

ASS. REC. BY: Tanjith

REF:

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. _____

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: _____ 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: SMD3464J Yr Regn: 2020, Feb.

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

Truck / Trailer or

Make: Hyundai Comiq c.c. 1580

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

Sp. Reading: 166298 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH851C064189417

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: 195/65R15

R: _____

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

TOYO / YOKO or Worlake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 0 mm

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

D.O.A. _____ D.O.I. 1/8/2020

Survey held at Comfort Layer

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

Date/Time, File Pass to? : Preli. Report
 : Final Report

1) _____
Date/Time, File Return to?

2) _____

Report Format: _____
Lump Sum / L&L/C _____

Days Of Repair: _____

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. : SHD3464J

Make : HYUNDAI

Model : IONIQ(G3)

Date: 11/08/21

Insurance: NTUC

MVA: MS. LOKE YY

PIP
=

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR FENDER RH			\$1,768.30
1	REAR DOOR RH			\$1,789.90
1	REAR DOOR OUTER MOULDING			\$125.30
	SUB TOTAL			\$3,683.50
	LESS 20% DISCOUNTED TOTAL			\$736.70
				\$2,946.80
1	REAR DOOR COMFORTDELGRO & APPS STICKER RH			\$80.00
				\$80.00
	Labour Charge			
	PANEL BEATING		350	\$1,050.00
	SPRAY PAINTING CHARGE		500	\$600.00
	REMOVE & REFIX CUSHION & UPHOLSTERY REAR		X	\$120.00
	TUFF KOTE		X	\$60.00
	TRANSFER OF DOOR		X	\$120.00
	TOTAL LABOUR			\$1,950.00
	ESTIMATE TOTAL			\$4,976.80

Rp
Rp
Rp

Nett

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 97495749
WP' 11/8/21 / 05pm
= 2 days

PIP Resurvey after repair
Tanpin @ 11/10/21

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: 4106959 JC NO.: 305482334

STOMER
/MS
STOMER NO.
DRESS
.. (R)
(P)
COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

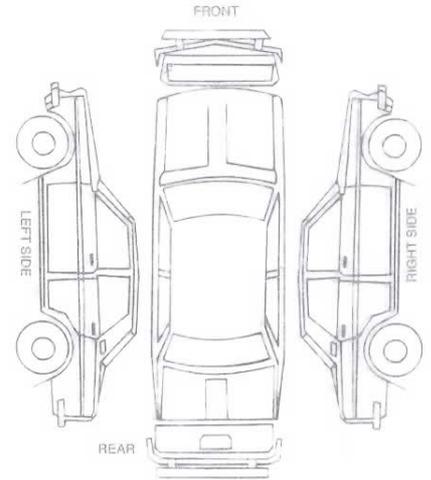
REGN NO.: SHD3464J	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 11.08.2021 10:05
YR OF MANU. 13.02.2020	TARGET DATE
CHASSIS CODE KMHC851CVLU189417	COMPLETION DATE/TIME:

Accident Date: 10.08.2021
NATURE: 3P 10.08.2021

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHD3464J** **YY**

Vehicle No.: **SHD3464J**

Name 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	11/08/2021 14:43 (SGT)
Date of Accident	10/08/2021 20:50 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3464J
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) +65-97929632
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	HO TENG KWONG
NRIC No	SXXXX186Z

Date Of Birth	07/06/1954
Occupation	Outdoor
Date Of Driving Pass	11/02/1977
Driving experience	44 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97929632
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 288C COMPASSVALE CRESCENT #09-351
Address complement	-
Postcode	543288
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	Hit and run / Vandalism / Damaged whilst parked
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 10/08/21 AT AROUND 2050HRS, I WAS DRIVING MY VEHICLE A SHD3464J ALONG ANG MO KIO AVENUE 5 ON THE EXTREME LEFT LANE. SUDDENLY VEHICLE B SMT3269M DROVE THROUGH THE CENTER DIVIDER HITTING THE GREEN METAL RAILING. THE METAL RAILING FEW AND HIT THE RIGHT SIDE OF MY VEHICLE. AFTER WHICH VEHICLE B DROVE IN THE OPPOSITE DIRECTION ON THE EXTREME LEFT LANE TOWARDS VEHICLE C SMM4924K. VEHICLE B HIT THE FRONT LEFT WHEEL ARCH AREA OF VEHICLE C BEFORE DRIVING TO THE NEARBY BUS STOP AND RAN AWAY ON FOOT. THERE WAS SOME SLIGHT DAMAGES ON MY VEHICLE. THERE WAS NO INJURIES.

