

ASS. REC BY: Tauphik

REF:

INC

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SKG 6370A

Policy No. 5111871245

Claims No. MT/1099976-002

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
	<input checked="" type="checkbox"/>

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  
O/N/A

Veh No: SHC2169Z Yr Regn: 2018 / Oct.

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: 185/67 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHC851CVK-U114829

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16  
R: u u

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

TOYO / YOKO or Wentlake

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 14/8/20 D.O.I. 7/8/22

Survey held at Bupatdehaya byang

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

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

Date / Time	Action / Instruction
25/8/20	Final fig \$1578.28 confirmed by email (Red 1182.72, 43%)

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

1) \_\_\_\_\_  
Date/Time, File Return to?  
2) 26/8/20-Typist  
IBI \$1578.28

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech Insp (\$ \_\_\_\_\_)

Survey Fee:	_____
Transportation:	_____
_____ S + RS _____ SI	_____
Photos	_____
Others	_____

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

DATE: 14.08.2020

3P INSURANCE: NTUC

MODEL: HYUNDAI IONIQ

SURVEYOR: LKK

VEH NO.: SHC2169Z

MVA: OLIVIA

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Rear Bumper			\$459.40 <i>de</i>
	Rear Bumper Reinforcement			\$294.80 <i>?</i>
	Rear Bumper Reinforcement Bracket (RH)			\$138.10 <i>?</i>
	Rear Bumper Centre Moulding Assy			\$451.25 <i>de</i>
	Rear Bumper Lower Centre Moulding Assy			\$155.00 <i>ly</i>
	Rear Bumper Stay			\$138.10 <i>?</i>
	Rear Bumper Side Bracket (RH)			\$55.80 <i>an</i>
	Rear Bumper Cover Clips			\$22.00 <i>de</i>
	Rear Bumper Under Centre Cover			\$225.00 <i>x</i>
	Rear Bumper Side Under(RH)			\$108.00 <i>x</i>
	Rear Bumper Hook			\$5.40 <i>x</i>
	Rear Bumper Reflector Lamp(LRH)			\$31.90 <i>de</i>
	Rear Bumper Fog Lamp			\$201.50 <i>x</i>
	<b>SPARE PARTS SUB TOTAL</b>			<b>\$2,286.25</b>
	<b>LESS 20%</b>			<b>\$457.25</b>
	<b>DISCOUNTED SPARE PARTS TOTAL</b>			<b>\$1,829.00</b>
	Rear Bumper Reverse Sensor			\$180.00 <i>Nett an</i>
	LESS 10%			\$18.00
				\$162.00
	Rear Bumper Rubber Mat			\$50.00 <i>Nett de</i>
	<b>NETT TOTAL</b>			<b>\$212.00</b>
	<b>DISCOUNTED SPARE PARTS &amp; NETT TOTAL</b>			<b>\$2,041.00</b>
	Panel Beating			\$350.00 <i>320</i>
	Spray Painting			\$250.00 <i>200.</i>
	Remove/Refix Reverse Sensor			\$120.00 <i>30</i>
	<b>LABOUR TOTAL</b>			<b>\$720.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$2,761.00</b>

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:

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.

*Tan Jie 97495719*  
*WP 12/1/2020 4pm*  
*2 days*  
*plz resurvey before paint*  
*for the insurance.*

A member of COMFORTDELGRO

Date/Time: 14.08.2020 16:11 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305416704

STOMER  /MS STOMER NO DRESS  (P) (P)  COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO: <b>SHC2169Z</b>	MILEAGE
		MAKE : <b>HYUNDAI</b>	FUEL E.....1/2.....
		MODEL <b>IONIQ(G2)</b>	DATE/TIME IN <b>14.08.2020 14:30</b>
		YR OF MANU <b>18.10.2018</b>	TARGET DATE
		CHASSIS CODE <b>KMHC851CVKU114829</b>	COMPLETION DATE/TIME

