

CC4/A1620007981/Tieq3.

REF:

A16

ASS REQ BY: Tanphu

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.

N/S	O/S

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: Aray Vehicle: IN / OUT

Veh No: SHC1612S Yr Regn: 2019, May

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

Truck / Trailer or

Make: Hyundai long c.c. 1580

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 141757 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HC851 CVKU-146321

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 145/65 R15

R: 1 2

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. _____ D.O.I. 3/8/20

Survey held at Compo Delgado Luzern

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
	* Body Injury.

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Rep. Form: _____

Lump Sum / B.B. / C: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
	\$ + RS \$
	Phone
	Others
TOTAL	

- Add Fee:
- : Site Insp (\$ _____)
 - : Interview (\$ _____)
 - : Tech. Invs (\$ _____)
 - : Wheel end (\$ _____)

COMFORT DELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEH. LE NO SHC16125

20/07/20

MAKE :

CHIANG/AIG

MODEL IONIQ G2

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER		\$459.40
1	REAR BUMPER CENTRE MOULDING		\$451.25
1	REAR BUMPER REINFORCEMENT		\$294.80
2	REAR REINFORCEMENT STAY LH/RH		\$138.10
1	REAR BUMPER SIDE BRACKET LH /RH		\$55.80
10	REAR BUMPER COVER CLIPS		\$2.20
1	REAR BUMPER COVER TOWING		\$98.80
1	REAR BUMPER FOG LAMP		\$201.50
1	REAR BUMPER REFLECTOR		\$31.90
	SUB TOTAL		\$1,947.45
	20.00%		\$389.49
	DISCOUNTED TOTAL		\$1,557.96
1	REAR REVERSE SENSOR		\$180.00
1	REAR NUMBER PLATE/WITH HOLDER		\$50.00
1	REAR BUMPER MAT		\$50.00
	Labour Charge		
	Panel Beating		\$580.00
	Spray Painting Charge		\$420.00
	Tuff Kote		\$60.00
	Remove/refix Reverse sensor		\$60.00
	TOTAL LABOUR		\$1,120.00
	ESTIMATE TOTAL		\$2,957.96

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.

Tanpin 97475749
 'wp' - wps
 Resurvey before paint
 3/8/20 @ 3pm
 tanpin @ 11hantowan
 2-3 days

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:

Workshops

54 Loyaldy Drive Singapore 508959 24 Serangoon Road, Singapore 559136
 383 Sin Ming Drive Singapore 575717 7 Sungei Road, Singapore 729791
 45 Pandan Road, Singapore 209086 501 Yishun Industrial Park A, Singapore 768731

Date/Time: 03.08.2020 13:20 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

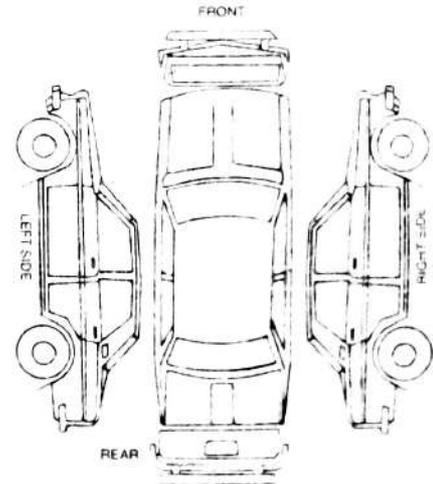
JC NO: 305414443

CUSTOMER /MS STOMER NO ADDRESS (P) (P) COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO SHC1612S	MILEAGE
		MAKE : HYUNDAI	FUEL E.....1/2.....F
		MODEL IONIQ(G2)	DATE/TIME IN 03.08.2020 10:05
		YR OF MANU. 14.05.2019	TARGET DATE
		CHASSIS CODE KMHC851CVKU146321	COMPLETION DATE/TIME

Accident Date: 03.08.2020
 NATURE: 3P 03.08.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Workshop Slip

Exit Pass

REGN NO: SHC1612S NAME: CHIANG

Vehicle No. SHC1612S

Signature/Date

Name of Service Advisor

Date

Return 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 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	03/08/2020 12:08
Date Of Accident	03/08/2020 09:15
Exact Location Of Accident	SLIP ROAD FROM PUNGGOL CENTRAL TO PUNGGOL WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1612S
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TIO SIE MENG
NRIC No	SXXXX476F
Date Of Birth	13/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	24/01/1978
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96309211
Fax Number	
Contact Number	
Email Address	RAYMONDTIO88@GMAIL.COM

Address 670 09-39 JALAN DAMAI
 Postcode 410670
 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 -
 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? YES
 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) 2
 Passenger 1
 NAME: : -
 GENDER: : MALE

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

SEE ATTACH.

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

Vehicle Registration Number SKS2324Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver NG CHEE HIAN
 NRIC/Passport Number
 Contact Number 96851015
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRT

DETAILS OF INJURED PERSON 1

Name	177
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	SHC1612S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

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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. 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 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 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)
 - (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.

OMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

Policyholder's Signature
Date & Time:



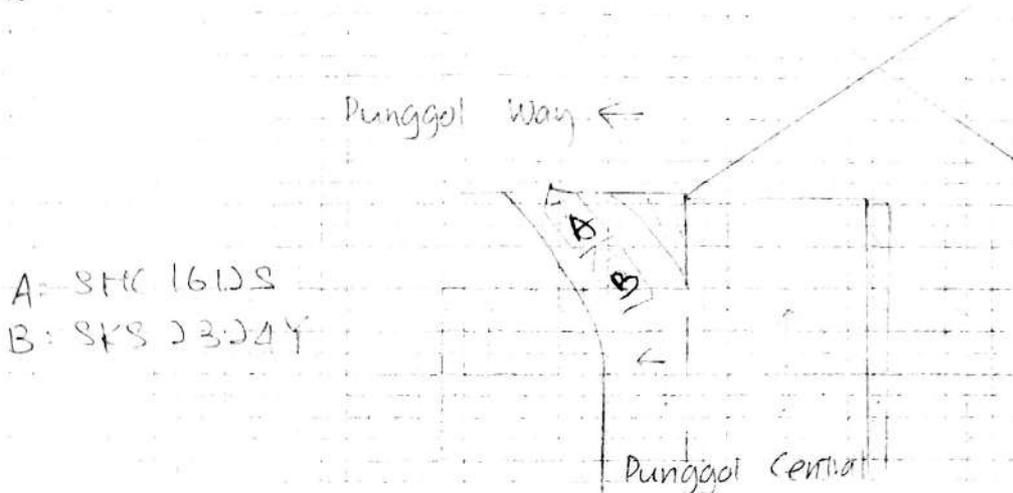
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/8/2020 at about 09:15 hrs, I Veh A
 was stopped at above said slip road to checking
 oncoming traffic. Suddenly I felt an impact from behind
 Veh B front portion collided onto the rear portion
 of my stationary taxi. Scene photo taken to support
 claims. My passenger (male) said he will consult doctor
 due to huge impact.

DECLARATION

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

IMFORT TRANSPORTATION P
 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.:

[Signature] 3/8/2020

