

REF:

INC

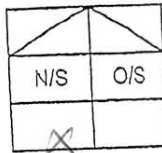
ASS. REC. BY: Taufikh

## 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. 5112814351-01 (26/10/20-25/10/21)  
 Claims No. MT/1121643-003  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(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: 2 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS wp  
 Date: \_\_\_\_\_ Person Contacted: Lim Vehicle: IN / OUT

Veh No: SHD7165X Yr Regn: 2016 Nov.  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai 140 c.c. 1685  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 350722 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KM HLB414444096375  
 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: 205/60R16  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Westlake  
 Front 6 mm Rear 6 mm  
 R/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 8/2/21  
 Survey held at Gang A Loging  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof top or

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

Date / Time	Action / Instruction
03/06/21 @ 2.10pm	Taufikh finalised with Mr Lim final fig \$530, 2 days. (Red \$1254.80, 70%) (No Lump Sum)

Date/Time, File Pass to?

☐ : Preli. Report

1) 14/12 Typist

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Form: TPLump Sum / L.B.C. 530Days 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

Date: 08.02.2021

Time: 15:03:14

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 : 305452742  
 REGN NO : SHD7165X  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 17.11.2016  
 DATE/TIME IN : 08.02.2021 10:15  
 ACCIDENT DATE : 07.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0579-G	COVER ASSY-RR BUMPER#	1 L	1,106.00	20.00	884.80	R
0002 04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	all
0003 04-01-0103-0738-G	COVER-RR BUMPER LWR#	1 L	228.00	20.00	182.40	R
0004 04-01-0103-1150-A	PROTECTOR MAT	1 N	50.00	2.00-	50.00	

SUB-TOTAL : 1,134.80

## JOB NATURE

0000 L	PANEL BEATING	350.00	280
0001 23-502	SPRAYPAINT ON AFFECTED AREA	300.00	250

SUB-TOTAL : 650.00

TOTAL : 1,784.80

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
 DATE :

SURVEYOR NAME &amp; SIGNATURE

DATE :

Tampin 97995749  
 WP 8/2/21 @ 3pm  
 45 hours after repair  
 02 days  
 Tampin @ 11h auto.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: 08.02.2021 12:08

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

JC NO.: 305452742

FORMER

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

OUNT CARD NO.

REGN NO.:

SHD7165X

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN 08.02.2021 10:15

YR OF MANU.

17.11.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMHU096375

COMPLETION DATE/TIME:

JOB DESCRIPTION

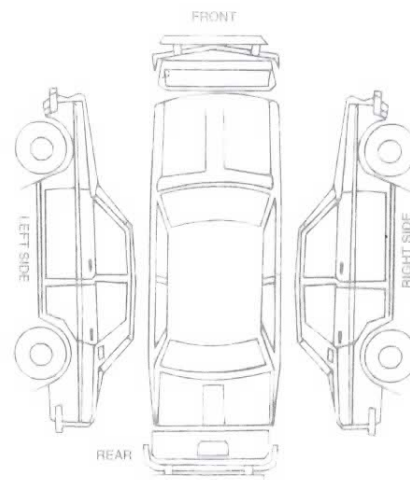
Accident Date: 07.02.2021

NATURE: 3P 07.02.2021

S/NO

LABOR CODE

DESCRIPTION



WOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHD7165X

LKE

*Taufik*

Vehicle No.:

SHD7165X

f 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	08/02/2021 11:29 (SGT)
Date of Accident	07/02/2021 09:20 (SGT)
Exact Location of Accident	415 Ang Mo Kio Ave 8, Singapore
Additional Location Information	BLK 415 ANG MO KIO AVE 10
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7165X
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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	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	GOH CHIN SIEN
NRIC No	SXXXX656B
Date Of Birth	29/12/1976
Occupation	Outdoor

Date Of Driving Pass	21/09/1998
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96911617
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	217C #15-216 SUMANG WALK
Address complement	-
Postcode	823217
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?	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

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	GBA2381H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

SLIGHT  
FRT LEFT  
-

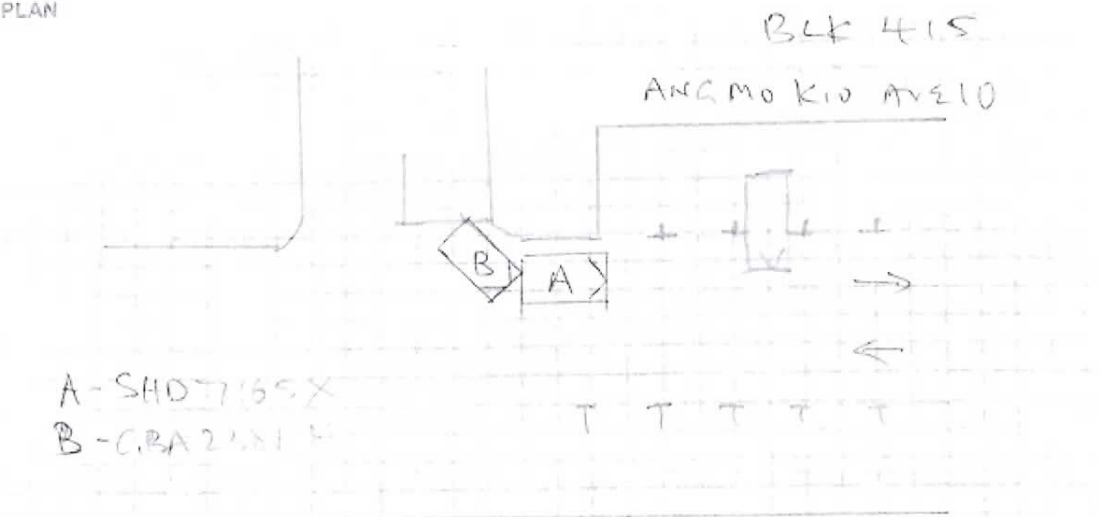
#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	GOH CHIN SIEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,GIDDY
Injured person in which vehicle?	SHD7165X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

of statement attached to

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:

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

Describe Circumstances of the Accident.

On 07.02.2021, at about 0920hrs, I was driving my Comfort taxi, SHD7165X, along the carpark driveway near Blk 415 Ang Mo Kio Ave 10 with no pax. Weather was clear and moderate traffic.

I noted there was a private car in front with its front protruding out.

I stopped my taxi to allow it to move out and complete its parking.

While my taxi was stationary, a private commercial vehicle, B, came and hit my taxi rear left side.

I have a video recording of the accident impact. Photos taken after the accident.

After the accident, I feel giddy and neck pain.

Declaration

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

Policyholder's Signature/Date & Time

A

Driver's Signature (If driver is not the policyholder)/Date & Time

08.02.2021

1025m

Larry Ng

Witnessed by Reporting Centre Personnel



