

ASS. REC. BY:

REF:

NS/INC21008587/T1uc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: **SH 6611E**at Workshop m/s **COMFORT DELGRO**

of _____

Insured: **SKQ 8318L**

Policy No. _____

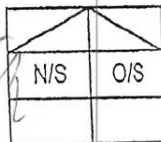
Claims No. **MT/1143097-001**

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: **WP**

Vehicle: IN / OUT

Veh No: **SH6611E** Yr Regn: **2021 / Apr. /**

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

Truck / Trailer or

Make: **Hyundai** c.c. **1580**Colour: **Blue** A/C: ☒ Insured / Std / NI / NASp. Reading: **17784** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KM HC 851 C664 / 92939**

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: **195/65R15**R: **22**

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

TOYO / YOKO or **Wet Plate**

Front _____ Rear _____

R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. _____ D.O.I. **13/8/21 @ 4pm**Survey held at **Comfort Logon**

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 _____

Confirmed final fig P/P \$1277.82, 2 repair days.

(RED \$2035.26, 61%)

Date/Time, File Pass to?

☐ : Preli. Report1) **1/9 TYPIST**☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: **TP**Lump Sum / L.B. / C **\$1277.82**Days Of Repair: **2**Resurvey No. of Trip: **1**

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SH 6611E

Make : HYUNDAI

Model : IONIQ(G3)

Date: 13.08.21

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRT DOOR LH			<i>Py</i> \$1,797.20
1	FRT DOOR OUTER MOULDING LH			<i>cut</i> \$110.10
1	RR DOOR OUTER MOULDING LH			<i>cut</i> \$125.30
1	ROCKER PANEL OUTER GARNISH LH			<i>Py</i> \$290.00
	SUB TOTAL			\$2,322.60
	LESS 20%			\$464.52
	DISCOUNTED TOTAL			\$1,858.08
1	FRT DOOR COMFORT LOGO RH			<i>re</i> \$75.00
1	REAR DOOR COMFORT LOGO RH			<i>re</i> \$80.00
				\$155.00
	Labour Charge			
	PANEL BEATING			<i>350</i> \$700.00
	SPRAY PAINTING CHARGE			✓ \$600.00
	TRANSFER OF DOOR			✗ \$120.00
	TOTAL LABOUR			\$1,300.00
	ESTIMATE TOTAL			\$3,313.08

Nett

Nett

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 97497799
 'wp' 13/8/21 @ 4pm
 P/P Reunng new parts
 Tanpin @ lkk auto.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:

Date/Time: 13.08.2021 10:39 Page :

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4108163 JC NO.: 30548264

CUSTOMER

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

DISCOUNT CARD NO.

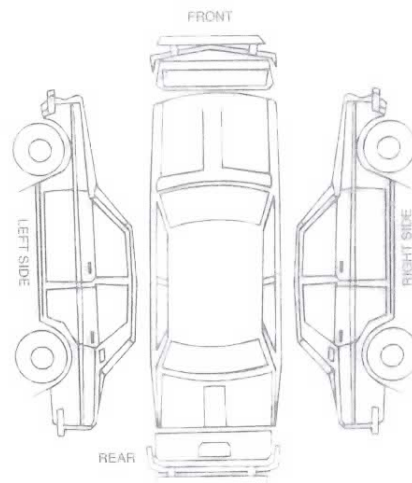
REGN NO.: SH 6611E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....
MODEL IONIQ(G3)	DATE/TIME IN 12.08.2021 14:..
YR OF MANU. 29.04.2021	TARGET DATE
CHASSIS CODE KMHC851CVLU192939	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.08.2021
NATURE: 3P 12.08.2021

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledgegement Slip

me:
No.: SH 6611E YY
Vehicle No.:

Exit Pass

Vehicle No.: SH 6611E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

be 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	13/08/2021 10:35 (SGT)
Date of Accident	12/08/2021 13:05 (SGT)
Exact Location of Accident	Newton Circus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6611E
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) +65-82686680
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	NG NGEE CHONG
NRIC No	SXXXX732F

Date Of Birth	10/08/1964
Occupation	Outdoor
Date Of Driving Pass	14/01/1998
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82686680
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 716 TAMPINESS STREET 71 #07-166
Address complement	-
Postcode	520716
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)	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 12/08/2021 AT ABOUT 1305HRS I WAS DRIVING MY VEHICLE (A) SH6611E FROM CLEMENCEAU AVE NORTH TURN LEFT AND KEEP RIGHT ONTO NEWTON CIRCLE. I WAS IN MY 3RD LANE WHEN VEHICLE (B) SKQ8318L FROM MY LEFT SIDE ENCROACHED INTO MY LANE AND SIDE SWIPE HER VEHICLE B RIGHT MIDDLE SIDE ONTO MY VEHICLE A LEFT MIDDLE SIDE. NO ONE WAS INJURED
EXCHANGED PARTICULARS BUT NO HANDPHONE.

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	SKQ8318L
Vehicle Manufacturer	-

Vehicle Model	-
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

SKETCH PLAN

IMPORTANT NOTICE

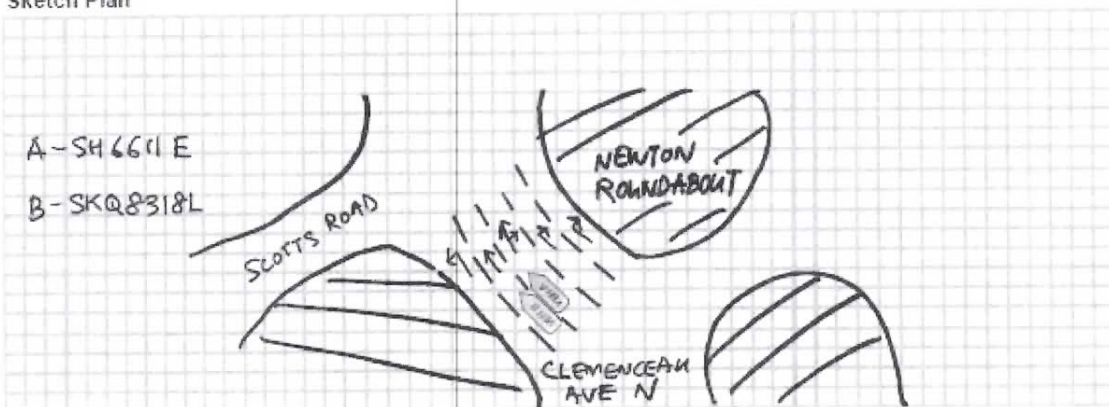
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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



Describe Circumstances of the Accident

ON 12/08/2021 AT ABOUT 1305HRS I WAS DRIVING MY VEHICLE A SH6611E FROM CLEMENCEAU AVE NORTH TURN LEFT AND KEEP RIGHT ONTO NEWTON CIRCLE. I WAS IN MY 3RD LANE WHEN VEHICLE B SKQ8318L FROM MY LEFT SIDE ENCROACHED INTO MY LANE AND SIDE SWIPE HER VEHICLE B RIGHT MIDDLE SIDE ONTO MY VEHICLE A LEFT MIDDLE SIDE. NO ONE WAS INJURED EXCHANGED PARTICULARS BUT NO HANDPHONE.

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

1218 49

