

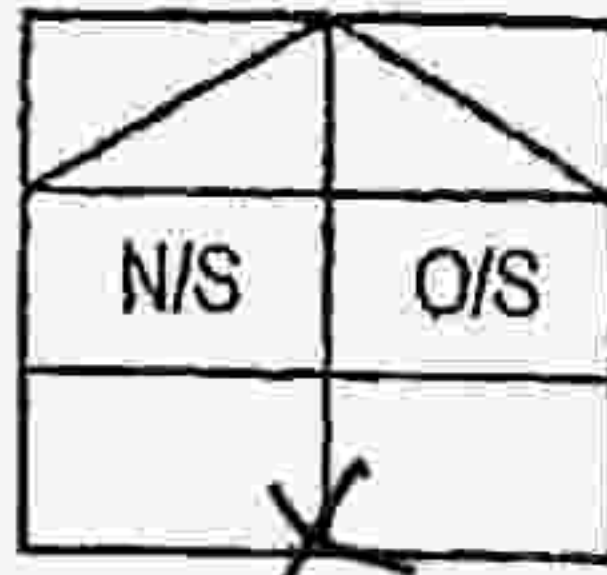
ASS. REC. BY: Taufikh REF: CS/u0124090259/Tvp3

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: GBF 9220S
Policy No. _____
Claims No. M11D00202409
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: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: Juman Vehicle: IN / OUT

Veh No: SHC1850X Yr Regn: 2019, Nov
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Hyundai Lonig c.c. 1580
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 433038 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMHC851CVLY188055
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brake: In order / Jammed / Leaked / Burnt or _____
Mod: NI / S/Rim / STD A/Rim or _____
Tyre Size: F: 195/65R15
R: 195/65R15
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or westlake
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 12/9/2024 D.O.I. 16/9/24
Survey held at Comfort Lodge
Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or _____

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

Date / Time	Action / Instruction
19/9/24	Taufikh confirmed LS \$1400 (Red 890.56, 38%)

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.B.E. (\$) _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC1850X

DATE: 13.09.34

MAKE HYUNDAI

MVA JUMANI

MODEL IONIQ

DOA: 12.09.24

UOI

Qty	Parts Description/ Labour	Type	7.23	Amount
1	REAR BUMPER ASSY			\$459.40
10	REAR BUMPER CLIPS			\$22.00
1	REAR BUMPER CENTRE MOULDING			\$451.25
1	REAR BUMPER BEAM			\$394.80
1	FOG LAMP REAR			\$201.50
1	ANNTENNA SMARTKEY			\$40.50
	SUB TOTAL			\$1,569.45
	LESS 20%			\$313.89
	DISCOUNTED TOTAL			\$1,255.56
	REAR BUMPER MAT			\$50.00
	REVERSE SENSOR			\$180.00
	REAR NUMBER PLATE			\$55.00
	DIS 10%			
	SUB TOTAL			\$285.00
	Labour Charge			
	PANEL BEATING			\$400.00
	SPRAY PAINT			\$300.00
	REMOVE/REFIX REVERSE SENOR			\$50.00
	TOTAL LABOUR			\$750.00
	ESTIMATE TOTAL			\$2,290.56
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.				

Tayfun 97495749
 WP 16/9/24 0430pm
 2 days
 4/3 Remuneration repair
 Tayfun e (khant) m

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: 12.09.2024 08:44

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5953747

JC NO305603735

OMER
COMFORT TRANSPORTATION PTE LTD
IS 7010045
OMER NO 383 SIN MING DRIVE
IESS Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

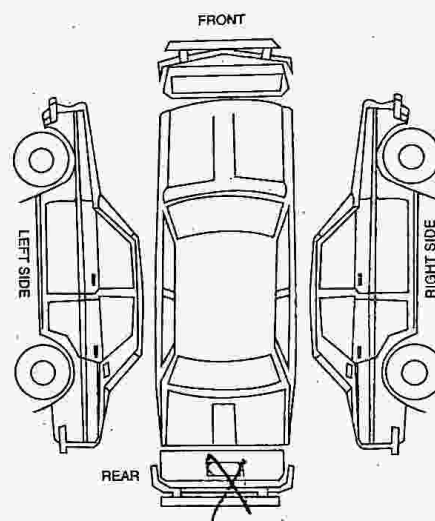
REGN NO: SHC1850X	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: IONIQ(G3)	DATE/TIME IN 12.09.2024 15:05
YR OF MANU: 07.11.2019	TARGET DATE
CHASSIS CODE: KMHCC51CVLU188055	COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 12.09.2024
ATURE: 3P.12.09.24

NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Idgement Slip

Exit Pass

o.: SHC1850X JU UOI

Vehicle No.: SHC1850X

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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 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. 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 First Submission	12/09/2024 23:22 (SGT)
Reported by	Actual Driver
Date of Accident	12/09/2024 14:15 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	TOWARDS THOMSON PLAZA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1850X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-90014812
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	HEV FL 1.6 DCT
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	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVLU188055
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	TAN CHOON SENG
NRIC No	SXXXX769A
Date Of Birth	11/09/1963
Occupation	Outdoor
Driving Pass Date	04/09/1984
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	40 YEARS
Gender	Male
Mobile Number	(Phone) +65-90014812
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 132 YISHUN STREET 11 #04-219
Address complement	-
Postcode	760132
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)	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 12.09.2024 AT ABOUT 1415HRS, VEHICLE A SHC1850X WAS STATIONARY ALONG UPPER THOMSON ROAD IN THE DIRECTION TOWARDS THOMSON PLAZA. NEAR OCBC, VEHICLE B GBF9220S REAR ENDED STATIONARY VEHICLE A. NO ONE IS INJURED. SCENE PHOTOS TAKEN. PARTICULARS TAKEN. NO HANDPHONE EXCHANGED.

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	GBF9220S
Vehicle Manufacturer	Toyota
Vehicle Model	DYNA 150 5MT
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Commercial vehicle
Name of Driver	LIM TONG MOH
NRIC No	SXXXX789H
Contact Number	-
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 sited outside of Singapore, for one or more of the above Purposes.

[Signature]

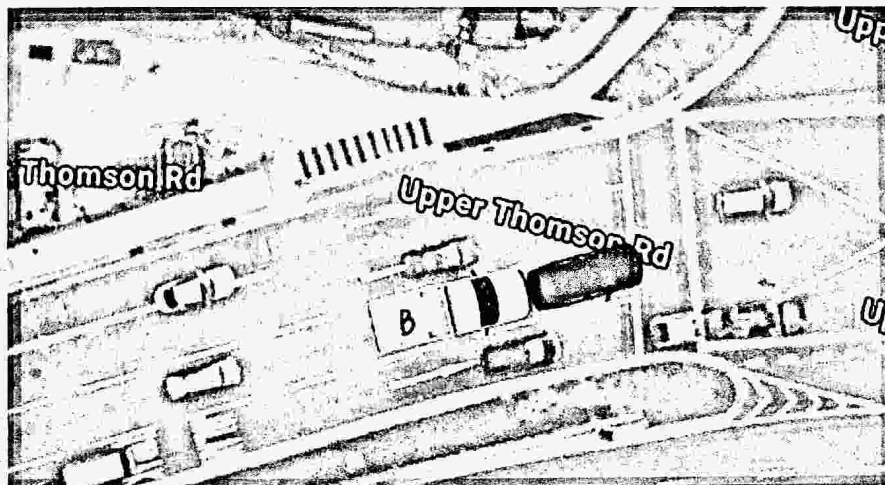
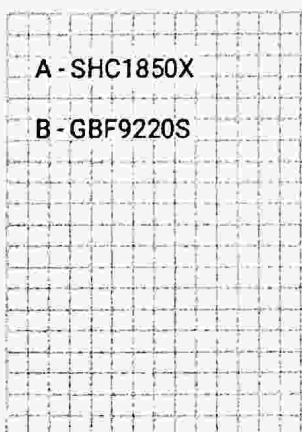


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 1630HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 12.09.2024 AT ABOUT 1415HRS, VEHICLE A SHC1850X WAS STATIONARY ALONG UPPER THOMSON ROAD IN THE DIRECTION TOWARDS THOMSON PLAZA. NEAR OCBC, VEHICLE B GBF9220S REAR ENDED STATIONARY VEHICLE A. NO ONE IS INJURED. SCENE PHOTOS TAKEN. PARTICULARS TAKEN. NO HANDPHONE EXCHANGED.

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
12.09.2024. 1630HRS

Witnessed by Reporting Centre Personnel

