

(08/11/13)

ASS. REC. BY:

NA2

REF:

NS/INC21005209/Ngc

CHIANG

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/1129640-003**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S
LHS	RHS

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: **SHA 652711** Yr Regn: **29 SEPT 2016**Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or _____

Make: **HYUNDAI IYO** C.C. **1,685**Colour: **BLUE** A/C: **Insured / Std / NI / NA**Sp. Reading: **178,974** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **KMHLB41UMGU093643**Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **Inorder / Jammed / Leaked / Burnt** orBrake: **Inorder / Jammed / Leaked / Burnt** orModi: **Nil / S/Rim / STD A/Rim** orTyre Size: **F: 205/60 R16****R: 11****BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /** tyre brands**TOYO / YOKO** or **WESTAKE(F), HANKOOK(R)**

Front

Rear

R/Bal. **5** mmR/Bal. **4** mmL/Bal. **5** mmL/Bal. **4** mmD.O.A. **24/4/2021**D.O.I. **26/4/2021**Survey held at **COGE COYANG**Des. of Damages **Fr** Rear / O/S / N/S / U/C / Rooftop or**FRONT OFFSIDE NEARSIDE**

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

Date / Time Action / Instruction

NAZ FINALIZED LUMP SUM REPAIR \$4000.00 / 3 REPAIR DAYS (Red \$1642, 29%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 21/05 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **3**Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format : **TP**Lump Sum / ~~L.S.~~ (\$ **4000**)

COMFORTDELGRO PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA6527H

26.04.21

MAKE :

MODEL I-40

CHIANG /NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER COVER			\$1,052.20
1	FRONT BUMPER GRILLE /RH			\$187.20
1	FRONT RAD GRILLE MOULDING			\$94.70
1	FRONT BUMPER BRACKET TOP /RH			\$22.40
1	FRONT BUMPER BRACKET RH			\$24.60
1	FRONT FENDER RH			\$663.00
1	FRONT FENDER SHIELD /RH			\$174.90
1	HEAD LAMP ASS RH			\$1,800.00
1	HEAD LAMP SUPPORT PANEL			\$907.40
1	FRONT WHEEL CAP RH			\$217.20
10	BUMPER CLIPS			\$2.20
1	WIPER WASHER TANK			\$61.90
	SUB TOTAL			\$5,207.70
	LESS 20%			\$1,041.54
				\$4,166.16
	Labour Charge			
	Panel Beating			\$600.00
	Spray Painting Charge			\$600.00
	Remove/refix air con & charge in gas			\$120.00
	Tuff Kote			\$80.00
	Check Lighting			\$60.00
	TOTAL LABOUR			\$1,460.00
	ESTIMATE TOTAL			\$5,626.16

NAZ LKK
LIS

3 DAYS

CHECK ITEM PHOTOS
AFTER REPAIR PHOTOS

26/4/2021 1300

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: 26.04.2021 10:05

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.:305465423

CUSTOMER

NAME: COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

COUNT CARD NO.

REGN NO.:

SHA6527H

MILEAGE:

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

25.04.2021 09:00

YR OF MANU.

29.09.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU093643

COMPLETION DATE/TIME:

JOB DESCRIPTION

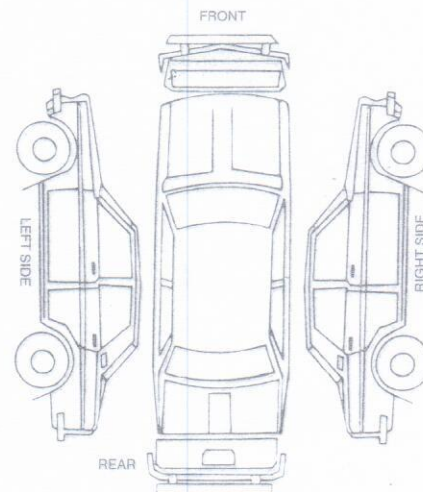
Accident Date: 24.04.2021

NATURE: 3P 24.04.2021

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA6527H

CHIANG

Vehicle No.:

SHA6527H

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	25/04/2021 15:35 (SGT)
Date of Accident	24/04/2021 16:10 (SGT)
Exact Location of Accident	85B Lor 4 Toa Payoh, Singapore 312085
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6527H
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) +65-97728317
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	1698

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	ABDUL RAZAK BIN HUSSAIN
NRIC No	SXXXX339J



Date Of Birth	30/07/1957
Occupation	Outdoor
Date Of Driving Pass	27/09/1978
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97728317
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 150A BISHAN STREET 11 #03-167
Address complement	-
Postcode	571150
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 - Major/Minor Rd
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	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

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 240421 AT AROUND 1610HRS, I WAS DRIVING MY VEHICLE A SHA6527H ALONG THE SERVICE ROAD JUST BESIDE BLK 85B LORONG 4 TOA PAYOH. AS I WAS DRIVING OUT, SUDDENLY VEHICLE B SMR2054H CAME OUT FROM THE LOADING / UNLOADING BAY AND HIT ONTO MY FRONT RIGHT BUMPER. MY BUMPER GOT SLIGHTLY DISLODGED AND SCRATCHED. THERE WAS NO INJURIES.

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 WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR2054H
Vehicle Manufacturer	Honda
Vehicle Model	Freed
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	SUPARI
Contact Number	(Phone) +65-91892497
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

Sketch Plan

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

24/4/21 2135

Witnessed by Reporting Personnel

KHAI RUA

<p>A-SHA 6527H</p> <p>B-SUR 2054H</p>		<p>Block 85B</p> <p>Lorong 4</p> <p>Toray</p>
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Describe Circumstances of the Accident

On 240421 at around 1610hrs, i was driving my vehicle A SHA6527H along the service road just beside blk 85B lorong 4 Toa Payoh. As i was driving out, suddenly vehicle B SMR2054H came out from the loading unloading bay and hit onto my front right bumper. My bumper got slightly dislodged and scratched. There was no injuries.

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

Witnessed by Reporting Personnel