

ASS. REC. BY: Tan J H

REF:

A167

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
X	X

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: _____

Vehicle: IN / OUT

WP

LMTS

Veh No: SMA 3917K Yr Regn: 2019, Oct.

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

Truck / Trailer or

Make: Hyundai Lonig c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 127232 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CVL9187245

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 Woflake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 30/3/21Survey 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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

S + RS. SI

Photos

Others

TOTAL

Rep. Format: _____

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

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Ang Abia

Date: 30.03.2021

Time: 10:10:35

Page: 1

12 TS

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

JOB NO : 305461172
 REGN NO : SHA3917K
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 30.10.2019
 DATE/TIME IN : 29.03.2021 12:05
 ACCIDENT DATE : 29.03.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	de ✓
0002	04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00	de ✓
0003	04-01-0104-0852-G	REAR BUMPER REFLECTOR RH	1	41.45	20.00	33.16	X
0004	04-01-0104-2288-G	REAR BUMPER BEAM	1	394.80	20.00	315.84	?
0005	04-01-0104-3919-G	REAR BUMPER STAY RH	1	138.10	20.00	110.48	?
0006	04-01-0104-2370-G	REAR BUMPER FOGLAMP	1	201.50	20.00	161.20	?
0007	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	ng ✓
0008	04-01-0104-1150-A	REAR BUMPER MAT	1	50.00		50.00	X
0009	09-01-9999-0068-A	REVERSE SENSOR	1	180.00		180.00	rw ✓
0010	FNPS	REAR NO.PLATE W/TRIM CVR	1 N	55.00		55.00	ang ✓

SUB-TOTAL : 1,651.80

JOB NATURE

0000 PB PANEL BEATING

400.00 350.

COMFORTDELGRO ENGINEERING PTE LTD

Date: 30.03.2021

REPAIR ESTIMATE

Ag Asia

Time: 10:10:35

Page: 2

12 TS

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

JOB NO : 305461172
REGN NO : SHA3917K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 30.10.2019
DATE/TIME IN : 29.03.2021 12:05
ACCIDENT DATE : 29.03.2021

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 SP	SPRAYPAINT CHARGE	300.00		250-		
0002 L	R/I REVERSE SENSOR	120.00		30		
SUB-TOTAL :						820.00

TOTAL : 2,471.80

MVA NAME & SIGNATURE
DATE :

Limfj

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

Wong Hui

Tanpin 97415749
- WP, 30/3/21 @ 12pm
P/P Resurvey before paint
- 2 days
Tanpin @ Phantom.wm

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: 30.03.2021 09:53

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305461172

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

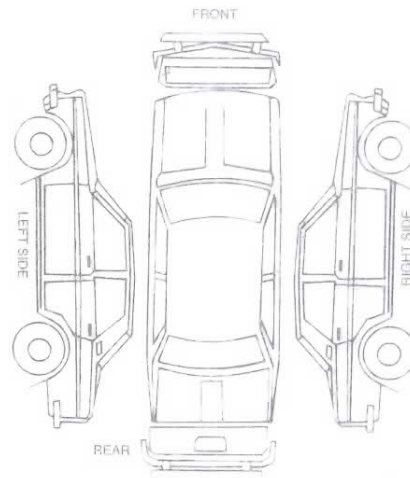
UNIT CARD NO.

REGN NO: SHA3917K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 29.03.2021 12:05
YR OF MANU. 30.10.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU187245	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.03.2021
ATURE: 3P 29.03.2021

/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHA3917K LIMITS

Vehicle No.: **SHA3917K**

Service Advisor

Signature/Date

Name of Service Advisor

Date

ned 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	29/03/2021 17:45 (SGT)
Date of Accident	29/03/2021 10:49 (SGT)
Exact Location of Accident	Marymount Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3917K
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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) +65-98890233
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
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	LEE KOK HIONG (LI GUOSONG)
NRIC No	SXXXX904C

Date Of Birth	08/03/1975
Occupation	Outdoor
Date Of Driving Pass	08/03/1995
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-98890233
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 272A SENGKANG CENTRAL #14-311
Address complement	-
Postcode	541272
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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
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

ON 29/03/2021 AT ABOUT 1049HRS, I WAS DRIVING MY VEHICLE SHA3917K ALONG MARYMOUNT RD. WHILE TRAVELLING ON SECOND LANE, I SLOWLY STOPPED MY VEHICLE DUE TO TRAFFIC. WHILE MY VEHICLE WAS STATIONERY FOR FEW SECONDS, VEHICLE B - SGL1208R COLLIDED ONTO MY REAR BUMPER. THERE WAS ANOTHER VEHICLE C - SGH8888C WAS ALSO INVOLVED IN THIS ACCIDENT. TOTAL 3 VEHICLES INCLUDING MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL1208R
Vehicle Manufacturer	Mazda

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEONG CHI HWA
Contact Number	(Phone) +65-91681010
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGH8888C
Vehicle Manufacturer	Chevrolet
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH CHEW THYE
Contact Number	(Phone) +65-93835781
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	LEE KOK HIONG (LI GUOSONG)
Address	BLK 272A SENGKANG CENTRAL #14-311
Address Complement	-
Post Code	541272
Approximate Age Years Old	46
Injuries Sustained	BACK PAIN AND RIGHT LEG NUMB
Injured person in which vehicle?	SHA3917K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

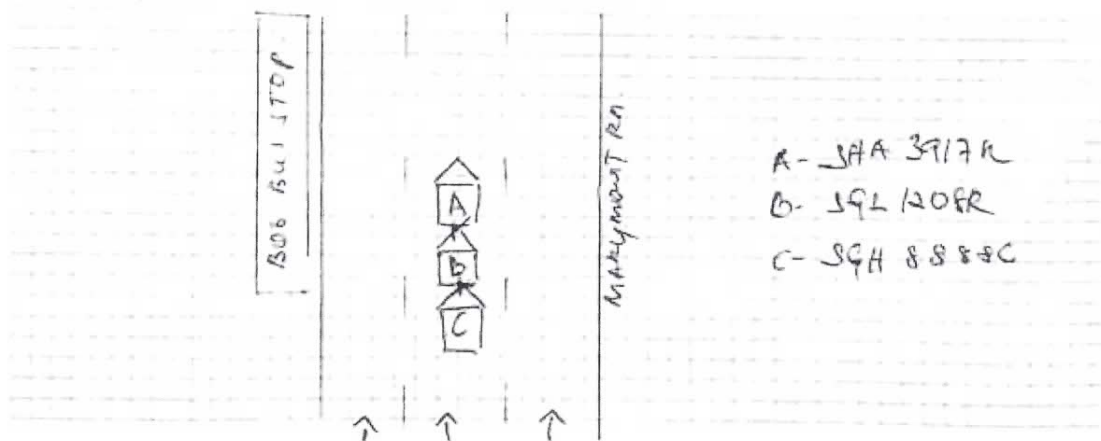
- 1 Please report correctly the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3 Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

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

On 29/3/2021, at about 1044h. I was driving my vehicle 8HA 3917K along Marymount Rd while travelling on second line, I slowly stopped my vehicle due to traffic. While my vehicle was stationary for few seconds, vehicle B - 8AL 1208R was collided onto my rear bumper. There was another vehicle C - 8QH 8858C was also involved in this accident. Total 3 vehicles including my vehicle.

Declaration

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 246 h.m. - 14/5H.

Witnessed by Reporting Centre
Personnel *A. Brown*