

REF: NS/INC 21004558/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: **SLR 5917k**
Policy No. _____
Claims No. **MT/1127201-002**
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

30/4/21 Final fig \$3870.08 confirmed by email (Red 2842.44, 42%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 30/4/21-Typist

Rep. Form: TP

Lump Sum / L.B.I. : \$3870.08

Veh No: **SHC 229/C** Yr Regn: **249 Oct.**
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Hyundai** C.C. **1580**

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

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

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **195/65 R15**

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. **6** mm

R/Bal. **6** mm

L/Bal. **6** mm

L/Bal. **6** mm

D.O.A. **6/4/21**

D.O.I. **7/4/21**

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee:

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

Survey Fee:

Transportation:

S. + RS. \$ _____

Phone

Others

TOTAL

CITYCAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC2292C SHC 2291C

28/09/20

MAKE :

MODEL IONIQ G3

CHIANG/ NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT FENDER RETAINER RH/LH		RMX \$41.40	\$82.80 LM?
1	FRONT FENDR LH			\$588.80 67-
1	FRONT FENDER BLUE DRIVE EMBLEM			\$26.60 na-
1	FRONT FENDER LH SHIELD			\$164.70 X
1	FRONT BUMPER COVER			\$430.90 ale-
1	FRONT BUMPER BRACKET TOP RH/LH	RHX	\$35.00	\$70.00 2H?
1	DAY LIGHT LH			\$642.50 X
10	FRONT BUMPER CLIPS		\$2.20	\$22.00 na-
1	FRONT BUMPER MOULDING			\$318.80 X
1	FRONT BUMPER GRILLE /LH			\$186.20 X
1	FRONT SUPPORT PANEL			\$949.30 X
1	FRONT HEADLAMP ASSY /LH			\$1,993.65 aut-
1	FRONT WHEEL COVER LH			\$346.40 out-
SUB TOTAL				\$5,822.65
20.00%				\$1,164.53
DISCOUNTED TOTAL				\$4,658.12
1	TYRE FRT LH			\$216.00 X
				\$194.40
Labour Charge				
Panel Beating				\$960.00 525
Spray Painting Charge				\$600.00 500
Reset wheel alignment				\$90.00 80
Towing Fee				\$90.00 X
Check Wiring				\$60.00 80
Tuff kote				\$60.00 30
TOTAL LABOUR				\$1,860.00
ESTIMATE TOTAL				\$6,712.52
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.				

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:

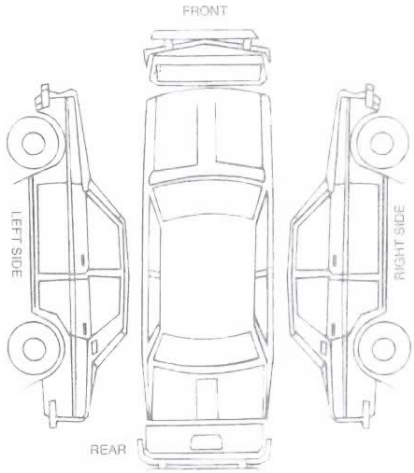
Date:

Tarphu 97495749
 up 7/4/21 c 4pm
 1/5 Resurvey after repair
 Tarphu elkhamban
 2-3okys

eam: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO 305462448

STOMER	REGN NO. SHC2291C	MILEAGE
/MS COMFORT TRANSPORTATION PTE LTD	MAKE HYUNDAI	FUEL
STOMER NO. 7010045	MODEL IONIQ(G3)	E.....1/2.....F
DRESS 383 SIN MING DRIVE	YR OF MANU 22.10.2019	DATE/TIME IN 06.04.2021 13:35
Singapore SINGAPORE 575717	CHASSIS CODE KMHC851CVLU186814	TARGET DATE
65508755 (R) (P) (O)		COMPLETION DATE/TIME:
ICOUNT CARD NO.		

Accident Date: 06.04.2021
ATURE: 3P 06.04.2021

LABOR CODE	DESCRIPTION
	

ECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
owledge Slip	Exit Pass
Vehicle No.: SHC2291C CHIANG	Vehicle No.: SHC2291C
Signature/Date	Name of Service Advisor
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 09:50 (SGT)
Date of Accident	06/04/2021 12:40 (SGT)
Exact Location of Accident	Tanjong Pagar, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2291C
-----------------------------	----------

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) +65-94301411
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	LING SIEW CHONG
NRIC No	SXXXX753H

Date Of Birth	12/02/1955
Occupation	Outdoor
Date Of Driving Pass	05/04/1974
Driving experience	47 YEARS
Gender	Male
Mobile Number	(Phone) +65-94301411
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 915 TAMPINES STREET 91 #09-45
Address complement	-
Postcode	520915
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 - Change/cross lane
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)	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

06/04/2021, 12:40HRS AT THE TRAFFIC LIGHT OF TANJONG PAGAR TO MAXWELL RD. VEHICLE B AT THE 2ND LANE CHANGED TO 1ST LANE AND HIT MY TAXI LEFT FRONT PORTION. I HORN HIM AS HE TRY TO RUN AWAY AND HE STOP AT MAXWELL RD AFTER SO MANY TIME I HORN HIM. I WAS ALONE AND 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	SLR5917K
Vehicle Manufacturer	Mazda
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)	-

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 Authorized Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful 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.

COMFORT TRANSPORTATION PTE LTD
CC. REG. NO. 100303221R

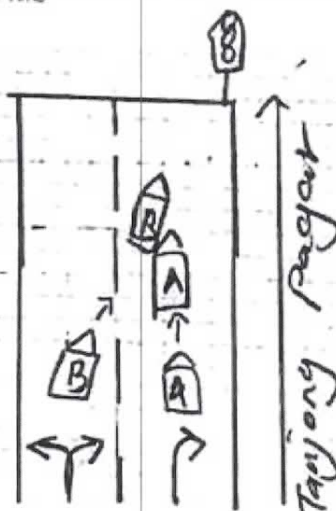
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Doi Hashim
14:00 6/4/21

Sketch Plan



A - SHC 22916
B - SUR 591FK

Describe Circumstances of the Accident

6/4/2021 12:40hrs at the traffic light
of Tanjong Pagar to Maxwell Rd. Vehicle B
at the 2nd lane changed to 1st lane and
hit my taxi left front portion. I horn-
him as he try to run away and he
stop at Maxwell Rd after so many time
I horn him. I was alone and no injury-
in

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 10000021R

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel *Del Hashim*
14:00 6/4/21