

ASS. REC. BY: TaufikhREF: 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. MT/1120937-002

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

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 WPDate: \_\_\_\_\_ Person Contacted: Jumani

Vehicle: IN / OUT

Veh No: SUC8247S Yr Regn: 2021 / Jan.

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

Truck / Trailer or

Make: Hyundai Ioniq c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 6639 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMH851CVL4192685

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 / 65R15R: 2

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

TOYO / YOKO or Wetakee

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 15/2/21Survey held at Confort Logis

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

Rear a/s.

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

Date / Time Action / Instruction

06/03/21 Taufikh finalised with Jumani final fig \$2788.08, 2 days (Red \$726.56, 21%)

Date/Time, File Pass to?

☐ : Preli. Report1) 10/03 Typist☐ : Final Report

Date/Time, File Return to?

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

Report Format: TPLump Sum / L.S. (\$) 2788.08Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

NEW(-CP/P)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 15.02.2021

Time: 13:57:40

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 : 305453412  
REGN NO : SHC8247S  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 28.01.2021  
DATE/TIME IN : 15.02.2021 08:00  
ACCIDENT DATE : 11.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2270-G	EMBLEM-HYBRID	1	24.30	20.00	19.44	net
0002	04-01-0104-2271-G	EMBLEM-IONIQ	1	31.30	20.00	25.04	net
0003	28-01-0103-0005-A	REAR BOOT LOGO CTPL	1 N	30.00	2.00-	30.00	net
0004	28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1 N	40.00	0.20	40.00	net
0005	28-01-0103-0006-A	REAR BOOT TEL NUMBER CTPL	1 N	30.00	0.02-	30.00	net
0006	04-01-0104-2282-G	COVER-RR BUMPER#	1	459.40	20.00	367.52	Pro
0007	04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1	451.25	20.00	361.00	Pro
0008	04-01-0104-2544-G	CAP-RR HOOK	1	98.80	20.00	79.04	X
0009	04-01-0104-0852-G	REFLECTOR/REFLEX ASSY-RR	1	41.45	20.00	33.16	cut
0010	04-01-0104-1150-A	PROTECTOR MAT	1 N	50.00	2.00-	50.00	X
0011	04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	net
0012	04-01-0104-2698-G	LAMP ASSY-REAR COMB OUTSI	1	870.40	20.00	696.32	cut
0013	04-01-0104-2700-G	LAMP ASSY-REAR COMB INSID	1	794.40	20.00	635.52	cut

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305453412  
 REGN NO : SHC8247S  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G3)  
 DATE OF REGN : 28.01.2021  
 DATE/TIME IN : 15.02.2021 08:0  
 ACCIDENT DATE : 11.02.2021

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 2,384.64

## JOB NATURE

0000 PB	PANEL BEATING	400.00	350
0001 SP	SPRAYPAINT CHARGE	600.00	500
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 L	REMOVE/REFIX REVERSE SENSOR	80.00	30
		SUB-TOTAL : 1,130.00	

TOTAL : 3,514.64

MVA NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO  
 SURVEYOR NAME & SIGNATURE

DATE :

Tanphir 9749 5747  
 WA 5/2/21 @ 4pm  
 - 2 days  
 \* P/P Resurvey new parts, after repair

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 legal action is allowed
- Surveyed items must be resurveyed and is subject to approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Date/Time: 15.02.2021 12:14

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

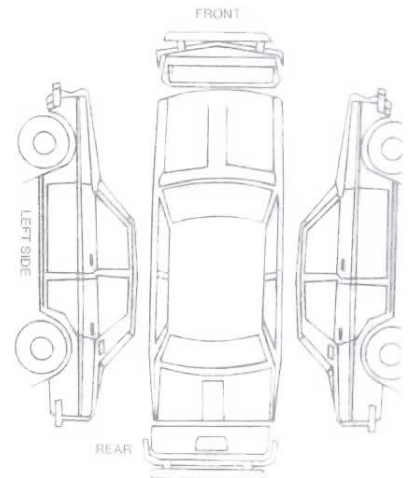
JC NO.:30545341

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	
	REGN NO:	SHC8247S
	MAKE:	HYUNDAI
	MODEL	IONIQ(G3)
	YR OF MANU	28.01.2021
	CHASSIS CODE	KMHC851CVLU192685
		MILEAGE
		FUEL
		E.....1/2.....
		DATE/TIME IN
		15.02.2021 08:0
		TARGET DATE
		COMPLETION DATE/TI

Accident Date: 11.02.2021  
NATURE: 3P 11.02.2021

JOB DESCRIPTION

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:

I/C No.:

Vehicle No.:

SHC8247S

JU NTUC LKK

Vehicle No.:

SHC8247S

Name of Service Advisor

Signature/Date

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	14/02/2021 00:57 (SGT)
Date of Accident	11/02/2021 12:55 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	EXITING NICOLL HIGHWAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8247S
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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) +65-83331275
Alternative Phone No	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae 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	MOHAMMAD ASHIK BIN DASUKE
NRIC No	SXXXX547F
Date Of Birth	14/12/1975
Occupation	Outdoor

Date Of Driving Pass	12/08/2006
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83331275
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 205 TAMPINES STREET 21 #03-1299
Address complement	-
Postcode	520205
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### 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 11/2/21 @ 1255HRS, I WAS ONBOARD MY VEHICLE SHC8247S ALONG WITH 1 PASSENGER DRIVING ALONG KPE EXITING NICOLL HIGHWAY. AFTER ENTERING NICOLL HIGHWAY EXIT, I NOTICED SLIGHT CONGESTION AHEAD AND I SLOWED DOWN TO MAINTAIN A SAFE DISTANCE FROM THE VEHICLE AHEAD WHEN SUDDENLY A MOTORIST COLLIDED ONTO MY REAR FENDER. NO INJURY SUSTAINED FROM BOTH PARTIES AND WE EXCHANGED DETAILS.

#### 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	FBM6019R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	-
NRIC No	SXXXX544F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## 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 lodgment 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:

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

Printed with CamScanner



SKETCH PLAN  
Veh A - SHC8247S  
Veh B - FBM6019R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/2/21 @ 1255hrs I was onboard my vehicle SHC8247S along with 1 passenger driving along KPE exiting Nicoll Highway. After entering Nicoll Highway Exit I notice slight congestion ahead and I slow down to maintain a safe distance from the vehicle ahead when suddenly a motorist collided onto my rear fender. No injury sustained from both parties and we exchanged details.

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.:

E-152  
12/2/21

