

ASSIGNED BY:

Tayfun

CTI

## 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 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:

Vehicle: IN / OUT

Lohé 99

Veh No:

SHD 661167 Yr Regn: 2016, Mark.

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

Truck / Trailer or

Make:

Mercedes Benz E220 c.c 2043

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

922109

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD 21200 / 7133 / 6823

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: 225 / 55 R16

R:

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

TOYO / YOKO or

Giti

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

23/4/61

Survey held at

Lohé 99

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

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

1) Date/Time, File Return to?

2)

Report Forward:

Lohé 99 / 10/10/10

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$  
☐ : Interview (\$  
☐ : Tech. Insp (\$  
☐ : Material (\$

Survey Fee:

Transportation:

S + RS \$1

Photos

Other:

TOTAL

## REPAIR ESTIMATE

**DOA: 21.04.2021**

Date: 23.04.2021

Insurance: CHINA TAIPING

MVA: MS. LOKE YY

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.

Tampon 97495747  
up 23/4/21 (pm)  
As rising after upon  
tampon & inhant. in  
2 days

Gift  
225/55R16

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: 23.04.2021 08:42 Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 4072366

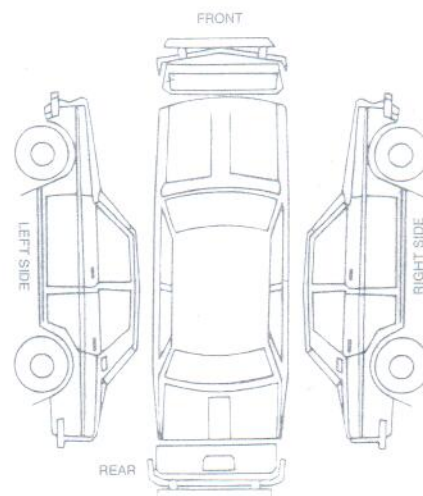
JC NO.:305465139

TOMER  VS COMFORT TRANSPORTATION PTE LTD TOMER NO. 7010045 PRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) COUNT CARD NO.	REGN NO.: <b>SHD6611G</b>	MILEAGE
	MAKE: <b>MERCEDES BENZ</b>	FUEL E.....1/2.....F
	MODEL <b>E220CDI (E6)</b>	DATE/TIME IN <b>21.04.2021 16:25</b>
	YR OF MANU. <b>23.03.2016</b>	TARGET DATE
	CHASSIS CODE <b>WDD2120012B316823</b>	COMPLETION DATE/TIME:

Accident Date: 21.04.2021  
NATURE: 3P 21.04.2021

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



MAILED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

No.: **SHD6611G** **YY CHINA**

Vehicle No.: **SHD6611G**

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	22/04/2021 16:06 (SGT)
Date of Accident	21/04/2021 11:53 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	Towards Potong Pasir
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6611G
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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) +65-96699089
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220
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	2143

### 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	NG TONG HIN
NRIC No	SXXXX789H

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAADIAH BINTE KHAMIS
NRIC No	SXXXX290J
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

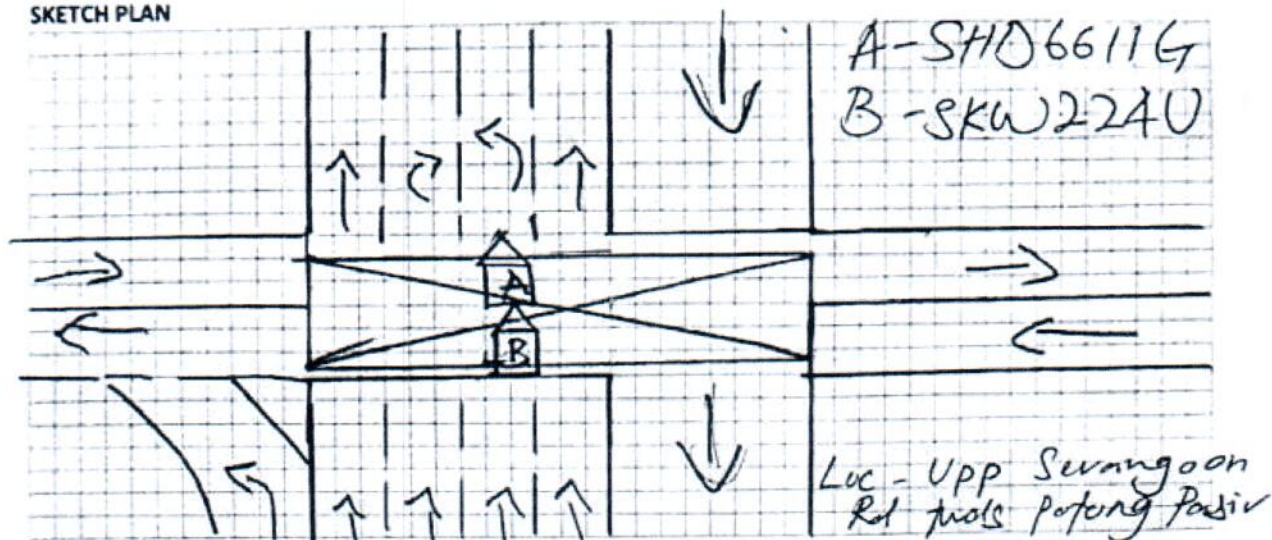
Name of injured person	NG TONG HIN
Address	BLK 714 TAMPINES STREET 71 #14-204
Address Complement	-
Post Code	520714
Approximate Age Years Old	59
Injuries Sustained	-
Injured person in which vehicle?	SHD6611G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6611G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Upp Serangoon Rd towards ~~Potong Pasir~~ Potong Pasir. At the junction suddenly vehicle B hit my taxi rear portion. I have one male passenger onboard and he will do medical checkup. Myself will seek medical checkup also. Both vehicles damaged.

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:

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

17:00hrs 21/4/21