

ASS. REC. BY: Taufikh REF: NS/INC 21001626/T1vf3

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: **SLL 2414X**
 Policy No. **5106977301-02**
 Claims No. **MT/1119552-003**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(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: Linke

Vehicle: IN / OUT

Veh No: **SHA 6928J** Yr Regn: **2020 Jan**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai** C.C. **1580**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **15692** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **KMH0851C164188198**
 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: **195/65R15**
 R: **2**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Wootlake**

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm
D.O.A. 1/2/21	D.O.I. 2/2/21

 Survey held at **Ampt Gym**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or **Front**
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
23/2/21	Taufikh confirmed \$600 (Red 462.32,43%)

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report
 1) _____
 Date/Time, File Return to?

2) **25/2/21-Typist**

Report Format: **TP**

Lump Sum / L.B.I. / **\$600**

Days Of Repair: **2**

Resurvey No. of Trip: **1**

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

Survey Fee: _____
 Transportation: _____
 S + RS: \$ _____
 Photos _____
 Others _____
 TOTAL _____

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 01.02.2021
Time: 18:31:15
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 : 305451533
REGN NO : SHA6928J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 16.01.2020
DATE/TIME IN : 01.02.2021 14:10
ACCIDENT DATE : 01.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0578-G COVER-FR BUMPER# 1 430.90 20.00 344.72 Ry
0002 04-01-0101-0111-G BUMPER COVER CLIP REAR 10 22.00 20.00 17.60 x

SUB-TOTAL : 362.32

JOB NATURE

0000 L PANEL BEATING 400.00 350
0001 23-502 SPRAYPAINT ON AFFECTED AREA 300.00 250

SUB-TOTAL : 700.00

TOTAL : 1,062.32

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

- 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

Authorised by Repairer

Tanpin 97495744
WP 02/21/21 E 4pm
2 days
Reamy after repair
Tanpin LKK Auto Consultants

Date/Time: 01.02.2021 17:25

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305451533

TOMER

AS COMFORT TRANSPORTATION PTE LTD
TOMER NO: 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (O)

OUNT CARD NO.

REGN NO:

SHA6928J

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

DATE/TIME IN 01.02.2021 14:10

YR OF MANU.

16.01.2020

TARGET DATE

CHASSIS CODE

KMHC851CVLU188198

COMPLETION DATE/TIME:

JOB DESCRIPTION

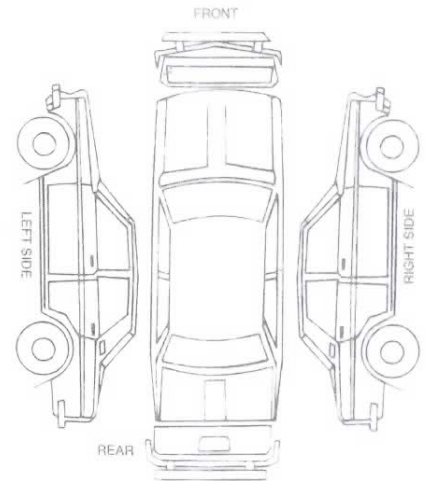
Accident Date: 01.02.2021

NATURE: 3P 01.02.2021

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.:

SHA6928J

LKE

Vehicle No.:

SHA6928J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	01/02/2021 15:49 (SGT)
Date of Accident	01/02/2021 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 3 TWDS CTE(CITY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6928J
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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	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	LEE HENG FATT
NRIC No	SXXXX480H
Date Of Birth	05/03/1953
Occupation	Outdoor

Date Of Driving Pass	21/06/1973
Driving experience	47 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96213529
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 51 COMMONWEALTH DRIVE
Address complement	#10-522
Postcode	141051
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

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)

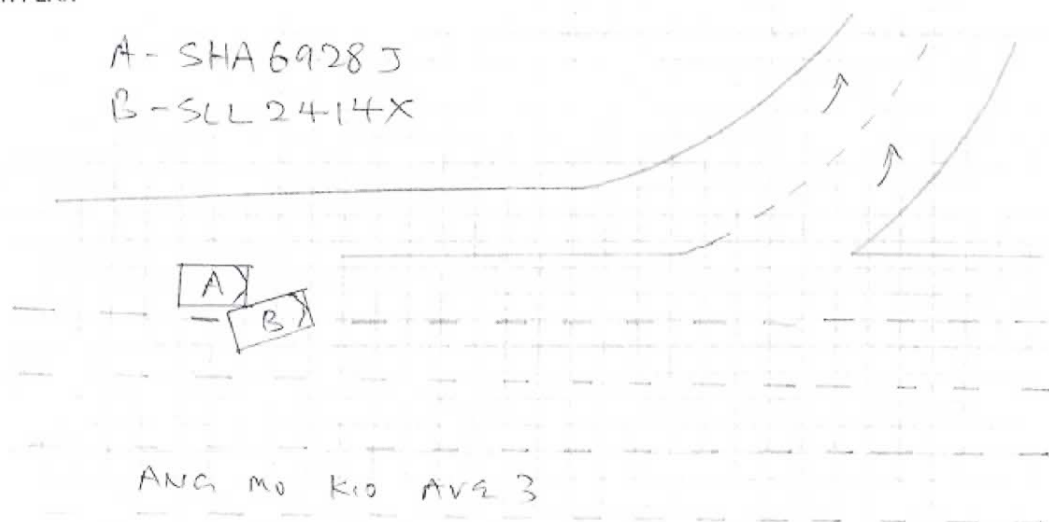
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL2414X
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	SLIGHT
Details of property damaged in accident	LEFT REAR
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01.02.2021, at about 1215hrs, I was driving my Comfort taxi, SHA 6928 J, on the extreme left lane along Ang Mo Kio Ave 3 towards the CTE (City) with 1 female pax.

Weather was clear and moderate traffic.

Somewhere before the ship road, a fast moving private car, B, suddenly cut into my lane from my right.

While cutting into my lane, its left rear side hit my taxi right front side. B did not stop and continued driving.

I chased B and managed to stop him along the ship road.

I have a video recording of the 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: 01.02.2021

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

1428hrs

