

CS/SM024070017/Aqh3

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estin: \_\_\_\_\_  
 OD / TP RES / CD RES / EVA / INV / MV  
 To in Vehicle No: \_\_\_\_\_  
 at W/O \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_  
 (Policy Condition)

N/S	O/S

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

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: 3 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: SHC8566X Yr Regn: 2021, July  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai Ioniq C.C. 1580  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 471871 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHCS1CVLU193172  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / 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. 06 mm R/Bal. 06 mm  
 L/Bal. 06 mm L/Bal. 06 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 01/07/24  
 Survey held at Carport Kojay  
 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
	<u>TP Sampo</u>
	<u>finalized with air charging is \$1450, 3 days.</u>
	<u>Chd \$5981.78, 80%</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

Date/Time, File Pass to? ☐ : Preli. Report  
10/04/24 ☐ : Final Report  
 Date/Time, File Return to?  
2)

Days Of Repair: 3  
 Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ ) 3 + RS \$  
☐ : Interview (\$ )  
☐ : Tech. Insp (\$ )  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_

Report Form: TP  
 Report Form: \_\_\_\_\_



# CONFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHC8566X

MAKE REG. 28.07.2021

MODEL IONIQ G3

K Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during 29.06.2024
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed

CHIANG/SOMPO

LKLC

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER <i>del</i>		\$459.40
2	REAR BUMPER SIDE BRACKET RH/LH <i>del</i>		\$55.80 \$111.60
10	REAR BUMPER CLIPS <i>del</i>		\$2.20 \$22.00
1	REAR BUMPER REINFORCEMENT <i>del</i>		\$394.80
2	REAR BUMPER REINFORCEMENT BRACKET LH/RH <i>del</i>		\$138.10 \$276.20
1	BOOTLID COVER		\$2,549.70
1	BOOTLID LOCK UPPER		\$224.00
1	BOOTLID H EMBLEM		\$28.00
1	BOOTLID HYBRID		\$24.30
1	BOOTLID LONIQ		\$31.30
1	REAR BUMPER CENTRE MOULDING <i>del</i>		\$451.25
1	REAR BUMPER LOWER MOULDING <i>del</i>		\$155.00
1	REAR END PANEL <i>del</i>		\$532.00
1	REAR PANEL LOWER PANEL <i>del</i>		\$208.90
1	REAR BUMPER FOG LAMP <i>del</i>		\$201.50
2	NUMBER PLATE LAMP LH/RH <i>del</i>		\$85.30 \$170.60
1	ANTENNA ASSY -SMART <i>del</i>		\$40.50
SUB TOTAL			\$5,881.05
25.00%			\$1,470.26
DISCOUNTED TOTAL			\$4,410.78
2	WSCREEN SEALANT <i>del</i>		\$23.00 \$46.00
1	REAR BUMPER MAT <i>del</i>		\$50.00
1	REAR NUMBER PLATE/W HOLDER <i>del</i>		\$55.00
1	REAR REVERSE SENSOR <i>del</i>		\$180.00
1	BOOTLID APP LOGO STCKER		\$40.00
2	BOOTLID COMFORT LOGO/TEL NO. STICKER		\$60.00
2	REAR FENDER ADVERTISEMENT LH/RH		\$200.00
1	BOOTLID ADVERTISEMENT		\$100.00
Labour Charge			\$731.00
Panel Beating			\$1,200.00
Spray Painting Charge			\$700.00
Check wiring			\$60.00
Tuff Kote			\$90.00
Remove/Refix Rear windscreen UPPER /LOWER			\$180.00
Remove/refix Reverse sensor			\$60.00
TOTAL LABOUR			\$2,290.00
ESTIMATE TOTAL			\$7,431.78
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.			

932.65

699.48

285

840

adrianling @lkcauto.com

Adrian G  
1/8 01/07/24.

