

ASS. REC. BY: TaufikhREF: 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. MT/1128516-006

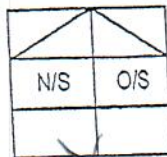
Sum Insured: _____

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: 3 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: SNA 6585P Yr Regn: 2019, Oct.Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundaic.c. 1580Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 18679

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 10M H 8851 CV 4 918748Gen. 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: 21

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

TOYO / YOKO or Wanfah

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 16/4/21Survey 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

20/05/21 @ 10.16am Taufikh finalised with Ms Loke final fig \$4382.24, 3 days. (Red \$3018.08, 41%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 20/05 Typist

☐

: Final Report

Date/Time, File Return to?

2) _____

Rep. Form: _____

TP

Lump Sum / L.B.I. / P 4382.24

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

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA6585P

Make : HYUNDAI

Model : IONIQ(G2)

Date: 16/04/2021

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			de✓ \$459.40
10	REAR BUMPER CLIPS			ne✓ \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			av✓ \$451.25
2	REAR BUMPER BRACKET LH RH		RHX \$55.80	LH-? \$111.60
1	REAR BUMPER REINFORCEMENT			cm✓ \$394.80
2	REAR BUMPER REINFORCEMENT BRACKET LH			? \$138.10
1	REAR BUMPER LOWER CTR MOULDING			? \$155.00
1	REAR BUMPER FOG LAMP			? \$201.50
1	REAR BUMPER TOWING COVER			mis✓ \$98.80
1	REAR BUMPER REAR HOOK			x \$94.60
2	REAR BUMPER REFLECTOR LAMP LH RH		RHX \$41.45	x \$82.90
1	REAR BUMPER UNDER CENTRE COVER			x \$225.00
1	LICENCE LAMP			? \$85.30
1	ANTENNA ASSY - SMARTK			? \$40.50
1	BOOTLID			bt✓ \$2,480.40
2	BOOTLID HINGE LH RH		\$31.30	Rx \$62.60
1	BOOTLID LOCK UPPER			x \$224.00
1	BOOTLID LOCK LOWER			x \$51.30
1	KEY LOCK			x \$141.00
1	BOOTLID HYUNDAI PLATE			ne✓ \$24.30
1	EMBLEM HYBRID			ne✓ \$24.30
1	EMBLEM - IONIQ			ne✓ \$31.30
2	BOOTLID ABSORBER LH RH			x \$86.70
1	BOOTLID LAMP LH			? \$622.20
1	TAILLAMP LH			x \$697.80
	SUB TOTAL			\$7,006.65
	LESS 20%			\$1,401.33
	DISCOUNTED TOTAL			\$5,605.32
1	BOOTLID COMFORT LOGO STICKER			ne✓ \$30.00
1	REAR NUMBER PLATE			av✓ \$25.00
1	BOOTLID COMFORT APP STICKER			ne✓ \$30.00
1	REAR BUMPER REVERSE SENSOR			nm✓ \$180.00
				\$265.00
	Labour Charge			
	PANEL BEATING			\$25 \$800.00
	SPRAY PAINTING CHARGE			500. \$600.00
	WIRING CHARGE			30 \$50.00
	REMOVE/REFIX REVERSE SENSOR			30. \$80.00
	TOTAL LABOUR			\$1,530.00

Qty	Parts Description / Labour	Type	Unit Price	Amount
	ESTIMATE TOTAL			\$7,400.32

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.

WSP/Lehe -

Tanpin 97425449

- WP' 16/4/21 @ 430/-

3 days P/P Resurvey before repair

tanpin@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: 16.04.2021 16:08

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC No.:305464170

COMER

IS COMFORT TRANSPORTATION PTE LTD

COMER NO. 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

DUNT CARD NO.

REGN NO:

SHA6585P

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

DATE/TIME IN 16.04.2021 12:20

YR OF MANU.

30.10.2019

TARGET DATE

CHASSIS CODE

KMHC851CVLU187408

COMPLETION DATE/TIME:

Accident Date: 16.04.2021

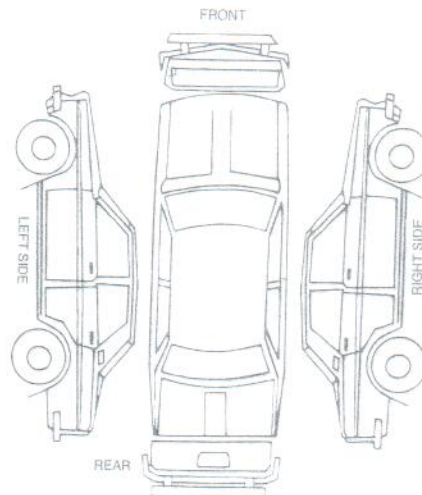
ATURE: 3P 16.04.2021

JOB DESCRIPTION

/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Worked on Slip

Exit Pass

No.: SHA6585P

YY NTUC

Vehicle No.:

SHA6585P

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	16/04/2021 15:51 (SGT)
Date of Accident	16/04/2021 07:00 (SGT)
Exact Location of Accident	Still Rd, Singapore
Additional Location Information	JUNCTION OF LOR J TELOK KURAU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6585P
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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) +65-90081011
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	JASON CHONG MONG HENG
NRIC No	SXXXX886A

Date Of Birth	01/07/1976
Occupation	Outdoor
Date Of Driving Pass	12/11/2001
Driving experience	19 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90081011
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 20 EUNOS CRESCENT #09-2953
Address complement	-
Postcode	400020
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	4
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	SKM8870D
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KWEE CHENG (CHEN GUIQING)
NRIC No	SXXXX259F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMH4602R
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	OOI JIA JUN
NRIC No	SXXXX483D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJA3990Z
Vehicle Manufacturer	-
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)	2

INJURED PERSONS DETAILS

Name of injured person	JASON CHONG MONG HENG
Address	BLK 20 EUNOS CRESCENT #09-2953
Address Complement	-
Post Code	400020
Approximate Age Years Old	44
Injuries Sustained	NUMB ON NECK, BACK, SHOULDER AND LEG
Injured person in which vehicle?	SHA6585P
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 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.

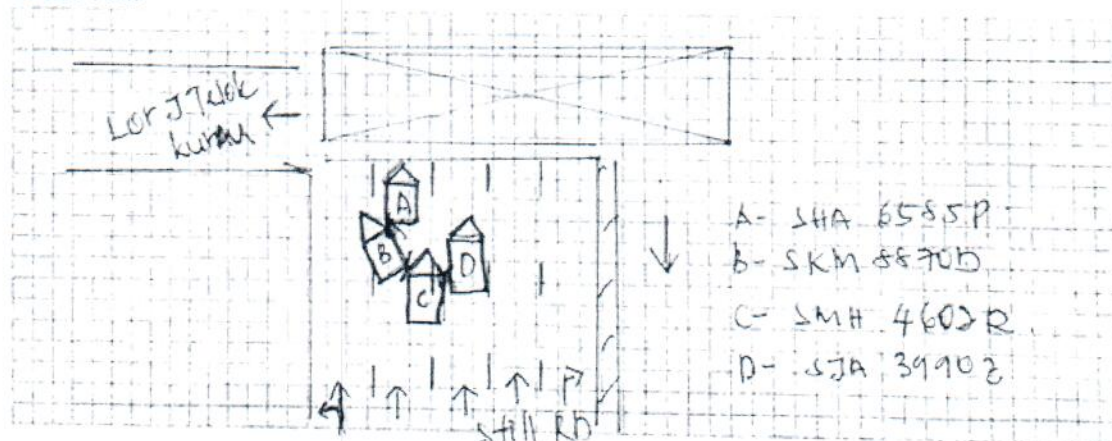
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 16/4/2021 - 13:57

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

- PLEASE REFER TO POLICE REPORT -

Declaration

We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
16/4/2021 - 1315A

Witnessed by Reporting Centre
Personnel



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210416/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2021 10:55	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars			
Name of Informant: JASON CHONG MONG HENG		Address: APT BLK 20 EUNOS CRESCENT #09-2953 SINGAPORE 400020	
ID Type / ID No.: NRIC NO / S7619886A		Contact No.: Home/Office: Mobile: 90081011	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 01/07/1976	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TAXI DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/04/2021 07:00	Type of Location: T-Junction
Location: LORONG L TELOK KURAU				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA6585P	TAXI	HYUNDAI		Blue		3
SJA3990Z	Car	MAZDA		Grey		0
SMH4602R	Car	TOYOTA		White		0



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210416/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JASON CHONG MONG HENG	ID No.	S7619886A
Related Vehicle	SHA6585P (TAXI)	Contact No.	90081011
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/04/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On the date, time and location mentioned above, I V1 (SHA6585P) was travelling on the 3rd lane of 4 lane road going straight. Upon reaching the junction, it was red light and I proceeded to come to a stop. About 10 seconds later, a collision from an unknown vehicle V2 from rear which I then felt 2 impact from.

The accident took place was then between 4 vehicles, the other vehicle which was at the side was V3 (SJA3990Z). and the last vehicle was V4 (SMH4602R). V2's vehicle details was not taken.

After the accident, all parties came down to acknowledge the case. Thereafter, I went for my own medical treatment. I am unsure if my passengers were injured. No ambulance, no Police attended.

I wish to state, I have in-car CCTV footage.



**SINGAPORE
POLICE FORCE**



T/20210416/2022

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20210416/2022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 GOH JUN KIAT JASON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/04/2021 10:55

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476229

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE