ASS. REC. BY: NA2   REF: NS/INC21005.213/NVC

LOKE L/S

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: SFD 20904

Policy No. _____

Claims No. MT/1130055-001

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
	X	X X

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SFD 31902   Yr Regn: 8 JULY 2016

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

Truck / Trailer or _____

Make: HYUNDAI 140   (c.c) 1,685

Colour: BLUE   A/C: (Insured) / Std / NI / NA

Sp.Reading: 691,041   T/Radio: (Insured) / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMGUO 91849

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: 205/60 R16

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI → tyre brands

TOYO / YOKO or WESTLAKE

Front		Rear	
R/Bal. 3	mm	R/Bal. 3	mm
L/Bal. 3	mm	L/Bal. 3	mm
D.O.A. 24/4/2021		D.O.I. 26/4/2021	

Survey held at CDGE LOYANG Lt

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

FRONT   OFFSIDE   NEARSIDE

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

FNC L/S

Date / Time	Action / Instruction
29/4/21	Naz confirmed LS $700 (Red 1758.82, 71%)

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) 29/4/21-Typist

Report Format : TP

Lum Sum / I.B.I. ($ 700)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ : Tech. Invs ($ _____)
☐ : Weekend ($ _____)

Survey Fee: _____
Transportation: _____
___S + RS,___SI
Photos _____
Others _____

TOTAL _____

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 witholding 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	26/04/2021 11:35 (SGT)
Date of Accident	24/04/2021 10:40 (SGT)
Exact Location of Accident	Kallang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3190Z

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) +65-65508768
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	CHUA BOK LAM
NRIC No	SXXXX410E

Date Of Birth	18/12/1961
Occupation	Outdoor
Date Of Driving Pass	21/03/1981
Driving experience	40 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-65508768
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 412 JURONG WEST STREET 42 #10-861
Address complement	-
Postcode	2264
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)	4
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

PASSENGER 3

Name	KID
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

I WAS ON STATIONARY POSITION AND VEHICLE B HEAD TO REAR COLLISION ONTO MY TAXI. I HAVE FAMILY PASSENGER ONBOARD AND THE HUSBAND SAID WIFE NECK PAIN. MYSELF MIGHT SEEK MEDICAL CHECKUP AS WELL. VIDEO FOOTAGE CAPTURED INCIDENT. VIDEO FOOTAGE CAPTURED INCIDENT.

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 SGD2090Y
Vehicle Manufacturer .... -
Vehicle Model .... -
Vehicle Variant .... -
Vehicle Colour .... -
Vehicle Category .... Private car
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) .... -

# 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	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		12:20hrs 24/4/21

Sketch Plan

A - SHD3190Z

B - SGD2090Y
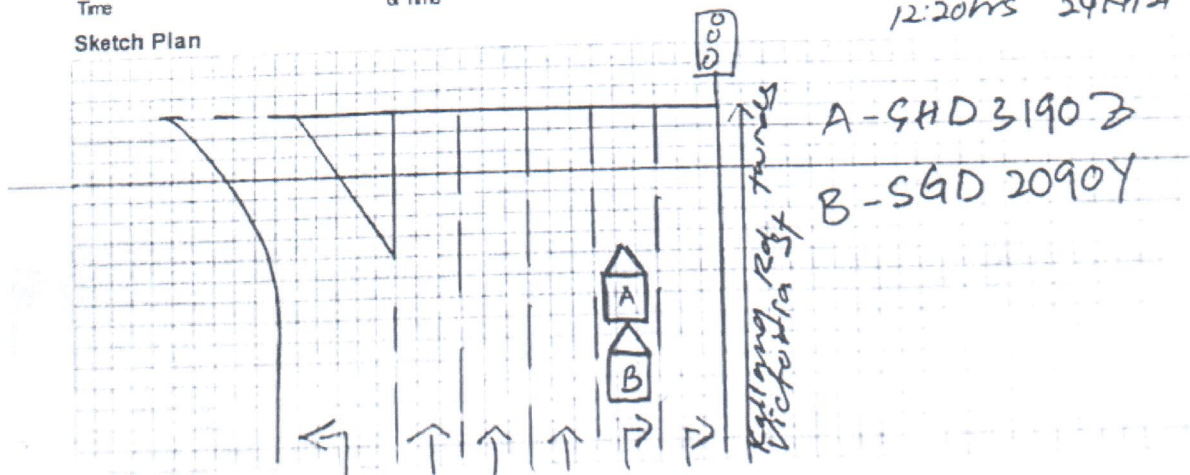
Describe Circumstances of the Accident

