

ASS. REC. BY:

REF:

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. _____

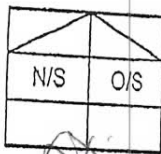
Sum Insured: _____

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: SHD3178KYr Regn: 2016 March

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

Truck / Trailer or

Make: Hyundai

c.c

1685Colour: BlueSp. Reading: 689947

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB 414m 64085464

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: 205/60R16R: 205/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Wintake

Front

Rear

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

D.O.A. _____

D.O.I. 4/8/21 0315pmSurvey held at Comfort Logix

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

Repair Unit \$6600.

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Invs (\$ _____)



: Wash and (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

Report Form:

Lump Sum / L.S. (\$ _____)

COMFORTDELGRO ENGINEERING PTE LTD

P1/2

REPAIR ESTIMATE

LKK-

NTUC (45)

DATE: 04/08/21

3P INSURANCE:

MODEL: HYUNDAI I40

SURVEYOR: LKK

VEH NO.: SHD3178K

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Bootlid	1		\$2,609.80 <i>bt</i>
	Bootlid Hinge (LH/RH)	2	\$142.30	284.60 <i>bt</i>
	Bootlid Lock Upper	1		\$114.90 <i>?</i>
	Bootlid Lock Lower	1		\$31.70 <i>bt</i>
	Bootlid Hyundai Plate	1		\$21.10 <i>ner</i>
	Bootlid 'H' Emblem	1		\$63.10 <i>ner</i>
	Bootlid CRDI Plate	1		\$52.40 <i>ner</i>
	Bootlid I40 Emblem	1		\$67.90 <i>ner</i>
	Bootlid Lamp (LH/RH)	2	\$622.20 <i>RH?</i>	\$1,244.40 <i>LH ner</i>
	Bootlid License Lamp	1		\$56.10 <i>?</i>
	Bootlid Trimboard	1		\$343.90 <i>?</i>
	Bootlid Moulding	1		\$85.00 <i>de</i>
	Bootlid Lower Outer Garnish	1		\$227.90 <i>de</i>
	Rear Bumper	1		\$1,106.00 <i>de</i>
	Rear Bumper Reinforcement	1		\$428.40 <i>ner</i>
	Rear Bumper Clip (10 pcs)	10	\$2.20	\$22.00 <i>ner</i>
	Rear Bumper Side Bracket RH/LH	2	\$80.30 <i>RH X</i>	\$160.60 <i>LH ner</i>
	Rear Bumper Sponge	1		\$119.50 <i>Gra</i>
	Rear Bumper Under Cover	1		\$228.00 <i>de</i>
	Rear Bumper Reflector RH/LH	2	\$32.00 <i>RH X</i>	\$64.00 <i>LH ner</i>
	Tail Lamp (LH/RH)	2	\$697.80 <i>RH?</i>	\$1,395.60 <i>LH ner</i>
	Exhaust Muffler LH	1		\$967.70 <i>X</i>
	Exhaust Pipe Centre	1		\$730.10 <i>X</i>
	Rear End Panel	1		\$526.70 <i>bt</i>
	Rear End Lower Panel	1		\$495.50 <i>RH</i>
	Rear End Panel Garnish	1		\$57.70 <i>de</i>
	Fuel Lid Cover	1		\$82.10 <i>ner</i>
	Spare Wheel Panel	1		\$852.80 <i>RH</i>
	Rear Wheel Cushion Cover	1		\$223.10 <i>X</i>
	Rear Towing Hood	1		\$194.60 <i>X</i>
SPARE PARTS SUB TOTAL				\$12,857.20
LESS 20%				\$2,571.44
DISCOUNTED SPARE PARTS TOTAL				\$10,285.76

L/S

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.

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:

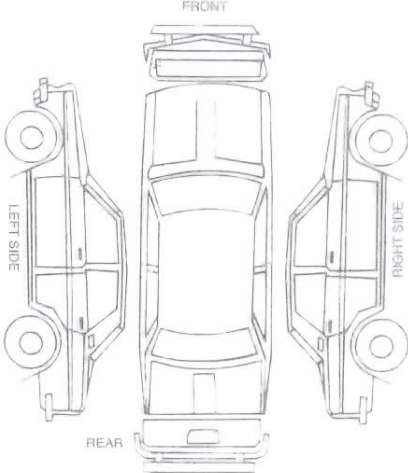
fax

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305481383

MER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHD3178K	MILEAGE
MER NO.	7010045	MAKE : HYUNDAI	FUEL
SS	383 SIN MING DRIVE	MODEL I-40	E.....1/2.....F
R)	Singapore SINGAPORE 575717	YR OF MANU. 04.03.2016	DATE/TIME IN 03.08.2021 09:05
P)	65508755 (O)	CHASSIS CODE KMHLB41UMGU085464	TARGET DATE
JNT CARD NO.			COMPLETION DATE/TIME:

Accident Date: 03.08.2021
NATURE: 3P 03.08.2021

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHD3178K LIMITS

Vehicle No.: SHD3178K

ervice Advisor Signature/Date

Name of Service Advisor Date

ned 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	04/08/2021 10:45 (SGT)
Date of Accident	03/08/2021 07:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS AND BEFORE JALAN BAHAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3178K
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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) +65-98808952
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

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	MOHAMED YAZID BIN DAUD
NRIC No	SXXXX255J

Date Of Birth	10/06/1982
Occupation	Outdoor
Date Of Driving Pass	09/02/2001
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98808952
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 430B YISHUN AVENUE 11 #02-408
Address complement	-
Postcode	762430
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	FAIZ
Gender	Male

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 03/08/2021 AT ABOUT 0730HRS I WAS DRIVING MY VEHICLE A SHD3178K ON THE MOST LEFT LANE OF PIE TOWARDS TUAS. JUST BEFORE THE JALAN BAHAR EXIT I SLOWED DOWN AND STOP WHEN VEHICLE B CB8015J REAR ENDED MY STATIONARY VEHICLE A. MY MALE PASSENGER COMPLAIN NECK PAIN AND HEADACHE. AS FOR ME I TOO FEEL BACK PAIN AND STRAIN ON MY SHOULDER. WILL GO SEE DOCTOR

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	CB8015J
Vehicle Manufacturer	Toyota

Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KOH CHENG KEE
NRIC No	SXXXX084I
Contact Number	(Phone) +65-96269591
Address	BLK 736 JURONG WEST ST. 75 #10-05
Address complement	-
Postcode	640736
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED YAZID BIN DAUD
Gender	Male
Phone No	(Phone) +65-98808952
Address	APT BLK 430B YISHUN AVENUE 11 #02-408
Address Complement	-
Post Code	762430
Approximate Age Years Old	39
Injuries Sustained	BACK PAIN AND STRAIN ON SHOULDER
Injured person in which vehicle?	SHD3178K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	FAIZ
Gender	Male
Phone No	(Phone) +65-88920889
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN AND HEADACHE
Injured person in which vehicle?	SHD3178K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

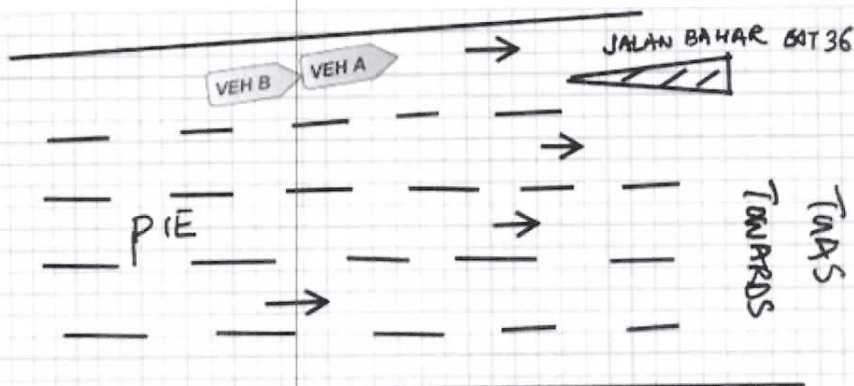
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHD 378K
B - CB 8015J



Describe Circumstances of the Accident

ON 03/08/2021 AT ABOUT 0730HRS I WAS DRIVING MY VEHICLE A SHD3178K ON THE MOST LEFT LANE OF PIE TOWARDS TUAS. JUST BEFORE THE JALAN BAHAR EXIT I SLOWED DOWN AND STOP WHEN VEHICLE B CB8015J REAR ENDED MY STATIONARY VEHICLE A. MY MALE PASSENGER COMPLAIN NECK PAIN AND HEADACHE. AS FOR ME I TOO FEEL BACK PAIN AND STRAIN ON MY SHOULDER. WILL GO SEE DOCTOR

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 03-08-2021 0945 HRS

Witnessed by Reporting Centre
Personnel Kym Yong