

NS/INC21006735/T1tc

ASS. REC. BY: Taughlin

REF:

INC

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. _____

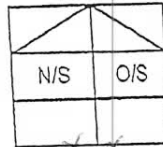
Claims No. **MT/1134703-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: Christy

Vehicle: IN / OUT

Veh No: SHC1854K Yr Regn: 2019, OctType: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: Hyundai i30 C.C. 1580Colour: Blue A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: 114HC 851CV 641875 49

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: 195/65R15R: 195/65R15

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

TOYO / YOKO or Wentube

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 15/6/21 04pmSurvey held at Comput Logic

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

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

Date/Time Action / Instruction Battery Check

COR p/p \$5065.42 , 4 days

red: 3911.18;43%

Date/Time, File Pass to?

☐ : Preli. Report1) _____
Date/Time, File Return to?☐ : Final Report

2) _____

Report Form: _____

Lump Sum / L.B. / C: _____

Days Of Repair: 4

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos

Others

TOTAL

REPAIR ESTIMATE*

12/06/21

MAKE :

MODEL IONIQ G3

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$459.40
1	REAR BUMPER CENTRE MOULDING			\$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
2	REAR BUMPER STAY LH /RH		\$138.10	\$276.20
1	REAR BUMPER LOWER CENTRE MOULDING			\$155.00
1	REAR BUMPER UNDER CENTRE COVER			\$225.00
10	REAR BUMPER CLIPS		\$2.20	\$22.00
1	BOOTLID COVER			\$2,480.40
1	BOOTLID LOCK UPPER			\$224.00
1	BOOTLID H EMBLEM			\$38.00
1	BOOTLID EMBLEM IONID			\$31.80
1	BOOTLID EMBLEM HYBRID			\$24.30
1	BUMPER FOG LAMP			\$201.00
1	BUMPER NUMBER LAMP LH/RH		\$85.30	\$170.60
1	BUMPER HOOK COVER			\$94.60
1	BOOTLID LAMP LH			\$870.40
1	TAILLAMP LH			\$794.40
1	REAR FLECTOR LH /RH		\$41.45	\$63.53
1	REAR BUMPER TOW COVER			\$98.80
1	REAR END PANEL			\$532.00
1	REAR PANEL GARNISH			\$346.80
1	REAR ANTENNA – SMART KEY			\$40.50
2	REAR BUMPER BRACKET LH /RH		\$55.80	\$111.60
				\$8,106.38
				20.00%
				\$1,621.28
				DISCOUNTED TOTAL
				\$6,485.10
1	BOOTLID COMFORT APP STICKER	10.00%		\$40.00
2	BOOTLID COMFORT /TEL NUMBER STICKER	10.00%	\$30.00	\$60.00
1	REAR NUMBER PALTE W/HOLDER	10.00%		\$55.00
1	REAR BUMPER MAT			\$50.00
1	REAR REVERSE SENSOR	10.00%		\$180.00
				\$351.50
	Labour Charge			
	Panel Beating			\$1,100.00
	Spray Painting Charge			\$800.00
	Towing Fee			\$60.00
	Tuff Kote			\$120.00
	Remove/Refix reverse sensor			\$60.00
				\$2,140.00
				ESTIMATE TOTAL
				\$8,976.60

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: _____

Tanpin 97495749
wp 15/6/21 @ 4pm
PP Resurvey before paint
Tanpin @ 11am for 4h
03 days

Date/Time: 15.06.2021 09:37

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4089069

JC NO.: 305473486

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

L. (R) (O)
(P)

COUNT CARD NO.

REGN NO.: SHC1854K

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL IONIQ(G3)

DATE/TIME IN
12.06.2021 22:05

YR OF MANU 30.10.2019

TARGET DATE

CHASSIS CODE KMHC851CVLU187549

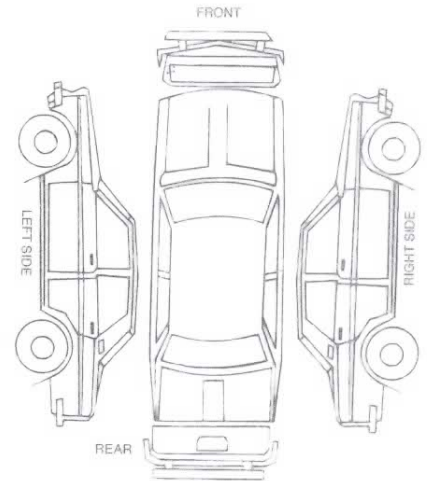
COMPLETION DATE/TIME:

Accident Date: 12.06.2021
NATURE: 3P 12.06.2021

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SHC1854K CHIANG

Vehicle No.: SHC1854K

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	14/06/2021 19:38 (SGT)
Date of Accident	12/06/2021 22:05 (SGT)
Exact Location of Accident	Unity St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1854K
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) +65-87002596
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	LENG LIANG YEOW
NRIC No	SXXXX538D

