

ASS. REC. BY: Tang JH

REF:

INC NS/INC21008379/T1uc

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SH 6621Bat Workshop m/s COMFORT DELGRO

of \_\_\_\_\_

Insured: SKG 3839K

Policy No. \_\_\_\_\_

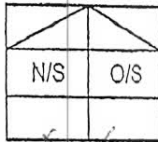
Claims No. MT/1142128-002

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: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: Ms Loke

Vehicle: IN / OUT

Veh No: SH6621B Yr Regn: 2021 Jan

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

Truck / Trailer or

Make: Hyundai c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 88046 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCS51CVLY-191987

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: 195/65R15R: 2 1

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

TOYO / YOKO or Wastake

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 6/8/21 03pmSurvey held at Comfort LogonDes. 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 P/P \$1628.62, 2 repair days.

(RED \$1288.74; 44%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 1/9 TYPIST

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: TPLump Sum / LBA \$1628.62Days Of Repair: 2Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

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

## COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SH6621B

Make : HYUNDAI

Model : IONIQ(G2)

Date: 10/08/21

Insurance: NTUC

MVA: MS. LOKE YY

P/P.

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			Ry \$459.40
10	REAR BUMPER CLIPS			ng \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			de \$451.25
1	REAR BUMPER REINFORCEMENT			? \$394.80
1	FOG LAMP			x \$201.50
2	RR BUMPER REINFORCEMENT BRACKET LH RH		\$138.10	? \$276.20
1	REAR BUMPER LICENCE LAMP			x \$85.30
	<b>SUB TOTAL</b>			\$1,890.45
	<b>LESS 20%</b>			\$378.09
	<b>DISCOUNTED TOTAL</b>			<b>\$1,512.36</b>
1	REAR BUMPER RUBBER MAT			x \$50.00
1	REAR NUMBER PLATE WITH TRIM COVER		-10%	an \$45.00
1	REAR BUMPER REVERSE SENSOR		-10%	mu \$180.00
				<b>\$275.00</b>
	<b>Labour Charge</b>			
	PANEL BEATING			350 \$700.00
	SPRAY PAINTING CHARGE			250 \$300.00
	WIRING CHARGE			x \$50.00
	REMOVE/REFIX REVERSE SENSOR			30 \$80.00
	<b>TOTAL LABOUR</b>			<b>\$1,130.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$2,917.36</b>

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.

Tanpin 97795247  
 wp' 10/8/21 @ 3pm  
 P/P Resurvey and parts  
 Tanpin e/Manon  
 2 days

**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:

Date/Time: 10.08.2021 10:25

Page :

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order: 4106561

JC NO.: 3054815

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO. 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
TEL. (R) 65508755 (O)  
(P)

DISCOUNT CARD NO.

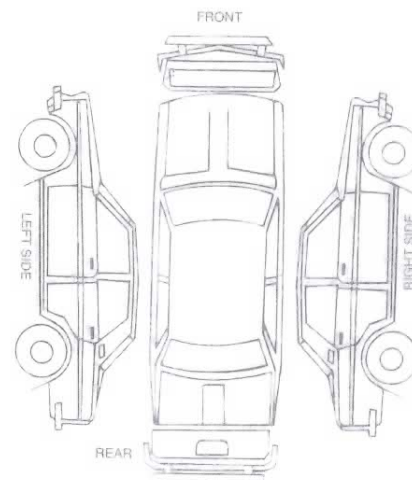
REGN NO.: SH 6621B	MILEAGE.
MAKE: HYUNDAI	FUEL E.....1/2.....
MODEL IONIQ(G3)	DATE/TIME IN 10.08.2021 10:
YR OF MANU. 28.01.2021	TARGET DATE
CHASSIS CODE KMHC851CVLU191987	COMPLETION DATE/TIME

Accident Date: 06.08.2021  
NATURE: 3P 06.08.2021

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

ne:  
No.: SH 6621B YY  
icle No.:

Exit Pass

Vehicle No.: SH 6621B

ne of Service Advisor

Signature/Date

Name of Service Advisor

Date

ie 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	07/08/2021 13:19 (SGT)
Date of Accident	06/08/2021 15:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	EXIT LENTOR AVE AND AT THE SLIP ROAD TO SEMBAWANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6621B
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) +65-97642797
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	CHEW KENG NAM
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NRIC No	SXXXX161G
Date Of Birth	25/04/1968
Occupation	Outdoor
Date Of Driving Pass	20/08/1988
Driving experience	33 YEARS
Gender	Male
Mobile Number	(Phone) +65-97642797
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 460 ANG MO KIO AVENUE 10 #17-1582
Address complement	-
Postcode	560460
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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?	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	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 06/08/2021 AT ABOUT 1520HRS I WAS DRIVING MY VEHICLE A SH6621B FROM CTE EXIT LENTOR AVE. AT THE SLIP ROAD TO SEMBAWANG ROAD, AS I WAS SLOWLY EXITING VEHICLE B SKG3839K REAR ENDED MY VEHICLE A. MY PASSENGER IS NOT INJURED AT THAT POINT OF TIME. AS FOR ME I FEEL STRAIN ON MY NECK AND BACK. PARTICULARS EXCHANGED

#### 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	SKG3839K
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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.
 (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

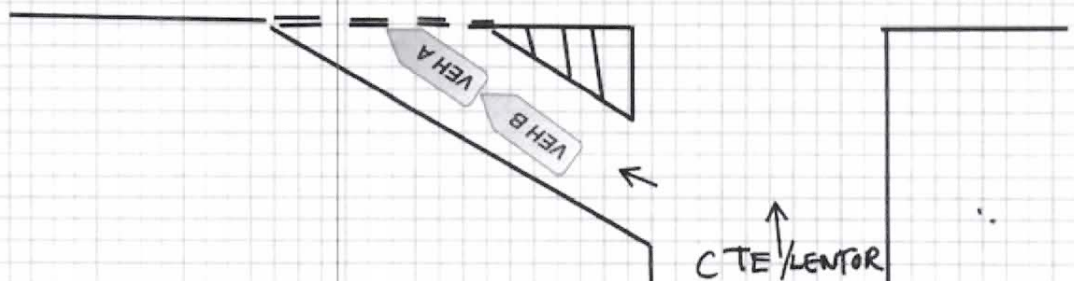
Driver's Signature (If driver is not the policyholder) / Date & Time 07.08.2021 1000 HRS

Witnessed by Reporting Centre Personnel Kym Yung

**Sketch Plan**

A- SH6621B  
B- SKG 3839K

SEMBAWANG ROAD





## Describe Circumstances of the Accident

ON 06/08/2021 AT ABOUT 1520HRS I WAS DRIVING MY VEHICLE A SH6621B FROM CTE EXIT LENTOR AVE. AT THE SLIP ROAD TO SEMBAWANG ROAD, AS I WAS SLOWLY EXITING VEHICLE B SKG3839K REAR ENDED MY VEHICLE A. MY PASSENGER IS NOT INJURED AT THAT POINT OF TIME. AS FOR ME I FEEL STRAIN ON MY NECK AND BACK. PARTICULARS EXCHANGED

## 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

07-08-2021 1010HRS

Lynni Yong