

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/1129558-002
 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: 1 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: SHC 2454A Yr Regn: 10 JULY 2019
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI IONIQ C.C. 1,580
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 257,773 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH C851CV Kw 164587
 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: 195/65 R15
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / tyre brands
 TOYO / YOKO or WESTLAKE

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

Survey held at CDGE LOYANG
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FRONT OFFSIDE NEARSIDE right mirror

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

INC PIP

Date / Time	Action / Instruction
<u>3/5/2021</u>	<u>FINALIZED PART BY PART REPAIR \$1,263.36 / 1 DAY</u> <u>(Red: 100: 70%)</u>

Date/Time, File Pass to?

1) 4/5 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☒ : Final Report

Days Of Repair: 1

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ S + RS. ____ SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ 1263.36)

Team: ARC Repair TP(CLSO)1

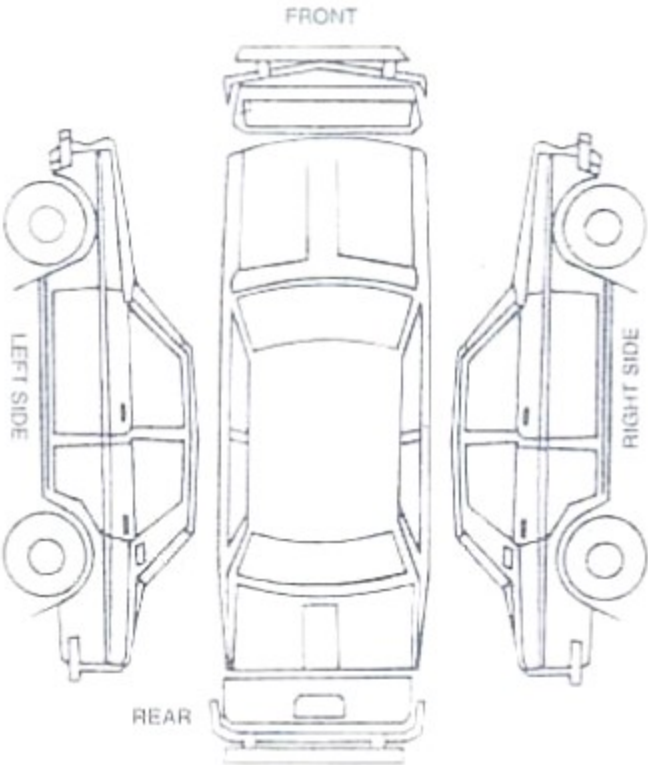
JOB CARD Sales Order: JC NO.:305465454

STOMER	REGN NO.: SHC2454A	MILEAGE
/MS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL
STOMER NO. 7010045	MODEL IONIQ(G2)	E.....1/2.....F
DRESS 383 SIN MING DRIVE	DATE/TIME IN 24.04.2021 10:35	
Singapore SINGAPORE 575717	YR OF MANU. 10.07.2019	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE KMHC851CVKU164587	COMPLETION DATE/TIME:
(P)		
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 24.04.2021
NATURE: 3P 24.04.2021

S/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHC2454A CHIANG

Vehicle No.: SHC2454A

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	26/04/2021 11:24 (SGT)
Date of Accident	24/04/2021 09:05 (SGT)
Exact Location of Accident	Lim Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2454A
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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) +65-94507378
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 - Reporting only <i>claiming TP</i>
Vehicle Category	Taxi
Transmission	Auto
CC	1580

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	ONG SWEE HOE
NRIC No	SXXXX358I

Date Of Birth	19/08/1964
Occupation	Outdoor
Date Of Driving Pass	16/01/1985
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94507378
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 246 SERANGOON AVENUE 3 #03-212
Address complement	-
Postcode	550246
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	Side Swipe
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 DRIVING ALONG LIM CHU KANG RD TOWARDS JALAN BAHAR. VEHICLE B DRIVE FROM OPPOSITE TO NEAR TO MY TAXI AND BOTH WING MIRRORS OF VEHICLE COLLIDED. NO INJURY, VIDEO FOOTAGE CAPTURED.

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	SJL1564B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97533753

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

Describe Circumstances of the Accident

I was driving along from Chu Kang Rd towards Jalan Bahar. Vehicle B drove from opposite to rear to my taxi and both ~~side~~ wing mirror of vehicle collided. No injury, video footage captured.

[Signature]

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 *[Signature]*
cl: 40w 24/4/21



Date:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 27.04.2021
Time: 09:10:34
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305465454
REGN NO : SHC2454A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 10.07.2019
DATE/TIME IN : 24.04.2021 10:35
ACCIDENT DATE : 24.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2538-G MIRROR ASSY-O/S RR VIEW R 1 1,391.70 20.00 1,113.36

SUB-TOTAL : 1,113.36

JOB NATURE

0000 PB PANEL BEATING 50.00

0001 SP SPRAYPAINT CHARGE 100.00

SUB-TOTAL : 150.00

TOTAL : 1,263.36

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :