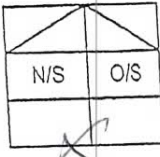


ASS. REC. BY: Taylor

REF: NS/INC 21004793/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: **SJW 6252K**
Policy No. _____
Claims No. **MT/1127779-002**
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 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: Chway Vehicle: IN / OUT

Veh No: SHB4399T Yr Regn: 2915, Oct.
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: 728751 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KM HLB414M G 4078555
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Modi: Nil / SRim / STD A/Rim or _____
Tyre Size: F: 205/60R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Wipac
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 12/4/21 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
30/4/21	LS \$1450 confirmed by email (Red 2464.69,62%)

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?

2) 3/5/21-Typist

Report Format: TP
Lump Sum / L.B. / C LS \$1450

Days Of Repair: 2
Resurvey No. of Trip: 1

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

Survey Fee:	_____
Transportation:	_____
S + RS. SI	_____
Photo	_____
Others	_____
TOTAL	_____

COMFORTDELGRO ENGINEERING PTE LTD.

REPAIR ESTIMATE*

VEHICLE NO SHD4399T

13/04/21

MAKE

MODEL HYU- I40

CHIANG /NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$1,106.00
2	REAR BUMPER BRACKET SIDE LH /RH		\$35.60	\$71.20
10	REAR BUMPER CLIPS		\$2.20	\$22.00
1	REAR BUMPER UNDER COVER			\$228.00
1	REAR BUMPER REINFORCEMENT			\$394.80
1	REAR PANEL GARNISH			\$57.50
1	REAR END PANEL			\$526.70
1	REAR PANEL LOWER			\$495.50
2	REAR BUMPER REFLECTOR LH/RH		\$32.00	\$64.00
				\$2,965.70
		20.00%		\$593.14
	DISCOUNTED TOTAL			\$2,372.56
1	REAR BUMPER MAT			\$50.00
1	REVERSE SENSOR 10%			\$135.70
				\$172.13
	Labour Charge			
	Panel Beating			\$700.00
	Spray Painting Charge			\$500.00
	Check lighting			\$50.00
	Remove/refix reverse sensor			\$60.00
	Tuff Kote			\$60.00
	TOTAL LABOUR			\$1,370.00
	ESTIMATE TOTAL			\$3,914.69
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.				

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:

Tanphui 97445744
 WP 13/4/21 @ 1:30
 c/s Resurvey after repair
 Tanphui @ lkhauto.com
 2 days

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305463505

STOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

COUNT CARD NO.

REGN NO:

SHB4399T

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I40

DATE/TIME IN
12.04.2021 08:50

YR OF MANU.

15.10.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU078555

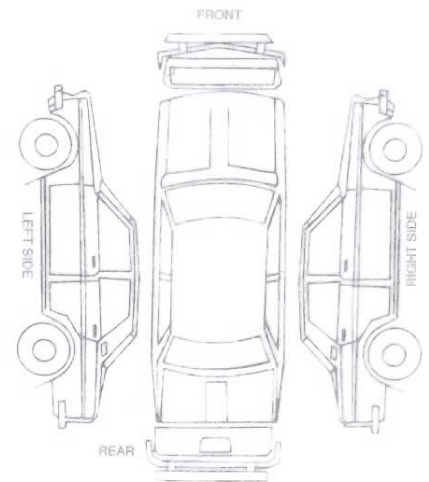
COMPLETION DATE/TIME:

Accident Date: 12.04.2021
NATURE: 3P 12.04.2021

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: **SHB4399T**

CHIANG

Vehicle No.:

SHB4399T

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	12/04/2021 15:59 (SGT)
Date of Accident	12/04/2021 07:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4399T
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) +65-96568859
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	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	HO KIM CHOY
NRIC No	SXXXX008G



Date Of Birth	12/12/1956
Occupation	Outdoor
Date Of Driving Pass	12/03/1979
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96568859
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 107 YISHUN RING ROAD #09-211
Address complement	-
Postcode	760107
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 12/4/2021 @ 0715HRS I WAS DRIVING MY VEHICLE SHB4399T ALONG PIE - AYE. WHILE MY VEHICLE WAS STATIONARY DUE TO TRAFFIC, VEHICLE B - SJW6252K WAS COLLIDED ONTO MY REAR BUMPER. ALIGHTING AND NOTICED THERE WAS ANOTHER VEHICLE C- SKT1665P WAS INVOLVED IN THIS ACCIDENT. TOTAL 3 VEHICLES INVOLVED. NOBODY WAS INJURED.

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	SJW6252K
Vehicle Manufacturer	Toyota

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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT1665P
Vehicle Manufacturer	Volkswagen
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)	1

SKETCH PLAN

IMPORTANT NOTICE

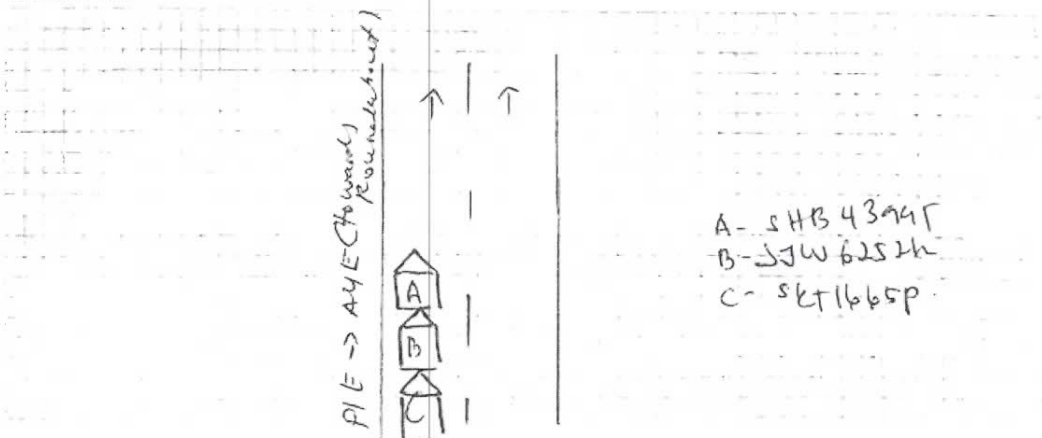
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

Sketch Plan



Describe Circumstances of the Accident

On 12/4/2021 @ 0715 hrs, I was driving my vehicle SHB 4349T along Plb → Aye. when my vehicle was stationary due to traffic, vehicle B- SJW6252K was collided onto my rear bumper. At that time, I noticed there was another vehicle C- SKT 1665P was involved in this accident. Total 3 vehicles involved. Nobody was injured.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature]

Driver's Signature (If driver is not the policyholder) / Date & Time 12/4/21 - 0730

Witnessed by Reporting Centre Personnel *[Signature]*



