

ASS. REC. BY: Tang Jiah

REF: CT1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

N/S	O/S

Est. 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

Date / Time Action / Instruction

Veh No: SHD454/M. Yr Regn: 2018 / July

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

Truck / Trailer or _____

Make: Hyundai i30iq 1580

Colour: Blue A/C: Insured: Std / NI / NA

Sp. Reading: _____ T/Radio: Insured: Std / NI / NA

Eng/No: _____

C/No: KM H C851 CV J4 103543

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: NII / SRim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R:

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 6 mm R/Ral. 6 mm

L/Bal. 6 mm L/Ral. 6 mm

D.O.A. _____ D.O.I. 19/5/21 @ 2pm

Survey held at: Comfort Lodge

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Bottom or

The U/C / Chassis frame / Body Structure damaged due to collision

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

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B./P. _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee _____

Transportation _____

Site Insp (\$ _____) Photo _____

Interview (\$ _____) Other _____

Tech. Invs (\$ _____)

Weekend (\$ _____)

TOT: _____

Adic Fee:

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

REPAIR ESTIMATE*

VEHICLE NO SHD4541M

DATE 18.05.21

MAKE :

MODEL : HYUNDAI IONIQ

CHIANG/CHINA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT DOOR OUTER HANDLE LH			Ry \$234.80
1	REAR FUEL TANK LID			Ry \$83.30
	SUB TOTAL			\$318.10
	LESS 20%			\$63.62
	DISCOUNTED TOTAL			\$254.48
1	FRONT DOOR ADVERTISEMENT LH			cut \$100.00
1	REAR FENDER ADVERTISEMENT LH			cut \$100.00
1	PETROL STICKER			ref \$20.00
1	FRONT DOOR COMFORT LOGO STICKER			ref \$75.00
1	REAR DOOR COMFORT APP STICKER			x \$80.00
				\$375.00
	Labour Charge			
	Panel Beating			350 \$600.00
	Spray Painting Charge			500 \$600.00
	Remove/refix door parts			x \$120.00
	Check Wiring			x \$60.00
	TOTAL LABOUR			\$1,380.00
	ESTIMATE TOTAL			\$2,009.48

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.

Tanpin 97495749
 WP 19/5/21 e 2pm
 Resurvey after repair
 Tanpin C Khambon
 2-3 days

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:

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: JC NO.:305469529

CUSTOMER
R/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL (R) 65508755 (O)
(P)
DISCOUNT CARD NO.

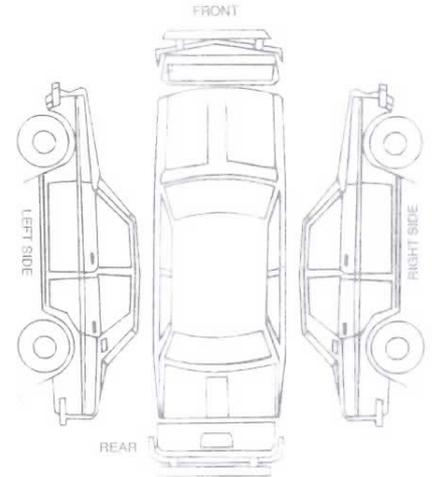
REGN NO. SHD4541M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 18.05.2021 13:00
YR OF MANU. 12.07.2018	TARGET DATE
CHASSIS CODE KMHC851CVJU103543	COMPLETION DATE/TIME

Accident Date: 18.05.2021
NATURE: 3P 18.05.2021

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Name:
No.:
Vehicle No.: **SHD4541M** **CHIANG**

Vehicle No.: **SHD4541M**

Name of Service Advisor Signature/Date

Name of Service Advisor Date

To be 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	19/05/2021 10:38 (SGT)
Date of Accident	18/05/2021 10:25 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4541M
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) +65-96618221
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae 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 - Claiming third party
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	LEONG THIN YAU
NRIC No	SXXXX568A

Date Of Birth	25/10/1950
Occupation	Outdoor
Date Of Driving Pass	21/12/1974
Driving experience	46 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96618221
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 424 ANG MO KIO AVENUE 3#12-2430
Address complement	-
Postcode	560424
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 - Opening Door of Vehicle
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

18/5/21 10:25 AM.I WAS DRIVING BESIDE VEHICLE B ALONG LOWER DELTA RD TURNING RIGHT TO TIONG BAHRU RD. BEFORE THE TRAFFIC LIGHT JUNCTION. I HEARD BANGING BEHIND AND REALIZED THE VEHICLE B BEHIND DOOR DOES NOT CLOSE AND IT SWING TO THE RIGHT AND HIT MY TAXI LEFT PORTION. NO INJURY. KINDLY REFER VIDEO FOOTAGE.

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	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK3862C
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HOU BAO

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

GXXXX390Q

-
-
-
-
-
-
-
-

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.

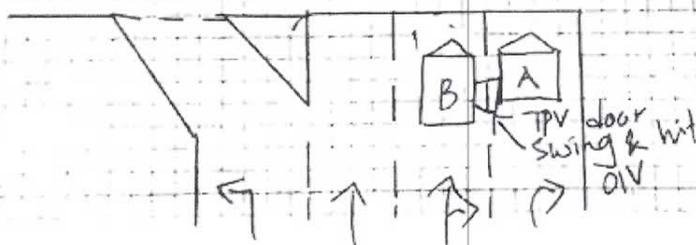
[Handwritten Signature]

Policyholder's Signature / Date & Time

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

[Handwritten Signature]
Witnessed by Reporting Centre
Personnel *[Signature]*
18/5/21 13:30hrs

Sketch Plan



A-SHD4541M
 B-GBK3862G
 Loc-Lower Delta Rd

Describe Circumstances of the Accident

18/5/21 10:25am I was driving beside vehicle B along Lower Delta Rd turning right to Tiong Bahru Rd. Before the traffic light junction I heard banging sound and realised the vehicle B behind door does not close and it swing to the right and hit my taxi left portion. No injury. Kindly refer video footage

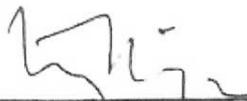
W.H. 1-

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 Dot Hashim
18/5/21 13:30hrs



