

ASS. REC. BY:

622

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.

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 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:

SHA 3695A

Yr Regn:

07 Nov 2019

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

Truck / Trailer or

Make:

Hyundai i10 1.6 CC 1580

Colour:

blue

A/C: Insured / Std / NI / NA

Sp. Reading:

161668

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMM C 85 / CV-LUT 87958

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 195 / 65 R18

R: 11

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

TOYO / YOKO or

westlake

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

25-08-21

Survey held at

w/s

4pm

Des. of Damages: Frt / Rear / D/S / N/S / U/C / Rooftop orThe U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Report Forwarded

Lump Sum / U/C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Misc. Insp (\$

Survey Fee:

Transportation:

3 + RS. \$

Photos

Other:

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

DATE: **23-Aug-21**MODEL: **Hyundai Ioniq**INSURANCE: **AIG ASIA** *CP/P*VEHICLE NO.: **SHA3695A**MVA: **LIMITS**

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Door RH <i>X repair</i>	1		\$1,789.90
	Rear Fender RH <i>due</i>	1		\$1,768.30
	Rear Fender Shield RH <i>?</i>	1		\$73.60
	Rear Bumper <i>X repair</i>	1		\$459.40
	Rear Bumper Side Retainer RH <i>X scan</i>	1		\$55.80
	Rear Bumper Cover Clips <i>X</i>	10	\$2.20	\$22.00
	Rear Wheel Cap RH <i>24</i>	1		\$346.40
	SUB TOTAL			\$4,515.40
	LESS 20%			\$903.08
	DISCOUNTED TOTAL			\$3,612.32
	Rear Door APPS Sticker RH <i>/ del</i>	1		\$80.00
	NETT TOTAL			\$80.00
	SPARE PARTS TOTAL			\$3,692.32
	Labour Charge			
	Panel Beating			\$800.00
	Spray Painting Charge			\$900.00
	Remove/Refix Uphostery Etc			\$120.00
	R/I Reverse Sensors			\$120.00
	Wheel Alignment			\$120.00
	Transfer Of Door			\$120.00
	TOTAL LABOUR			\$2,180.00
	ESTIMATE TOTAL			\$5,872.32

350700
750
60
40
60
X NN

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.

5 Days
6/5 P/P before pre-rep photos
/ After repair photos
One Day
apm 23/8/21

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:

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	21/08/2021 10:57 (SGT)
Date of Accident	21/08/2021 08:35 (SGT)
Exact Location of Accident	Somerset Rd, Singapore
Additional Location Information	NEAR TO 313 SOMERSET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3695A
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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) +65-96148268
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	TOH TIONG LIN
NRIC No	SXXXX312F

Date Of Birth	23/04/1970
Occupation	Outdoor
Date Of Driving Pass	06/10/1995
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96148268
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 743 WOODLANDS CIRCLE
Address complement	#07-463
Postcode	730743
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 THE 21/08/21 AT AROUND 0835HRS, I WAS DRIVING MY VEHICLE A SHA3695A ALONG SOMERSET ROAD NEAR 313@SOMERSET. I WAS ON THE SECOND LANE AT THE TRAFFIC LIGHT AS IT WAS RED LIGHT. AS SOON AS IT WAS GREEN I CHECK FOR ONCOMING VEHICLES ON THE RIGHT LANE AND PROCEEDED TO FILTER RIGHT AS IT WAS CLEAR TO ENTER 313@SOMERSET TAXI DROP OFF/PICK UP POINT. SUDDENLY VEHICLE B SLV5078K HIT ONTO THE RIGHT REAR WHEEL ARCH OF VEHICLE A. THERE IS DAMAGE ON THE REAR RIGHT OF VEHICLE A. THERE IS 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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV5078K
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	(Phone) +65-91998156
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

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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.
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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.

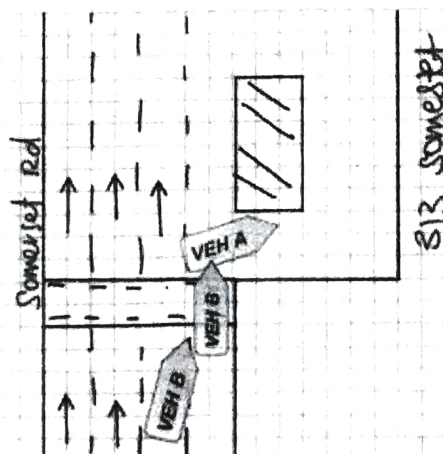
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 21/8/21 1015

Witnessed by Reporting Centre Personnel Sayyaf

Sketch Plan

A: SHA 3695A
B: SLV 5078K



Describe Circumstances of the Accident

ON THE 21/08/21 AT AROUND 0835HRS, I WAS DRIVING MY VEHICLE A SHA3695A ALONG SOMERSET ROAD NEAR 313@SOMERSET. I WAS ON THE SECOND LANE AT THE TRAFFIC LIGHT AS IT WAS RED LIGHT. AS SOON AS IT WAS GREEN I CHECK FOR ONCOMING VEHICLES ON THE RIGHT LANE AND PROCEEDED TO FILTER RIGHT AS IT WAS CLEAR TO ENTER 313@SOMERSET TAXI DROP OFF/PICK UP POINT. SUDDENLY VEHICLE B SLV5078K HIT ONTO THE RIGHT REAR WHEEL ARCH OF VEHICLE A. THERE IS DAMAGE ON THE REAR RIGHT OF VEHICLE A. THERE IS 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 21/8/21 1015

Witnessed by Reporting Centre Personnel Jayat