03 days

A.30pm

total: 1824.48  
1/8: 1450



## 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 First Submission	29/06/2024 16:01 (SGT)
Reported by	Actual Driver
Date of Accident	29/06/2024 06:45 (SGT)
Exact Location of Accident	Bedok North Rd
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8566X
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#### 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) +65-90088283
Alternative Phone No	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	TAN SING PING
NRIC No	SXXXX955A
Date Of Birth	02/05/1958
Occupation	Outdoor

Driving Pass Date .....	17/05/1977
Driving experience .....	47 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90088283
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 831 HOUGANG CENTRAL #08 - 516
Address complement .....	-
Postcode .....	530831
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) .....	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 29.06.2024 AT ABOUT 0645HRS VEHICLE A SHC8566X WAS ALONG BEDOK NORTH ROAD. APPROACHING TRAFFIC LIGHTS JUNCTION OF BEDOK RESERVOIR ROAD, LIGHTS TURN AMBER. VEHICLE A SLOWED AND STOP. VEHICLE B XD6849Z THEN REAR ENDED STATIONARY VEHICLE A.  
PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AT BEDOK CISCO.  
SCENE PHOTOS AND PARTICULARS EXCHANGED. 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 .....	XD6849Z
Vehicle Manufacturer .....	Scania
Vehicle Model .....	P360CB6X4MHZ
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	HO HEE MENG
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**.
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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.

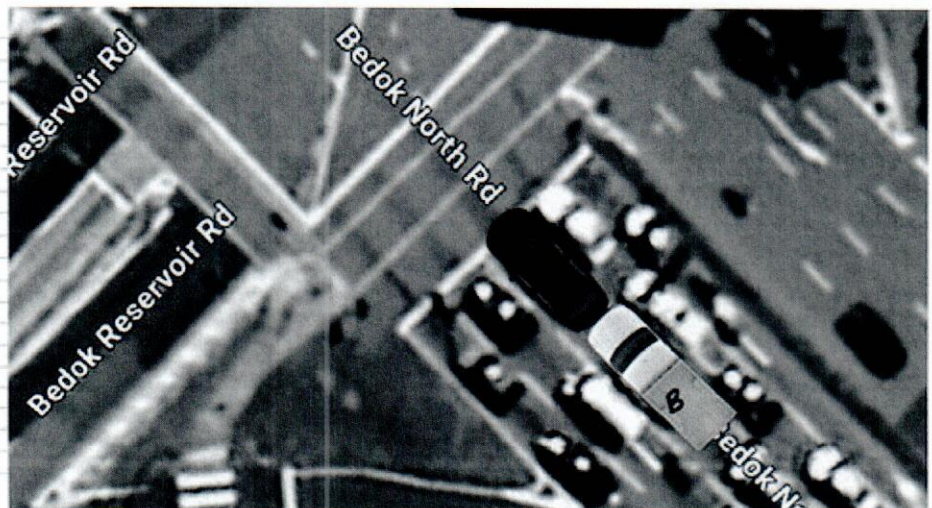
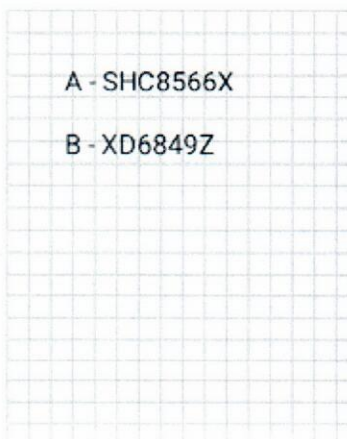
Policyholder's Signature / Date &amp; Time

Sketch Plan

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

29.06.2024. 1130HRS

Witnessed by Reporting Centre Personnel



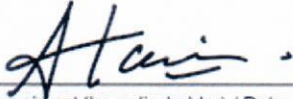
## Describe Circumstances of the Accident


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PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AT BEDOK CISCO.  
SCENE PHOTOS AND PARTICULARS EXCHANGED. NO HANDPHONE EXCHANGED.

## Declaration

I/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 29.06.2024. 1130HRS

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel