

REF:

ASS. REC. BY: Taufikh

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. 5096162529-03 (24/11/20-23/11/21)Claims No. MT/1120349-002

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
X	X

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Chiang

Vehicle: IN / OUT

Veh No: SHA 3387P Yr Regn: 2019, April

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

Truck / Trailer or

Make: Hyundai i90 C.C. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 22836 T/Radio: Insured / Std / NI / NAEng/No: KM HC851 CVT 4/680

C/No: _____

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: 195/65/145

R: _____

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

TOYO / YOKO or West LakeFront: 6 mmR/Bal. 6 mmL/Bal. 6 mmD.O.A. _____ D.O.I. 8/2/21Survey held at Comfort Lodge

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

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

Date / Time Action / Instruction

23/02/21 @ 6.37pm Taufikh finalised with Mr. Chiang final fig \$1587.62, 2 days (Red \$2107.60, 57%)

Date/Time, File Pass to?

1) 01/03 Typist

Date/Time, File Return to?

2) _____

Report Format: TPTotal Sum / L&L C 1587.62Days Of Repair: 2Resurvey 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*

VEHICLE NO SHA3387P

08/02/21

MAKE :

MODEL IONIQ G3

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$459.40
1	REAR BUMPER CENTRE MOULDING			\$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
2	REAR BUMPER STAY LH /RH		\$138.10	\$276.20
10	REAR BUMPER CLIPS		\$2.20	\$22.00
2	REAR BUMPER REFLECTOR LH/RH		\$41.45	\$82.90
1	BOOTLID EMBLEM IONIQ			\$31.30
1	BOOTLID EMBLEM HYBIRD			\$24.30
1	BUMPER FOG LAMP REAR			\$201.50
2	BUMPER LICENCE LAMP LH/RH		\$85.30	\$170.60
1	REAR BUMPER TOW COVER			\$98.80
2	REAR BUMPER BRACKET RH/ LH		\$55.80	\$111.60
				\$2,324.65
	20.00%			\$464.93
	DISCOUNTED TOTAL			\$1,859.72
1	REAR NUMBER PLATE W/HOLDER			\$55.00
2	COMFORTDELGRO LOGO / TEL STICKER			\$60.00
1	REAR REVERSE SENSOR			\$180.00
	10.00%			\$265.50
	Labour Charge			
	Panel Beating		350	\$850.00
	Spray Painting Charge		250	\$600.00
	Tuff Kote		X	\$60.00
	Remove/Refix reverse sensor		30	\$60.00
	TOTAL LABOUR			\$1,570.00
	ESTIMATE TOTAL			\$3,695.22
Tanpin 97495749 WP 8/2/21 @ 3pm 2 days p/p Resurvey before paint Davanti				
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.				

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

Date/Time: 08.02.2021 14:37 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

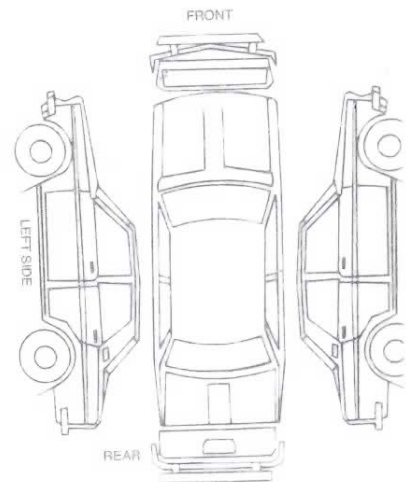
JC NO.: 30545274

CUSTOMER MR/MS CUSTOMER NO. ADDRESS TEL (R) (P) DISCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)		REGN NO. SHA3387P	MILEAGE
			MAKE HYUNDAI	FUEL E.....1/2.....
			MODEL IONIQ(G2)	DATE/TIME IN 08.02.2021 11:3
			YR OF MANU. 18.04.2019	TARGET DATE
			CHASSIS CODE KMHC851CVKU141680	COMPLETION DATE/TIM

JOB DESCRIPTION

Accident Date: 08.02.2021
NATURE: 3P 08.02.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:
I/C No.:
Vehicle No.: **SHA3387P** **CHIANG**

Signature/Date

Exit Pass

Vehicle No.: **SHA3387P**

Name of Service Advisor

Date

To be 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	08/02/2021 13:51 (SGT)
Date of Accident	08/02/2021 10:00 (SGT)
Exact Location of Accident	Tuas South Ave 5, Singapore
Additional Location Information	TUAS SOUTH AVE 5 TO TUAS SOUTH AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3387P
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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) +65-65508768
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	TEO LOO LEONG
NRIC No	SXXXX880J
Date Of Birth	07/08/1959
Occupation	Outdoor

Date Of Driving Pass	04/07/1977
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93650537
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	527 03-78 BUKIT BATOK STREET 51
Address complement	-
Postcode	650527
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 to Rear
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

SEE ATTACH

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	GBG8414B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIU DUANQIANG
Contact Number	(Phone) +65-90933408
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

SLIGHT
FRT
-

SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/2/21 at about 10:00 hrs, I with A comes to stopped at above said give way line to check if any oncoming traffic. Suddenly I felt an impact from behind. I got down to have a check and found veh B front portion collided with the rear portion of my car. Scene photo taken. No pec and no injury at the point of time.

DECLARATION

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

Copy of POLICE REPORT & PHOTO
TO BE SENT TO: 199303821P

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.:

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.**
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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.

Consent under the Personal Data Protection Act (PDPA)

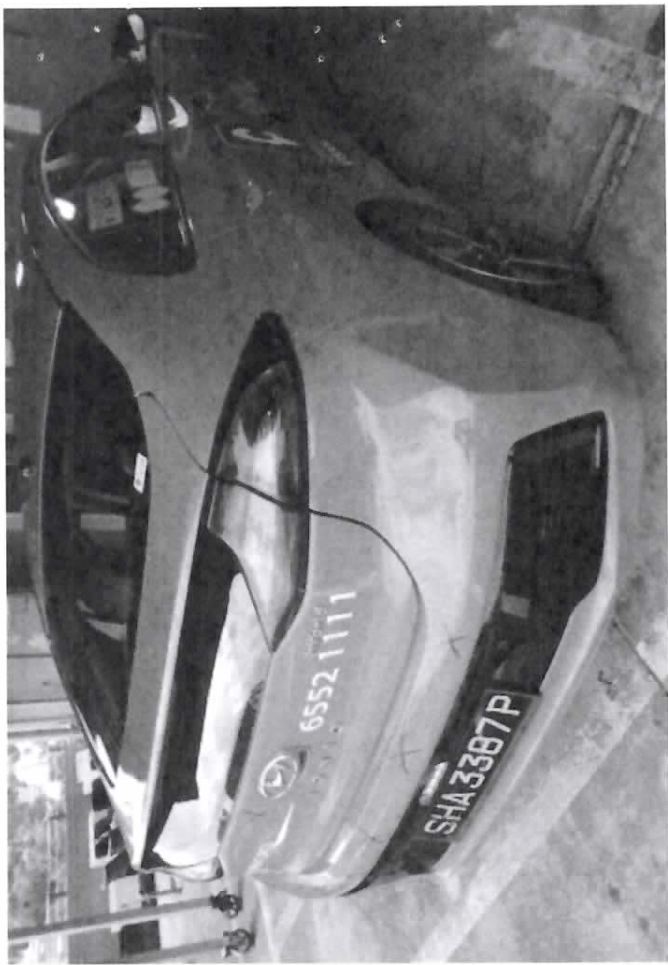
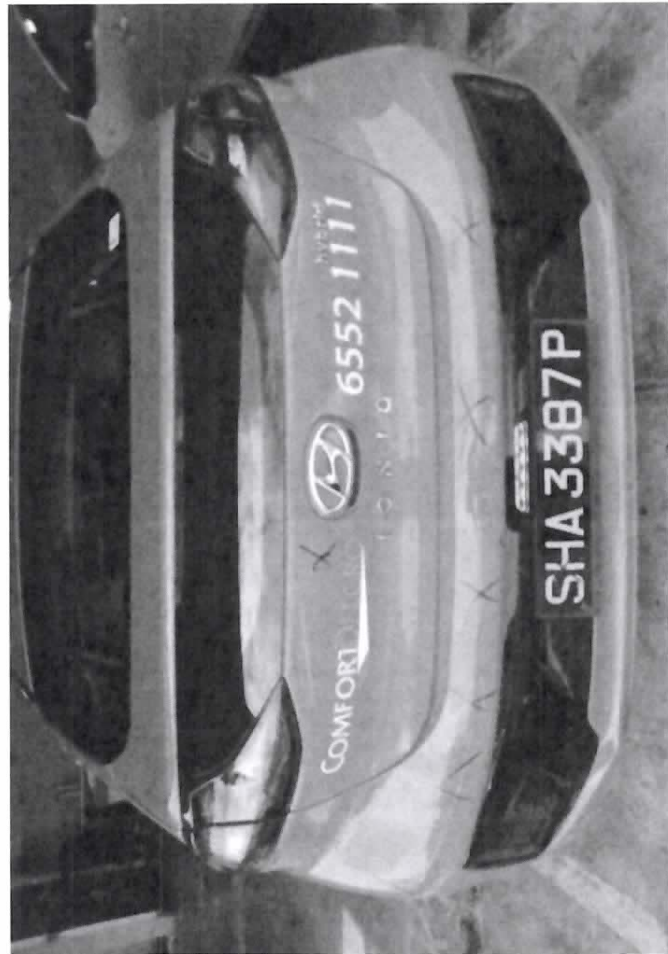
I understand, acknowledge, agree and consent that:

- (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.

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.:



812-102