I was on stationary position and vehicle B head to rear collision onto my taxi. I have family passenger onboard and the husband said wife neck pain. Myself might seek medical checkup as well. Video footage captured incident.
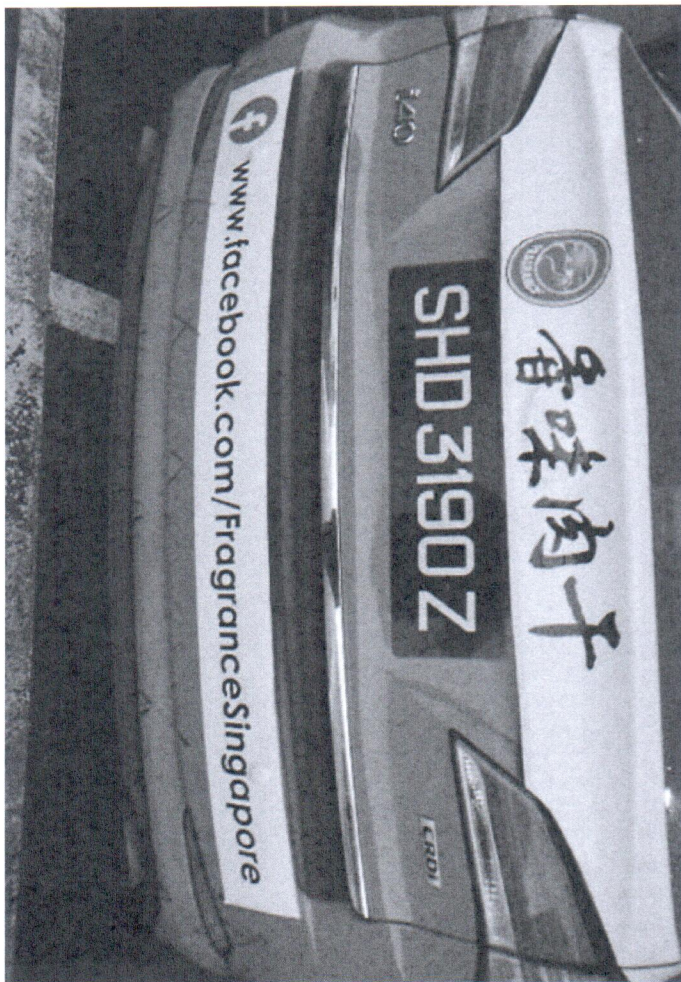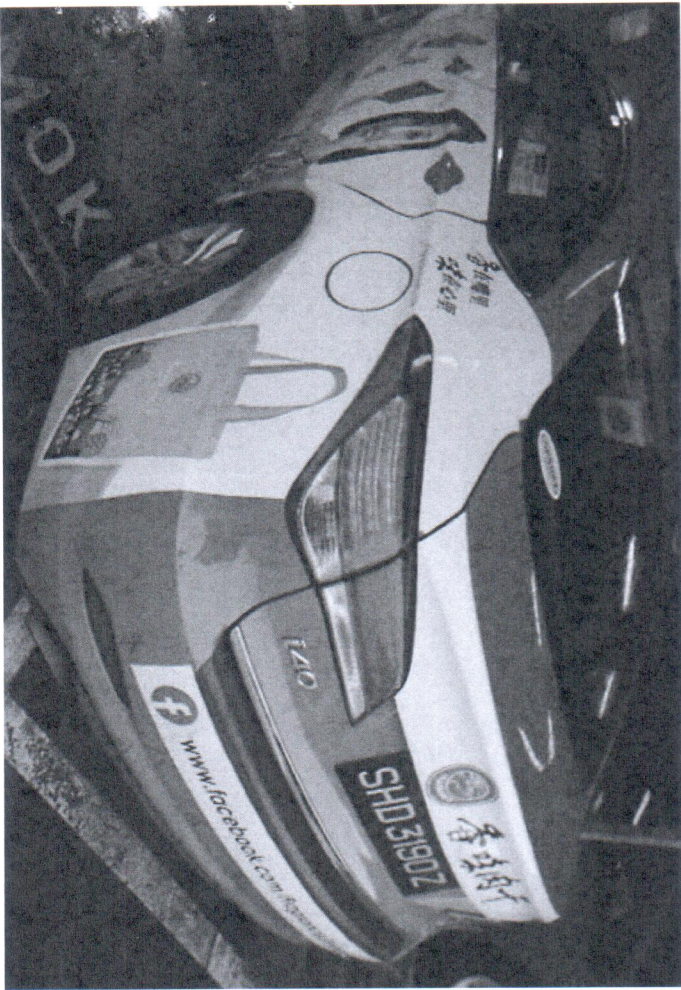
Declaration

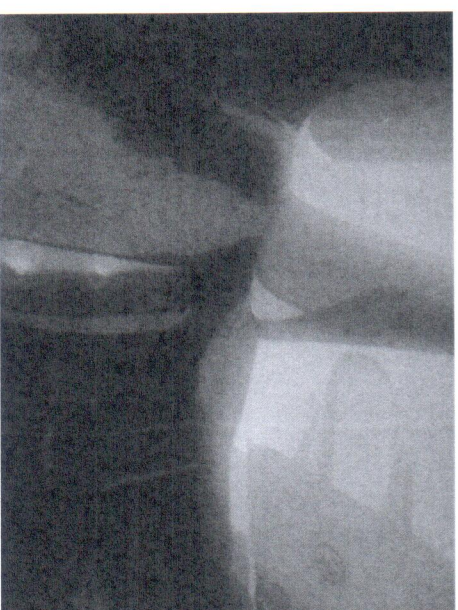We declare the foregoing particulars are true in every respect.
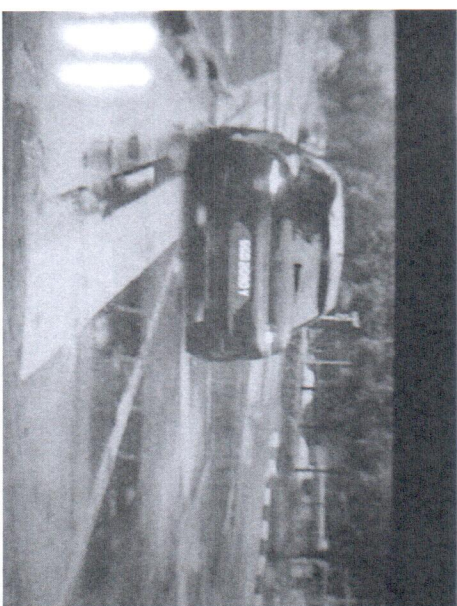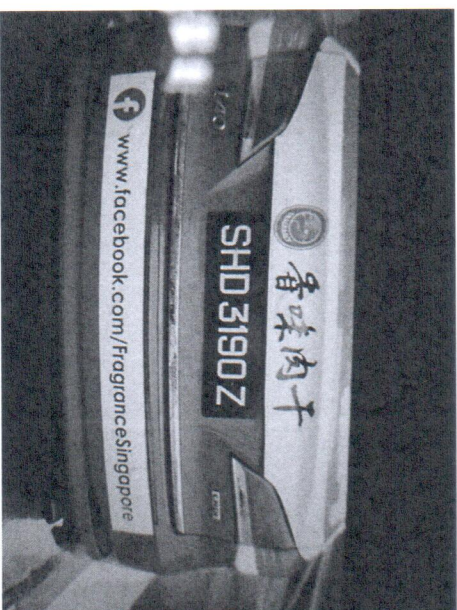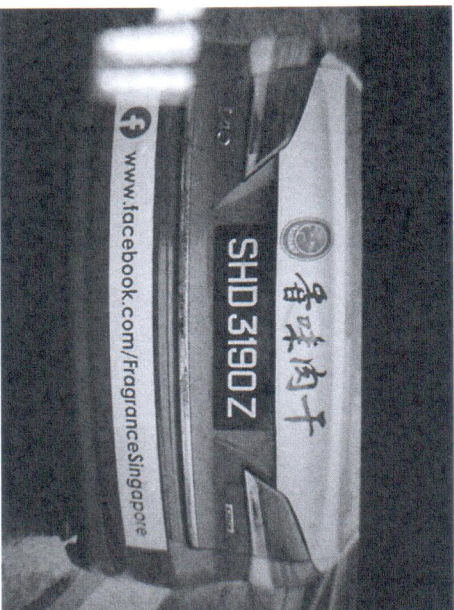
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

