

ASS. REC. BY: Toughlin

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

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: WP
Vehicle: IN / OUT Change

Veh No: SHD30209 Yr Regn: 2016, MonC
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Hyundai 140 c.c. / 685
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 830403 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: UM HLB414M 94085862
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: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Wothake
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 2/2/21
Survey held at Comfort Lodge
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt o/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)

Repeat Format: _____

Lump Sum / L.B.I. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

COMFORTDEL ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHD3020G

DATE 01/02/21 12:00 AM

MAKE :

CHIANG /NTUC

MODEL HYU- I40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	BONNET HINGE RH			\$41.00
1	HEADLAMP RH			\$1,388.00
1	FENDER RH			\$663.00
1	FRONT BUMPER SIDE RH /LH		\$14.30	\$28.60
1	FRONT BUMPER BRACKET LH/RH		\$24.60	\$49.20
1	FRONT BUMPER ASSY			\$1,052.20
1	FRONT RAD GRILLE			\$1,480.00
	SUB TOTAL			\$4,702.00
	20.00%			\$940.40
	DISCOUNTED TOTAL			\$3,761.60
1	FRONT NUMBER W/HOLDER			\$50.00
				\$45.00
	Labour Charge			
	Panel Beating			\$720.00
	Spray Painting Charge			\$600.00
	Check wiring			\$60.00
	Tuff kote			\$60.00
	TOTAL LABOUR			\$1,440.00
	ESTIMATE TOTAL			\$5,246.60
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.				

LKK Auto Centre will hence notify the Repairer of the following:

- To resurvey before spray painting
- To display the vehicle during resurvey
- Parts must be confirmed
- Third party work on a "Without Prejudice" basis
- No cash payment is allowed
- Goods must be resurveyed and is subject to approval from Insurance Company

Accepted by Repairer

Signature

Date

Tanfahri 92495744
2/2/21 4pm
4/3 Resurvey after repair
tanfahri@lkkauto.com
2-3 days

Wahid

Date/Time: 01.02.2021 16:14

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305451357

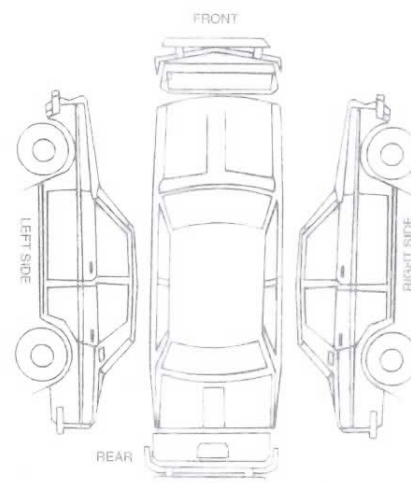
CUSTOMER R/MS CUSTOMER NO. ADDRESS L. (R) (P) COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: SHD3020G	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 31.01.2021 04:45
		YR OF MANU. 04.03.2016	TARGET DATE
		CHASSIS CODE KMHLB41UMGU085462	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 30.01.2021

NATURE: 3P 30.01.2021

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:
Vehicle No.: **SHD3020G** **CHIANG**

Vehicle No.: **SHD3020G**

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	01/02/2021 13:59 (SGT)
Date of Accident	30/01/2021 22:50 (SGT)
Exact Location of Accident	567A Hougang Street 51, Singapore 531567
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3020G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-83717171
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	GABRIEL LIM KEE SOON (GABRIEL LIN JISHUN)
NRIC No	SXXXX396E
Date Of Birth	19/04/1972
Occupation	Outdoor

Date Of Driving Pass	04/11/2009
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83717171
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 435 HOUGANG AVENUE 8 #02-1667
Address complement	-
Postcode	530435
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head on collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

ON 30 JAN 2021 AT 2250HRS, I WAS DRIVING AND ENTERING THE ESTATE AT BLK 567A HOUGANG STREET 51. I SAW AN ONCOMING VEHICLE SLE9225R TRAVELLING IN THE OPPOSITE DIRECTION. AS IT WAS A SHARP BEND, I SLOWED DOWN AND STOPPED. HOWEVER THE OTHER VEHICLE WAS NOT ABLE TO STOP IN TIME AND HIT THE FRONT BUMPER OF MY VEHICLE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE9225R
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private hire
Name of Driver	OH CHING HUI JENSEN
NRIC No	SXXXX075J
Contact Number	(Phone) +65-96463357
Address	-



Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT BUMPER AREA
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GABRIEL LIM KEE SOON (GABRIEL LIN JISHUN)
Address	BLK 435 HOUGANG AVENUE 8 #02-1667
Address Complement	-
Post Code	530435
Approximate Age Years Old	48
Injuries Sustained	BACKACHE
Injured person in which vehicle?	SHD3020G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 judgment 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) of:
 - (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, investigating, 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

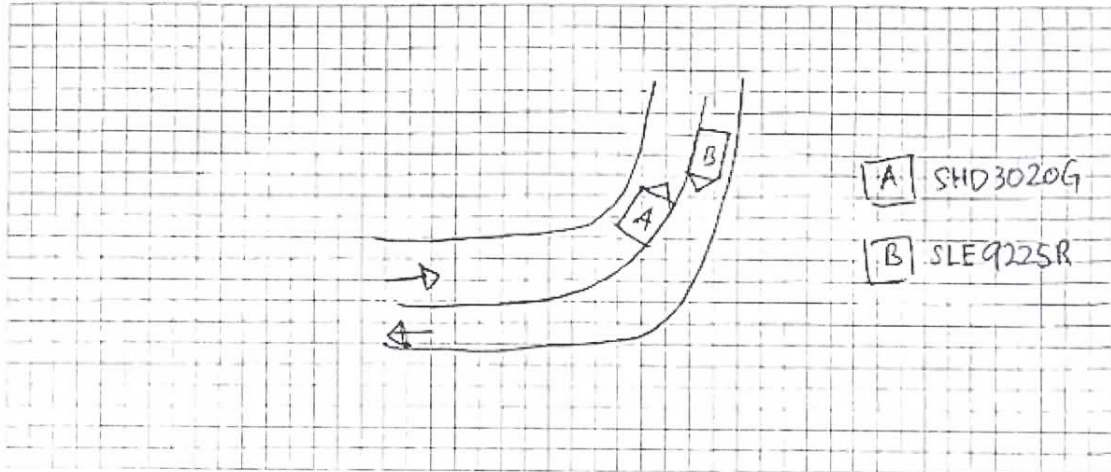
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/1/21 00:00H

Reporting Centre Personnel's Signature
Name: Agnes H.
NRIC/IN No:

CLAIMS REPORT FORM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30 Jan 2021 at 2250 hours, I was driving and entering the estate at Blk ~~567A~~ 567A Hongkong Street G1. I saw an oncoming vehicle, SLE 9225R travelling in the opposite direction. As it was a sharp bend, I slowed down and stopped. However the other vehicle was not able to stop in time and hit ~~my~~ the front bumper of my vehicle

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 31/1/21, 0040 hrs

Reporting Centre Personnel's Signature

Name Agnes Ho

NRIC/PIN No:

