

INC

ASSIGNMENT

Estimated Cost:

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

Inspect Vehicle No:

Workshop m/s

Comfort 10yarp

Insured:

Policy No.

Claims No.

Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

al. or Market Value:

JAC: Accident Report:

Consistent? : Yes or No

IA / PR Seen:

Consistent? : Yes or No

1st. Repairs:

2

days

Res.: Yes or No

um Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No

SHD4422Z

Regn:

30 Oct 2019

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

Truck / Trailer or

Make:

Hyundai

Colour:

Blue

Sp Reading

138954

Eng/No

C/No:

KMH/C85/CVEU187812

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R18

R:

11

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

TOYO / YOKO or

westlake

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

17-h-20

Survey held at

w/s

12.30pm

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

Finalized at \$560 cled: 1367.40, 76% (o)

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Photo (\$

☐

Report (\$

Survey Fee:

Transportation:

3 - RS - 1st

1 - RS - 2nd

1 - RS - 3rd

1 - RS - 4th

1 - RS - 5th

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

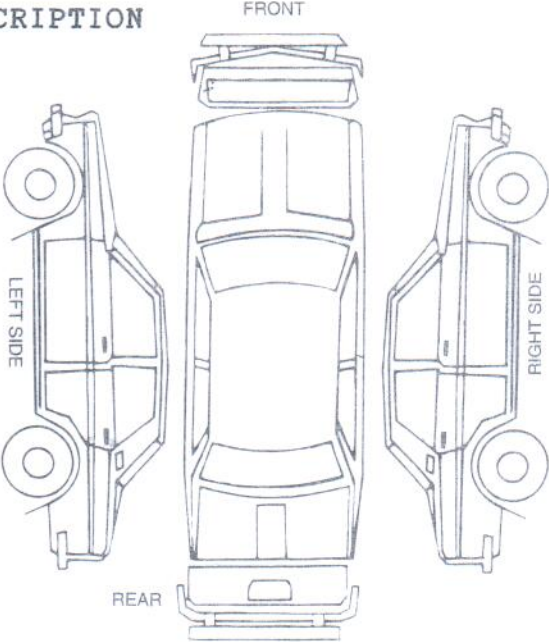
JC NO.: 305439298

STOMER	REGN NO: SHC 801U	MILEAGE
CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL
7010070	MODEL IONIQ(G3)	DATE/TIME IN 16.12.2020 14:45
STOMER NO. 383 SIN MING DRIVE	YR OF MANU. 16.01.2020	TARGET DATE
DRESS Singapore SINGAPORE 575717	CHASSIS CODE KMHC851CVLU184164	COMPLETION DATE/TIME:
65551188		
(R)		
(P)		
COUNT CARD NO.		

Accident Date: 16.12.2020  
NATURE: 3P 16.12.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC 801U CHIANG

Vehicle No.: SHC 801U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

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 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 Submission	16/12/2020 14:58 (SGT)
Date of Accident	15/12/2020 20:45 (SGT)
Exact Location of Accident	Lavender St, Singapore
Additional Location Information	ALOGN LAVENDER ST TWDS CRAWFORD ST
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4422Z
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## INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXX21R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

## VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

## INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	-

## DRIVER

Name of Driver	LAM HAN YANG @YONG PIANG HONG
NRIC No	SXXXX145H

Date Of Driving Pass	10/09/1976
Driving experience	44 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90065654
Alt. Phone Number	-
Email Address	lam.hanyang@gmail.com
Address	BLK 941 HOUGANG ST 92
Address complement	HOUGANG ST 92
Postcode	530941
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA8075C
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN JIE ZHI
Contact Number	(Phone) +65-93253393
Address	-
Address complement	-
Postcode	-

Nature Of Damage .....  
Details of property damaged in accident .....  
No. Of Passenger (Including Driver) .....

SLIGHT  
FRT RIGHT  
-



## 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. 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.

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

Policyholder's Signature  
Date & Time:

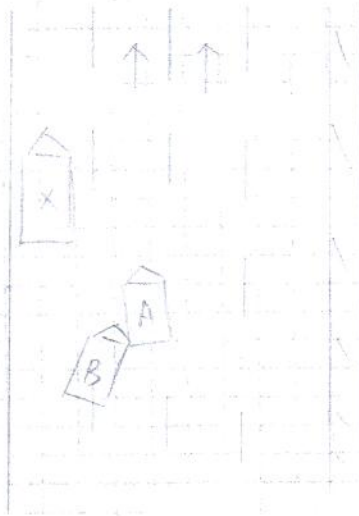
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

A: SHD 4422 Z

B: GBA 80-13C



Lawrence St + two Crawfurd St

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/12/2020 at about 20:45 hrs, I Veh A was driving at above said location without pax. I Veh A filtering to left with signaling after I checked traffic behind is clear. When I had filtered into second lane from left, suddenly I felt an impact. Veh B overtaking a unknown bus it front right hit onto the left rear portion of my taxi. Scene photo taken. No injury reported at the point of accident.

