ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV (TP circled)

To Inspect Vehicle No:

at Workshop m/s: comfort layout

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 2 days Res: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 2499G Yr Regn: 17 Mar 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (Taxi circled)

Make: Hyundai i40 c.c: 1685

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

Sp. Reading: 168199 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UMGU085595

Gen. Cond: Good / Fair / Poor / Burnt (Good circled)

Steering: Inorder / Jammed / Leaked / Burnt or (Inorder circled)

Brake: Inorder / Jammed / Leaked / Burnt or (Inorder circled)

Modi: Nil / S/Rim / STD A/Rim or (Nil circled)

Tyre Size: F: 205/60R16

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: 15-03-21

Survey held at: W/S 4:25pm

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp ($

☐ Interview ($

☐ [illegible]

☐ [illegible]

Survey Fee:

Transportation

$ + RS

Photos

[illegible]

[illegible]

Liee Tokio Marine

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 15.03.2021
Time: 15:43:44
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	:	305458790
REGN NO	:	SHA2499G
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	17.03.2016
DATE/TIME IN	:	15.03.2021 09:20
ACCIDENT DATE	:	13.03.2021

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	✓ TN
0002 04-01-0101-0111-G BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	✓ NEC
0003 04-01-0103-0738-G COVER-RR BUMPER LWR#	1 L	228.00	20.00	182.40	✓ CA.
0004 09-01-9999-0068-A REVERSE SENSOR ASSY*	1 N	135.70	10.00	122.13	X NN
0005 04-01-0103-1150-A PROTECTOR MAT	1 N	50.00	1.00-	50.00	✓ NEC
0006 04-01-0103-0585-A LAMP ASSY-RR COMB O/S RH#	1 L	697.80	20.00	558.24	?
			SUB-TOTAL	: 1,815.17	
JOB NATURE					
0000 20-05 REAR BUMPER ADVERTISMENT LOGO				50.00	✓ NEC
0001 20-05 REAR FENDER ADVERTISMENT LOGO RH				100.00	✓ § NEC.
0002 20-05 REAR FENDER ADVERTISMENT LOGO LH				100.00	
0003 L PANEL BEATING				350.00	280
0004 23-502 SPRAYPAINT ON AFFECTED AREA				300.00	250.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 15.03.2021
Time: 15:43:44

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

JOB NO	:	305458790
REGN NO	:	SHA2499G
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	17.03.2016
DATE/TIME IN	:	15.03.2021 09:2
ACCIDENT DATE	:	13.03.2021

	JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0005 17-01	CHECK ALL LIGHTING	50.00	X	NN		
0006 20-22	REMOVE/REFIX REVERSE SENSOR	80.00		40		

SUB-TOTAL : 1,030.00

TOTAL : 2,845.17

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

2 Days
Quo Q:4
15/3/21
C/S
After repair photos.

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 modifications is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

NGAPORE ACCIDENT STATEMENT

NT NOTICE
report correctly the details of the accident to speed up the claims process.
orm must be completed by the Policyholder and/or the Authorised Driver
mation provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate liability.
he issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
Any false reporting may be referred to the Police for investigation.
. 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	15/03/2021 12:30 (SGT)
Date of Accident	13/03/2021 06:40 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	BUKIT BATOK RD TWDS JURONG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2499G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	199303821R
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	YEO TONG KEE
NRIC No	SXXXX849C
Date Of Birth	07/08/1949
Occupation	Outdoor

&	20/11/1968
	52 YEARS AND 4 MONTHS
	Male
	(Phone) +65-96673176
Aber	
&	fleetsafety@cdgtaxi.com.sg
	404 10-243 CHOA CHU KANG AVENUE 3
mplement	
	680404
er the policyholder?	No
elationship of the Driver with the Insured	Hirer
Driver Own Other Vehicles?	No
cle Registration Number of Other Vehicle Owned by Driver	
surance 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	-
Gender	Female

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	GBC9554U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MASUD
Contact Number	(Phone) +65-84813183

ent	-
	-
	-
any Name	-
age	SLIGHT
perty damaged in accident	FRT
enger (Including Driver)	-

PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

15 [illegible]

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Agent
[illegible] Pvt Ltd

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 insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded to 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 to interested parties.

   By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to release the report being made available aforesaid.

7. Consent under the Personal Data Protection Act (PDPA)

   I understand, acknowledge, agree and consent that:

   a) My insurer, its 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 the accident (all insurer(s) who have insured vehicle(s) involved in the 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 the 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/will 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, combating 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