

ASS. REC. BY:

Tangkh

REF:

INC

NS/INC21008264/T1uc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHC 8411J

at Workshop m/s COMFORT DELGRO

of _____

Insured: GBK 9287Z

Policy No. _____

Claims No. MT/1140512-002

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

MS to be

Veh No: SHC8411J Yr Regn: 2021 / Jan.

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

Truck / Trailer or

Make: Hyundai / Kia C.C. 1580

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

Sp. Reading: 35766 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC85 / CVL 4192800

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 / 65 R15

R: 7 ~

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

TOYO / YOKO or

Westlake

Front

Rear

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

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

D.O.A. D.O.I. 4/8/21 83pm

Survey held at Comfort bying

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

Frt O/S

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

Date / Time Action / Instruction

Confirmed final fig \$2340.92, 3 repair days.

(RED \$6158.80; 72%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 17/8 TYPIST

☐

: Final Report

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / L.B. (T) \$2340.92

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

REPAIR ESTIMATE

Model : IONIQ(G3)

MVA: MS. LOKE YY

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.

Tamphri 97495749
WP 4/8/71 @ 3pm
R/P Resum before part
2-3 days
tamphri @ Kuantan

Date:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4105006 JC NO.: 305481169

OMER
S
OMER NO.
IESS
(R)
(P)
COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REGN NO.: SHC8411J	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 02.08.2021 15:31
YR OF MANU 29.01.2021	TARGET DATE
CHASSIS CODE KMHC851CVLU192800	COMPLETION DATE/TIME:

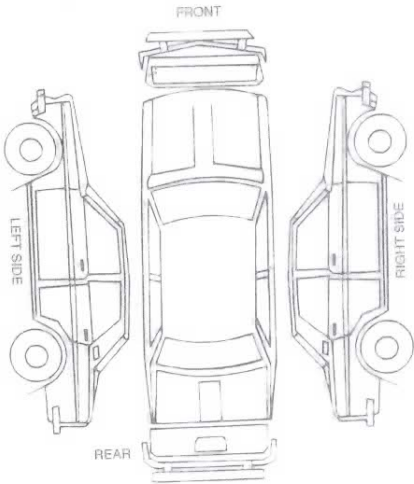
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 02.08.2021
NATURE: 3P 02.08.2021

S/NO LABOR CODE

DESCRIPTION



IECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

3:
O.:
ile No.: SHC8411J YY

Exit Pass

Vehicle No.: SHC8411J

3 of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

returned to Service Reception upon collection

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 18:16 (SGT)

Date of Accident

02/08/2021 15:40 (SGT)

Exact Location of Accident

Bedok North Street 1, Singapore

Additional Location Information

-

Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC8411J

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) +65-91865345

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

TAN AH TEE

NRIC No

SXXXX076J

Date Of Birth	10/06/1951
Occupation	Outdoor
Date Of Driving Pass	20/09/1969
Driving experience	51 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91865345
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 288A BUKIT BATOK ST 25 #12-232
Address complement	-
Postcode	650288
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	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)	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

ON 02/08/2021, AT ABOUT 15:40HRS. I WAS DRIVING VEHICLE A, SHC8411J. I WAS TRAVELLING ALONG BEDOK NORTH AVE 2 AT THE LEFT LANE. I STOPPED AT THE CONTROLLED JUNCTION AS THE LIGHT IS RED. ONCE THE LIGHT TURNS GREEN, I TURNED LEFT TOWARDS BEDOK NORTH ST 1. DURING THE TURN VEHICLE B FROM BEHIND SUDDENLY OVERTOOK ME ON THE RIGHT AND HIT ONTO MY FRONT RIGHT SIDE AND CAUSED BADLY DAMAGED ONTO MY BUMPER. AS I RECALLED, THE LANE THAT I WAS TRAVELLING WAS ONLY 1 LANE TURNING LEFT.

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	GBK9287Z
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver

NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

MUHAMMAD ZAHRIAR BIN ALI

SXXXX750J

(Phone) +65-96257256

APT BLK 612A TAMPINES NORTH DRIVE 1 #13-242

-

521612

-

-

-

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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:

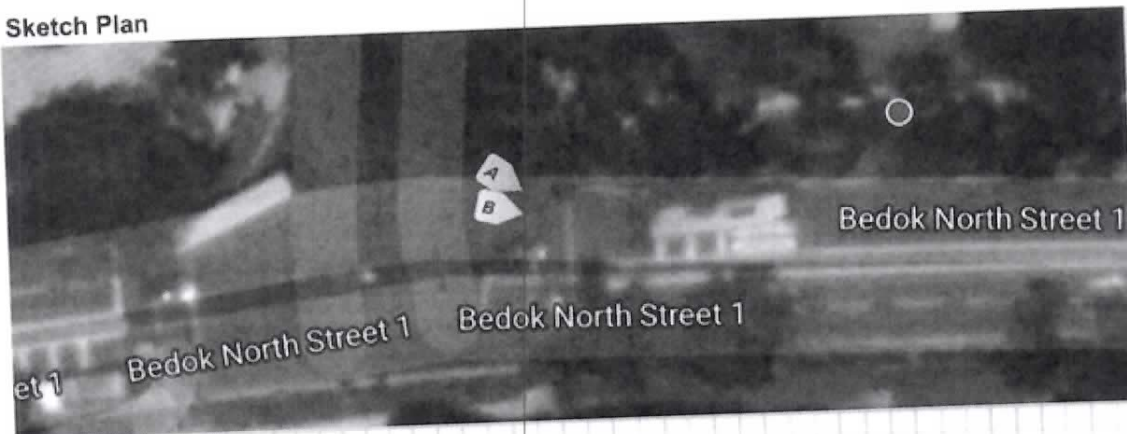
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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



A-SHC8411J
B-GRX92872

Describe Circumstances of the Accident

ON 02/08/2021, AT ABOUT 15:40HRS. I WAS DRIVING VEHICLE A, SHC8411J. I WAS TRAVELLING ALONG BEDOK NORTH AVE 2 AT THE LEFT LANE. I STOPPED AT THE CONTROLLED JUNCTION AS THE LIGHT IS RED. ONCE THE LIGHT TURNS GREEN, I TURNED LEFT TOWARDS BEDOK NORTH ST 1. DURING THE TURN VEHICLE B FROM BEHIND SUDDENLY OVERTOOK ME ON THE RIGHT AND HIT ONTO MY FRONT RIGHT SIDE AND CAUSED BADLY DAMAGED ONTO MY BUMPER. AS I RECALLED, THE LANE THAT I WAS TRAVELLING WAS ONLY 1 LANE TURNING LEFT.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

7/9 3

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

16:50 02.08.21

Witnessed by Reporting Centre Personnel

MD NAPPIN