

ASS. REC. BY: Tangth

REF:

INC NS/INC21008243/T1uc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHA 7105Kat Workshop m/s COMFORT DELGRO

of _____

Insured: SLL 631Z

Policy No. _____

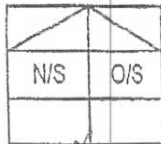
Claims No. MT/1141295-001

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: 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: SHA 7105KYr Regn: 2019

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

Truck / Trailer or

Make: Myundaic.c. 1580Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 204928

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 10M HC851 CVRM 165219

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD AJRim or

Tyre Size: F: 195/65R15R: ~ ~

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

TOYO / YOKO or Wenthere

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 3/8/21Survey held at Comfort Delgro

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
	Confirmed final fig \$630, 2 repair days.
	(RED \$1781.28; 74%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 17/8 TYPIST

☐

: Final Report

Date/Time, File Return to?

2) _____

Report Format: TPLump Sum / L.B.H. \$ \$630Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA7105K

02/08/21

MAKE :

CHIANG/NTUC

MODEL IONIQ G2

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER		R \$459.40
1	REAR BUMPER SIDE BRACKET LH		X \$55.80
1	REAR BUMPER CENTRE MOULDING		R \$451.25
1	REAR BUMPER REFLECTOR LH		X \$41.45
1	REAR BUMPER TOW COVER		X \$98.80
10	REAR BUMPER CLIPS		X \$22.00
1	REAR REINFORCEMENT STAY HH		X \$138.10
1	REAR BUMPER REINFORCEMENT		X \$394.80
	SUB TOTAL		\$1,661.60
	20.00%		\$332.32
	DISCOUNTED TOTAL		\$1,329.28
1	REAR REVERSE SENSOR		? \$180.00
1	REAR NUMBER PLATE W/HOLDER		X \$55.00
1	REAR BUMPER MAT		X \$50.00
			\$212.00
	Labour Charge		
	Panel Beating		350 \$450.00
	Spray Painting Charge		250 \$300.00
	Tuff Kote		X \$60.00
	Remove/refix Reverse sensor		30 \$60.00
	TOTAL LABOUR		\$870.00
	ESTIMATE TOTAL		\$2,411.28
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.			

Tanphat 9749 5749
 'wp'
 31/8/21 2:40pm
 Resurvey after repair
 2 days
 Tanphat @ Kkauto.com

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.: 305481166

STOMER

MS

STOMER NO.

RESS

(R)

(P)

COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.:

SHA7105K

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

DATE/TIME IN

02.08.2021 11:15

YR OF MANU

06.08.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU165219

COMPLETION DATE/TIME:

JOB DESCRIPTION

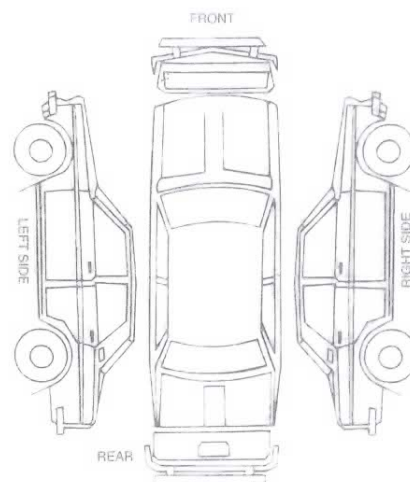
Accident Date: 31.07.2021

NATURE: 3P 31.08.2021

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

SHA7105K

CHIANG

Vehicle No.:

SHA7105K

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	03/08/2021 10:18 (SGT)
Date of Accident	31/07/2021 14:20 (SGT)
Exact Location of Accident	Hillview Ave, Singapore
Additional Location Information	TURNING RIGHT ONTO BUKIT BATOK EAST AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7105K
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) +65-94573530
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	CHOW AH KONG
NRIC No	SXXXX515J



Date Of Birth	02/04/1965
Occupation	Outdoor
Date Of Driving Pass	21/01/1985
Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94573530
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 15 TECK WHYE LANE #06-137
Address complement	-
Postcode	680015
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 31/07/2021 AT ABOUT 1420HRS I WAS DRIVING MY VEHICLE A SHA7105K ON THE MOST RIGHT LANE OF HILLVIEW AVE INTENDING TO TURN RIGHT ONTO BUKIT BATOK EAST AVE 2. BEFORE THE TRAFFIC JUNCTION VEHICLE B SLL631Z WHICH WAS BEHIND MY VEHICLE REAR ENDED MY STATIONARY VEHICLE A. AFTER IMPACT I FEEL PAIN ON MY NECK AND BACK.

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	SLL631Z
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla

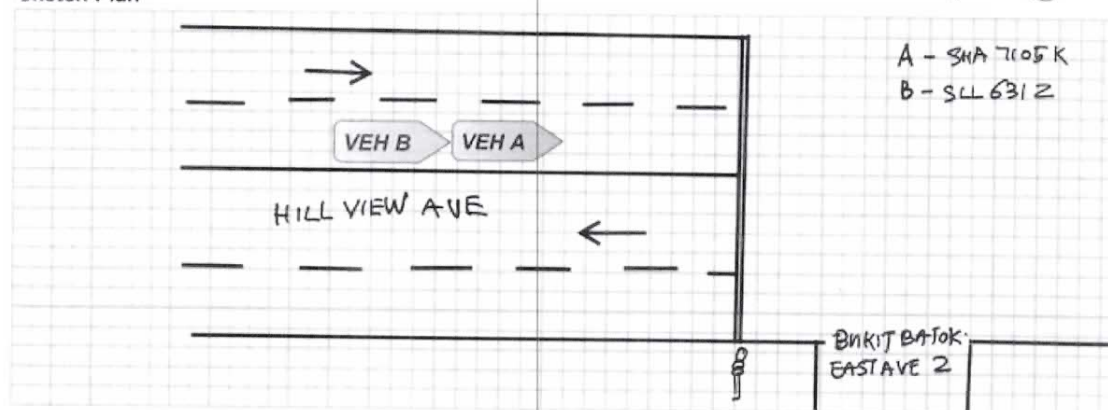
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private hire
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 02.08.2021 1210 HRS

Witnessed by Reporting Centre Personnel *Agan Yung***Sketch Plan**

Describe Circumstances of the Accident

ON 31/07/2021 AT ABOUT 1420HRS I WAS DRIVING MY VEHICLE A SHA7105K ON THE MOST RIGHT LANE OF HILLVIEW AVE INTENDING TO TURN RIGHT ONTO BUKIT BATOK EAST AVE 2. BEFORE THE TRAFFIC JUNCTION VEHICLE B SLL631Z WHICH WAS BEHIND MY VEHICLE REAR ENDED MY STATIONARY VEHICLE A. AFTER IMPACT I FEEL PAIN ON MY NECK AND BACK.

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

