

NTUC-45
LKK-

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

JOB NO : 305483582
 REGN NO : SH 6485C
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 15.12.2016
 DATE/TIME IN : 19.08.2021 09:15
 ACCIDENT DATE : 18.08.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-2322-A	FRT BUMPER	1	1,052.20	20.00	841.76	
0002	04-01-0103-0638-G	FRT BUMPER UPR BRKT RH	1	22.40	20.00	17.92	
0003	04-01-0103-0640-G	FRT BUMPER SIDE BRKT RH	1	24.60	20.00	19.68	
0004	04-01-0103-0782-A	HEADLAMP RH	1	1,800.00	20.00	1,440.00	
0005	04-01-0103-0573-A	FRT FENDER RH	1	663.00	20.00	530.40	
0006	04-01-0101-0111-G	FRT BUMPER CLIPS	1	22.00	20.00	17.60	

2898.8

-20%: 2319.4

SUB-TOTAL : 2,867.36

JOB NATURE

0000	PB	PANEL BEATING-SH 6485C	600.00			
0001	SP	SPRAYPAINT CHARGE	600.00			
0002	17-01	CHECK ALL LIGHTING	40.00			
0003	20-00	TUFF COAT ON AFFECTED PARTS.	40.00			

3259.04

-20%: 2600

SUB-TOTAL : 1,280.00

3 Days
 19/8/21 4:45 pm
 After repair photos.
 Good

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:

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 willful 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	19/08/2021 11:29 (SGT)
Date of Accident	18/08/2021 22:00 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6485C
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	XXXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-90899316
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

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	ABDUL AZIZ BIN ALI
NRIC No	SXXXX652H

Date of Birth	10/05/1952
Occupation	Outdoor
Date Of Driving Pass	28/06/1971
Driving experience	50 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90899316
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 907 TAMPINES AVENUE 4 #04-286
Address complement	-
Postcode	520907
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	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	Male

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 18/08/2021 AT ABOUT 2200HRS I WAS DRIVING MY VEHICLE A SH6485C ALONG BALESTIER ROAD. I STOP MY VEHICLE A AND ON MY HAZARD LIGHTS TO PICK A FLAGGING PASSENGER. AS I WAS SLOWLY MOVING OFF FROM THE MOST LEFT LANE VEHICLE B SCZ6900R FROM MY RIGHT SIDE SWERVED INTO MY LANE. HIS VEHICLE B LEFT REAR SIDE SWIPE MY VEHICLE A FRONT RIGHT. NO ONE WAS INJURED

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	SCZ6900R
Vehicle Manufacturer	Toyota

Model	Camry
Variant	-
Colour	White
Category	Private car
Name of Driver	GUAN
Contact Number	(Phone) +65-94506900
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.
 - (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.

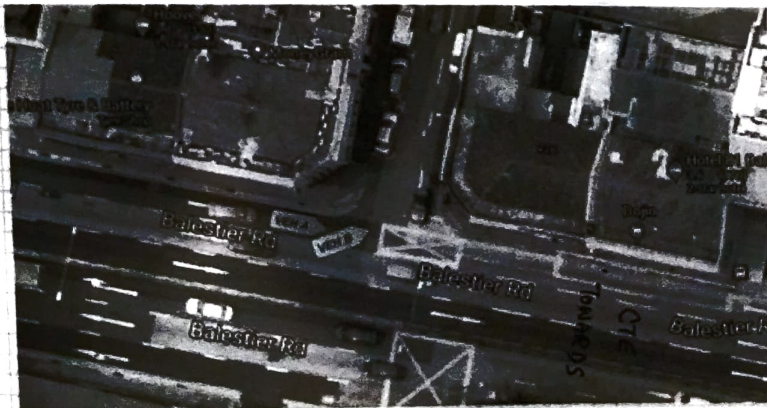
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A - SH 6485C
B - SCZ 6900R



Describe Circumstances of the Accident

ON 18/08/2021 AT ABOUT 2200HRS I WAS DRIVING MY VEHICLE A SH6485C ALONG BALESTIER ROAD. I STOP MY VEHICLE A AND ON MY HAZARD LIGHTS TO PICK A FLAGGING PASSENGER. AS I WAS SLOWLY MOVING OFF FROM THE MOST LEFT LANE VEHICLE B SCZ6900R FROM MY RIGHT SIDE SWERVED INTO MY LANE. HIS VEHICLE B LEFT REAR SIDE SWIPE MY VEHICLE A FRONT RIGHT. NO ONE WAS INJURED

Declaration

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