

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.

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

Vehicle: IN / OUT

Veh No: SHC 21342 Yr Regn: 289, May

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

Truck / Trailer or

Make: Hyundai C.C. 1580Colour: Blue MC: Insured / Std / NI / NASp. Reading: 8 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HC851 CUK4146379

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: 2

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

TOYO / YOKO or Worlake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 8/4/21Survey held at Worlake

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 _____

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Format: _____

Lump Sum / L.B.C. ()

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 08.04.2021

Time: 08:37:13

Page: 1/2

HMC-45
LKK-

IS

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

JOB NO : 305462566
 REGN NO : SHC2134Z
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 14.05.2019
 DATE/TIME IN : 07.04.2021 10:15
 ACCIDENT DATE : 07.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS	FRT NO.PLATE W/TRIM CVR	1 N	55.00	10.00	49.50	cut ✓
0002 04-01-0104-2534-G	FRT BUMPER	1	430.90	20.00	344.72	Rx
0003 04-01-0104-2361-G	FRT BUMPER CTR UPR MOULDING	1	368.50	20.00	294.80	cut
0004 04-01-0104-2871-G	FRT BUMPER SIDE SUPT LH	1	35.00	20.00	28.00	?
0005 04-01-0104-3818-G	FRT BUMPER SIDE BRKT LH	1	28.00	20.00	22.40	?
0006 04-01-0104-2815-G	HEADLAMP LH	1	1,993.65	20.00	1,594.92	?
0007 04-01-0104-2164-G	RADIATOR GRILLE	1	1,409.10	20.00	1,127.28	cut ✓

SUB-TOTAL : 3,461.62

JOB NATURE

0000 PB	PANEL BEATING	400.00	350
0001 SP	SPRAYPAINT CHARGE	300.00	250
0002 17-01	CHECK ALL LIGHTING	40.00	30

SUB-TOTAL : 740.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE NTUC-4S
LKK-

Date: 08.04.2021

Time: 08:37:13

Page: 2/p

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

JOB NO : 305462566
REGN NO : SHC2134Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 14.05.2019
DATE/TIME IN : 07.04.2021 10:1
ACCIDENT DATE : 07.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 4,201.62

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Taufhin 97475749
WP 8/4/21 @ 430pm
2 days
L/S Resurvey after repair
taufhin@lkkauto.com

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 08:26

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305462566

OWNER

IS

OWNER NO.

LESS

(R)

(P)

IDENTIFICATION CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.

SHC2134Z

MILEAGE

MAKE

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

07.04.2021 10:15

DATE/TIME IN

YR OF MANU.

14.05.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU146349

COMPLETION DATE/TIME:

Accident Date: 07.04.2021

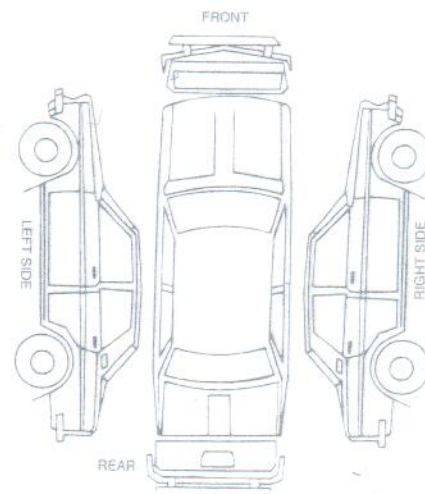
ATURE: 3P 07.04.2021

JOB DESCRIPTION

/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHC2134Z LIMITS

Vehicle No.: SHC2134Z

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 16:34 (SGT)
Date of Accident	07/04/2021 09:15 (SGT)
Exact Location of Accident	#01-01 80 Rhu Cross, 01, Singapore 437437
Additional Location Information	MARINA BAY GOLF COURSE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2134Z
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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) +65-97622688
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	TAN CHE LOON
NRIC No	SXXXX899G

Date Of Birth	08/05/1957
Occupation	Outdoor
Date Of Driving Pass	25/04/1977
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-97622688
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 527 JELAPANG ROAD #04-95
Address complement	-
Postcode	670527
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)	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 DRIVING TO EXIT THE MARINA GOLF COURSE. ALONG THE CARPARK SUDDENLY VEHICLE B SUDDEN OUT WITHOUT EXERCISE CAUTIONS FROM THE CARPARK LOT. FROM HIS ACTIONS, IT CAUSED THE COLLISION. NO INJURY. ONLY VEHICLE DAMAGED FOR BOTH PARTIES. THE DRIVER ADMIT HIS MISTAKE FOR SUDDEN OUT. HAPPENED ON 07/04/2021 AROUND 9:15AM.

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	SGF231K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEH PING CHOON

NRIC No	SXXXX394D
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 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 renew 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.
(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.

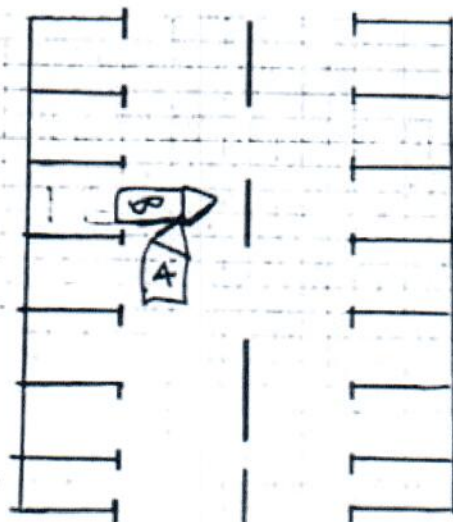
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SHC2134Z
B - SGF231K

LOC - Marina
Bay Golf
Course Car
park

Describe Circumstances of the Accident

I was driving to Exit the ~~to~~ Marina Golf Course. Along the car park suddenly vehicle B sudden alert without exercising cautions ~~that~~ ~~as~~ from the car park lot. From his actions it caused the collision. No injury. Only vehicle damage for both parties. The driver admit his mistake for sudden alert. Happened on 7/4/2021 around 9:15 am.

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

[Signature]
[Signature]

7/4/21 11:00