

Kalin

CS/QW18001658/Kirb52

ASSIGNMENT

SHB 6217Y

28 Apr 2011

Estimated Cost:

OD / TP / WS / TP RES / CD RES / EVA / INV / MV

To inspect vehicle No:

at Workshop m/s:

at:

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

Lump Sum: % 3 val: Yes or No

CA / REV / REP / 24 HRS

Date:

Person Contacted:

Vehicle IN / OUT

Type: M / Car / M / C / Pet / Bus / Van / Lorry / 0 / Prime Mover

Truck / Trailer:

Make:

Hyundai Santa

199

Colour:

Blue

St. Reading:

200038

Engine:

C No:

KA HET4/VMDA807R 61

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inboard / Jammed / Leaked / Burnt

Brake: Inboard / Jammed / Leaked / Burnt

Mod: Nil / S/Rim / STD / R/Rim

Tire Size:

215/60 R16

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

TOYO / YOKO /

Front:

R Bal:

2

L Bal:

2

D.O.A:

21/1/10

Survey held at:

C/4E (h)

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

N/S Frnt.

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

Date / Time / Action / Instruction

3/1/18 SHB 6217Y - 033/EC214023741 / R/Vbd1
Cashed up \$1450 / 2 days
Red: \$1507.20, 5'11"

42

DON: 191214

RECEIVED 31 JAN 2018

Date/Time / File Path:

Inpist



Prel. Report



Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Date/Time / File Path:

Add Fee:



Site Insp \$



Inter \$



Tech \$



Trans \$

Report Format:

TP - Independent

Lump Sum:

1450






LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
COMFORT TRANSPORTATION PTE LTD		Ref : CS/QW18001658/K1rb		
383 SIN MING DRIVESINGAPORE 575717		Date : 27-01-2018		
		Code : QW002		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHB 6217Y	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		26/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	c.c		0	
Engine No. HIDDEN	Year of Reg.			
Chassis No.	Colour			
Odometer -	Steering			
Brakes	Modification			
General				
3. Conditions of Tyres				
	Size	Make	Balanc	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	21/01/2018	Inspection Date	26/01/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIR				

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO305109890

STOMER	REGN NO.: SHB6217Y	MILEAGE
/MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 7010045	MODEL SONATA	DATE/TIME IN 23.01.2018 15:00
DRESS 383 SIN MING DRIVE	YR OF MANU. 28.04.2011	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE KMHET41VMBA807561	COMPLETION DATE/TIME:
65508755 (R) (O)		
(P)		
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 21.01.2018
NATURE: 3P 21.01.18

S/NO	LABOR CODE	DESCRIPTION
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ECKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SHB6217Y JU AXA	Vehicle No.: SHB6217Y
Name of Service Advisor	Name of Service Advisor
Signature/Date	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 Authorised 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 ability.
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 Report	23/01/2018 16:04
Date Of Accident	21/01/2018 20:35
Exact Location Of Accident	BEDOK RESERVOIR RD X CAR PARK EXIT OF BLK 717
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6217Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	CHOO YEE SING
NRIC No	S0232112B
Date Of Birth	19/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1977
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	CHOO_Y51910@YAHOO.COM

Address	60 MARINE DRIVE # 06-64
Postcode	S440060
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS SEE ATTACHED (TYPE OF ACCIDENT - HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM7860L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN DON HO
NRIC/Passport Number	
Contact Number	83391948
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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 centre 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO REG NO 1020018218

Policyholder's Signature
Date & Time:

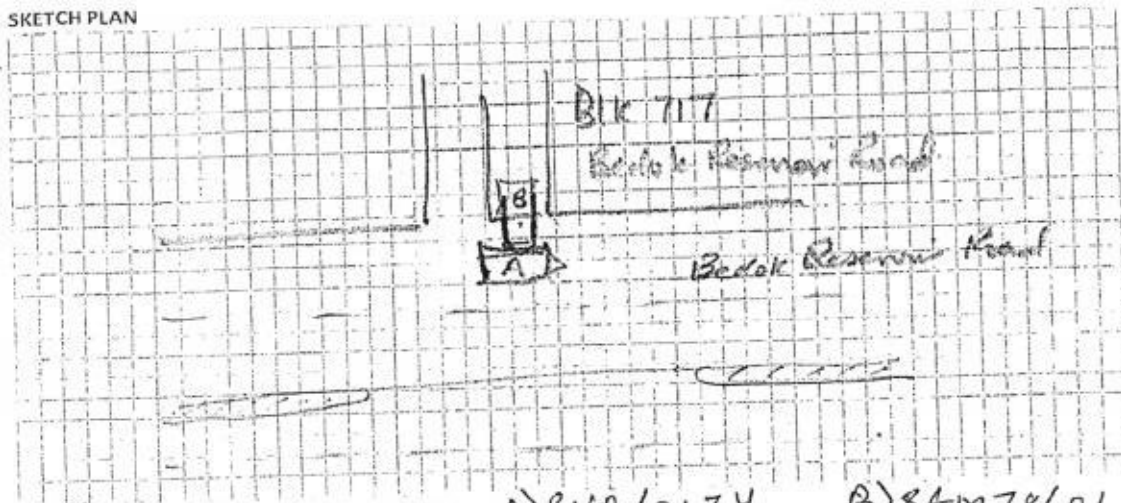
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

