

ASS. REC. BY: Toughlin

REF: NS/ INC 21004789/T1vc

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: **FBE 9930G**

Policy No. _____

Claims No. **MT/1127922-002**

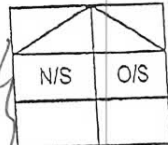
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



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: SHD3009K Yr Regn: 20/6 June

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

Truck / Trailer or

Make: Hyundai 140 c.c. 1685

Colour: Blue A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: Km HCB4/44 94091335

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: 205/60R16

R: _____

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

TOYO / YOKO or Wexlake

Front 6 mm Rear 6 mm

R/Bal. 6 mm L/Bal. 6 mm

D.O.A. 10/4/21 D.O.I. 13/4/21

Survey held at Comfort Lodge

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 22/4/21

LS 1700 confirmed by email (Red 1434.24,45%)

Date/Time, File Pass to? ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2) 27/4/21-Typist

Report Format: TP

Lump Sum / L.B.I. LS \$1700

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____) S + RS. \$ _____

☐ : Interview (\$ _____) Photos _____

☐ : Tech. Invs (\$ _____) Others _____

☐ : Weekend (\$ _____) TOTAL _____

Survey Fee:

Transportation:

S + RS. \$ _____

Photos _____

Others _____

TOTAL _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHD3009R

DATE 10/04/21 12:00 AM

MAKE HYUNDAI

MVA CHIANG/ NTUC

MODEL I-40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT WING MIRROR LH			<i>bro</i> ✓ \$670.00
1	REAR TYRE RIM LH			✗ \$650.60
1	REAR WHEEL CAP LH			<i>ant</i> ✓ \$214.20
	SUB TOTAL			\$1,534.80
	20.00%			\$306.96
	DISCOUNTED TOTAL			\$1,227.84
1	REAR TYRE LH	10%		<i>80% purchased</i> \$216.00
1	REAR DOOR COMFORT APP STICKER	10%		<i>net</i> ✓ \$80.00
				\$266.40
	Labour Charge			
	Panel Beating		<i>420</i> \$800	\$600.00
	Spray Painting Charge		<i>750</i>	\$800.00
	Remove/refix rear under carriage			✗ \$90.00
	Tuff coat			✗ \$90.00
	Check Lighting			<i>30</i> ✓ \$60.00
	TOTAL LABOUR			\$1,640.00
	ESTIMATE TOTAL			\$3,134.24
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 97415789
 'wp' 13/4/21 @ 12pm
 f/s Resurvey after repair
 Tanpin @ 1kh auto.wm
 2-3 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:

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305463178

JSTOMER
R/MS COMFORT TRANSPORTATION PTE LTD
JSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL. (R) 65508755 (O)
(P)
SCOUNT CARD NO.

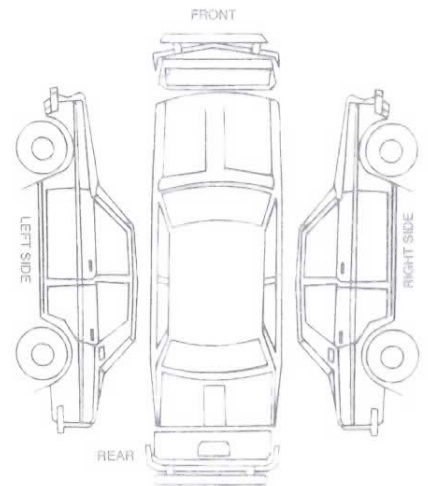
REGN NO. SHD3009R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I40	DATE/TIME IN 12.04.2021 13:00
YR OF MANU. 09.06.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091335	COMPLETION DATE/TIME:

Accident Date: 10.04.2021
NATURE: 3P 10.04.2021

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

ne:
No.:
icle No.: **SHD3009R** **CHIANG**

Exit Pass

Vehicle No.:
SHD3009R

ne of Service Advisor

Signature/Date

Name of Service Advisor

Date

be 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	11/04/2021 19:28 (SGT)
Date of Accident	10/04/2021 13:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3009R
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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) +65-98384314
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	CHUA LEONG BOON
NRIC No	SXXXX052J

Date Of Birth	22/03/1969
Occupation	Outdoor
Date Of Driving Pass	28/03/1991
Driving experience	30 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98384314
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 162 BUKIT BATOK ST 11 #09-92
Address complement	-
Postcode	650162
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	Collided into Motorcyclist
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

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 10/4/21 AT ABOUT 1300HRS, I WAS DRIVING VEHICLE A SHD3009R ALONG PIE TOWARDS CHANGI. WITH 4 PASSENGERS ONBOARD. I WAS AT EXTREME RIGHT LANE, SUDDENLY I HEARD SCRATCHES NOISE FOLLOWED BY VEHICLE B FBE9930G (MOTORCYCLE) HIT ONTO MY VEHICLE LEFT SIDE MIRROR. MY VEHICLE LEFT SIDE MIRROR AND LEFT REAR BUMPER DAMAGED. AFTER EXCHANGING PARTICULARS, I CONTINUE TO DRIVE AND FELT LIKE MY LEFT TYRE CAUSING NOISE. SO I DRIVE TO NEAREST EXIT (KALLANG WAY). I REALISED MY REAR LEFT TYRE PUNCTURED.

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
SD CARD WITH WORKSHOP
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE9930G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD RIZWAN BIN MAHMUD
NRIC No	SXXXX034B
Contact Number	(Phone) +65-83982453
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

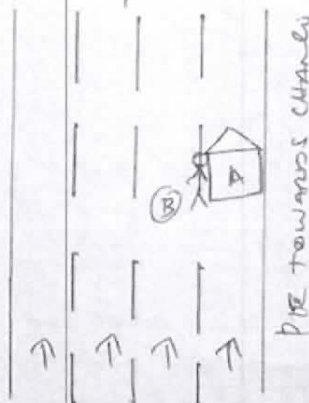
Sketch Plan

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

10/4/21 / 2010hrs

Witnessed by Reporting Centre Personnel

A SHD 3009 R
B FBE 99306



Describe Circumstances of the Accident

ON 10/4/12 AT ABOUT 1200HRS, I WAS DRIVING VEHICLE A
 SHD 3009 R ALONG PIE TOWARDS CHAN. WITH 1 PASSENGER ON BOARD.
 I WAS AT EXTREME RIGHT LANE, SUDDENLY I HEARD SHARP NOISE
 FOLLOW VEHICLE B FR 99306 (MOTORCYCLE) HIT ONTO MY VEHICLE
 LEFT SIDE MIRROR. MY VEHICLE LEFT SIDE MIRROR AND LEFT REAR
 BUMPER DAMAGED. AFTER EXCHANGE PARTI COLL, I CONTINUE TO
 DRIVE AND ~~FEEL~~ FELT LIKE MY LEFT REAR TYRE CANDING NOISE. SO
 I DRIVE TO NEAREST EXIT (KALLANG WAY) B. I REALISED MY
 REAR LEFT TYRE RUNTHERS. NO INJURY

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 Centre Personnel

[Signature]

10/4/12 / 1010hrs

[Signature]

Bakery