Date Of Birth	13/02/1965
Occupation	Outdoor
Date Of Driving Pass	07/10/1983
Driving experience	37 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87002596
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 220 SERANGOON AVENUE 4 #07-224
Address complement	-
Postcode	550220
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	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)	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?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/ 20210613/ 2013

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	SMP9537X
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")

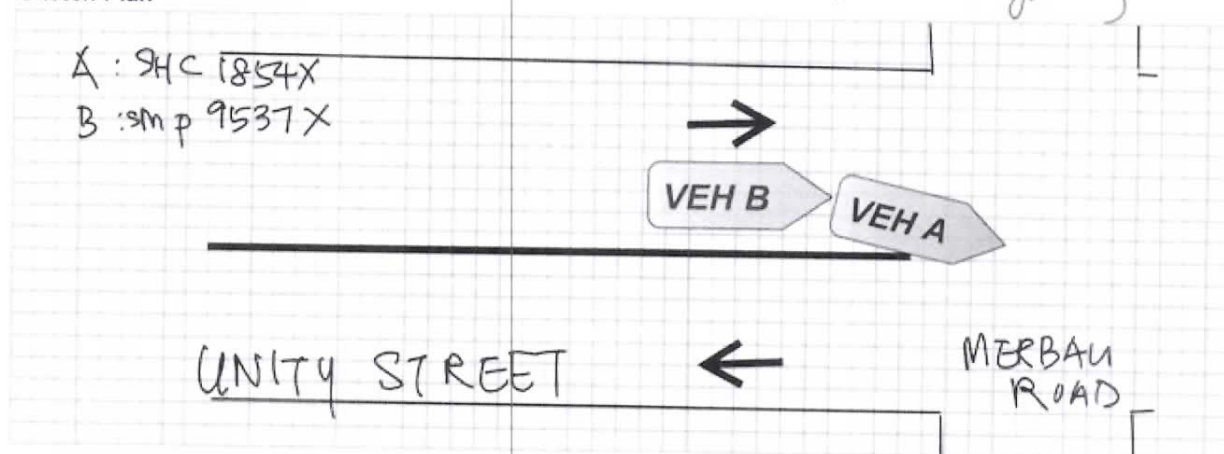
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20210613/2013

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 14-06-2021 1005 HRS

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210613/2013

1 of 3

Report No. T/20210613/2013

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
13/06/2021 10:42

Vide Report No.:

Station Diary No.:
25

Informant's Particulars

Name of Informant: LENG LIANG YEW			Address: 220 SERANGOON AVENUE 4 #07-224 SINGAPORE 550220		
ID Type / ID No.: NRIC NO / S1702538D			Contact No.: Home/Office: Mobile: 87002596		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 13/02/1965	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/06/2021 22:05	Type of Location: X-Junction
Location: UNITY STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1854K	Car	HYUNDAI	IONIQ	Blue	Seriously Damaged	0
SMP9537X	Car	HONDA		Black		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

CONTINUATION OF REPORT

Driver			
Name	LENG LIANG YEW	ID No.	S1702538D
Related Vehicle	SHC1854K (Car)	Contact No.	87002596
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	12/06/2021	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

I am working as a taxi driver for Comfort taxi for the past 15 years.

On 12/6/2021 at about 2205hrs, I was driving my taxi (registration plate number: SHC1854K) along Unity Street and I wanted to turn right towards Merbau Road. When I was about to make the right turn, I suddenly heard a loud 'bang' sound coming from the rear of my vehicle and I also felt the impact of collision as I jerked forward. I then realized that the vehicle (registration plate number SMP9537X) behind my vehicle has knocked onto the rear of my vehicle. I then slowed down and stopped my vehicle. The vehicle behind me also came to a stop and when I came out of my taxi, the driver of the said vehicle winded down his window to ask if I am okay and he also told me to stop at the side. I told him that I will take photos of the vehicles first. After I took the photos, he then drove his vehicle in front of mine and came to a stop at the side. After I stopped my taxi behind his vehicle, I walked towards the other vehicle. However, before I reach the said vehicle, the driver drove off his vehicle and did not come out of his vehicle at all. As such, I called for police.

Shortly after, ambulance arrived and at about 2235hrs, I was being brought to Singapore General Hospital as I felt giddy and some pain in my neck and shoulder areas. I would like to state that when I was conveyed, traffic police have yet to reach. After seeking medical treatment, I was given 4 days of MC from 12/6/2021 to 15/6/2021.

I would like to state that due to this incident, my taxi sustained a big dent at the rear and the car plate is also damaged. I have informed my company about the incident. There are in-car cameras in my taxi facing both front and back however only my company can access to the footages.

On 12/6/2021 at about 2300hrs, an Investigation officer namely Muhammad Noor from Traffic Police messaged me via WhatsApp and asked me to lodge a police report about the incident. As such, I am lodging this police report.



**SINGAPORE
POLICE FORCE**



T/20210613/2013

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20210613/2013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 POH WAN XUAN, GLORIS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 DAVID YAP

Contact No.:



SN 156

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

13/06/2021 10:42

Classification Of Case: