

ASS. REC. BY:

Taylor

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.

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

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 2981 E

Yr Regn:

219, Hwy

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

Truck / Trailer or

Make:

Hyundai i30

C.C.

1580

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

125331

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WMHCS8100K4165145

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:

R:

195/65R15

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

20/4/21

Survey held at

Confort Lodge

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear n/s.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Report Format:

Lump Sum / U/C:

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Wash (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Other:

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA2981E

19/04/21

MAKE :

MODEL IONIQ G2

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$459.40
1	REAR BUMPER CENTRE MOULDING			\$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
10	REAR BUMPER CLIPS		\$2.20	\$22.00
2	BUMPER LICENCE LAMP LH/RH		\$85.30	\$170.60
1	REAR END PANEL			\$532.00
1	REAR TAIL LAMP LH			\$870.40
1	REAR FENDER LH			\$1,768.30
1	REAR FENDER AIR DUCT LH			\$87.30
1	REAR BLIND SPOT RADAR			\$1,625.00
2	REAR BUMPER REFLECTOR LH/RH		\$41.45	\$82.90
2	REAR BUMPER SIDE BRACKET LH/RH		\$55.80	\$111.60
				\$6,575.55
	20.00%			\$1,315.11
	DISCOUNTED TOTAL			\$5,260.44
1	COMFORTDELGRO & TEL NO STICKER 10%			\$60.00
1	FUEL LID PETROL STICKER 10%			\$20.00
1	REAR BUMPER MAT			\$50.00
1	REAR REVERSE SENSOR 10%			\$180.00
				\$284.00
	Labour Charge			
	Panel Beating			\$1,200.00
	Spray Painting Charge			\$700.00
	Remove/refix upholstery			\$90.00
	Tuff Kote			\$60.00
	Check Wiring and lighting			\$60.00
	Diagnose and reset error code			\$280.00
	Remove/Refix reverse sensor			\$60.00
	TOTAL LABOUR			\$2,450.00
	ESTIMATE TOTAL			\$7,994.44
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. 3 days Tampin 97495749 WP 20/4/21 2340 P/P Resurvey before repair				

3 days
Tampin 97495749
WP 20/4/21 2340
P/P Resurvey before repair

Date/Time: 20.04.2021 14:51 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305464732

STOMER

/MS COMFORT TRANSPORTATION PTE LTD

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

COUNT CARD NO.

REGN NO.:
SHA2981E

MILEAGE

MAKE :
HYUNDAI

FUEL

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

MODEL
IONIQ(G2)

DATE/TIME IN
19.04.2021 18:20

YR OF MANU.
06.08.2019

TARGET DATE

CHASSIS CODE
KMHCB51CVKU165145

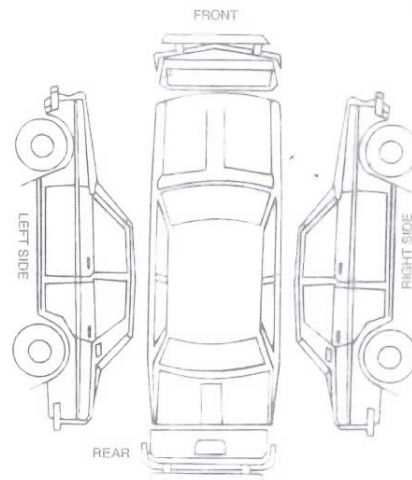
COMPLETION DATE/TIME:

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

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA2981E C

Vehicle No.:
SHA2981E

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	20/04/2021 11:28 (SGT)
Date of Accident	19/04/2021 18:20 (SGT)
Exact Location of Accident	Woodlands Ave 9 & Gambas Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2981E
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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) +65-82990629
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	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	KHOO LAI KWEE
NRIC No	SXXXX683A

Date Of Birth	12/11/1955
Occupation	Outdoor
Date Of Driving Pass	12/09/1978
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82990629
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 507B WELLINGTON CIRCLE #03-138
Address complement	-
Postcode	752507
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 19/4/21 AT ABOUT 1820HRS, I WAS DRIVING VEHICLE A SHA2981E ALONG WOODLANDS AVE 9 TOWARDS GAMBAS AVE. I WAS A MIDDLE LANE AND STATIONARY POSITIONS AS MY SIGNAL WAS RED AT CONTROLLED JUNCTION OF WOODLANDS AVE 9 X GAMBAS AVE. SUDDENLY MOTORCYCLE B FBN5554M FROM BEHIND HIT ONTO MY VEHICLE REAR LEFT. MY VEHICLE REAR LEFT DAMAGED. UNABLE TO EXCHANGE PARTICULARS. THIRD PARTY INJURED AND CONVEYED TO KTPH BY AMBULANCE.

