

ASS. REC. BY:

REF:

INC
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
X	

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: SH6817D Yr Regn: 2019, MayType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai ioniq c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 187528 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCS81C01041860Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 195/65R15

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

TOYO / YOKO or Woot/abe

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 24/8/20Survey held at Conf A delya byung

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

Rear N/S

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

Date / Time _____ Action / Instruction _____

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Form: _____

Lump Sum / L.B. / () _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL _____

Noted - (P/P)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 24.08.2020

Time: 14:32:57

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 : 305418581
REGN NO : SH 6817D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 03.05.2019
DATE/TIME IN : 24.08.2020 10:10
ACCIDENT DATE : 24.08.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	COVER-RR BUMPER#	1	459.40	20.00	367.52	de ✓
0002	04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1	451.25	20.00	361.00	cue ✓
0003	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	ner ✓
0004	04-01-0104-2544-G	CAP-RR HOOK	1	98.80	20.00	79.04	cut ✓
0005	04-01-0104-0851-G	REFLECTOR/REFLEX ASSY-RR	1	31.90	20.00	25.52	cue ✓
0006	04-01-0104-2540-G	COVER-RR BPR UNDER CTR	1	155.00	20.00	124.00	KY ✓
0007	04-01-0104-2531-G	BRACKET ASSY-RR BUMPER SI	1	55.80	20.00	44.64	de ✓
0008	04-01-0104-1150-A	PROTECTOR MAT	1 N	50.00	2.00-	50.00	all ✓

SUB-TOTAL : 1,069.32

JOB NATURE

0000	PB	PANEL BEATING	400.00	320
0001	SP	SPRAYPAINT CHARGE	300.00	200
0002	17-01	CHECK ALL LIGHTING	50.00	30

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DATE/TIME IN : 24.08.2020 10:1
ACCIDENT DATE : 24.08.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0003 L	REMOVE/REFIX REVERSE SENSOR	80.00		30		
0004 20-05	RENEW ADVERTISEMENT STICKER-	100.00		44		
SUB-TOTAL :						930.00
TOTAL :						1,999.32

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Tanahit 97495747
WP' 24/8/20 25pm
2 days
p/p Resurvey before paint
Lupin @ luluks.com

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:

Date/Time: 24.08.2020 14:10

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305418581

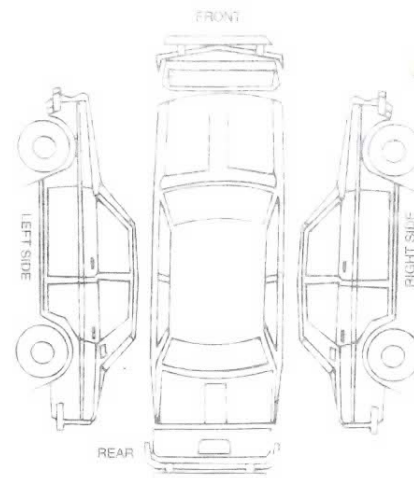
TOMER		REGN NO:	SH 6817D	MILEAGE
AS COMFORT TRANSPORTATION PTE LTD		MAKE :	HYUNDAI	FUEL
TOMER NO. 7010045		MODEL	IONIQ(G2)	E.....1/2.....F
RESS 383 SIN MING DRIVE		YR OF MANU.	03.05.2019	DATE/TIME IN 24.08.2020 10:10
Singapore SINGAPORE 575717		CHASSIS CODE	KMHC851CVKU141860	TARGET DATE
65508755 (R) (P)				COMPLETION DATE/TIME:
OUNT CARD NO.				

JOB DESCRIPTION

Accident Date: 24.08.2020

NATURE: 3P 24.08.2020

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit-Pass

o.: SH 6817D JU MSIG

Vehicle No.: SH 6817D

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	24/08/2020 12:54
Date Of Accident	24/08/2020 07:10
Exact Location Of Accident	ALONG CTE TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6817D
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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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	KOH YONG HUAT
NRIC No	SXXXXX859H
Date Of Birth	03/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1987
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98231886
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 104 RIVERVALE WALK #06-142
Postcode	540104
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?	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	SKB2766U
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD YAZID BIN RAHMAT
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT RH

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KOH YONG HUAT

Approximate Age

Injuries Sustain

SHOULDER AND NECK

Injured person in which vehicle?

SH6817D

Were seat belts worn?

YES

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**.
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5. **Any false reporting may be referred to the Police for investigation**.
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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:

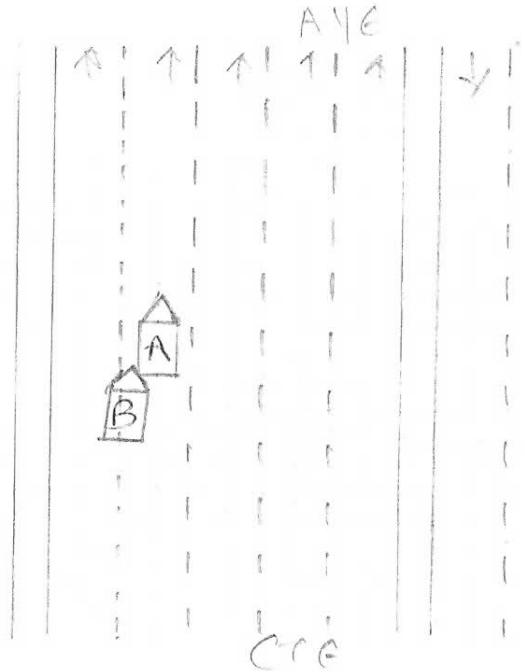

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: 24 AUG 2020

SKETCH PLAN

A = SH6817D

B = SKB 2766U
(KIA)

Wan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 24/8/2020 @ 07:10hrs I was driving along CTE towards AYE direction with 1 passenger on board my taxi.

As I was driving suddenly the front vehicle jammed brake so I applied brake as well.

Then there's an impact from behind my taxi so I step out to check and found out a vehicle of SKB 2766U right front portion had collided onto my taxi rear left portion.

I felt slight pain on my neck and shoulder from the impact and will consult doctor later.

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:

Olivia Weng

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: 24 AUG 2020