

ASS. REC. BY: Tanplu

REF:

CT1

## 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	

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: Human

Vehicle: IN / OUT

Veh No: SH8509E Yr Regn: 20/9/Nov

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai 1600 c.c. 1580Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: NUM HC851C 14188714

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 Washore

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 5/4/21Survey held at Comfort Wayang

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Formet: \_\_\_\_\_

Lump Sum / L.B. / C. \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

China - (PIR)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.04.2021

REPAIR ESTIMATE

Time: 10:11:02

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 : 305461949  
 REGN NO : SH 8509E  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G3)  
 DATE OF REGN : 14.11.2019  
 DATE/TIME IN : 03.04.2021 08:55  
 ACCIDENT DATE : 02.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-2544-G	CAP-RR HOOK	1	98.80	20.00	79.04	de
0002 04-01-0104-2282-G	COVER-RR BUMPER#	1	459.40	20.00	367.52	de
0003 04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1	451.25	20.00	361.00	de
0004 04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	ue
0005 04-01-0104-1150-A	PROTECTOR MAT	1	50.00	2.00-	50.00	ue
0006 04-01-0104-2531-G	BRACKET ASSY-RR BUMPER SI	1	55.80	20.00	44.64	?
0007 04-01-0104-2545-G	MOULDING-REAR BUMPER LWR	1	47.50	20.00	38.00	Rp
0008 04-01-0104-2577-G	GUARD ASSY-REAR WHEEL REA	1	173.60	20.00	138.88	de
0009 04-01-0104-0851-G	REFLECTOR/REFLEX ASSY-RR	1	41.45	20.00	33.16	ut

SUB-TOTAL : 1,129.84

## JOB NATURE

0000 PB PANEL BEATING  
 0001 SP SPRAYPAINT CHARGE

400.00

350

300.00

250

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

JOB NO : 305461949  
REGN NO : SH 8509E  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 14.11.2019  
DATE/TIME IN : 03.04.2021 08:5  
ACCIDENT DATE : 02.04.2021

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0002 17-01	CHECK ALL LIGHTING	50.00		30		
0003 L	REMOVE/REFIX REVERSE SENSOR	80.00		30		
SUB-TOTAL :						830.00
TOTAL :						1,959.84

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Tanpin 97495749  
WR 5/4/21 @ 4pm  
1/P Resurvey before paint  
02 days  
tanpin e/insurance

**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: 05.04.2021 09:36

Page : 1

305461949

Sales Order:

**JOB CARD**

m: ARC Repair TP(CLSO)1

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(P)

DUNT CARD NO.

SH 8509E

JC NO.:

REGN NO.:

MILEAGE

HYUNDAI

MAKE :

FUEL

IONIQ(G3)

03.04.2021 08:55

MODEL

DATE/TIME IN

14.11.2019

YR OF MANU.

TARGET DATE

KMHC851CVLU188714

CHASSIS CODE

COMPLETION DATE/TIME:

Accident Date: 02.04.2021

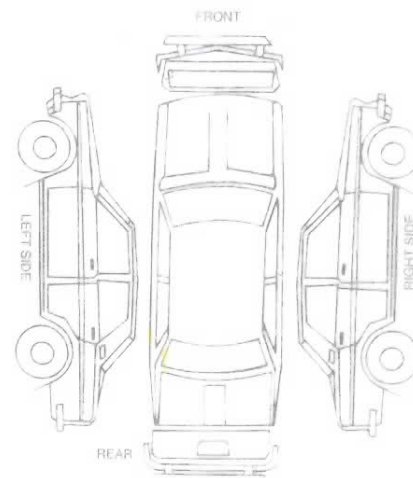
ATURE: 3P 02.04.2021

NO

LABOR CODE

JOB DESCRIPTION

**DESCRIPTION**



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

SH 8509E

JU CHINA

Exit Pass

SH 8509E

No.:

Vehicle No.:

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	04/04/2021 12:53 (SGT)
Date of Accident	02/04/2021 21:30 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8509E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-84522741
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
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	LOW KEE SIONG
NRIC No	SXXXX167Z



Date Of Birth	14/11/1960
Occupation	Outdoor
Date Of Driving Pass	12/09/1980
Driving experience	40 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84522941
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 744 WOODLANDS CIRCLE
Address complement	#11-772
Postcode	730744
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	Raining
Road Surface	Wet

#### 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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### PASSENGER 2

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

I WAS TRAVELLING ALONG THE CENTRE LANE OF 3-LANES ROAD OF YISHUN AVE 2 (TOWARDS CTE) WHEN SUDDENLY I FELT AN IMPACT FROM THE REAR OF MY VEHICLE, IN WHICH I WAS COLLIDED BY VEHICLE SMJ5535J.

#### 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 WITH WORKSHOP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ5535J
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)	2

## 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

03/04/2021 0945-1/23

Witnessed by Reporting Centre Personnel

715-4UN AVE 2

→

→

→

A: SJ 9509E  
b: SMJ 5535J



## Describe Circumstances of the Accident

I WAS TRAVELING ALONG THE CAMPER LANE OF 3-LANE  
ROAD OF 7154UN HWY 2 (TOWARDS CR) WHEN SUDDENLY  
I FELT AN IMPACT FROM THE REAR OF MY VEHICLE,  
A TRUCK THAT COLLIDED INTO MY VEHICLE SMJ 55357.

### 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

03/04/2021 0945-42

Witnessed by Reporting Centre  
Personnel

