

ASS. REC. BY: Tan JH

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
	<input checked="" type="checkbox"/>

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: Lim KE Vehicle: IN / OUT

Veh No: SMD3893D Yr Regn: 2171 Feb

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

Truck / Trailer or

Make: Hyundai i30 c.c. 1580

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 445512 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 10M HC851CVH4022 780

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: _____

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

TOYO / YOKO or

WESTLAKE

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 16/2/21

Survey 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
	COR I/s \$1650 , 2 days.
	RED: 511.70;23%

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Format: _____

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

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

____ S + RS ____ SI

Photos _____

Others _____

TOTAL

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

JOB NO : 305453934
 REGN NO : SHD3893D
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ
 DATE OF REGN : 24.02.2017
 DATE/TIME IN : 16.02.2021 08:25
 ACCIDENT DATE : 15.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	COVER-RR BUMPER#	1 L	459.40	20.00	367.52	ana
0002	04-01-0104-2288-G	BEAM-RR BUMPER	1 L	394.80	20.00	315.84	?
0003	04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	ulu
0004	04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1 L	451.25	20.00	361.00	de
0005	09-01-9999-0068-A	REVERSE SENSOR ASSY*	1 N	180.00	10.00	162.00	ulu
0006	FNPS	NUMBER PLATE WITH TRIM CO	1 N	55.00	10.00	49.50	bf
0007	04-01-0104-2226-G	LAMP ASSY-LICENSE PLATE	1 L	85.30	20.00	68.24	ulu

SUB-TOTAL : 1,341.70

JOB NATURE

0000	L	PANEL BEATING	400.00	350
0001	23-502	SPRAYPAINT ON AFFECTED AREA	300.00	250
0002	20-22	REMOVE/REFIX REVERSE SENSOR	120.00	30

SUB-TOTAL : 820.00

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: _____

Tanpin 77495749
 WP' 16/2/21 4pm
 2 days 4/5 Resurvey approved
 tanpin@lkkhands.com

2161.7

Date/Time: 16.02.2021 14:03 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305453934

TOMER

AS COMFORT TRANSPORTATION PTE LTD

TOMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO:

SHD3893D

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ

DATE/TIME IN

16.02.2021 08:25

YR OF MANU.

24.02.2017

TARGET DATE

CHASSIS CODE

KMHC851CVHU022780

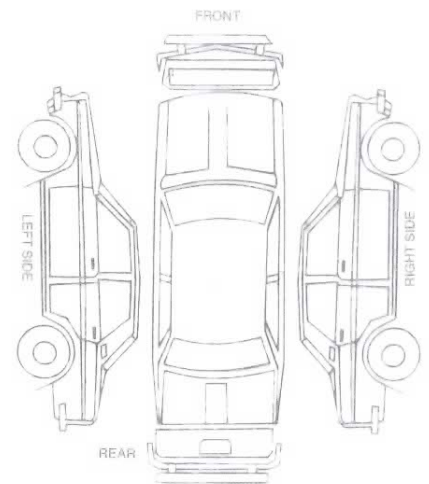
COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 15.02.2021

ATURE: 3P 15.02.2021

/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No. SHD3893D

LKE

Taufik

Vehicle No.:

SHD3893D

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	16/02/2021 10:41 (SGT)
Date of Accident	15/02/2021 00:30 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3893D
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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) +65-92427187
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	YONG CHING MING (YANG ZHENMING)
NRIC No	SXXXX975A
Date Of Birth	04/10/1971
Occupation	Outdoor

Date Of Driving Pass	28/02/1992
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-92427187
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 234 HOUGANG AVENUE 1 #12-246
Address complement	-
Postcode	530234
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN PASSENGER (CLAIMED)
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	SJV7364U
Vehicle Manufacturer	Volkswagen
Vehicle Model	Golf
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED FAIRUZ AHMAD S/O MUSHTAK AHMAD
NRIC No	SXXXX412F
Contact Number	(Phone) +65-87684147
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YONG CHING MING (YANG ZHENMING)
Address	BLK 234 HOUGANG AVENUE 1 #12-246
Address Complement	-
Post Code	530234
Approximate Age Years Old	49
Injuries Sustained	BACK, NECK, SHOULDER PAIN
Injured person in which vehicle?	SHD3893D
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 willful 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 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.

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.

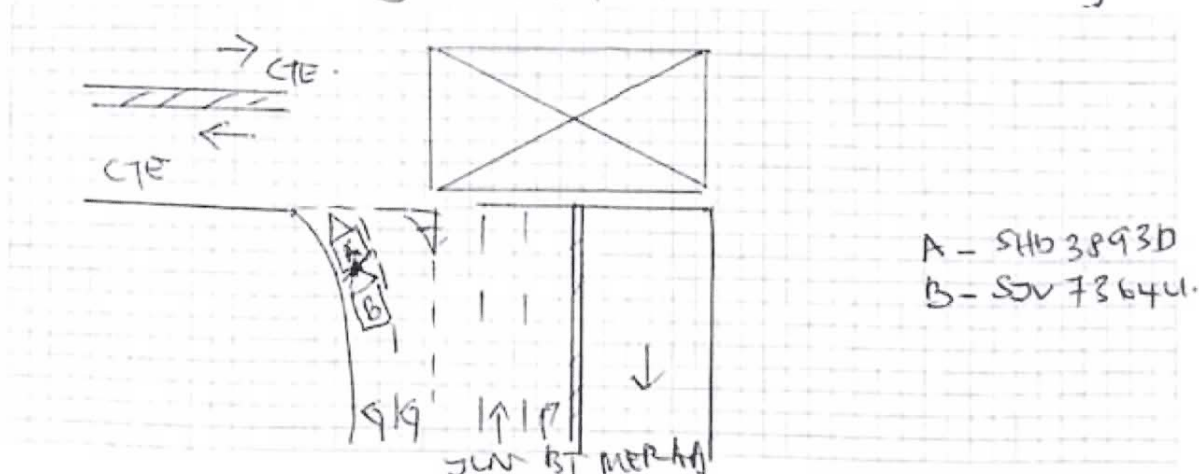
COMFORT TRANSPORTATION PTE LTD
CC. REG. NO. 190030215

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

- REFER TO POLICE REPORT -

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CC. REG. NO. 10000021R

Policyholder's Signature / Date &
Time

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

15/2/2021-1450H

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210215/2068

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No. T/20210215/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2021 14:56	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: YONG CHING MING			Address: APT BLK 234 HOUGANG AVENUE 1 #12-246 SINGAPORE 530234	
ID Type / ID No.: NRIC NO / S7135975A			Contact No.:	Mobile: 87843143
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 49	Date of Birth: 04/10/1971	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident

General Information of the Accident					Type of Location: Bend
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2021 00:30		
Location: JALAN BUKIT MERAH					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3893D	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Red	Slightly Damaged	1
SJV7364U	Car	VOLKSWAGO N	NEW GOLF 1.4 AT 5K13G5	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210215/2068

2 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20210215/2068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YONG CHING MING	ID No.	S7135975A
Related Vehicle	SHD3893D (Car)	Contact No.	87843143
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/02/2021	Date Discharge	15/02/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MOHAMED FAIRUZ AHMAD S/O MUSHTAK AHAMD	ID No.	S8322412F
Related Vehicle	NIL	Contact No.	87684147
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/02/2021 at about 0030hrs, my taxi bearing plate number ,SHD3893D, was stationary at the slip road from Jln Bukit Merah towards CTE (Woodlands) when a car bearing plate number, SJV7364U, suddenly hit the rear of my taxi. My rear plate number cracked and had scratches, while the other car was slightly damaged at the front part of his car as well. I suffered neck pain and gotten myself 5 days MC (MC NO. :MC134583) from 15/02/2021-19/02/2021. I have one passager with me, however I am not sure if he is alright but he was in a stable condition when I proceeded to send him off. The other driver had no passenger and was not injured. We exchanged particulars and continued driving off. No TP or AB attended to the incident.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20210215/2068

3 of 3

Report No. T/20210215/2068

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 SITI RAHAYU BINTE MOHAMED ISMAIL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/02/2021 14:56

Classification Of Case:

