

ASS. REC. BY: Tan JH

REF:

NS/INC21008493/T1tc

INC

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. **MT/1143022-001**

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 WPDate: _____ Person Contacted: Ms Loh Vehicle: IN / OUTVeh No: SHC1802K Yr Regn: 2018, July

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: 402414 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMHC851C6JH103412

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15R: 22BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Waste

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 11/8/21 2440pmSurvey held at Comfort Lodge

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

COR I/s \$1800, 2 days.
red: 1656.28; 47%

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Format: _____

Lump Sum / L&L ()

Days Of Repair: **2**

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC1802K

Make : HYUNDAI

Model : IONIQ(G2)

Date: 11/08/21

Insurance: NTUC

MVA: MS. LOKE YY

4/5

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			fra ✓ \$459.40
10	REAR BUMPER CLIPS			ner ✓ \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			de ✓ \$451.25
1	REAR BUMPER LOWER CENTRE MOULDING			de ✓ \$155.00
1	REAR BUMPER REINFORCEMENT			x ✓ \$394.80
1	FOG LAMP			ay ✓ \$201.50
2	RR BUMPER REINFORCEMENT STAY LH RH		\$138.10	x ✓ \$276.20
1	REAR BUMPER REFLECTOR LAMP RH			x ✓ \$41.45
1	LICENCE LAMP			cut ✓ \$85.30
1	REAR BUMPER TOWING COVER			miz ✓ \$98.80
1	REAR PANEL			x ✓ \$532.00
1	REAR PANEL GARNISH			x ✓ \$346.80
	SUB TOTAL			\$2,001.60
	LESS 20%			\$400.32
	DISCOUNTED TOTAL			\$1,601.28
1	REAR BUMPER RUBBER MAT			ny ✓ \$50.00
1	REAR NUMBER PLATE WITH TRIM COVER		-10%	ny ✓ \$45.00
1	REAR BUMPER REVERSE SENSOR		-10%	ny ✓ \$180.00
				\$275.00
	Labour Charge			
	PANEL BEATING			350. ✓ \$950.00
	SPRAY PAINTING CHARGE			250 ✓ \$500.00
	WIRING CHARGE			30 ✓ \$50.00
	REMOVE/REFIX REVERSE SENSOR			30. ✓ \$80.00
	TOTAL LABOUR			\$1,580.00
	ESTIMATE TOTAL			\$3,456.28

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.

Tanjin 97495749
11/8/21 2440
4/5 hours after repair
Tanjin @ Mantap.com
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:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4106799

JC NO.: 305482027

CUSTOMER
3/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)
L. (R) (P)
3COUNT CARD NO.

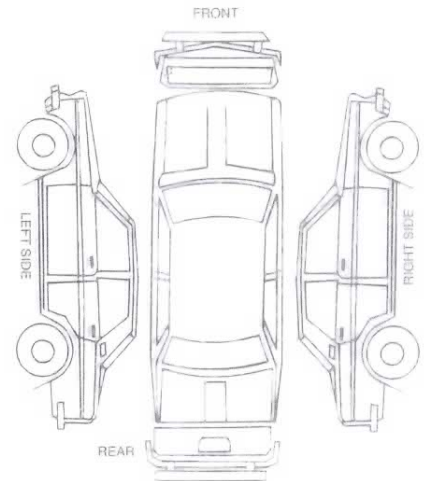
REGN NO.: SHC1802K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 10.08.2021 16:35
YR OF MANU. 03.07.2018	TARGET DATE
CHASSIS CODE KMHC851CVJU103412	COMPLETION DATE/TIME:

Accident Date: 07.08.2021
NATURE: 3P 07.08.2021

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHC1802K YY

Exit Pass

Vehicle No.: SHC1802K

Signature/Date

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	08/08/2021 23:36 (SGT)
Date of Accident	07/08/2021 18:50 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1802K
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) +65-92368833
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	LEONG CHIEH HAO, ALEX
NRIC No	SXXXX049A

Date Of Birth	21/02/1979
Occupation	Outdoor
Date Of Driving Pass	18/03/2004
Driving experience	17 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92368833
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	50 LORONG 40 GEYLANG
Address complement	#02-45
Postcode	398074
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)	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 07/08/2021, AT ABOUT 18:50HRS. I WAS DRIVING VEHICLE A, SHC1802K. I WAS TRAVELLING ALONG PAYA LEBAR ROAD AT THE 3RD LANE FROM THE RIGHT. I STOPPED AT THE CONTROLLED CROSS JUNCTION AS THE LIGHT WAS RED. SUDDENLY I HEARD A LOUD BANG AND IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B REAR ENDED MY VEHICLE.

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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCJ8386X
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH CHENG MIANG

NRIC No	SXXXX491A
Contact Number	(Phone) +65-97845398
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLANIMPORTANT 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 01.08.21 20:55

Witnessed by Reporting Centre Personnel MD NA 22 in



A - SHC1802K
B - SCJ8386X

Describe Circumstances of the Accident

ON 07/08/2021, AT ABOUT 18:50HRS. I WAS DRIVING VEHICLE A, SHC1802K. I WAS TRAVELLING ALONG PAYA LEBAR ROAD AT THE 3RD LANE FROM THE RIGHT. I STOPPED AT THE CONTROLLED CROSS JUNCTION AS THE LIGHT WAS RED. SUDDENLY I HEARD A LOUD BANG AND IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B REAR ENDED MY VEHICLE.

Declaration

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

Policyholder's Signature / Date &

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

07.08.21 20:55

Witnessed by Reporting Centre Personnel MD NARRIN