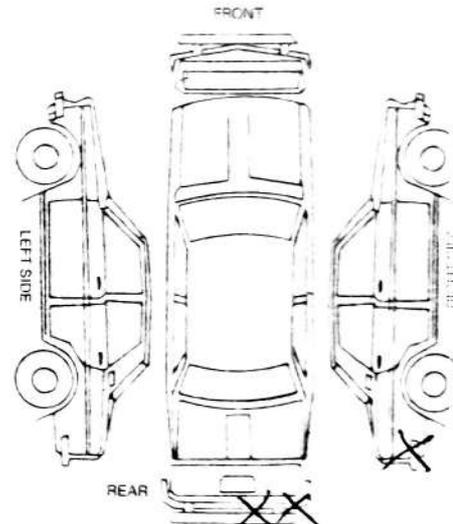
JOB DESCRIPTION

*3P NTUC*

Accident Date: 14.08.2020  
 NATURE: 3P 14.08.2020

S/NO                      LABOR CODE                      DESCRIPTION

**TAKE PHOTOGRAPH  
 BEFORE / AFTER  
 SPRAY PAINTING**



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC2169Z

OLIVIA

Vehicle No.:

SHC2169Z

## 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	14/08/2020 15:32
Date Of Accident	14/08/2020 12:30
Exact Location Of Accident	ALONG HOLLAND ROAD X TAN BOON CHONG AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2169Z
<b>Insured/Policyholder</b>	
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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	YAP KIAN SENG PETER
NRIC No	SXXXX543H
Date Of Birth	10/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	12/08/2005
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87824179
Fax Number	
Contact Number	
E Mail Address	PETERYAP168@YAHOO.COM.SG

Address BLK 468B FERNSVALE LINK  
#04-541  
Postcode 792468  
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 RAINING  
Road Surface WET

**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**

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 SKG6370A  
Vehicle Make/Model/Colour TOYOTA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver KOH CHENG HWANG  
NRIC/Passport Number  
Contact Number 94573179  
Address  
Postcode  
Insurance Company Name

Nature Of Damage

FRONT LH

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1:**

Name	YAP KIAN SENG PETER
Approximate Age	
Injuries Sustain	FEELING UNCOMFORTABLE
Injured person in which vehicle?	SHC2169Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**IMPORTANT NOTICE**

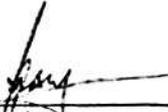
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

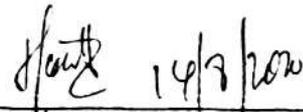
I understand, acknowledge, agree and consent that:

- (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 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.

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

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

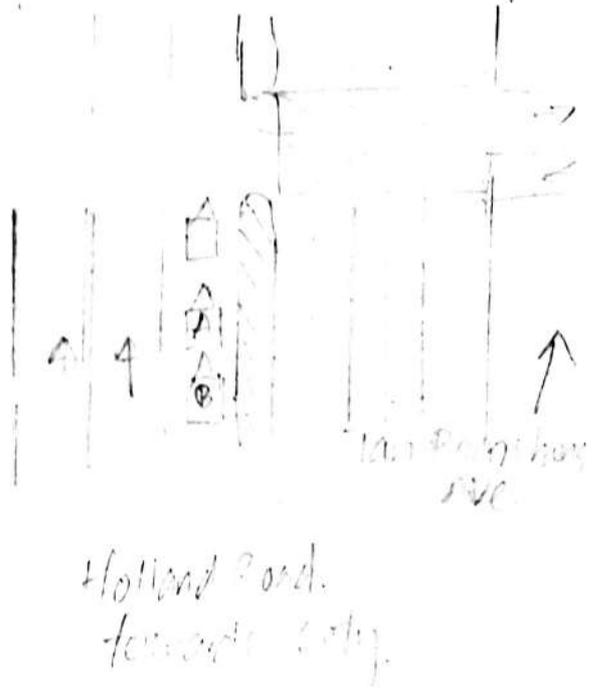
  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Yang Xinyi Teik  
NRIC/Fin No.:

SKETCH PLAN

A: SHC 2169 Z

B: SKG 6370A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(on) 14/08/2020 @ about 1230 hrs., i was travelling along Holland Road towards Holland Road Flyover. With one male passenger onboard. While i stop at the extreme right lane along Holland road junction, to make a U turn. Vehicle B, SKG 6370A from behind collided onto my rear portion. After the accident i felt uncomfortable and will consult doctor later on.

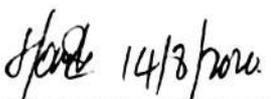
DECLARATION

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

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: Hong Leong Tale  
 NRIC/Fin No: