

(08/11/13)

REF:

Surveyor: Ram**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. _____

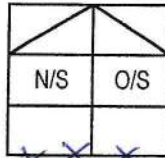
Claims No. _____

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: _____ Vehicle: IN / OUT

Veh No: SHC1447C Yr Regn: 02/07/2019Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai iOniq (G2) c.c. 1580Colour: blue A/C: Insured / Std / NI / NASp. Reading: 11229 T/Radio: Insured / Std / NI / NAEng/No: -C/No: KMHLC8S1CVKU16457.0Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195 / 65 R15R: -

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

TOYO / YOKO or DURATURN

Front

Rear

R/Bal. 8 mm R/Bal. 9 mmL/Bal. 8 mm L/Bal. 9 mmD.O.A. 5/05/2020 D.O.I. 5/5/2020Survey held at Comfortdelgro (Loyang)Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

ching
taiyang

P/P

Date / Time Action / Instruction

P/P: \$5553 = with 3 repair days

Conform on 8/5/2020 with charge.

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I: (\$ _____)

Our Job Ref No : 305397763

Date : 08/05/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC1447C

05/05/2020

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

Z The repair job shall bill to: CHINA GBD8979D

2. The finalized amount shall be:

(a) Spare Parts after List discount

\$4393

(b) Labour Charges

\$1,160.00

Total for Part-By-Part Repair Cost

\$5553

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 3 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 amountSignature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : Ram

Date : 8/5/2020

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:

COMFORTDELGRO PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC1447C

05/05/20

MAKE :

CHIANG/CHINA

MODEL IONIQ G2

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER <i>cra</i>		\$459.40
1	REAR BUMPER SIDE BRACKET RH /LH <i>xnn</i>		\$55.80
10	REAR BUMPER CLIPS <i>nec</i>		\$22.00
1	REAR BUMPER REINFORCEMENT <i>nxnn</i>		\$294.80
1	REAR BUMPER REINFORCEMENT BRACKET <i>nxnn</i>		\$138.10
1	REAR BUMPER LOWER MOULDING <i>xnn</i>		\$155.00
1	REAR BUMPER FOG LAMP <i>xnn</i>		\$201.50
1	REAR BUMPER CENTRE MOULDING <i>cra</i>		\$451.25
1	BOOT LID <i>Buc</i>		\$2,480.40
1	BOOT LID GLASS UPPER <i>nec</i>		\$543.30
1	BOOT LID GLASS LOWER <i>nec</i>		\$384.90
1	BOOT LAMP LH <i>cra</i>		\$794.40
1	EMBLEM- IONIQ <i>nec</i>		\$31.30
1	BOOT LID HYBRID PLATE <i>nec</i>		\$24.30
1	BOOTLID H EMBLEM <i>xnn</i>		\$28.00
1	REAR BUMPER REFLECTOR RH <i>xnn</i>		\$31.90
1	REAR BUMPER TOW COVER <i>xnn</i>		\$98.80
			\$6,389.05
	SUB TOTAL		\$1,277.81
	20.00%		\$5,111.24
	DISCOUNTED TOTAL		
1	REAR NUMBER PLATE/W HOLDER <i>xnn</i>		\$50.00
1	REAR REVERSE SENSOR <i>dm</i>		\$180.00
1	COMFORT LOGO STICKER <i>nec</i>		\$30.00
1	TEL NUMBER STICKER <i>nec</i>		\$30.00
			\$290.00
	Labour Charge		
	Panel Beating		\$760.00
	Spray Painting Charge		\$500.00
	Check wiring		\$60.00
	Tuff Kote		\$60.00
	Remove/refix Reverse sensor		\$60.00
	TOTAL LABOUR		\$1,440.00
	ESTIMATE TOTAL		\$6,841.24

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 repair work to be carried out after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Ram (LKK)
5/5/2020 1545
Pansuran@lkkauto.com
88622778
P/R B&F paint photo
3 repair days

\$640
\$400
\$30
\$30

C MIAA

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 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 Report	05/05/2020 10:49
Date Of Accident	05/05/2020 09:00
Exact Location Of Accident	ALONG BRADDELL ROAD TRAFFIC LIGHT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1447C
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
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	LEONG CHUNG KIONG
NRIC No	SXXXX639J
Date Of Birth	14/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1982
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92377697
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 472B FERNVALE STREET #10-51
Postcode	792472
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD8979D
Vehicle Make/Model/Colour	ISUZU LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHAMSER BIN SAPOAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH
No. Of Passenger (Including Driver)	

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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.
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 setout 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, investigation, 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. 199303821R

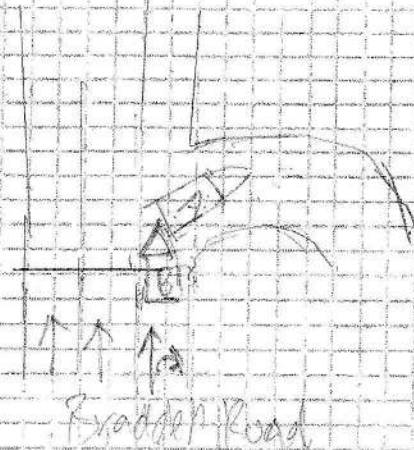
Policyholder's Signature
Date & Time:

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

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

A: CMC 1447C

B: GBD 8979D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/5/2020 @ 0900 hr while I was travel

along Braddell Road with no passenger on board.

When at the 'X' junction, I was waiting green to my
 Lanes, after moving there a impact from my rear

portion, behind a vehicle B (GBD 8979D) front

right portion collided into my Rear right portion.

NO one injury at that time.

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199303821R

[Signature]

[Signature]

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.:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305397763

STOMER

REGN NO:

SHC1447C

MILEAGE

/MS

COMFORT TRANSPORTATION PTE LTD

MAKE:

HYUNDAI

FUEL

STOMER NO.

7010045

E.....1/2.....F

DRESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717

MODEL

IONIQ(G2)

DATE/TIME IN
05.05.2020 09:55

(R)

65508755

(O)

YR OF MANU.

02.07.2019

TARGET DATE

(P)

CHASSIS CODE

KMHC851CVKU164570

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

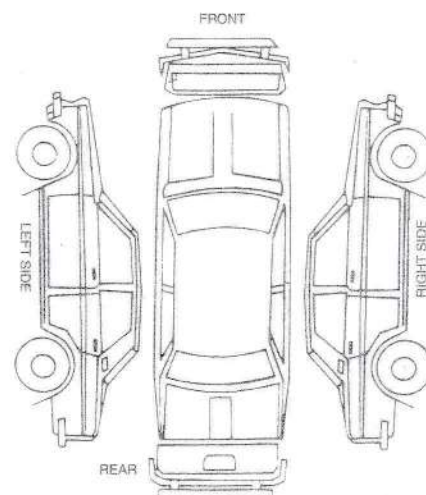
Accident Date: 05.05.2020

NATURE: 3P 05.05.2020

S/NO

LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.:

SHC1447C

CHIANG

Vehicle No.:

SHC1447C

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 08.05.2020

REPAIR ESTIMATE

Time: 14:36:26

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305397763
 REGN NO : SHC1447C
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 02.07.2019
 DATE/TIME IN : 05.05.2020 09:55
 ACCIDENT DATE : 05.05.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52	<i>cra</i>
0002	04-01-0104-2270-G	IONIQVC EMBLEM-HYBRID	1	24.30	20.00	19.44	<i>nec</i>
0003	04-01-0104-2271-G	IONIQVC EMBLEM-IONIQ	1	31.30	20.00	25.04	<i>nec</i>
0004	04-01-0104-2257-G	IONIQVC GLASS ASSY-TAIL G	1	384.90	20.00	307.92	<i>nec</i>
0005	04-01-0104-2258-G	IONIQVC GLASS ASSY-TAIL G	1	543.30	20.00	434.64	<i>nec</i>
0006	04-01-0104-2256-G	IONIQVC PANEL ASSY-TAIL G	1	2,480.40	20.00	1,984.32	<i>Boc</i>
0007	04-01-0104-2533-G	IONIQV2-4 MOULDING ASSY-R	1	451.25	20.00	361.00	<i>cra</i>
0008	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	20.00 ²²	20.00	16.00 ^{17.6}	<i>nec</i>
0009	04-01-0104-2397-G	IONIQV1-3 LAMP ASSY-REAR	1	794.40	20.00	635.52	<i>cra</i>
0010	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	180.00	2.00-	180.00	<i>BDM</i>
0011	28-01-0103-0006-A	(I40/SONATA)REAR BOOT TEL	1	30.00	0.20	30.00	<i>nec</i>
0012	28-01-0103-0005-A	(I40/SONATA)REAR BOOT LOG	1	30.00	0.02-	30.00	<i>nec</i>

SUB-TOTAL : 4,391.40

JOB NATURE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305397763
REGN NO : SHC1447C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 02.07.2019
DATE/TIME IN : 05.05.2020 09:5
ACCIDENT DATE : 05.05.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0000 PB	PANEL BEATING	640.00
0001 SP	SPRAYPAINT CHARGE	400.00
0002 17-01	CHECK ALL LIGHTING	30.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	30.00
0004 20-22	REMOVE/REFIX REVERSE SENSOR	60.00

SUB-TOTAL : 1,160.00

TOTAL : 5,551.40

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :