

ASS. REC. BY: Taylor 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. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

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: John Vehicle: IN / OUT

Veh No: SH 9812Y Yr Regn: 2016 April
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai M.O. C.C. 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 677450 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 10M HCB3414mg 4087833
 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 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. 6/4/21
 Survey held at Budget 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
	COR I/s \$3050, 3 days
	RED: 4298.94; 58%

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report

1) Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.I. / % _____

Days Of Repair: 3

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$I

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.04.2021

Time: 11:24:14

Page: 1

JU - NTUC (S)

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

JOB NO : 305461994
 REGN NO : SH 9812Y
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I40
 DATE OF REGN : 28.04.2016
 DATE/TIME IN : 05.04.2021 09:20
 ACCIDENT DATE : 01.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-2322-A	BUMPER W LIP & FOG LAMP C	1	1,052.20	20.00	841.76	Ry
0002	04-01-0103-0574-A	PANEL-FENDER LH+	1	663.00	20.00	530.40	ht
0003	04-01-0103-2834-A	GUARD ASSY-FRONT WHEEL LH	1	174.90	20.00	139.92	de
0004	04-01-0103-0813-G	MOULDING ASSY-SIDE SILL L	1	732.80	20.00	586.24	cu
0005	04-01-0103-0593-G	PANEL ASSY-FR DR LH#	1	2,256.40	20.00	1,805.12	Rp
0006	28-01-0103-0003-A	FRT DOOR LOGO SONATA CTPL	1 N	75.00	10.00	67.50	ng
0007	28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1 N	80.00	10.00	72.00	ng
0008	04-01-0103-0600-G	MIRROR ASSY-O/S REAR VIEW	1	670.00	20.00	536.00	cu

SUB-TOTAL : 4,578.94

JOB NATURE

0000	PB	PANEL BEATING	850.00	560
0001	SP	SPRAYPAINT CHARGE	1500.00	900
0002	17-01	CHECK ALL LIGHTING	50.00	50

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

JOB NO : 305461994
REGN NO : SH 9812Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I40
DATE OF REGN : 28.04.2016
DATE/TIME IN : 05.04.2021 09:2
ACCIDENT DATE : 01.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0003 20-00 TUFF COAT ON AFFECTED PARTS.

50.00 30

0004 L TRANSFER DOOR PART

120.00 X

SUB-TOTAL : 2,570.00

TOTAL : 7,148.94

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE

DATE :

Tanpin 97495749
- WP 16/4/21 @ 250
4/5 Resurvey after repair
3 days
Tanpin @ 1/4/2021

**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:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.:305461994

CUSTOMER
MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)
COUNT CARD NO.

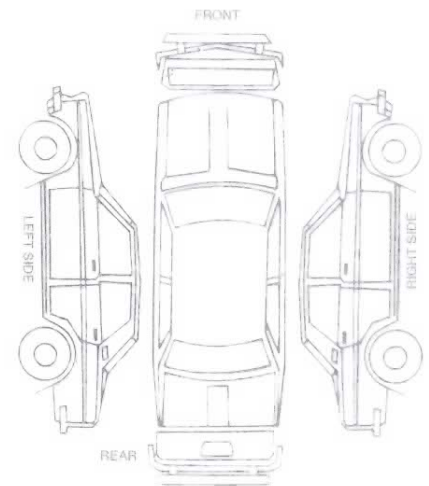
REGN NO. SH 9812Y	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I40	DATE/TIME IN 05.04.2021 09:20
YR OF MANU. 28.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU087853	COMPLETION DATE/TIME

Accident Date: 01.04.2021
NATURE: 3P 01.04.201

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No. SH 9812Y

Vehicle No.: SH 9812Y

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

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	01/04/2021 15:49 (SGT)
Date of Accident	01/04/2021 11:40 (SGT)
Exact Location of Accident	192 Lor 4 Toa Payoh, Singapore 310192
Additional Location Information	OPEN SPACE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9812Y
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) +65-90090026
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	TEO AH TEE
NRIC No	SXXXX537B

Date Of Birth	30/07/1947
Occupation	Outdoor
Date Of Driving Pass	14/07/1965
Driving experience	55 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90090026
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 310 HOUGANG AVENUE 5 #04-263
Address complement	-
Postcode	530310
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 - Major/Minor Rd
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	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 1/4/2021, AT ABOUT 1140HRS, I WAS DRIVING MY VEHICLE SH9812Y ALONG BLOCK 192 TOA PAYOH LOR 4 OPEN CAR PARK. FRONT VEHICLE SGR5251G WAS STOPPED ALONG ROADSIDE. SO WHEN I TRAVELLING STRAIGHT, VEHICLE B SGR5251G WAS SWERVED TO RIGHT AND HIT ONTO LEFT SIDE OF MY VEHICLE. EXCHANGED PARTICULARS. NOBODY WAS INJURED.

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	SGR5251G
Vehicle Manufacturer	Nissan



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO SOO THYE
Contact Number	(Phone) +65-90047703
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT 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:

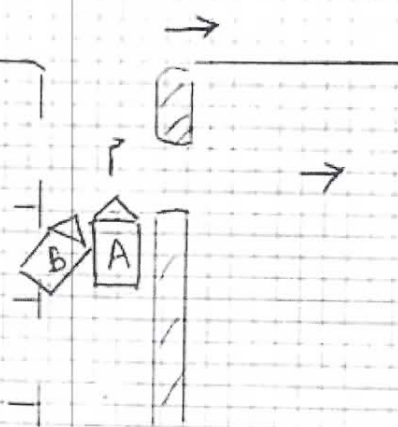
Driver's Signature
(If driver is not the policyholder)

Date & Time: 1/4/2021 - 1330H

Reporting Centre Personnel's Signature
Name: *Khaw*
NRIC/FIN No.:

SKETCH PLAN

Block 142 Ton pryth
LOF 4



A- SH 9812V

B- SGR 5251G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/4/2021, at about 1140hrs, I was driving my vehicle SH 9812V along Block 142 Ton pryth LOF 4 open car park. Front vehicle SGR 5251G was stopped along roadside. So when I travelling straight, vehicle B- SGR 5251G was swerved to right and hit onto my left side of my vehicle. Exchanged particulars. Nobody was injured.

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: 1/4/2021 @ 1330H

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



