

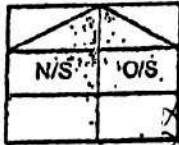
ASS. REC. BY: Steve NTUC NS/INC21004753/Evc

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: SJJ 8240A
Policy No. _____
Claims No. MT/1128655-001
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Est. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Turn Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHO 4870M Yr Regn: 7/11/19
Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Taxi / Prime Mover /
Truck / Trailer or
Make: Hyundai Tonig c.c. 1580
Colour: Blue A/C: Insured / Std / NI / N
Sp. Reading: 136213 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: RNIHC851: CRLU188400
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: _____
☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front: _____ Rear: _____
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 13/4/21 D.O.I. 14/4/21
Survey held at Comfort/Nil
Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or
Rear R14
The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
16/4/21	Final fig \$1689.76 confirmed by email (Red 2104.64, 2104.64, 55%)

File/Time, File, Pass to? ☐ : Prel. Report
☐ : Final Report

19/4/21-Typist

Formed: TP
Sum \$1689.76

Days Of Repair: 3
Resurvey No. of Trip: 1

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

Survey Fee: _____
Transportation: _____
TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 14.04.2021
Time: 08:19:51
Page: 1

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

JOB NO : 305463641
REGN NO : SHD4870M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 07.11.2019
DATE/TIME IN : 13.04.2021 12:45
ACCIDENT DATE : 13.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G COVER-RR BUMPER#	1	459.40	20.00	367.52	✓ CR4
0002 04-01-0101-0111-G BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	✓ NR
0003 04-01-0104-0575-G PANEL ASSY-QUARTER OUTER	1	1,768.30	20.00	1,414.64	X R
0004 04-01-0104-2532-G BRACKET ASSY-RR BUMPER SI	1	55.80	20.00	44.64	?
SUB-TOTAL :					1,844.40

JOB NATURE

0000 PB	PANEL BEATING	1100.00	640
0001 SP	SPRAYPAINT CHARGE	600.00	400
0002 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	30
0003 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	120.00	X
0004 L	REMOVE/REFIX REVERSE SENSOR	80.00	30
SUB-TOTAL :		1,950.00	

Steve (LKK) m1 BL
14/4/21, 2.00pm
P/P
My BL sy
3 dy

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 14.04.2021
Time: 08:19:51
Page: 2

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

JOB NO :
REGN NO : 305463641
MILEAGE : SHD4870M
MAKE : 0000000000
MODEL : HYUNDAI
DATE OF REGN : IONIQ(G3)
DATE/TIME IN : 07.11.2019
ACCIDENT DATE : 13.04.2021 12:4
13.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,794.40

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Date/Time: 14.04.2021 08:07

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305463641

COMFORT TRANSPORTATION PTE LTD

7010045

CUSTOMER NO. 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

COUNT CARD NO.

REGN NO: SHD4870M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 13.04.2021 12:45
YR OF MANU. 07.11.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU188400	COMPLETION DATE/TIME:

JOB DESCRIPTION

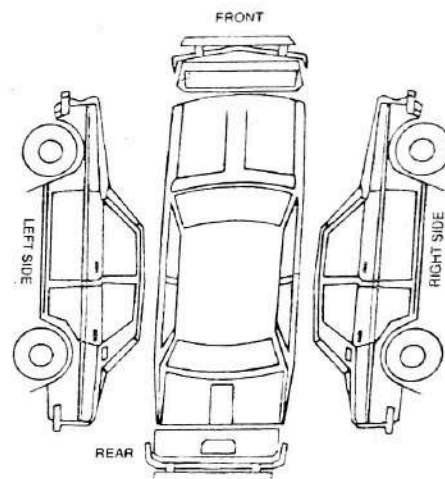
Accident Date: 13.04.2021

NATURE: 3P 13.4.2021

/NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHD4870M

JU NTUC LKK

Vehicle No.:

