

ASS. REC. BY: Taufik

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. MT/1126866-002

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: Lim Ts

Vehicle: IN / OUT

Veh No: SHC2577D Yr Regn: 2019, Oct.

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

Truck / Trailer or

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

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

Eng/No: _____

C/No: KMHC851C14187598

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: 195/65R15R: 195/65R15

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 6/4/21Survey held at Comfort Lodge

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

None of/s.

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

Date / Time Action / Instruction

29/04/21 @ 5.21pm Taufikh finalised with Mr Lim LS \$1850, 2 days. (Red \$1274.96, 41%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 30/04 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Form: TPLump Sum / 1850Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) S + RS. \$ _____☐ : Interview (\$ _____) Photos _____☐ : Tech. Invs (\$ _____) Others _____☐ : Weekend (\$ _____)

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.04.2021

Time: 12:03:46

Page: 1

LKK - NTUC - LHS

IS

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

JOB NO : 305461998
 REGN NO : SHC2577D
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 30.10.2019
 DATE/TIME IN : 02.04.2021 07:45
 ACCIDENT DATE : 02.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	de
0002 04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00	de
0003 04-01-0104-2545-G	REAR BUMPER LWR MOULDING	1	155.00	20.00	124.00	RY
0004 04-01-0104-0852-G	REAR BUMPER REFLECTOR RH	1	41.45	20.00	33.16	?
0005 04-01-0104-2288-G	REAR BUMPER BEAM	1	394.80	20.00	315.84	?
0006 04-01-0104-2532-G	REAR BUMPER SIDE BRKT RH	1	55.80	20.00	44.64	?
0007 04-01-0104-3919-G	REAR BUMPER STAY RH	1	138.10	20.00	110.48	?
0008 04-01-0104-2698-G	TAILLAMP RH	1	870.40	20.00	696.32	out
0009 04-01-0104-1150-A	REAR BUMPER MAT	1	50.00		50.00	net
0010 09-01-9999-0068-A	REVERSE SENSOR	1	180.00	10.00	162.00	dig

SUB-TOTAL : 2,264.96

JOB NATURE

0000 PB PANEL BEATING

400.00 350

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.04.2021

REPAIR ESTIMATE

Time: 12:03:46

Page: 2

NTUC-45

Lxx -

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383 SIN MING DRIVE
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REGN NO : SHC2577D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 30.10.2019
DATE/TIME IN : 02.04.2021 07:45
ACCIDENT DATE : 02.04.2021

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 SP	SPRAYPAINT CHARGE	300.00		250		
0002 17-01	CHECK ALL LIGHTING	40.00		30		
0003 L	R/I REVERSE SENSOR	120.00		30		
SUB-TOTAL :						860.00

TOTAL : 3,124.96

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Tanfhi 97415749
< up > 6/4/21 @ 2:30 pm
02 days
c/s Resurvey after repair

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 11:09

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.:305461998

OWNER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

IDENTIFICATION CARD NO.

REGN NO.

SHC2577D

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G3)

DATE/TIME IN 02.04.2021 07:45

YR OF MANU.

30.10.2019

TARGET DATE

CHASSIS CODE

KMHC851CVLU187598

COMPLETION DATE/TIME

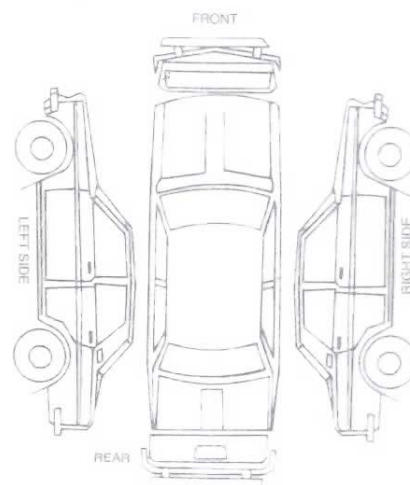
JOB DESCRIPTION

Accident Date: 02.04.2021
NATURE: 3P 02.04.2021

/NO

LABOR CODE

DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Handover Slip

Exit Pass

No.: SHC2577D

LIMITS

Vehicle No.:

