

ASS. REC. BY:

REF:

64/41921007323/T. p93

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. _____

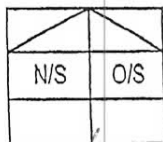
Claims No. _____

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: _____

Vehicle: IN / OUT

Veh No: SHU 7679X Yr Regn: 2021 Jan.

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

Truck / Trailer or

Make: Hyundai Long c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 53209 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM H C 851 CV 24191752Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15R: 22

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

TOYO / YOKO or

Wootlike

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 5/7/21 @ 430Survey held at Garage

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / L.B. ()

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA7679X

03/07/21

MAKE :

MODEL IONIQ G3

CHIANG/AIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			<i>cur</i> \$459.40
1	REAR BUMPER CENTRE MOULDING			<i>del</i> \$451.25
1	REAR BUMPER REINFORCEMENT			<i>?</i> \$394.80
2	REAR BUMPER STAY LH /RH		\$138.10	<i>?</i> \$276.20
1	REAR BUMPER LOWER CENTRE MOULDING			<i>Ry</i> \$155.00
1	REAR BUMPER UNDER LH COVER			<i>X</i> \$108.00
10	REAR BUMPER CLIPS		\$2.20	<i>del</i> \$22.00
1	BOOTLID COVER			<i>Ry</i> \$2,480.40
1	BOOTLID LOCK UPPER			<i>X</i> \$224.00
1	BOOTLID H EMBLEM			<i>del</i> \$38.00
1	BOOTLID EMBLEM IONID			<i>del</i> \$31.80
1	BOOTLID EMBLEM HYBRID			<i>del</i> \$24.30
1	BUMPER FOG LAMP			<i>?</i> \$201.00
1	BUMPER NUMBER LAMP LH/RH		\$85.30	<i>?</i> \$170.60
1	BUMPER HOOK COVER			<i>X</i> \$94.60
1	REAR REFLECTOR LH /RH		\$41.45	<i>X</i> \$63.53
1	REAR ANTENNA – SMART KEY			<i>?</i> \$40.50
2	REAR BUMPER BRACKET LH /RH		\$55.80	<i>X</i> \$111.60
				\$5,346.98
				20.00%
				\$1,069.40
				DISCOUNTED TOTAL
				\$4,277.58
1	BOOTLID COMFORT APP STICKER			<i>del</i> \$40.00
2	BOOTLID COMFORT /TEL NUMBER STICKER		\$30.00	<i>del</i> \$60.00
1	REAR NUMBER PALTE W/HOLDER			<i>del</i> \$55.00
1	REAR REVERSE SENSOR			<i>del</i> \$180.00
				\$335.00
	Labour Charge			
	Panel Beating			<i>575</i> \$750.00
	Spray Painting Charge			<i>500</i> \$600.00
	Check wiring and lighting			<i>30</i> \$60.00
	Tuff Kote			<i>X</i> \$60.00
	Remove/Refix reverse sensor			<i>30</i> \$60.00
				\$1,530.00
	TOTAL LABOUR			\$1,530.00
	ESTIMATE TOTAL			\$6,142.58
<p>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.</p> <p><i>Tanpin 9741574 S</i> <i>wp 5/7/21 0430</i> <i>P/P Resurvey before print</i> <i>tanpin@khanda.com</i> <i>2-3 days</i></p>				

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(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305476664
STOMER		REGN NO.: SHA7679X	MILEAGE	
/MS	COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E.....1/2.....F	
STOMER NO.	7010045	MODEL	DATE/TIME IN 03.07.2021 08:10	
DRESS	383 SIN MING DRIVE	YR OF MANU.	TARGET DATE	
	Singapore SINGAPORE 575717	CHASSIS CODE	COMPLETION DATE/TIME	
(R)	65508755			
(P)				
SCOUNT CARD NO.				

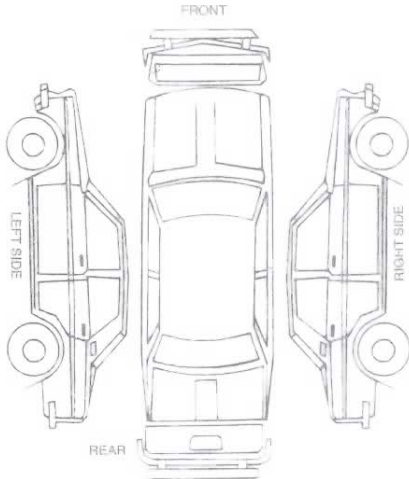
4095172

JOB DESCRIPTION

Accident Date: 03.07.2021
NATURE: 3P0.03.07.2021

S/NO LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
e No.: SHA7679X CHIANG		Vehicle No.: SHA7679X	
of Service Advisor		Name of Service Advisor	
Signature/Date		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	04/07/2021 13:44 (SGT)
Date of Accident	03/07/2021 07:40 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS LOYANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7679X
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) +65-98183057
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 - 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	ONG KENG GUAN
NRIC No	SXXXX600H

Date Of Birth	15/04/1957
Occupation	Outdoor
Date Of Driving Pass	27/02/2003
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98183057
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 106 ALJUNIED CRESCENT #03-189
Address complement	-
Postcode	380106
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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

ON 03/07/2021 07HRS I WAS WAITING AT THE ROAD FROM TPE EXIT TO LOYANG WAY TO ENSURE MAIN ROAD SAFE TO ENTER. SUDDENLY VEH (B) SMK8267H HIT MY TAXI REAR PORTION. I HAVE ONE FEMALE PASSENGER BUT ON ONE INJURED. I ONLY TOOK PHOTO OF HIS CAR.

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	SMK8267H
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

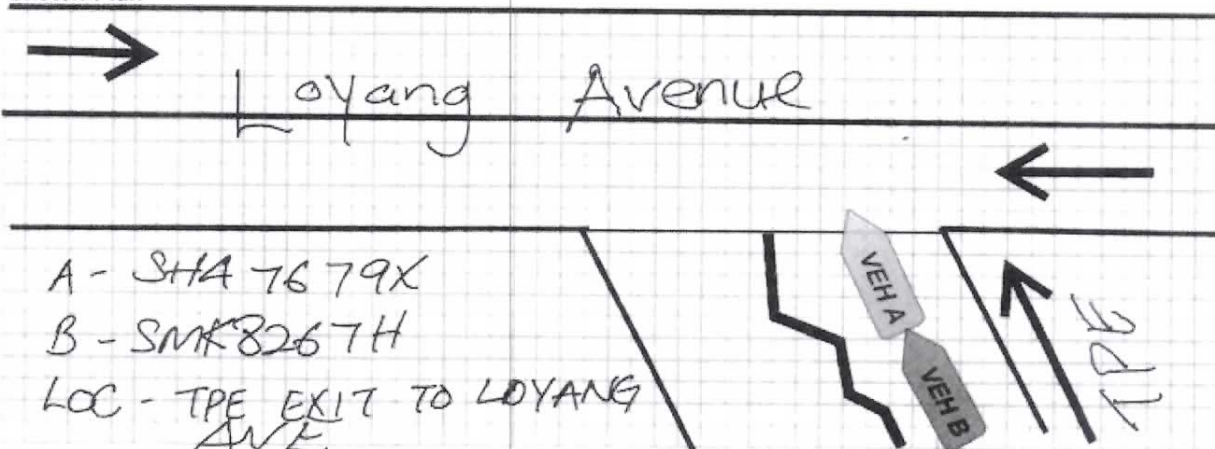
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 Officer / Date & Time

Sketch Plan



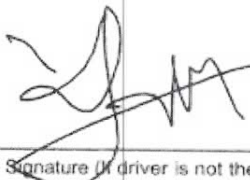
Describe Circumstances of the Accident

03072021 0740HRS I WAS WAITING AT THE SLIP ROAD FROM TPE EXIT TO LOYANG WAY TO ENSURE MAIN ROAD SAFE TO ENTER. SUDDENLY VEH B HIT MY TAXI REAR PORTION. I HAVE ONE FEMALE PASSENGER BUT NO ONE INJURED. I ONLY TOOK PHOTO OF HIS CAR.

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



Witnessed by Reporting Centre
Personnel