SHD4870M

Service Advisor

Signature/Date

Name of Service Advisor

Date

ed 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 13/04/2021 16:27 (SGT)
Date of Accident 13/04/2021 12:25 (SGT)
Exact Location of Accident 483 Tampines Street 43, Singapore 520483
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4870M

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) +65-97859203
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 1685

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 SENG HUAT
NRIC No SXXXX279G

Driving Pass
Experience

Number
Phone Number
Address

Address complement
Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

24/10/1958

Outdoor

28/04/1979

42 YEARS

Male

(Phone) +65-97859203

fleetsafety@cdgtaxi.com.sg

BLK 405 CHOA CHU KANG AVENUE 3 #09-263

680405

No

Hirer

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Major/Minor Rd

Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No

2

No

-

Yes

1

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

-

CIRCUMSTANCES OF ACCIDENT

ON 13/4/2021 @ 1225HRS, I WAS DRIVING MY VEHICLE SHD4870M ALONG BLOCK 483 TAMPINES ST 43. WHILE MAKE A REVERSE 3 POINT AND GOING OUT FROM LOT, I STOPPED MY VEHICLE BECAUSE THERE WAS A LORRY WAS GOING STRAIGHT. WHILE MY VEHICLE WAS STATIONARY, VEHICLE B SJJ8240A WAS REVERSING AND HIT ONTO MY VEHICLE. NOBODY WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

FILE IS NOT SUITABLE

No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SJJ8240A

Honda

-

-

-

Private car

ISKANDAR



(Phone) +65-93367766

plement

Company Name
Of Damage
is of property damaged in accident
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.

5. 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

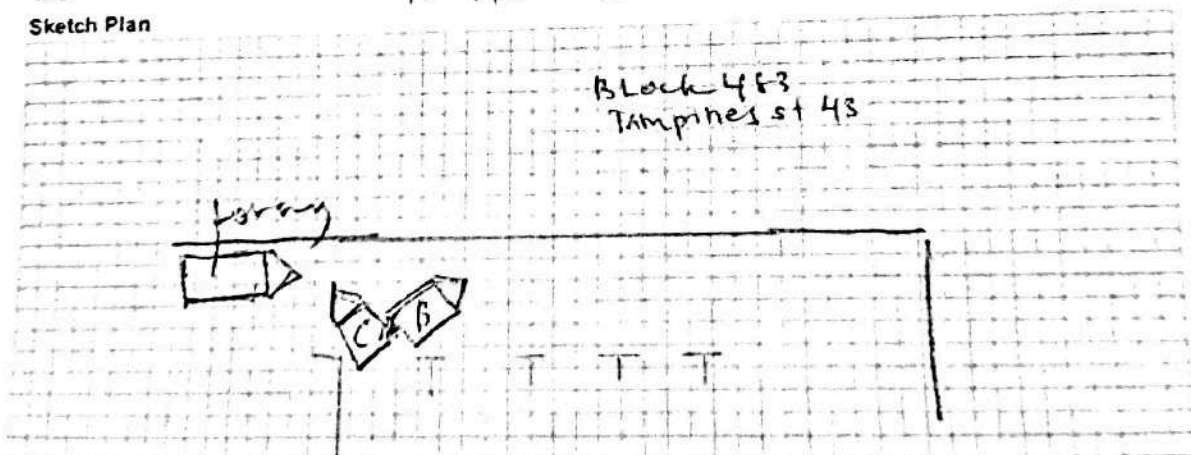
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 13/4/2021 @ 12:55hrs, I was driving my vehicle 1115 4670m along block 463, Tampines, H43. While make a reverse (3 point) and getting out from lot, I stopped my vehicle because there were a lorry were going straight. While my vehicle was stationary, vehicle B-575 5240m was reversing and hit onto my vehicle. Nobody was injured.

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 13/4/21 - 1328 H

Witnessed by Reporting Centre Personnel