S. K. Moorthy
CSO 23/11/18

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A) SHB62174 B) SGM7860L

On 20/1/18 at about 2035hrs while I Veh A was driving along the main road, Veh B exited from the side road from the carpark and collided on the front left portion of my vehicle. There was a stop marking for Veh B which he failed to stop before exiting.

DECLARATION

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

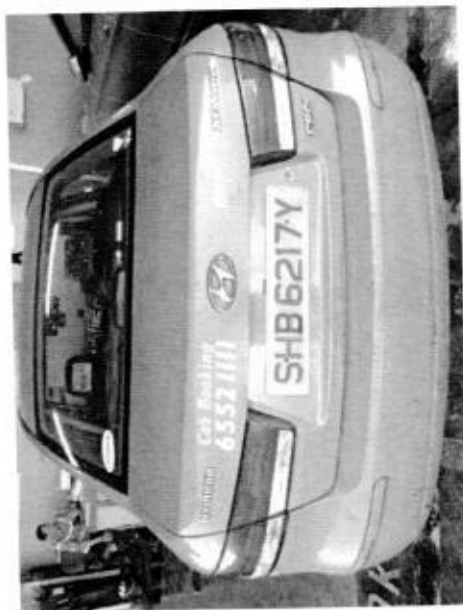
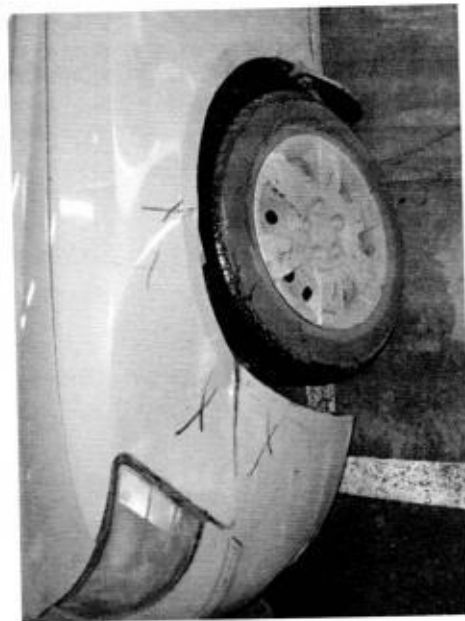
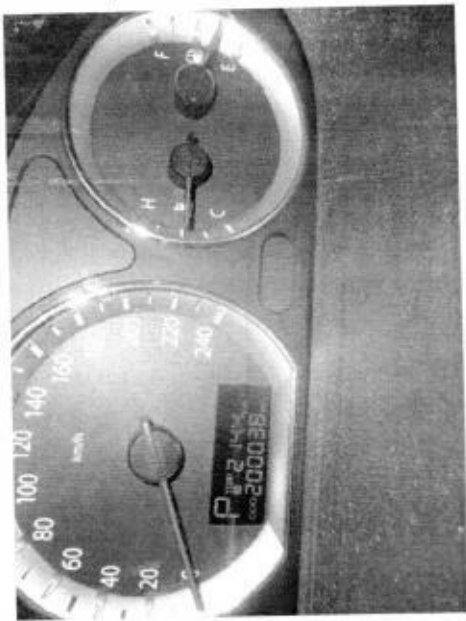
DRIVER'S SIGNATURE

Policyholder's Signature
Date & Time:

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

SR Moorthy
CSO
23/1/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



COMFORTDELGRO ENGINEERING

Our Job Ref No : 305109890

Date : 29.01.18

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB6217Y

Date of Accident : 21.01.18

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: AXA --- SGM7860L
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges ###
 - Total for Part-By-Part Repair Cost
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$1450.00
Final Lumpsum Repair cost

3. Estimated normal period for repairs: 2 working days

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : JC a/mt

Date : 31/1/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

REPAIR ESTIMATE*

VEHICLE NO : SHB 6217Y

DATE 24/1/2018 9:40

Jumani

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Paint</i>			\$ 538.80
	Front Bumper Bracket Top (LH) <i>ca</i>			\$ 22.40
	Front Bumper Protector (LH) <i>x rep</i>			\$ 29.20
	Headlamp (LH) <i>+ in</i>			\$ 797.90
	Front Fender (LH) <i>Paint</i>			\$ 593.00
	Front Fender Shield (LH) <i>tu</i>			\$ 86.00
	Front Fender Retainer <i>x rep</i>			\$ 9.20
	Front Wheel Hub Cap (LH) <i>brush</i>			\$ 145.00
	SUB TOTAL			\$ 2,221.50
	LESS 20%			\$ 444.30
	DISCOUNTED TOTAL			\$ 1,777.20
	Labour Charge			
	Panel Beating			\$ 560.00 <i>300</i>
	Spray Painting Charge			\$ 400.00 <i>360</i>
	Wiring Charge			\$ 50.00 <i>x 1</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	FRT Wheel Alignment			\$ 120.00 <i>x 1</i>
	TOTAL LABOUR			\$ 1,180.00
	ESTIMATE TOTAL			\$ 2,957.20

Kahin LKK

26/1/18 1550h
2 Reps
4/3
After Rep & L

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by: _____

Signature: _____

Date: _____

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.

REPAIR ESTIMATE*

VEHICLE NO : SHB 6217Y

DATE 24/1/2018 9:40

Jumani

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover ✓			\$ 538.80
	Front Bumper Bracket Top (LH) ✓			\$ 22.40
	Front Bumper Protector (LH) x rep ✓			\$ 29.20
	Headlamp (LH) ✕			\$ 797.90
	Front Fender (LH) ✓			\$ 593.00
	Front Fender Shield (LH) ✓			\$ 86.00
	Front Fender Retainer ?			\$ 9.20
	Front Wheel Hub Cap (LH) ✓			\$ 145.00
	SUB TOTAL			\$ 2,221.50
	LESS 20%			\$ 444.30
	DISCOUNTED TOTAL			\$ 1,777.20
	Labour Charge			
	Panel Beating			\$ 560.00 300
	Spray Painting Charge			\$ 400.00 360
	Wiring Charge			\$ 50.00 ✕
	Tuff Kote			\$ 50.00 20
	FRT Wheel Alignment			\$ 120.00 ✕
	TOTAL LABOUR			\$ 1,180.00
	ESTIMATE TOTAL			\$ 2,957.20
<p>Kalvin LKK</p> <p>26/1/18 1550h</p> <p>2 Reps</p> <p>4/3</p> <p>After Rep & L</p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 <p>Acknowledged by Repairer</p> <p>Signature:</p>				
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.				




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
COMFORTDELGRO ENGINEERING PTE LTD		Ref : CS/QW18001658/K1rbs2	
59 LOYANG DRIVESINGAPORE 508969		Date : 05-02-2018	
		Code : QW007	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	Veh. Inspected		SHB 6217Y
Policy No.	Coverage (\$)		0.00
Claim No.	Excess (\$)		0.00
Assign From	Assign Date		26/01/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA807561	Colour	BLUE
Odometer	200038	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/60R16	MAXXIS	7 mm
L/H Front Tyre	215/60R16	MAXXIS	7 mm
R/H Rear Tyre	215/60R16	MAXXIS	7 mm
L/H Rear Tyre	215/60R16	MAXXIS	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	21/01/2018	Inspection Date	26/01/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



LKK Auto Consultants Pte Ltd

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TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 6217Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT BUMPER BRACKET TOP (LH)	CRACKED	22.40	22.40
1	FRONT BUMPER PROTECTOR (LH)	TO REPAIR SEE LABOUR	29.20	-
1	HEADLAMP (LH)	SERVICEABLE	797.90	-
1	FRONT FENDER (LH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (LH)	TORN	86.00	86.00
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT WHEEL HUB CAP (LH)	GRAZED	145.00	145.00
	LESS 20% DISCOUNT		-444.30	-277.04
			1,777.20	1,108.16
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER PROTECTOR (LH).		560.00	300.00
	SPRAY PAINTING CHARGE.		400.00	360.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,180.00	680.00
	GRAND TOTAL		2,957.20	1,788.16
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,450.00

Report Ref No. CS/QW18001658/K1rbs2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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