

ASS. REC. BY: Taufik

REF:

NS/INC23006389/Tnp3

INC

## 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: \_\_\_\_\_

Policy No. \_\_\_\_\_

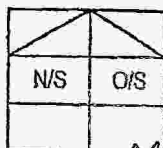
Claims No. MT/1228837-002

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: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: Juven Vehicle: IN / OUTVeh No: SUC 76624 Yr Regn: 2022 Aug

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

Truck / Trailer or

Make: B. YD New E6 c.c. 70kwhColour: Yellow A/C: Insured / Std / NI / NASp. Reading: 61390 T/Radio: Insured / Std / NI / NAEng/No: \_\_\_\_\_ C/No: LCCE 4DC 7-N-0057358Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/55R17

R: \_\_\_\_\_

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

TOYO / YOKO or Duraflex

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 23/6/23Survey held at Comfort Lodge

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

Rear o/s

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

Date / Time Action / Instruction

Taufik confirmed final fig \$2507.20 and 2 repair days  
(red, \$299.8, 11%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

S + RS \$1

Photos

Others

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.E. (%) \_\_\_\_\_

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHC7662H

DATE: 23.06.23

MAKE

MVA JUMANI

MODEL BYD E6

DOA: 22.06.23

**INCOME**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER ASSY			\$2,013.75
1	REAR BUMPER BRACKET RH			\$60.00
SUB TOTAL				\$2,073.75
LESS 25%				\$414.75
DISCOUNTED TOTAL				\$1,659.00
REAR BUMPER LINE STICKER RH				\$18.00
REAR BUMPER MAT				\$50.00
TOTAL NETT				\$68.00
Labour Charge				
PANEL BEATING				\$500.00
SPRAY PAINT				\$500.00
REMOVE/REFIX REVERSE SENSOR				\$80.00
TOTAL LABOUR				\$1,080.00
ESTIMATE TOTAL				\$2,807.00
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.				

Tanjun 97478744

Wp' 23/6/23 @ 4pm

2 days

P/P Resurvey before paint

Tanjun @ lkhanda.w

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:

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5901410

JC NO305558568

OMER

S CITYCAB PTE LTD  
OMER NO 7010070  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65551188 (O)  
(P)

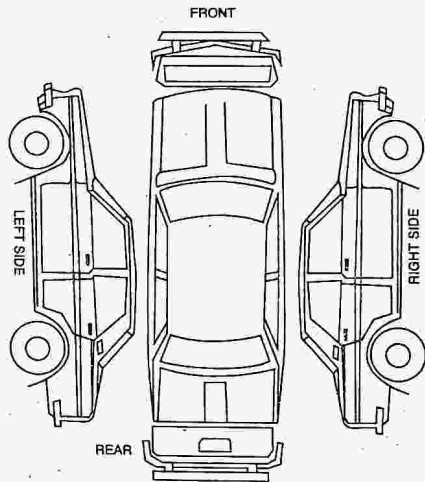
JUNT CARD NO.

REGN NO: SHC7662H	MILEAGE
MAKE: BYD	FUEL E.....1/2.....F
MODEL NEW E6	DATE/TIME IN 23.06.2023 10:15
YR OF MANU. 31.08.2022	TARGET DATE
CHASSIS CODE LC0CE4DC7N0037358	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 22.06.2023  
ATURE: 3P.22.06.23

NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

Vehicle No.: SHC7662H

JU INCOME

Vehicle No.:

SHC7662H

Service Advisor

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	23/06/2023 13:28 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2023 18:05 (SGT)
Exact Location of Accident	Farrer Rd, Singapore
Additional Location Information	TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7662H
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) +65-97539175
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6 (ME-2)
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	0

### INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419140

### DRIVER

Name of Driver	LEE BOON HAI
NRIC No	SXXXX599B
Date Of Birth	21/08/1962
Occupation	Outdoor



Date Of Driving Pass	11/10/1982
Driving experience	40 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97539175
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 970 HOUGANG STREET 91 # 11 - 164
Address complement	-
Postcode	530970
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)	3
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	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 22.06. 2023 AT ABOUT 1805HRS I WAS DRIVING VEHICLE A SHC7662H FETCHING PASSENGERS TO SWISS CLUB. VEHICLE A STOP AT THE SLIP ROAD FROM FARRER ROAD TOWARDS BUKIT TIMAH ROAD. VEHICLE B FBF7197P THEN REAR ENDED STATIONARY VEHICLE A. MY PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION. SCENE PHOTOS AND PARTICULARS TAKEN.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

## DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	FBF7197P
Vehicle Manufacturer	Yamaha
Vehicle Model	NMAX 155 ABS CONNECT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	YAP HENG TAK
NRIC No	SXXXX989A
Contact Number	(Phone) +65-98989333
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 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 based outside of Singapore, for one or more of the above Purposes.

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FLASH ACCIDENT  
REPORTING OFFICER  
KYMI

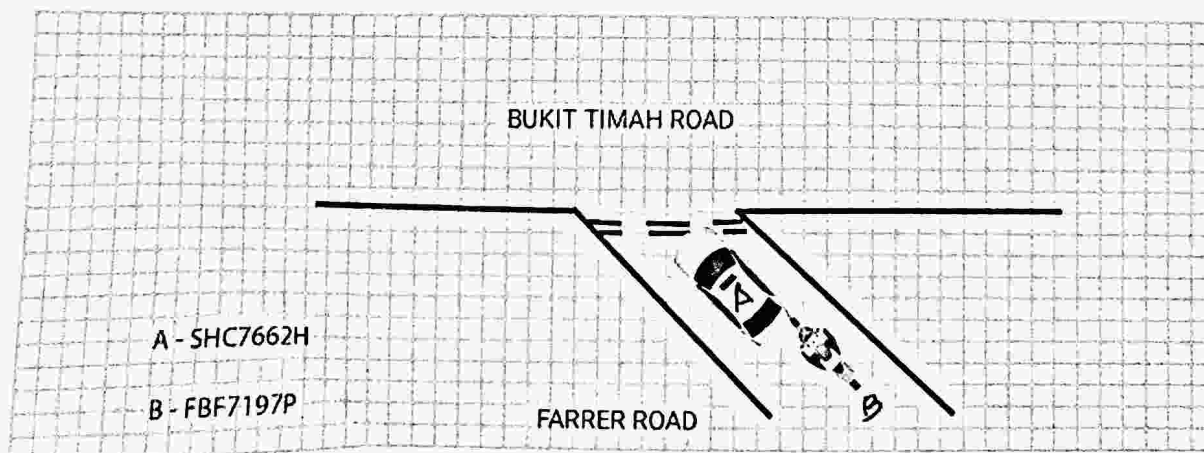


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 23.06.2023. 1125HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

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VEHICLE A STOP AT THE SLIP ROAD FROM FARRER ROAD TOWARDS BUKIT TIMAH ROAD.  
VEHICLE B FBF7197P THEN REAR ENDED STATIONARY VEHICLE A.  
MY PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION.  
SCENE PHOTOS AND PARTICULARS TAKEN.

Declaration

We declare the foregoing particulars are true in every respect.



FLASH ACCIDENT  
REPORTING OFFICER  
KYMI



Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time 23.06.2023. 1130HRS

Witnessed by Reporting Centre  
Personnel