DECLARATION

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

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

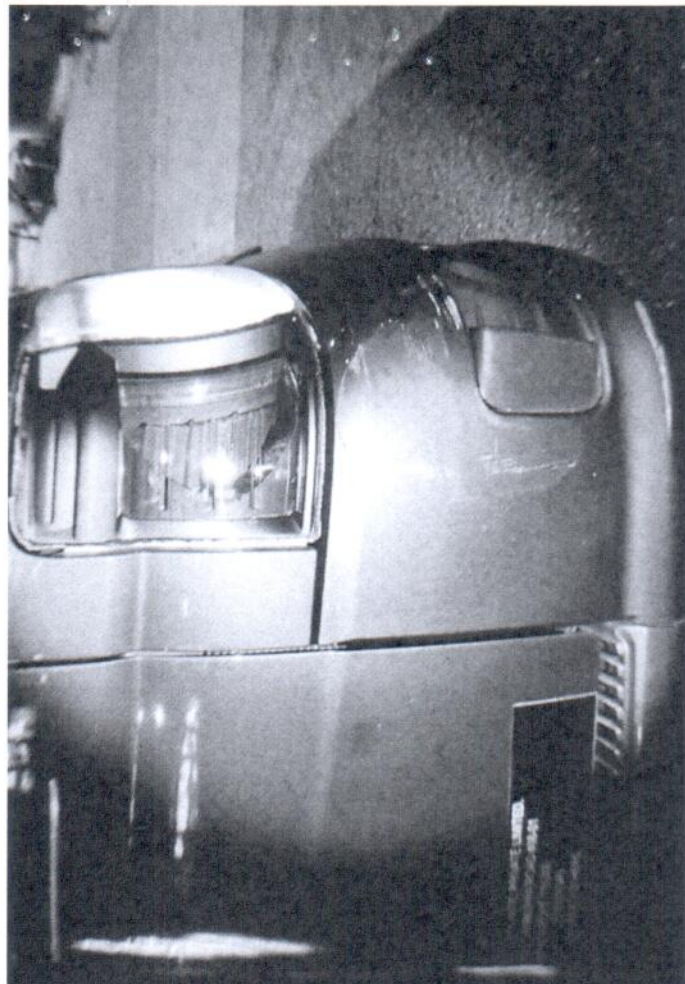
Policyholder's Signature  
Date & Time:

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

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

16.12.2020







COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 19.12.2020  
Time: 12:12:35  
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 : 305439450  
REGN NO : SHD4422Z  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 30.10.2019  
DATE/TIME IN : 16.12.2020 13:20  
ACCIDENT DATE : 15.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 PB	PANEL BEATING	320.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 20-22	REMOVE/REFIX REVERSE SENSOR	40.00

SUB-TOTAL : 560.00

TOTAL : 560.00

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

725

Remarks:



## COMFORT DELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHD4422Z

DATE: 15.12.2020

MAKE HYUNDAI

MVA: CHIANG/NTUC

MODEL IONIQ G3

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER X Repair		\$459.40
1	REAR BUMPER CENTRE MOULDING X {NN		\$451.25
1	REAR BUMPER SIDE BRACKET LH /RH X		\$55.80
10	REAR BUMPER COVER CLIPS X <del>RE</del> NN		\$2.20
	<b>SUB TOTAL</b>		<b>\$1,044.25</b>
	<b>20.00%</b>		<b>\$208.85</b>
	<b>DISCOUNTED TOTAL</b>		<b>\$835.40</b>
1	REAR BUMPER MAT X {NN		\$50.00
1	REAR REVERSE SENSOR X {NN 10.00%		\$180.00
			<b>\$212.00</b>
	<b>Labour Charge</b>		
	Panel Beating	320	\$700.00
	Spray Painting Charge	200	\$500.00
	Tuff Kote	NN / X	\$60.00
	Check Wiring	X	\$60.00
	Remove/refix Reverse sensor	40	\$60.00
	<b>TOTAL LABOUR</b>		<b>\$1,380.00</b>
	<b>ESTIMATE TOTAL</b>		<b>\$2,427.40</b>

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.

2 Days.

part by part.

before &amp; After paint photos.

Gino Chiang - 82880282

17/12/2020

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: