

ASS. REC. BY: Taughlin

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: _____

(Policy Condition)

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

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

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: Juan

Vehicle: IN / OUT

Veh No: SHIA 4163L Yr Regn: 2019 Oct

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

Truck / Trailer or _____

Make: Hyundai C.C. 1880

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

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

Eng/No: _____

C/No: MMHC85 / C/L4187265

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: NH / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: 2

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 Longest Bay

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) _____
Date/Time, File Return to?

☐ : Final Report

2) _____

Report Format: _____

Lump Sum / L.C.I. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA4163L

Date: 05/04/21

Make : HYUNDAI

Insurance: NTUC

Model : IONIQ(G3)

MVA: JUMANI

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			del \$459.40
10	REAR BUMPER CLIPS			del \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			del \$451.25
1	REAR LICENCE PLATE LAMP LH			? \$85.30
1	REAR LICENCE PLATE LAMP RH			? \$85.30
1	REAR BUMPER LOWER CTR MOULDING			del \$155.00
1	REAR BUMPER FOG LAMP			? \$201.50
1	REAR BUMPER TOWING COVER			x \$98.80
SUB TOTAL				\$1,558.55
LESS 20%				\$311.71
DISCOUNTED TOTAL				\$1,246.84
1	REAR NUMBER PLATE			mis \$25.00
1	REAR BUMPER REVERSE SENSOR			? \$180.00
				\$205.00
Labour Charge				
PANEL BEATING				350 \$500.00
SPRAY PAINTING CHARGE				250 \$300.00
WIRING CHARGE				80 \$50.00
REMOVE/REFIX REVERSE SENSOR				30 \$120.00
TOTAL LABOUR				\$970.00
ESTIMATE TOTAL				\$2,421.84

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.

Tamplin 97415549
WP 6/4/21 @ 230pm
2 days
4/5 Resurvey after repair
Tamplin c/Chantana

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.:305461995

CUSTOMER
V/M/S COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L. (P) 65508755 (O)
(P)
COUNT CARD NO.

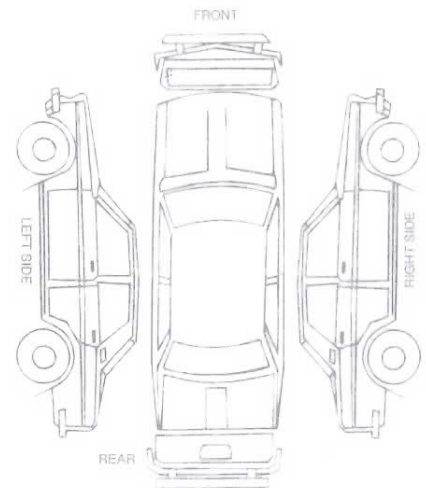
REGN NO.: SHA4163L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 05.04.2021 09:50
YR OF MANU. 30.10.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU187265	COMPLETION DATE/TIME:

Accident Date: 02.04.2021
NATURE: 3P 02.04.2021

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA4163L** **JU**

Vehicle No.: **SHA4163L**

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	04/04/2021 09:53 (SGT)
Date of Accident	02/04/2021 07:10 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4163L
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) +65-96219582
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	1598

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	CHENG KWOK PHENG
NRIC No	SXXXX909A

Date Of Birth	26/11/1950
Occupation	Outdoor
Date Of Driving Pass	27/04/1971
Driving experience	50 YEARS
Gender	Male
Mobile Number	(Phone) +65-96219582
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 35 JALAN RUMAH TINGGI #17-495
Address complement	-
Postcode	150035
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?	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 CHINESE
Gender	Male

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 UPPER SERANGOON ROAD AND HAD LATER STOPPED DUE TO RED LIGHT. SUDDENLY, I FELT AN IMPACT FROM THE REAR, IN WHICH I WAS COLLIDED INTO BY MOTORCYCLE FBM5879G.

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	FBM5879G
Vehicle Manufacturer	-
Vehicle Model	-

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
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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

SEPARATION JUNCTION BUS STOP

→

→

→

3170 [A]

UPPER SEPARATION RD.

A: SNA 4163L

B: 16M 5E796

I WAS TRAVELLING ALONG THE CRIPPER LANE OF 3-LANES ROAD OF UPPER JIRANGLOON ROAD AND HAD LATER STOPPED OUR TO RED LIGHT. SUDDENLY, I FELT AN IMPACT FROM THE FRONT, IN WHICH I WAS COLLIDED INTO BY MOTORCYCLE FBM 5879G.

We declare the foregoing particulars are true in every respect.

Driver's Signature (if driver is not the policyholder) / Date & Time 05/04/2021 10:04/15

Accident report SJ0421440003