SHC2577D

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	05/04/2021 09:24 (SGT)
Date of Accident	02/04/2021 06:15 (SGT)
Exact Location of Accident	1 Geylang Serai, Singapore 402001
Additional Location Information	GEYLANG SERAI MARKET TAXI STAND
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2577D
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) +65-98567557
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	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	TAN CHEOW LIAT
NRIC No	SXXXX782D



Date Of Birth	01/01/1957
Occupation	Outdoor
Date Of Driving Pass	10/09/1957
Driving experience	63 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98567557
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 647 PASIR RIS DR 10 #06-44
Address complement	-
Postcode	510647
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 020421 AT AROUND 0615HRS, I WAS DRIVING MY VEHICLE A SHC2577D ALONG GEYLANG ROAD. I STOPPED MY VEHICLE JUST AFTER THE TAXI STAND ON THE RIGHT MOST LANE OF GEYLANG RD AS THE TAXI STAND WAS CROWDED WITH QUEUING TAXI. I WAS PROCESSING PAYMENT FOR MY PASSENGER WHEN SUDDENLY VEHICLE SHC6267Y REVERSED HIS VEHICLE FROM THE TAXI STAND AND HIT ON MY REAR RIGHT BUMPER. THERE WAS DAMAGES AT THE IMPACTED AREA. THERE WAS NO INJURIES.	
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	SHC6267Y
Vehicle Manufacturer	Kia
 Accident report SJ0421450001	

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	1

SKETCH PLAN

IMPORTANT NOTICE

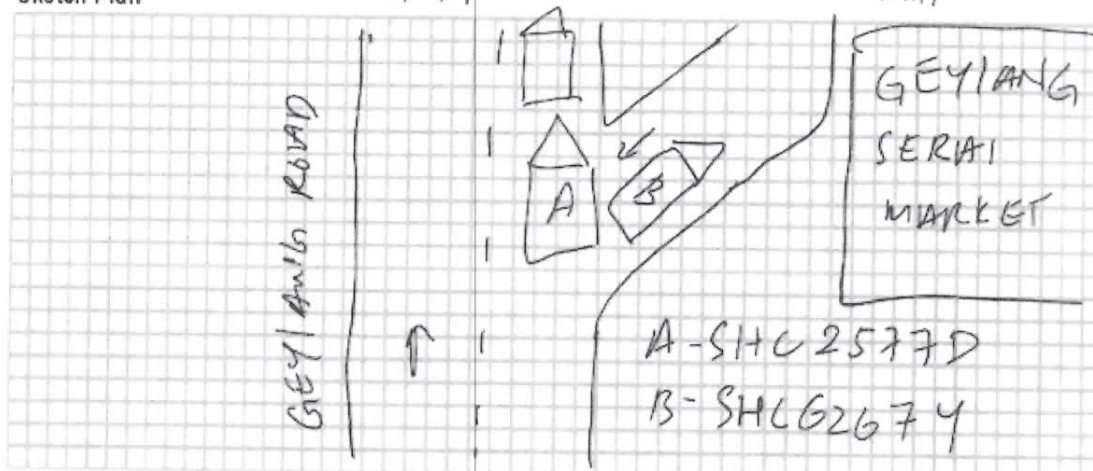
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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' 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.
 - (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 Personnel

Sketch Plan



Describe Circumstances of the Accident

On 020421 at around 0615hrs i was driving my vehicle A SHC2577D along geylang road. I stopped my vehicle just after the taxi stand on the right most lane of geylang rd as the taxi stand was crowded with queuing taxi. I was processing payment for my passanger when suddenly vehicle B SHC6267Y reversed his vehicle from the taxi stand and hit on my rear righy bumper. There was damages at the impacted area. There was no injuries.

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

Witnessed by Reporting Personnel

3/4/21 1000