

ASS. REC. BY: Taylor

REF:

NS/ INC 21004326/T1vc

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: **SJX 2714R**

Policy No. _____

Claims No. **MT/1129687-001**

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Chung

Vehicle: IN / OUT

Veh No: **SHD 33104** Yr Regn: **2016 July**
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: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: **KM HCB4/UMG 4093148**
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: **205/60R16**
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **Wipac**
Front Rear
R/Bal. **6** mm R/Bal. **6** mm
L/Bal. **6** mm L/Bal. **6** mm
D.O.A. **1/4/21** D.O.I. **5/4/21**
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 Battery weak

28/4/21 LS \$2300 confirmed by email (Red 4012.13, 63%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 29/4/21-Typist

Report Format: **TP**

Lump Sum / L.B.I. **LS \$2300**

Days Of Repair: **3**

Resurvey No. of Trip: **1**

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

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD.

REPAIR ESTIMATE*

VEHICLE NO SHD3310U

01/04/21

MAKE

MODEL HYU- I40

CHIANG /NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	REAR BUMPER COVER			\$1,106.00	de ✓
2	REAR BUMPER BRACKET SIDE LH /RH		\$35.60	\$71.20	X
10	REAR BUMPER CLIPS		\$2.20	\$22.00	ner ✓
1	REAR BUMPER UNDER COVER			\$228.00	Ry
1	REAR BUMPER REINFORCEMENT			\$394.80	ner ✓
1	REAR PANEL GARNISH			\$57.50	X
1	REAR END PANEL			\$526.70	Ry
1	REAR PANEL LOWER			\$495.50	Ry
1	BOOTLID			\$2,171.90	Ry
1	BOOTLID MOULDING			\$85.00	ner ✓
1	BOOTLID LOCK UPPER			\$114.90	X
2	REAR BUMPER REFLECTOR LH/RH		\$32.00	\$64.00	X
				\$5,337.50	
				20.00%	
				\$1,067.50	
				\$4,270.00	
1	REAR BUMPER MAT			\$50.00	ner ✓
1	REAR BUMPER ADVERTISEMENT			\$50.00	ner ✓
1	REVERSE SENSOR			\$135.70	ner ✓
				\$222.13	
	Labour Charge				
	Panel Beating			\$850.00	560
	Spray Painting Charge			\$800.00	750
	Check lighting			\$50.00	30
	Remove/refix reverse sensor			\$60.00	30
	Tuff Kote			\$60.00	X
				\$1,820.00	
	TOTAL LABOUR				
	ESTIMATE TOTAL			\$6,312.13	
	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 5/4/21 @ 445
 3 days
 4/5 Resurvey after repair
 Tanpin @ 11h on 5/4/21

Date/Time: 05.04.2021 08:20

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305461732

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REGN NO. SHD3310U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 01.04.2021 09:40
YR OF MANU. 28.07.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093148	COMPLETION DATE/TIME

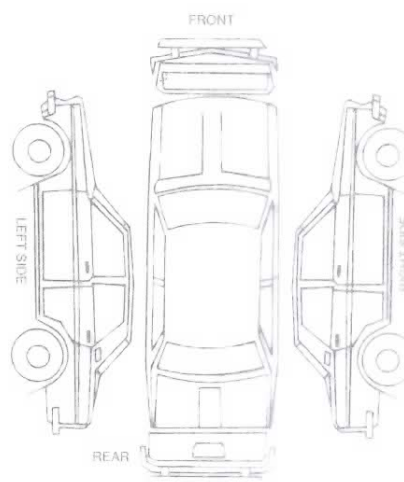
ARD NO.

JOB DESCRIPTION

lent Date: 01.04.2021
E: 3P 01.04.2021

LABOR CODE

DESCRIPTION



ASSSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nt Slip

Exit Pass

SHD3310U

CHIANG

Vehicle No.:

SHD3310U

Advisor

Signature/Date

Name of Service Advisor

Date

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	01/04/2021 15:15 (SGT)
Date of Accident	01/04/2021 00:35 (SGT)
Exact Location of Accident	Choa Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3310U
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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) +65-97414242
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
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	THEN TIAN SZE
NRIC No	SXXXX265C

Date Of Birth	01/10/1950
Occupation	Outdoor
Date Of Driving Pass	02/05/1970
Driving experience	50 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97414242
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 536 BUKIT BATOK STREET 52 #12-653
Address complement	-
Postcode	2365
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
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Batok Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006659999
Alt. Police Station Phone No	(Fax) +65-64252661
Police Station Address	21 Bukit Batok East Ave 4 Singapore 659840
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?	Yes
Reasons for not uploading a video of the accident	SD CARD SEIZED BY TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX2714R
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Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG JUN HAO
NRIC No	SXXXX265I
Contact Number	-
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	THEN TIAN SZE
Address	BLK 536 BUKIT BATOK STREET 52 #12-653
Address Complement	-
Post Code	2365
Approximate Age Years Old	70
Injuries Sustained	PAIN AND STRAIN AT BACK AND NECK AREA
Injured person in which vehicle?	SHD3310U
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 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:

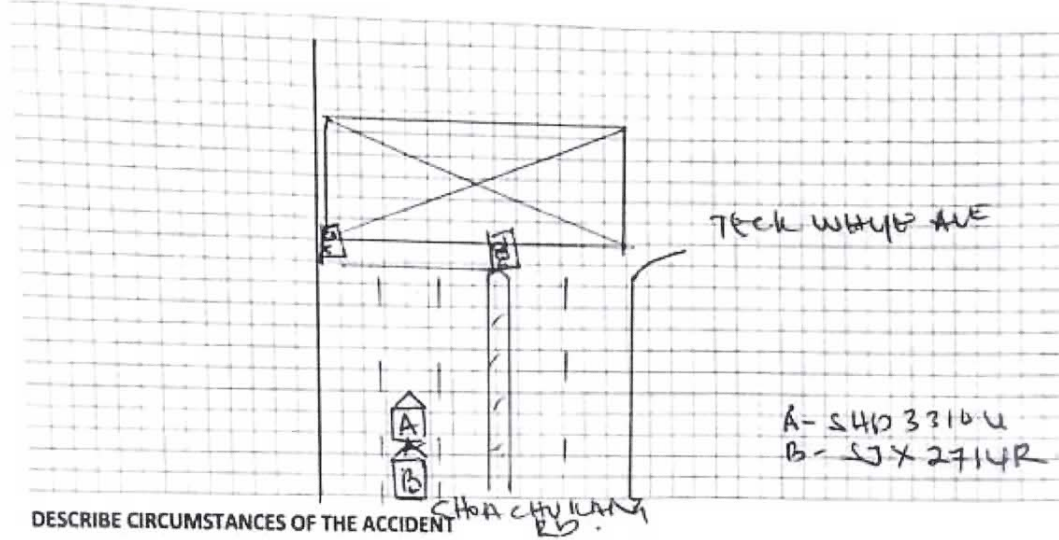
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 11/4/21 - 1050H

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- REFER TO POLICE REPORT -

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: 1/4/21-1054

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