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	SMT3269M
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMM4924K
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	JASON FOO
Contact Number	(Phone) +65-88919213
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

WITNESS DETAILS

WITNESS 1	
Name	SAM TOH
Phone	(Phone) +65-98171756
Email	-

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 :

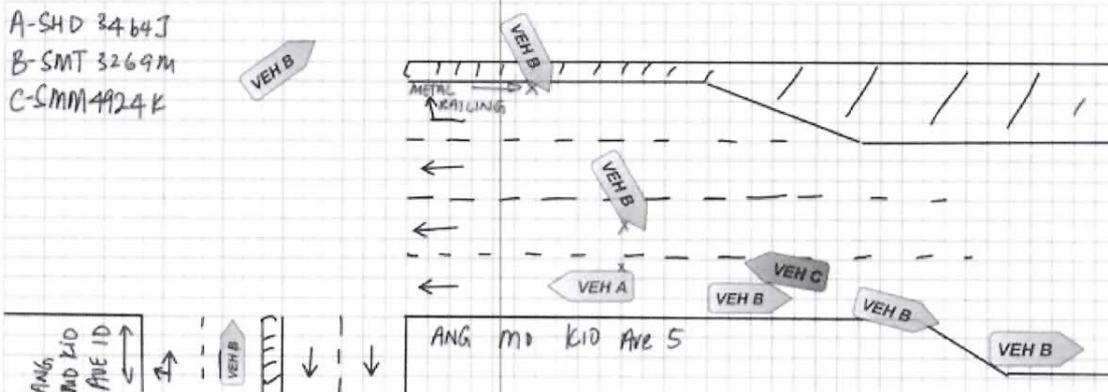
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 10/8/11 21:55

Witnessed by Reporting Centre Personnel KHAIKUL

Sketch Plan



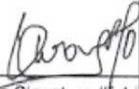
Describe Circumstances of the Accident

ON 10/08/21 AT AROUND 2050HRS, I WAS DRIVING MY VEHICLE A SHD3464J ALONG ANG MO KIO AVENUE 5 ON THE EXTREME LEFT LANE. SUDDENLY VEHICLE B SMT3269M DROVE THROUGH THE CENTER DIVIDER HITTING THE GREEN METAL RAILING. THE METAL RAILING FEW AND HIT THE RIGHT SIDE OF MY VEHICLE. AFTER WHICH VEHICLE B DROVE IN THE OPPOSITE DIRECTION ON THE EXTREME LEFT LANE TOWARDS VEHICLE C SMM4924K. VEHICLE B HIT THE FRONT LEFT WHEEL ARCH AREA OF VEHICLE C BEFORE DRIVING TO THE NEARBY BUS STOP AND RAN AWAY ON FOOT. THERE WAS SOME SLIGHT DAMAGES ON MY VEHICLE. THERE WAS NO INJURIES.

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 8/8/21 2155



Witnessed by Reporting Centre Personnel KHARAL



Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Driver			
Name	HO TENG KWONG	ID No.	S2009186Z
Related Vehicle	SHD3464J (Car)	Contact No.	97929632
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mention date, time and place, I was driving along the said road and I was coming to a stop as infront there is a traffic light turned red.

Out of sudden, I saw one vehicle SMT 3269M coming very fast and hit the road divider. The car came to a stop and some of the debris hit my taxi.

Police was called in and I was advised to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20210810/2111

3 of 3

Report No. T/20210810/2111

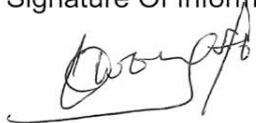
Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / SI TAN THIAM HUAT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2021 23:08
Officer In Charge Of Case: TP / GIT / Staff Sgt QHAIRIL BIN ZULKEFLEE Contact No.: 65476187	Classification Of Case:

Authentication Stamp
NP168

