

ASS. REC. BY:

Taufikh

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. 5120701452 (20/01/21-19/01/22)

Claims No. MT/1121300-002

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 Report: _____ 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: _____

Vehicle: IN / OUT

Veh No: SH6955M Yr Regn: 2015 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: 627905 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMFLB4/UMG*4080451

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

s/rim

Tyre Size: F: 205/60R16

R: 2 -

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

TOYO / YOKO or

Workshop

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

N/S Rear

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

Date / Time Action / Instruction

06/03/21 Taufikh finalised with Mr Chiang LS \$1850, 2 days (Red \$2927.92, 61%)

Date/Time, File Pass to?

☐

Preli. Report

1) 10/03 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Rep. Format: TP

Lump Sum / L.S. 1850

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SH6955M

DATE 12/02/21 12:00 AM

MAKE HYUNDAI

MVA CHIANG/NTUC

MODEL I-40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR DOOR PANEL LH			\$2,201.10 <i>Rp</i>
1	REAR BUMPER			\$1,106.00 <i>de</i>
1	REAR BUMPER SIDE BRACKET LH			\$35.60 <i>?</i>
1	REAR WHEEL CAP LH			\$217.20 <i>out</i>
	SUB TOTAL			\$3,559.90
	20.00%			\$711.98
	DISCOUNTED TOTAL			\$2,847.92
1	REAR DOOR COMFORT APP STICKER			\$80.00 <i>out</i>
	Labour Charge			\$80.00
	Panel Beating			\$750.00 <i>420</i>
	Spray Painting Charge			\$800.00 <i>750</i>
	Remove/refix door parts			\$180.00 <i>X</i>
	Tuff coat			\$120.00 <i>X</i>
	TOTAL LABOUR			\$1,850.00
	ESTIMATE TOTAL			\$4,777.92
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.				

Tanpin 97495749
 WP' 11/2/20 04pm
 L/S Resurvey after repair
 Tanpin C/Hanbun
 2-3 days
 4

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: 16.02.2021 10:43

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

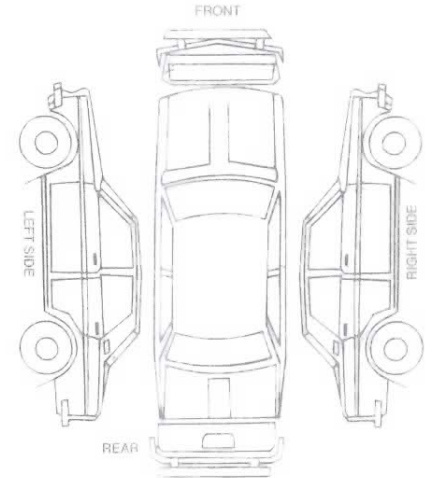
JC NO.:305453506

CUSTOMER 3/MS COMFORT TRANSPORTATION PTE LTD 7010045 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 L. (R) (O) (P) SCOUNT CARD NO.	REGN NO.: SH 6955M	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 16.02.2021 10:15
	YR OF MANU. 12.11.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMGU080451	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 10.02.2021
NATURE: 3P 10.02.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:

Vehicle No.:

Vehicle No.: **SH 6955M** **CHIANG**

SH 6955M

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	11/02/2021 11:23 (SGT)
Date of Accident	10/02/2021 21:50 (SGT)
Exact Location of Accident	Tew Chew St, Singapore
Additional Location Information	TEW CHEW ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6955M
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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	SHAHJAHAN KHAN BIN MOHD YUNOS
NRIC No	SXXXX337A
Date Of Birth	30/09/1966
Occupation	Outdoor

Date Of Driving Pass	11/03/1997
Driving experience	23 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88740557
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	479 04-235 TAMPINES STREES
Address complement	-
Postcode	520479
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Side Swipe
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

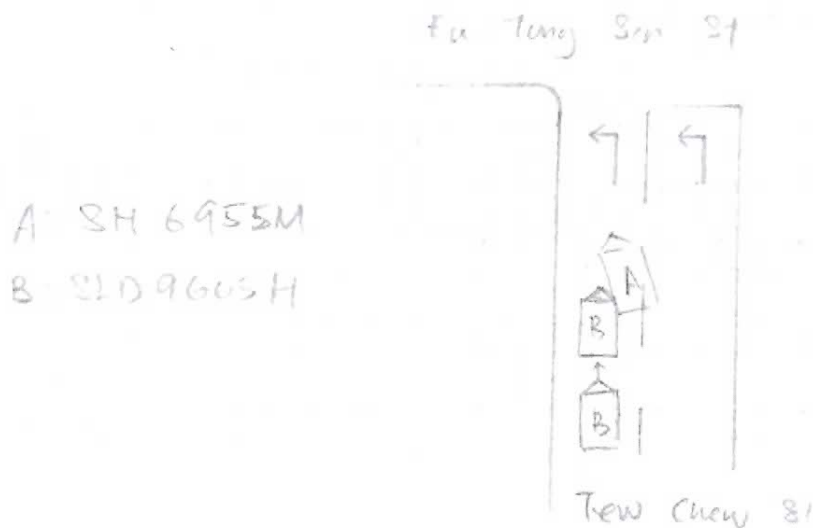
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD9605H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 RHT
-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/2/21 at about 21:50 hrs, I Veh A was driving at above said location. Shortly someone flag my taxi at road side. I switched on signal then I filtering to left lane after I checked all vehicle in left lane was stationary. In the midst I do so, Veh B move out from stationary and it front right portion hit onto the left rear portion of my taxi. I step out to have a check and take photo. We did not managed to exchange particular because Veh B driver in rush to pick up passenger. No pax in my taxi, and no injury reported.

DECLARATION

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

REPORT TRANSPORTATION PTE LTD
100 ROSS ROAD, SINGAPORE 115874

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Loke Wei Yiong
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.
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)
 - (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.:



