR TAILGATE LOWER WINDSCREEN	1.00	761.40	190.35	571.05	L	Y	cm
33 REAR TAILGATE LOWER WINDSCREEN MOULDING	1.00	35.50	8.88	26.62	L	Y	wa
34 REAR TAILGATE LOWER WINDSCREEN ADHESIVE DAM	1.00	28.90	7.23	21.67	L	Y	wa
35 REAR TAILGATE UPPER WINDSCREEN MOULDING	1.00	35.50	8.88	26.62	L	Y	wa
36 REAR TAILGATE UPPER WINDSCREEN ADHESIVE DAM	1.00	28.90	7.23	21.67	L	Y	wa
37 REAR LH TAILGATE LOWER WINDSCREEN MOULDING NO.2	1.00	30.90	7.73	23.17	L	Y	wa
38 REAR RH TAILGATE LOWER WINDSCREEN MOULDING NO.2	1.00	30.90	7.73	23.17	L	Y	wa
39 REAR FLOOR PAN ASSY	1.00	583.40	145.85	437.55	L	Y	x
40 REAR TAILGATE SPOILER ASSY	1.00	1,575.40	393.85	1,181.55	L	Y	Rp
41 REAR BOOT LOCK OPEN SWITCH	1.00	179.10	44.78	134.32	L	Y	x
42 REAR LICENCE PLATE LAMP ASSY	1.00	287.80	71.95	215.85	L	Y	?
43 REAR TAILGATE INNER TRIM BOARD (BIG)	1.00	259.20	64.80	194.40	L	Y	?
44 REAR TAILGATE INNER TRIM BOARD (SMALL)	1.00	225.20	56.30	168.90	L	Y	?
45 REAR LH DECK FLOOR BOX	1.00	313.60	78.40	235.20	L	Y	?
46 REAR RH DECK FLOOR BOX	1.00	313.60	78.40	235.20	L	Y	x
47 TAILLAMP PANEL LH	1.00	103.40	25.85	77.55	L	Y	Rp
48 REAR BUMPER CLIP SET	1.00	55.00	0.00	55.00	S	Y	wa-30
49 REAR REVERSE SENSOR SET	2.00	300.00	0.00	300.00	S	Y	wa-200
50 REAR BUMPER PROTECTOR	1.00	120.00	0.00	120.00	S	Y	50wa-
51 REAR BUMPER UNDER COVER CLIP SET	1.00	55.00	0.00	55.00	S	Y	-
52 REAR LICENCE PLATE NUMBER WITH FRAME	1.00	80.00	0.00	80.00	S	Y	45bt-
53 REAR TAILGATE "6552-1111" STICKER	1.00	100.00	0.00	100.00	S	Y	50wa-
54 REAR TAILGATE "COMFORT DELGRO" STICKER	1.00	100.00	0.00	100.00	S	Y	50wa-
55 REAR TAILGATE "BOOK NOW" STICKER	1.00	100.00	0.00	100.00	S	Y	50wa-
56 REAR TAILGATE INNER TRIM BOARD CLIP SET	1.00	50.00	0.00	50.00	S	Y	730
57 TAILLAMP GUIDE CLIP SET	1.00	50.00	0.00	50.00	S	Y	20wa-
58 REAR END PANEL SEALANT	2.00	120.00	0.00	120.00	S	Y	?

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
59 REAR FLOOR PAN SEALANT	2.00	120.00	0.00	120.00	S	Y	X
60 TAILLAMP PANEL SEALANT	2.00	100.00	0.00	100.00	S	Y	X
61 REAR SPOILER CLIP AND PAD SET	1.00	50.00	0.00	50.00	S	Y	X
62 REAR WINDSCREEN SEALANT	3.00	150.00	0.00	150.00	S	Y	60.00
63 REAR WINDSCREEN PRIMER	2.00	100.00	0.00	100.00	S	Y	50.00
64 REAR BUMPER EXTENSION FILLER CLIP	1.00	50.00	0.00	50.00	S	Y	X
TOTAL:		16,186.70	621.80	12,564.90			
TOTAL PARTS & LABOUR :		22,286.70	3,621.80	18,664.90			

EXCESS/LOADING:S\$ 0.00

No. Of Day: 5

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM: S\$

DATE OF SURVEY: 24, 3, 23

SURVEYED BY: Tan Guan LKK

CONTACT NO: 97495749 FAX NO: 62563561

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:

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	23/03/2023 15:13 (SGT)
Reported by	Actual Driver
Date of Accident	23/03/2023 11:45 (SGT)
Exact Location of Accident	Tuas West Rd, Singapore
Additional Location Information	TUAS LINK 4
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	HSBC Life (Singapore) 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 AND 4 MONTHS
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 - 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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 23/03/23 AT ABOUT 1145HRS, I WAS DRIVING VEHICLE A (SHB2139R) ALONG TUAS WEST ROAD ON THE CENTER LANE. I CAME TO A STOP AT THE JUNCTION OF TUAS LINK 4 AS THE TRAFFIC LIGHT HAD TURNED RED, WHEN SUDDENLY VEHICLE B (XE3181E) COLLIDED INTO THE REAR OF MY VEHICLE. WILL SEEK MEDICAL ATTENTION.

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	XE3181E
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Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAJENDIRAN SENTHIL KUMAR
Passport No/FIN	GXXXX500Q
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	LEK MENG KIANG
Gender	Male
Phone No	(Phone) +65-81943755
Address	268C BOON LAY DRIVE #10-552
Address Complement	-
Post Code	643268
Approximate Age Years Old	60
Injuries Sustained	MINOR INJURY
Injured person in which vehicle?	SHB2139R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN INJURY
Injured person in which vehicle?	SHB2139R
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 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 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.

FLASH ACCIDENT
REPORTING OFFICER

PKC AMIN



Policyholder's Signature / Date & Time

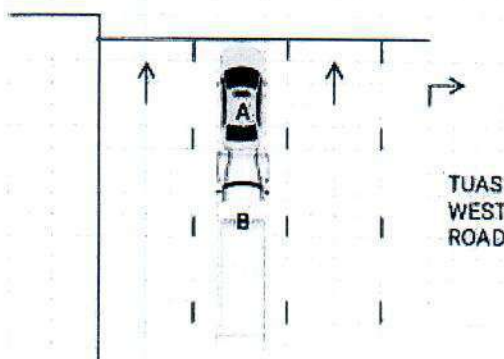
Driver's Signature (If driver is not the policyholder) / Date & Time

230323 1320

Witnessed by Reporting Centre Personnel

Sketch Plan

TUAS LINK 4



A - SHB2139R
B - XE31B1E

Describe Circumstances of the Accident

ON 23/03/23 AT ABOUT 1145HRS, I WAS DRIVING VEHICLE A (SHB2139R) ALONG TUAS WEST ROAD ON THE CENTER LANE. I CAME TO A STOP AT THE JUNCTION OF TUAS LINK 4 AS THE TRAFFIC LIGHT HAD TURNED RED, WHEN SUDDENLY VEHICLE B (XE3181E) COLLIDED INTO THE REAR OF MY VEHICLE. WILLSEEK MEDICAL ATTENTION.

Declaration

I/We declare the foregoing particulars are true in every respect.



**FLASH ACCIDENT
REPORTING OFFICER**

FRC AMIN



Policyholder's Signature / Date &
Time

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

230323 1320

Witnessed by Reporting Centre
Personnel