

ASS. REC. BY:

REF:

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

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: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No:

SHC1964B

Yr Regn:

248 Sep

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

Truck / Trailer or

Make:

Hyundai wing

C.C.

1580

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM HC851 CV 164107513

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:

175/65R15

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.

8/4/21

Survey held at

Compete copy

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

P.T.N/S

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Formet:

Lump Sum / L.B.C. (%)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC1964B

07/04/21

Date: 08/04/21

Make : HYUNDAI

Insurance: NTUC

Model : IONIQ(G2)

MVA: JUMANI

Qty	Parts Description / Labour	Type	Unit Price	Amount	
1	FRT BUMPER COVER			\$430.90	ing ✓
10	FRT BUMPER CLIPS			\$22.00	re ✓
	FRT BUMPER SPONGE			\$186.90	de ✓
1	FRT BUMPER SIDE BRACKET LH			\$28.00	us ✓
1	FRT BUMPER BRACKET TOP LH			\$35.00	?
1	FRT BUMPER CENTRE MOULDING UPPER			\$368.50	can ✓
1	FRT BUMPER MOULDING LH			\$93.60	mis ✓
	FRT BUMPER RETAINER MOULDING			\$65.30	can ✓
1	FRT BUMPER GRILLE			\$186.90	?
1	FRT BUMPER CENTRE MOULDING			\$44.00	?
1	FRT BUMPER LOWER STIFFNER			\$285.10	?
1	FRT BUMPER LIP			\$35.10	?
1	FRT BUMPER AIR DUCT LH			\$153.80	?
1	RADIATOR GRILLE			\$1,409.10	an ✓
1	FRT BONNET			\$2,253.80	bt ✓
1	BONNET RUBBER			\$118.70	x
2	BONNET HINGE LH RH		\$118.70	\$237.40	bt ✓
1	ASSY BSD BLIND SPOT RADAR LH			\$1,837.10	?
1	WIRING HARNESS BWS EXT			\$988.90	?
1	ANTENNA ASSY -SMARTK LH			\$80.20	?
1	HEADLAMP LH			\$1,993.65	can ✓
1	HEADLAMP SUPPORT PANEL ASSY			\$949.30	?
1	DAY LIGHT LH			\$642.50	mis ✓
1	DAY LIOGHT WIRE LH			\$585.50	?
1	FRT FENDER LH			\$588.80	bt ✓
1	FRT FENDER RETAINER LH			\$41.40	?
1	FRT FENDER SHIELD LH			\$164.70	fu ✓
1	FRT FENDER EMBLEM-BLUE DRIVE LH			\$26.60	re ✓
1	FRT WHEEL HUB CAP LH			\$346.40	can ✓
1	GARNISH ASSY - DELTA LH			\$42.80	mis ✓
1	STG TIE ROAD			\$125.60	?
1	STG TIE END			\$94.70	?
1	ENGINE UNDER COVER			\$469.40	fu ✓
SUB TOTAL				\$14,931.65	
LESS 20%				\$2,986.33	
DISCOUNTED TOTAL				\$11,945.32	

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRT DOOR COMFORTDELGRO LOGO LH			X \$75.00
				\$75.00
	Labour Charge			
	PANEL BEATING		700	\$1,200.00
	SPRAY PAINTING CHARGE		750	\$1,000.00
	TUFF KOTE		30	\$50.00
	ADJUST FRT WHEEL ALIGNMENT		✓	\$80.00
	\$ Clear Wiring			
	Towing Fee			
	\$60 TOTAL LABOUR			\$2,330.00
	\$60 X			
	ESTIMATE TOTAL			\$14,350.32

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 27495749
 WP' 8/4/21 @ 5pm
 L/S Resurvey after repair
 Tanpin @ (Kuantan)
 03 days

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: 08.04.2021 10:35

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305462567

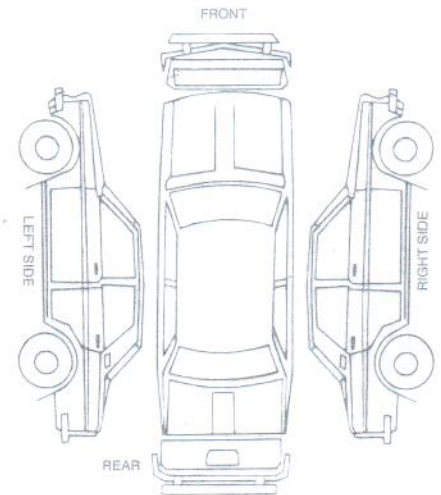
STOMER		REGN NO.: SHC1964B	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD		MAKE : HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 7010045		MODEL IONIQ(G2)	DATE/TIME IN 07.04.2021 12:20
DRESS 383 SIN MING DRIVE		YR OF MANU. 06.09.2018	TARGET DATE
Singapore SINGAPORE 575717		CHASSIS CODE KMHC851CVKU107513	COMPLETION DATE/TIME:
65508755			
(R)	(O)		
(P)			
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 07.04.2021

NATURE: 3P 07.04.2021

S/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

IC

Vehicle No.: **SHC1964B** **JU/ YY NTUC**

Vehicle No.: **SHC1964B**

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	07/04/2021 18:20 (SGT)
Date of Accident	07/04/2021 12:20 (SGT)
Exact Location of Accident	Woodlands Rd & Bukit Panjang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1964B
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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) +65-96238523
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	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 YEW SENG (ZHANG SHUNCHENG)
NRIC No	SXXXX852I

