

ASS. FEO. BY: *Taufik*

## 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/1128817-003

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: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS *up*

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: 54C1067RYr Regn: 2019 Oct

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

Truck / Trailer or

Make: Hyundaic.c. 1580Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 155888

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 10MHC851004187521Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 195/65R15

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

TOYO / YOKO or Wastake

Front

Rear

R/Bal. 6 mmR/Bal. 0 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

D.O.I. 19/4/21Survey held at Comfort Polys LorryDes. 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@1.02pm Taufikh finalised with Ms Loke final fig \$1593.02, 2 days (Red \$505.70, 24%)

Date/Time, File Pass to?

☐

Preli. Report

1) 21/05 Typist

☐

Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Finalised

TP

Lum. Sum / LBS: \_\_\_\_\_

1593.02

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

Add Fee:

☐

Site Insp (\$ \_\_\_\_\_)

☐

Interview (\$ \_\_\_\_\_)

☐

Tech. Insp (\$ \_\_\_\_\_)

☐

Misc. Fee (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

3 + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Other \_\_\_\_\_

TOTAL

## COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC1067R

Make : HYUNDAI

Model : IONIQ(G2)

Date: 19/04/2021

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			Ry \$459.40
10	REAR BUMPER CLIPS			x \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			de \$451.25
1	REAR BUMPER LOWER CTR MOULDING			Ry \$155.00
1	REAR BUMPER FOG LAMP			? \$201.50
SUB TOTAL				\$1,289.15
LESS 20%				\$257.83
DISCOUNTED TOTAL				\$1,031.32
1	REAR NUMBER PLATE			cur \$25.00
1	REAR BUMPER REVERSE SENSOR			rw \$180.00
				\$205.00
Labour Charge				
PANEL BEATING				350 \$400.00
SPRAY PAINTING CHARGE				250 \$300.00
WIRING CHARGE				x \$50.00
REMOVE/REFIX REVERSE SENSOR				30 \$80.00
TOTAL LABOUR				\$830.00
ESTIMATE TOTAL				\$2,066.32

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.

Taufik 97495749

WP 19/4/21 0445

p/p Resurvey new parts after repair.

2 days

taufik@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:

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: JC NO.:305464611

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

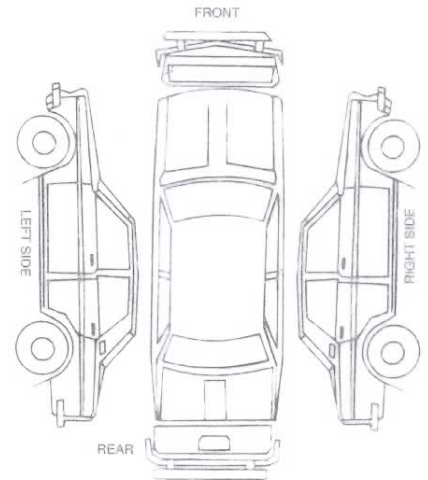
REGN NO. <b>SHC1067R</b>	MILEAGE
MAKE : <b>HYUNDAI</b>	FUEL E.....1/2.....
MODEL <b>IONIQ(G3)</b>	DATE/TIME IN <b>19.04.2021 12:30</b>
YR OF MANU. <b>30.10.2019</b>	TARGET DATE
CHASSIS CODE <b>KMHC851CVLU187524</b>	COMPLETION DATE/TIME:

Accident Date: 19.04.2021  
NATURE: 3P 19.04.2021

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

re:  
No.: SHC1067R YY NTUC  
File No.:

Exit Pass

Vehicle No.: SHC1067R

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	19/04/2021 15:48 (SGT)
Date of Accident	19/04/2021 11:46 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1067R
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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) +65-97533920
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	Policy number VFX/P2419138
Cover Note Number	-

#### DRIVER

Name of Driver	TAN WEE POH
NRIC No	SXXXX618J

Date Of Birth	03/01/1964
Occupation	Outdoor
Date Of Driving Pass	30/06/1981
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97533920
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 930 HOUGANG STREET 91 #05-107
Address complement	-
Postcode	530930
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### PASSENGER 2

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

MY TAXI WAS STATIONARY FOR THE RED LIGHT SUDDENLY VEHICLE B FROM BEHIND HIT MY TAXI DIRECT REAR PORTION. I HAVE COUPLE PASSENGER ONBOARD. AFTER THE IMPACT WE TOOK PHOTOS AND EXCHANGE PARTICULAR. MY PASSENGERS NO INJURY BUT MYSELF WILL SEEK MEDICAL ADVICE FOR FURTHER CHECK UP.

#### 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 NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN5899M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOH BOON SENG
NRIC No	SXXXX548C
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	TAN WEE POH
Address	BLK 930 HOUGANG STREET 91 #05-107
Address Complement	-
Post Code	530930
Approximate Age Years Old	57
Injuries Sustained	Back pain
Injured person in which vehicle?	SHC1067R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN****IMPORTANT NOTICE**

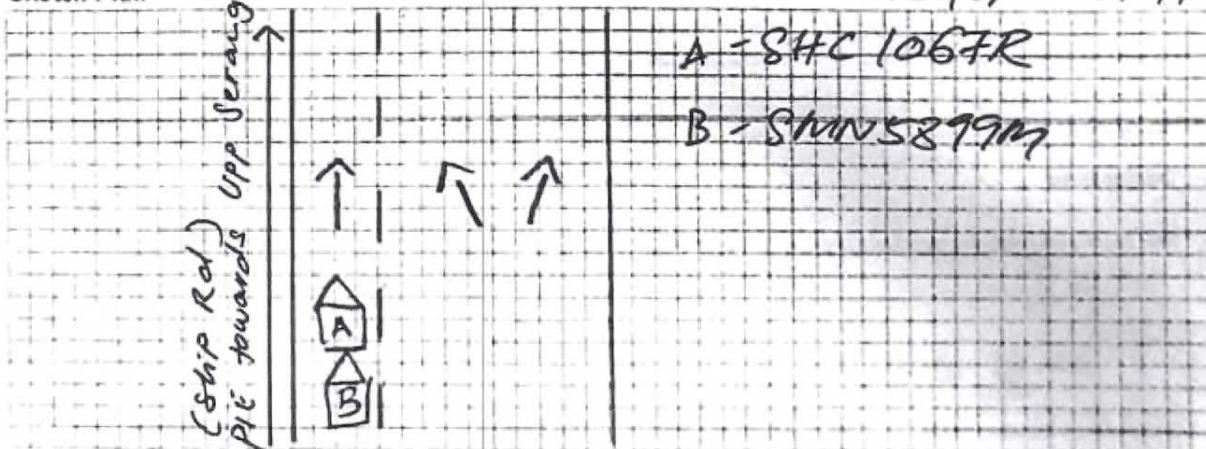
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



## Describe Circumstances of the Accident

My taxi was stationary for the red light suddenly vehicle B from behind hit my taxi direct rear portion. I have couple passenger onboard. After the impact we took photos and exchange particulars. My passengers no injury but myself will seek medical advice for further checkup.



## 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

12:45pm 19/4/21