12:20hrs 26/4/21

SHD 3190 Z
www.facebook.com/FragranceSingapore

SHD 3190 Z
www.facebook.com/FragranceSingapore

MFORTDELGRO
INEERING

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
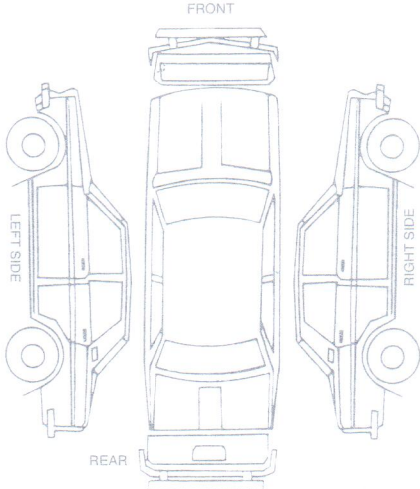
: ARC Repair TP(CLSO)1   **JOB CARD**   Sales Order: 4072805   JC NO.:305465452

REGN NO.: SHD3190Z	MILEAGE
MAKE : HYUNDAI	FUEL E...............1/2...............F
MODEL I-40	DATE/TIME IN 26.04.2021 09:20
YR OF MANU. 08.07.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091849	COMPLETION DATE/TIME:

R

COMFORT TRANSPORTATION PTE LTD
R NO.   7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755   (O)

CARD NO.

JOB DESCRIPTION

ldent Date: 24.04.2021
JRE: 3P 24.04.2021

)   LABOR CODE   DESCRIPTION

FRONT

LEFT SIDE   RIGHT SIDE

REAR

& PASSED OUT BY: _____

_____   _____
SERVICE ADVISOR   CUSTOMER'S SIGNATURE

ment Slip   Exit Pass

SHD3190Z   YY NTUC   Vehicle No.:   SHD3190Z

_____ _____   _____ _____
ce Advisor   Signature/Date   Name of Service Advisor   Date
l to Service Reception upon collection   To be kept by Security Guard

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHD3190Z   **DOA: 24.04.2021**   Date: 26/04/2021   L/S

Make   : HYUNDAI   Insurance: NTUC

Model   : I-40   MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount	
1	REAR BUMPER COVER			$1,106.00	XR NEC ?
1	REAR BUMPER CLIPS			$22.00	
1	REAR BUMPER REINFORCEMENT			$428.40	
1	REAR BUMPER UNDER COVER			$228.00	a /DEF
	REAR BUMPER REFLECTOR RH			$32.00	?
	SUB TOTAL			$1,816.40	
	LESS 20%			$363.28	
	DISCOUNTED TOTAL			**$1,453.12**	
	REAR BUMPER ADVERTISEMENT LOGO			$50.00 Nett	/NEC
1	REAR BUMPER REVERSE SENSOR			$135.70 Nett	x SUC
1	REAR BUMPER MAT			$50.00 Nett	/NEC
				$235.70 Nett	
	Labour Charge				
	WIRING CHARGE			$60.00	x NN
	PANEL BEATING			$350.00	280
	SPRAY PAINTING CHARGE			$300.00	250
	REMOVE/REFIX REVERSE SENSOR			$60.00	30
	TOTAL LABOUR			$770.00	
	ESTIMATE TOTAL			**$2,458.82**	

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 LKK
26/4/2021 1500
L/S
2 DAYS
CHECK ITEM PHOTOS
AFTER REPAIR PHOTOS

Page 1