98/1: NC NC	010052H Nuc LOKE
ASS. ILC. DT.	SSIGNMENT
<u>110</u>	8 APR 1282)
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD TP WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No: SHA 3991U	Wake. (1968) A/C: Insured/Std/NI/NA
at Workshop m/s ComfortDelGro Engineering	Coloui Bourt
of	Sp. Reading 6-1 / 230
Insured: SGN 1273R	Eng/No: KMHC851 CVLy 190702
Policy No.	
Claims No. MT/1129462- 002	Gen. Cond: Good / Fair / Poor / Burnt Steering: (norder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	
(Client's Record)	Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 195/65 RIS
(Policy Condition)	R:
Remark: The ven had commenced its	BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHISU/PIR/SUMITY/
repair at the time of inspection.	
Bal. or Market Value:	D/Pol mm
IDAC Accident Rport: Consistent? : Yes or No	N/Dail.
GIA / PR Seen: Consistent?: Yes or No	DOI: 2 ////2/21
Est. Repairs: 2 days Res.: Yes or No	D.O.A. 14/4/12021
Lum Sum: % 3 Val.: Yes or No	Survey held at COGE COYANG GOOGLAGE GOOGLAGE
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN /	OUT FRONT OFF SLOC MEANS STREET AND STRUCTURE Affected due to collision.
Date:Person Contacted:	The U/C / Chassis frame / Body Structure another
Date / Time Action / Instruction  19(1/1202) FINALIZED PART BY PART	REPAIR \$2 120.04 /2 REPAIR DAYS
111111111111111111111111111111111111111	
(RED \$655.36; 24%)	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 2
1) 30/4 TYPIST : Final Report	Resurvey No. of Trip: 2 Survey Fee:
Date/Time, File Return to?	Transportation:
Ado	d Fee: : Site Insp (\$)s +Rs,si
2)	: Interview (\$ ) Photos

: Tech. Invs (\$

: Weekend (\$

Report Format : TP

Lump 9um / I.B.I: (\$ 2,120.04

Others

TOTAL

#### **COMFORT TRANSPORTATION PTE LTD**

## REPAIR ESTIMATE

Vehicle No.: SHA3991U

Make

: HYUNDAI

Model

: IONIQ(G3)

Date: 26/04/2021

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Туре	Unit Price	Amount
	1 REAR BUMPER COVER			DEF \$459.40
	10 REAR BUMPER CLIPS			\$22.00
	1 REAR BUMPER CENTRE MOULDING ASSY	24.30		\$451.25
	2 REAR BUMPER REINFORCEMENT BRACKET LH RH	y LHX	012010	\$276.20
	1 REAR BUMPER REINFORCEMENT	FITZ		\$394.80
	1 REAR BUMPER LOWER CTR MOULDING			\$155.00
	1 REAR BUMPER FOG LAMP			DEF \$201.50
	1 REAR BUMPER TOWING COVER			\$98.80
	1 LICENCE LAMP LH RH			\$85.30
	SUB TOTAL		1,800.05	\$2,144.25
	LESS 20%			\$428.85
	DISCOUNTED TOTAL		1, 40, 04	\$1,715.40
	A DEAD AN IMPED DI ATE WITH TOWN COVER			
	1 REAR NUMBER PLATE WITH TRIM COVER			\$50.00
	1 REAR BUMPER REVERSE SENSOR			\$180.00 <b>\$230.00</b>
				\$250.00
	Labour Charge			
	PANEL BEATING			\$400.00
	SPRAY PAINTING CHARGE			\$300.00
	WIRING CHARGE			\$50.00
	REMOVE/REFIX REVERSE SENSOR			\$80.00
	TOTAL LABOUR			\$830.00
	ESTIMATE TOTAL			\$2,775.40

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.

NAZ CKK
26/4/2021 1400
PH
2DADS
CHBEK ITEM PHOTOS
BY PAINT PHOTOS

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:





### ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

Date/Time: 26.04.2021 09:33

Page : 1

JOB CARD ARC Repair TP(CLSO)1 Sales Order: 4072731 'eam: JC NO.:305465319 REGN NO.: SHA3991U MILEAGE **FOMER** COMFORT TRANSPORTATION PTE LTD 1S FUEL MAKE: 7010045 HYUNDAI **FOMER NO** 383 SIN MING DRIVE DATE/TIME IN RESS MODEL Singapore SINGAPORE 575717 IONIQ(G3) 24.04.2021 11:30 65508755 YR OF MANU. 08.04.2020 (R) TARGET DATE (P) CHASSIS CODE
KMHC851CVLU190702 COMPLETION DATE/TIME: OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 24.04.2021

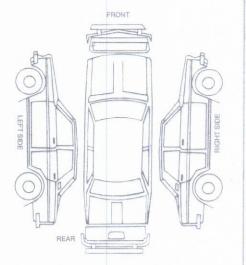
[ATURE: 3P 24.04.2021

turned to Service Reception upon collection

:/NO

LABOR CODE

DESCRIPTION



					makingi manajada yapiya pan mayani sahana sensin abaya ataya ana isa alakaa anga
CKED & PASSED OUT BY:					
SERVICE ADVISOR				CUSTOMER'S SIGNATURE	
ledgement Slip		Exit Pass			
No.: SHA3991U	YY NTUC	Vehicle No.:	SHA3991U		
Service Advisor	Signature/Date	Name of Service Advisor		Date	

To be kept by Security Guard

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

1. Please report correctly tre 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 witholding of material facts may allow insurance companies to repudiate 5. Information provided made of the state of the state of the state of the state of the insurance companies.

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.

 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 o. This report will be forwarded by the insurers of the GIA records warragement centre established by the General insurance association of singapore (GIA) 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

25/04/2021 07:32 (SGT) 24/04/2021 10:40 (SGT) Bedok, Singapore TOWARDS BARTLEY FLYOVER Singapore

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA3991U

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No

Yes COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sg (Phone) +65-83396646 (Office) +65-65508768

## VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Ae ioniq

Hyundai

Private hire

No-Reporting only chaining TP Taxi

Auto 1580

#### INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419138

DRIVER

Name of Driver NRIC No

WAI KWOK HONG SXXXX647E



Accident report SJ04214O000P

Page 1 of 14

Occupation Outdoor Date Of Driving Pass 13/11/1992 Driving experience 28 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-83396646 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address APT BLK 456 ANG MO KIO AVENUE 10#09-1574 Address complement Postcode 560456 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 Raining Road Surface Wet 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) 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY AT THE SLIP ROAD TO ENSURE NO ONCOMING VEHICLE AT THE MAJOR ROAD. SUDDENLY VEHICLE B HEAD TO REAR COLLISION ONTO MY TAXI. NO PASSENGER BUT I NEED TO SEEK MEDICAL CHECKUP. VIDEO FOOTAGE CAPTURED.

#### ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes

Yes

FILE IS NOT SUITABLE

No

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number **SGN1273R** Vehicle Manufacturer Nissan Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver UNKNOWN



Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1
	1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 faise 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)

Lunderstand, 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 & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Personnel Dd Hashin
Sketch Plan		12:20pm 2+14/21
		A-9HA 3991U
		3-SGN 12731
Bedot Not	2 (2)	

Describe Circumstanc								
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