

ASS. REC. BY: Tan Jih

REF:

INC

ASSIGNMENT

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

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

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

To Inspect Vehicle No: SHD 4221Lat Workshop m/s COMFORT DELGRO

of \_\_\_\_\_

Insured: SJJ 3264P

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

Claims No. MT/1141365-002

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: 3 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: SHD4221L Yr Regn: 2019 OCT.

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: 229170 T/Radio: Insured / Std / NI / NA

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

C/No: MM HC851CL4187775

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NH / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 22

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

TOYO / YOKO or Wostake

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 16/8/210404Survey held at Comfort Delgro

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Confirmed final fig P/P \$1670.12, 3 repair days.

(RED \$2344.28; 58%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 1/9 TYPIST

☐ : Final Report

Date/Time, File Return to?

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

Report Format: TPLump Sum / L.B.A. (\$) \$1670.12Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

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

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

NTUC- (PP)  
Date: 16.08.2021  
Time: 11:06:40  
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305482825  
REGN NO : SHD4221L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 30.10.2019  
DATE/TIME IN : 16.08.2021 08:30  
ACCIDENT DATE : 15.08.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	COVER-RR BUMPER#	1	459.40	20.00	367.52	de ✓
0002 04-01-0104-0575-G	PANEL ASSY-QUARTER OUTER	1	1,768.30	20.00	1,414.64	RP
0003 04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	ng ✓
0004 04-01-0104-2532-G	BRACKET ASSY-RR BUMPER SI	1	55.80	20.00	44.64	?

SUB-TOTAL : 1,844.40

JOB NATURE

0000 PB	PANEL BEATING	1200.00	525
0001 SP	SPRAYPAINT CHARGE	600.00	500
0002 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	X
0003 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	120.00	60
0004 20-05	RENEW ADVERTISMENT STICKER-	200.00	✓

SUB-TOTAL : 2,170.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 16.08.2021

REPAIR ESTIMATE

Time: 11:06:40

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305482825  
REGN NO : SHD4221L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 30.10.2019  
DATE/TIME IN : 16.08.2021 08:3  
ACCIDENT DATE : 15.08.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 4,014.40

Jumani

MVA NAME & SIGNATURE

DATE :

16/8/21

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

Taylin 97495249  
-wp/ 16/8/21 08440  
r/p busy before paint  
2-3 days  
Taylin C. Mansour  
Taylin C. Mansour

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:

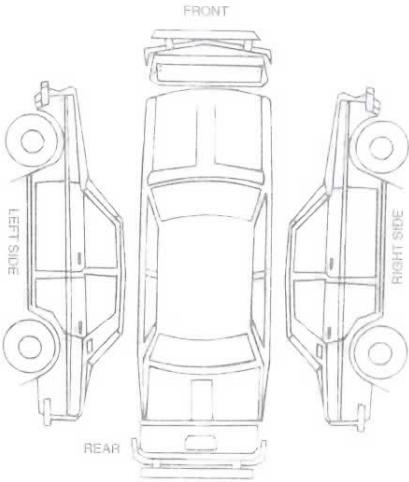
Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305482825
Customer: COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHD4221L	MILEAGE	
Customer NO. 7010045	MAKE: HYUNDAI	FUEL	
Address: 383 SIN MING DRIVE	MODEL: IONIQ(G3)	E.....1/2.....F	
Singapore SINGAPORE 575717	YR OF MANU. 30.10.2019	DATE/TIME IN	16.08.2021 08:30
65508755 (R) (P)	CHASSIS CODE	TARGET DATE	
	KMHC851CVLU187775	COMPLETION DATE/TIME:	
COUNT CARD NO.			

Accident Date: 15.08.2021  
NATURE: 3P 15.08.2021

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

Vehicle No.: SHD4221L JU NTUC LKK

Vehicle No.: SHD4221L

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	15/08/2021 21:39 (SGT)
Date of Accident	15/08/2021 09:10 (SGT)
Exact Location of Accident	Marine Parade, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4221L
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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) +65-97928366
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	BOOI KIM SWEE
NRIC No	SXXXX869J

Date Of Birth	02/02/1967
Occupation	Outdoor
Date Of Driving Pass	25/10/1988
Driving experience	32 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97928366
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 401 SERANGOON AVENUE 1
Address complement	#13-11
Postcode	550401
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 15082021 AT ABOUT 0910 HOURS, VEHICLE A (SHD4221L) WAS TURNING INTO MARINE PARADE CRESCENT AT RIGHT TURN ONLY JUNCTION WHEN VEHICLE B (SJJ3264P) COLLIDED WITH VEHICLE A AND MOUNTED ONTO THE KERB AND HIT THE FENCE. DRIVER OF VEHICLE A SUFFERED CHEST AND BACK PAIN.

#### 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	SJJ3264P
Vehicle Manufacturer	Toyota
Vehicle Model	Rush
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMAD BIN

NRIC No	SXXXX078I
Contact Number	(Phone) +65-87547496
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	BOOI KIM SWEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST AND BACK PAIN
Injured person in which vehicle?	SHD4221L
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

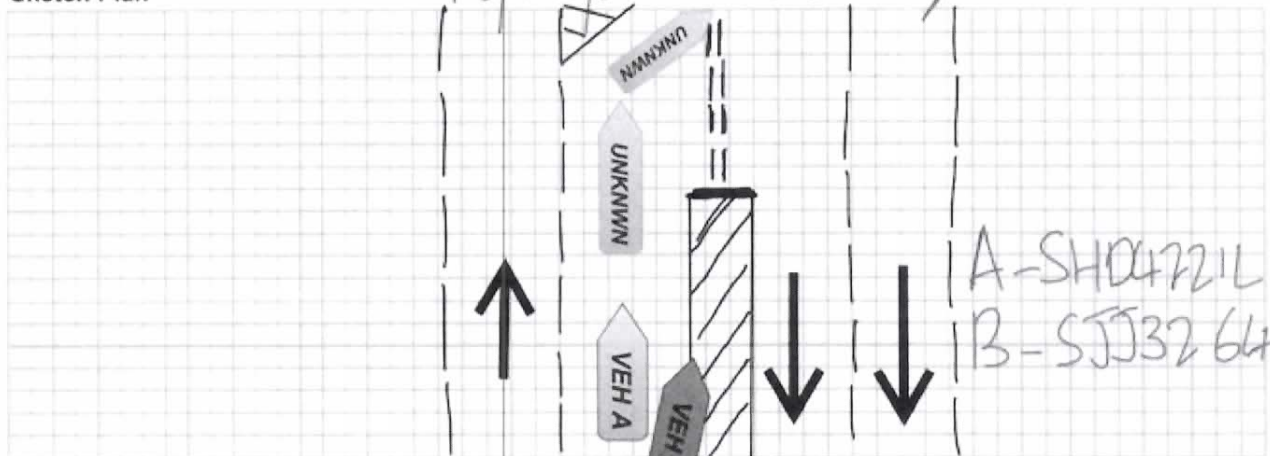
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





Describe Circumstances of the Accident

ON 15082021 AT ABOUT 0910 HOURS, VEHICLE A (SHD4221L) WAS TURNING INTO MARINE PARADE CRESCENT AT RIGHT TURN ONLY JUNCTION WHEN VEHICLE B (SJJ3264P) COLLIDED WITH VEHICLE A AND MOUNTED ONTO THE KERB AND HIT THE FENCE. DRIVER OF VEHICLE A SUFFERED CHEST AND BACK PAIN.


Declaration

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

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel



15/08/21 1035