Date Of Birth	14/01/1972
Occupation	Outdoor
Date Of Driving Pass	14/11/1997
Driving experience	23 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96238523
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 176 BUKIT BATOK WEST AVENUE 8 #03-317
Address complement	-
Postcode	650176
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 on 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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Bukit Batok Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006659999
Alt. Police Station Phone No	(Fax) +65-64252661
Police Station Address	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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 SEIZED BY TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX9426B
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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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	QUEK BEE HONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC1964B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	TEO YEW SENG (ZHANG SHUNCHENG)
Address	BLK 176 BUKIT BATOK WEST AVENUE 8 #03-317
Address Complement	-
Post Code	650176
Approximate Age Years Old	49
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SHC1964B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.

6. 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 be 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 firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (such as the police) for the purposes 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 firms/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

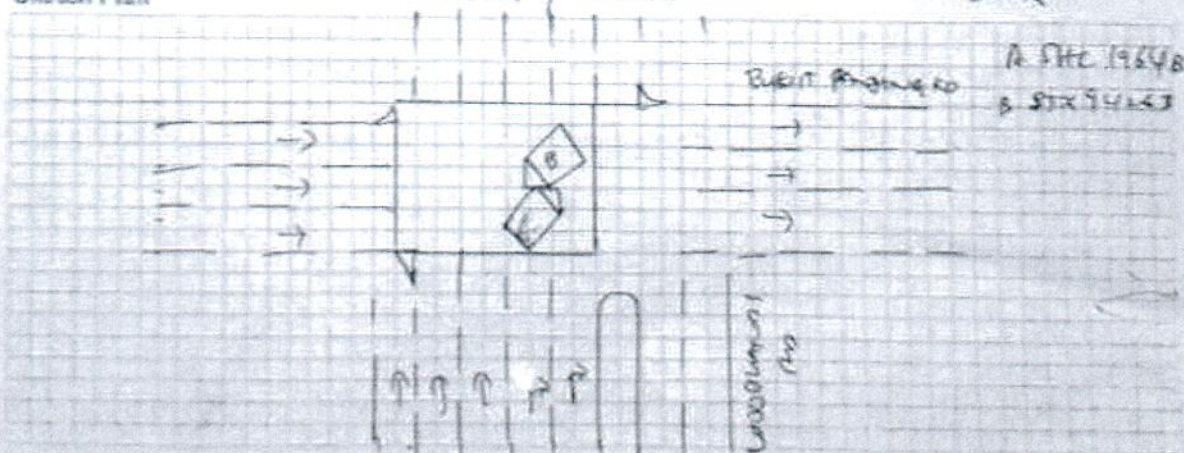
(c) my Personal Information may be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firms/law firms) which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

Refer to Police Report.

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

Two
7/4/21 11:12 AM

James



**SINGAPORE
POLICE FORCE**



T/20210407/2110

1 of 3

Report No T/20210407/2110

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No. 1800-8659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2021 19:18	Video Report No.: J/20210407/0079	Station Diary No.: 69
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Informant's Particulars

Name of Informant: TEO YEW SENG		Address: APT BLK 176 BUKIT BATOK WEST AVENUE 8 #03-317 SINGAPORE 650176	
ID Type / ID No.: NRIC NO / S72008521		Contact No.: Home/Office:	Mobile: 96238523
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 14/01/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/04/2021 12:20	Type of Location: X-Junction
Location: WOODLANDS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1964B	TAXI	HYUNDAI	IONIQ	Blue	Seriously Damaged	1
SJX9426B	Car	TOYOTA		Silver	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210407/2110

2 of 3

Report No. T/20210407/2110

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No. 1800-6659999

CONTINUATION OF REPORT

Driver			
Name	TEO YEW SENG	ID No.	S72008521
Related Vehicle	SHC1964B (TAXI)	Contact No.	96238523
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	QUEK BEE HONG	ID No.	S6926021G
Related Vehicle	SHC1964B (TAXI)	Contact No.	82230317
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2021	Date Discharge	07/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 07/04/2021 at about 1220hrs, I was driving my taxi (SHC1964B) and was turning right from Woodlands Road to Choa Chu Kang Road using the outer lane. I was carrying my wife as my passenger. Out of sudden, a car from the opposite direction (SJX9426B Silver coloured Toyota) from Upp Bt Timah Road towards Bukit Panjang, drove outside of the designated line and swerved into my lane. I managed to brake and slow down, but the said car came towards my taxi, resulting to a head-on collision, which had severely damaged both the front left portion of our vehicles.

Traffic Police officer SGT Zakaria was at scene and retrieved the SD Card of my in-built video recorder. I was informed that Traffic Police IO Ken, Tel: 65476423 would take charge of this case. Ambulance was also at scene and conveyed my wife to Ng Teng Fong Hospital for medical treatment. She was issued with 03 days medical leave. I wish to state that I am starting to feel pain on my body as well, and that I will be proceeding to seek medical treatment.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999



T/20210407/2110

3 of 3

Report No: T/20210407/2110

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 2 MOHAMMAD HAMIZAN BIN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/04/2021 19:18

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD ZICKIE BIN AHMAD
SUJUTI

Contact No: 65476904

Authentication Stamp

NP165

SINGAPORE
POLICE FORCE

Classification Of Case:

SIGNATURE