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	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN5554M
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN RIDER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN5554M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

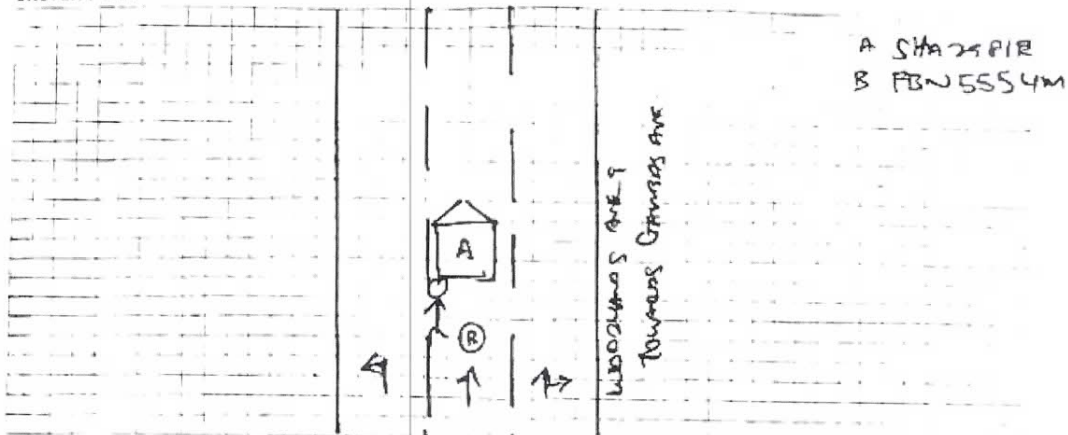
GIA RMC SketchPlanForm_V3

19/11/19 19:40 hrs

Bsing

1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19/4/21 AT ABOUT 1820HRS, I WAS DRIVING VEHICLE A
SHAZPIR ALONG WOODLANDS AVE TOWARDS GAMBERS AVE.
I WAS IN MIDDLE LANE AND STATIONARY POSITION AS MY GREEN
LIGHT RED AT CONTROLLED JUNCTION OF WOODLANDS AVE AND
X GAMBERS AVE. SUDDENLY MOTORCYCLE B FBW 5554M FROM BEHIND
HIT ON MY VEHICLE REAR LEFT. MY VEHICLE REAR LEFT DAMAGED.
UNABLE TO EXCHANGE PARTICULARS. THIRD PARTY INJURED AND CONVEYED
TO KPPH BY AMBUULANCE.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

GP/MS/2021/01/01/01/01/01

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

19/4/21 / 1940HRS

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

BAIRY



SINGAPORE POLICE FORCE



T/20210419/2152

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20210419/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2021 22:11		Vide Report No.:	Station Diary No.: 86
Informant's Particulars			
Name of Informant: KHOO LAI KWEE		Address: APT BLK 507B WELLINGTON CIRCLE #03-138 SINGAPORE 752507	
ID Type / ID No.: NRIC NO / S1210683A		Contact No.: Home/Office: Mobile: 82990629	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 12/11/1955	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/04/2021 18:20	Type of Location: Straight Road
Location: WOODLANDS AVENUE 9				
Lamp Post Number: 110				
Weather: Clear		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2981E	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210419/2152

2 of 3

Report No. T/20210419/2152

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver				
Name	KHOO LAI KWEE		ID No.	S1210683A
Related Vehicle	NIL		Contact No.	82990629
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving my taxi in the middle lane along Woodlands Avenue 9. I suddenly heard a bang on the left rear of my taxi. I came down and to make a check, saw a motorbike and a female subject on the road. Shortly after 10-15 minutes, Traffic Police and ambulance came. The ambulance conveyed the female subject to Khoo Teck Puat Hospital. I gave my Samsung EVO 128GB memory card to the TP Officer and an Acknowledgement Slip was given to me. I am lodging this report for record purposes.

Ref Report No: L/20210419/0103



**SINGAPORE
POLICE FORCE**



T/20210419/2152

3 of 3

Report No. T/20210419/2152

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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: 
L /
Sgt 2 DANIAL SYAFIQ BIN MOHAMED SHARIL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No: 65476232

SN 085

Authentication Stamp
NP168

Signature: 

Singapore Police Force

Signature Of Informant:



Date/Time:
19/04/2021 22:11

Classification Of Case: