

ASS. REC. BY: Taylor

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
X	X

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: Lim TS

Vehicle: IN / OUT

Veh No: SHAG603X Yr Regn: 2018, Sep
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai i30 C.C. 1580Colour: Blue A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: UM H C851CVKH 107494

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

R/Bal. 0 mmL/Bal. 6 mm

D.O.A. _____

Survey held at Compass Agency

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

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 9/4/21

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

Date / Time Action / Instruction Go Key mech

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Date: 09.04.2021

REPAIR ESTIMATE

Time: 10:11:08

Page: 1

NTUC-4S
LKK-

B TS

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

JOB NO : 305462896
 REGN NO : SHA6603X
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 13.09.2018
 DATE/TIME IN : 08.04.2021 11:00
 ACCIDENT DATE : 08.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS	REAR NO.PLATE W/TRIM CVR	1 N	55.00	10.00	49.50	Ans ✓
0002 04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	de ✓
0003 04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00	de ✓
0004 04-01-0104-2545-G	REAR BUMPER LWR MOULDING	1	155.00	20.00	124.00	:-?,
0005 04-01-0104-2540-G	REAR BUMPER UNDER CTR CVR	1	255.00	20.00	204.00	X
0006 04-01-0104-2370-G	REAR BUMPER FOG LAMP	1	201.50	20.00	161.20	Ans ✓
0007 04-01-0104-0852-G	REAR BUMPER REFLECTOR RH	1	41.45	20.00	33.16	X
0008 04-01-0104-0851-G	REAR BUMPER REFLECTOR LH	1	41.45	20.00	33.16	X
0009 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	Ans ✓
0010 09-01-0104-2133-G	SMART KEY ANTENNA	1	40.50	20.00	32.40	?
0011 04-01-0104-2288-G	REAR BUMPER BEAM	1	394.80	20.00	315.84	Ans ✓
0012 04-01-0104-3919-G	REAR BUMPER STAY RH	1	138.10	20.00	110.48	?
0013 04-01-0104-3819-G	REAR BUMPER STAY LH	1	138.10	20.00	110.48	?

COMFORTDELGRO ENGINEERING PTE LTD

Date: 09.04.2021

REPAIR ESTIMATE

Time: 10:11:08

Page: 2

NTUC-45
LKK-

13 IS

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

JOB NO : 305462896
 REGN NO : SHA6603X
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 13.09.2018
 DATE/TIME IN : 08.04.2021 11:0
 ACCIDENT DATE : 08.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0014 04-01-0104-2544-G REAR BUMPER TOW COVER 1 98.80 20.00 79.04 X

0015 09-01-9999-0068-A REVERSE SENSOR 1 180.00 10.00 162.00 m ✓

0016 04-01-0104-1150-A REAR BUMPER MAT 1 50.00 50.00 ney ✓

SUB-TOTAL : 2,211.38

JOB NATURE

0000 PB PANEL BEATING 400.00 350

0001 SP SPRAYPAINT CHARGE 300.00 250

0002 L R/I REVERSE SENSOR 120.00 50.

0003 L Diagnose/Reset SmartKey to Specs. 300.00 ?/150 report.

0004 23-01 TOWING FEE 0.00 X

SUB-TOTAL : 1,120.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 09.04.2021

REPAIR ESTIMATE

NTUC - 4S
LKK -

Time: 10:11:08

Page: 3

IS

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

JOB NO : 305462896
REGN NO : SHA6603X
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 13.09.2018
DATE/TIME IN : 08.04.2021 11:0
ACCIDENT DATE : 08.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,331.38

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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:

Tanpin 97495744
'WP' 9/4/21 @ 4pm
02 days
1/3 Monday after repair
Tanpin & Manufacturer

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305462896

OMER

COMFORT TRANSPORTATION PTE LTD
7010045
OMER NO. 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

UNT CARD NO.

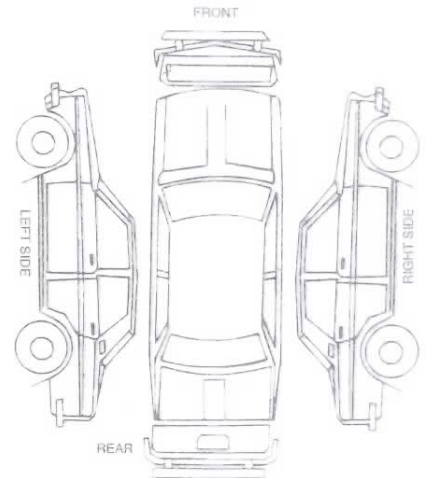
REGN NO. SHA6603X	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 08.04.2021 11:00
YR OF MANU. 13.09.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU107494	COMPLETION DATE/TIME:

Accident Date: 08.04.2021
NATURE: 3P 08.04.2021

JOB DESCRIPTION

NO LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Idgement Slip

Exit Pass

o.: **SHA6603X** **LIMITS**

Vehicle No.: **SHA6603X**

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>08/04/21</u> Time Received: <u>13:25</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MR YEO</u> Contact No. : <u>94887500</u> Vehicle No. : <u>SHA 6603X</u> Make / Model / Colour : <u>comfort</u> Email : <u>10N1Q</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____ _____	
7. Location: <u>100 Jalan Sultan</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi			
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Others: _____		<input type="checkbox"/> Pandan <input type="checkbox"/> Ubi <input type="checkbox"/> Cycle & Carriage (PD)			

10. Odometer Reading : <u>273595</u>		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested			
Fuel Level : <u>F 1/4 1/2 3/4 E</u>					

Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS		Back Damaged # : Cracked X : Dented / : Scratched O : Missing Signature of Customer: <u>[Signature]</u>
Name of Driver : <u>RAVEN</u>		
Vehicle No. : <u>YM6657B</u>		
Time Dispatch : <u>13:25</u>		
Time of Arrival : <u>13:40</u>		
Time Completed : <u>14:25</u>		

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

08/04/21

Date

13:25

Time

[Signature]

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

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	08/04/2021 17:51 (SGT)
Date of Accident	08/04/2021 11:00 (SGT)
Exact Location of Accident	Lavender St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6603X
-----------------------------	----------

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) +65-94887500
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	YEO SIEW LENG
NRIC No	SXXXX200J

Date Of Birth	08/01/1969
Occupation	Outdoor
Date Of Driving Pass	19/02/1987
Driving experience	34 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94887500
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 771 WOODLANDS DRIVE 60 #10-182
Address complement	-
Postcode	730771
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 TRAVELLING STRAIGHT ON THE 4TH LANE. REACHING THE STOP LINE TRAFFIC LIGHT WAS AMBER LIGHT AND GOING TO RED LIGHT. I SLOW DOWN AND STOP MY VEHICLE. HOWEVER VEHICLE B THAT FAILED TO STOP FOR RED TRAFFIC LIGHT HIT MY VEHICLE REAR PORTION. AFTER IMPACT WE BOTH WENT DOWN TOOK SOME PHOTOS AND VEHICLE B DRIVER DENYING TO EXCHANGE PARTICULARS. I DROVE MY TAXI TO NEAREST CAR PARK AND ACTIVATE TOWING TEAM AS I START TO FEELING UNWELL. THE IMPACT WAS VERY HARD AS MY TAXI SURGED FORWARD AND I WILL SEEK MEDICAL ADVICE. INCIDENT HAPPENED 8/4/2021 11AM.

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	SMS9648T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private hire
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	YEO SIEW LENG
Address	BLK 771 WOODLANDS DRIVE 60 #10-182
Address Complement	-
Post Code	730771
Approximate Age Years Old	52
Injuries Sustained	UNWELL
Injured person in which vehicle?	SHA6603X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

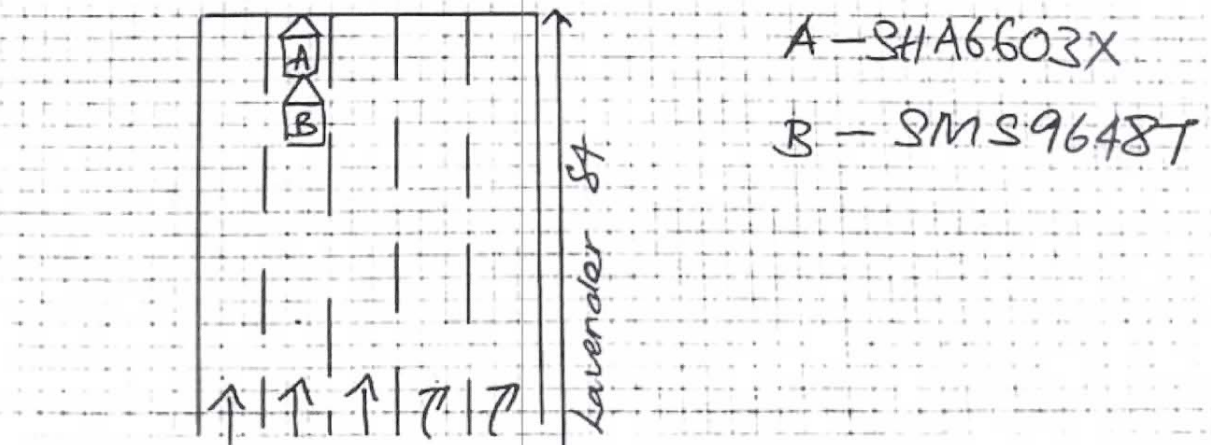
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
15:55hrs 874/21

Sketch Plan



Describe Circumstances of the Accident

I was travelling straight on the 4th lane. Reaching the stop line traffic light was amber and going to red light. I slow down and stop my vehicle. However vehicle B that failed to stop for red traffic light hit my vehicle rear portion. After impact we both went down took some photos and vehicle B driver denying to exchange particular. I drove my taxi to nearest car park and activate towing team as I start to feeling unwell. The impact was very hard as my taxi surged forward and I with seek medical advice. Incident happened 8/4/2021 11am.

[Handwritten signature]

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

[Handwritten signature]
15:55hrs 8/4/21