

INC

REF:

ASS. REC. BY: Taufikh

ASSIGNMENT

From: _____ Date: _____

Veh No: SHA24955 Yr Regn: 2019 April

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

Truck / Trailer or

Make: Hyundai / ianig C.C. 1580

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

Sp. Reading: 128875 T/Radio: Insured / Std / NI / NA

Eng/No: _____
C/No: KMHC851CVR4146174

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 Wofahr

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 3/4/21

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.

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. MT/1127258-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Remark: The veh had commenced its repair at the time of inspection.

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: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Jumani

Vehicle: IN / OUT

Date / Time	Action / Instruction
30/04/21 @ 11.10am	Taufikh finalised with Jumani LS \$950, 2 days. (Red \$1321.84, 58%)

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

1) 30/04 Typist : Final Report

Date/Time, File Return to?

2) _____

Rep. Format: TP

Lump Sum: 950

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee: _____
 Transportation: _____
 S + RS: _____
 Photos: _____
 Others: _____
 TOTAL: _____

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA2495S

Date: 07/04/21

Make : HYUNDAI

Insurance: NTUC

Model : IONIQ(G2)

MVA: JUMANI

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			<i>de</i> \$459.40
10	REAR BUMPER CLIPS			<i>x</i> \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			<i>de</i> \$451.25
1	REAR LICENCE PLATE LAMP LH			<i>x</i> \$85.30
1	REAR LICENCE PLATE LAMP RH			<i>x</i> \$85.30
1	REAR BUMPER LOWER CTR MOULDING			<i>de</i> \$155.00
1	REAR BUMPER FOG LAMP			<i>x</i> \$201.50
1	REAR BUMPER TOWING COVER			<i>x</i> \$98.80
	SUB TOTAL			\$1,558.55
	LESS 20% DISCOUNTED TOTAL			\$311.71
				\$1,246.84
1	REAR NUMBER PLATE			<i>One</i> \$25.00
1	REAR BUMPER REVERSE SENSOR			<i>de</i> \$180.00
				\$205.00
	Labour Charge			
	PANEL BEATING			<i>de</i> \$350.00
	SPRAY PAINTING CHARGE			<i>250</i> \$300.00
	WIRING CHARGE			<i>x</i> \$50.00
	REMOVE/REFIX REVERSE SENSOR			<i>30</i> \$120.00
	TOTAL LABOUR			\$820.00
	ESTIMATE TOTAL			\$2,271.84

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:

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 2741 5741
7/4/21 @ 430
2 days 4/5 Resurvey after repair
Tanpin @ The auto...

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4069571

JC NO: 305462564

Customer: COMFORT TRANSPORTATION PTE LTD
/MS 7010045
Customer No: 383 SIN MING DRIVE
Address: Singapore SINGAPORE 575717
65508755
- (R) (O)
(P)
COUNT CARD NO.

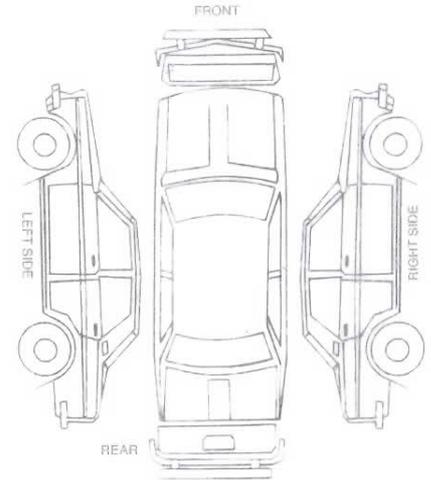
REGN NO: SHA2495S	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: IONIQ(G2)	DATE/TIME IN 07.04.2021 10:35
YR OF MANU: 30.04.2019	TARGET DATE
CHASSIS CODE: KMHC851CVKU146144	COMPLETION DATE/TIME:

Accident Date: 07.04.2021
NATURE: 3P 07.04.2021

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA2495S** **JU/ YY NTUC**

Vehicle No.: **SHA2495S**

Name 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	07/04/2021 13:57 (SGT)
Date of Accident	07/04/2021 09:48 (SGT)
Exact Location of Accident	MacPherson, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2495S
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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) +65-91996144
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	IBRAHIM BIN MUHAMMAD
NRIC No	SXXXX125G

Date Of Birth	26/09/1968
Occupation	Outdoor
Date Of Driving Pass	14/03/1987
Driving experience	34 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91996144
Alt. Phone Number	-
Email Address	IBRAHIM091968@GMAIL.COM
Address	BLK 416 EUNOS ROAD 5 #01-36
Address complement	-
Postcode	400416
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 IN STATIONERY POSITION AT THE TRAFFIC LIGHT ALONG MACPHERSON. SUDDENLY THE VEHICLE B HIT MY TAXI REAR PORTION. I GO DOWN TO SEE THE DAMAGES AND THE DRIVER TOLD ME VEHICLE C HIT HIS CAR AND SO HIS CAR SURGED FORWARD AND HIT MY TAXI. HOWEVER I DON'T TAKE PHOTO OR PARTICULARS ABOUT VEHICLE C AS IT NO CONTACT WITH MY TAXI DAMAGE. INCIDENT HAPPENED, 07/04/2021 AROUND 9:48AM. NO INJURY.

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	SJP5721S
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHONG CHIA HUAT

NRIC No	SXXXX957A
Contact Number	(Phone) +65-91591858
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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)	-

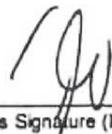
Describe Circumstances of the Accident

I was in stationary position at the traffic light along McPherson. Suddenly the vehicle hit my taxi rear portion. I go down to see the damages and the driver told me vehicle C hit his car and so his car surged forward and hit my taxi. However I don't take photo or particular about vehicle C as there is no contact with my taxi damage. Incident happened on 7/4/21 around 9:40am. No injury.

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



Witnessed by Reporting Centre Personnel
Dd Hashim
7/4/21 11:40am

