

REC BY: Thevan

REC: Ntuc

NS/INC21010457/Vqc

ASSIGNMENT

SHA 7367X

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. MT/1146827-002

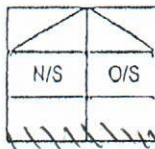
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Report: \_\_\_\_\_ 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: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA 7367X

Yr Rogn: 24/7, 19

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

Truck / Trailer or

Make: Hyundai Ioniq

c.c 1580

Colour: 2005/9 blue

A/C: Insured / Std / NI / NA

Sp. Reading: 2485/9

T/Radio: Insured / Std / NI / NA

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

C/No: hmt/c85/cuhn/64705

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 195/65R15

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal. 5

mm

R/Bal. 5

mm

L/Bal. 5

mm

L/Bal. 5

mm

D.O.A. 3/10/21

D.O.I. 4/10/21

1600

Survey held at

Comfort

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

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

Date / Time

Action / Instruction

No GIA given

15/10/21 Thevan finalised with Mr Chiang LS \$1400, 2 days (Red \$2031.60, 59%)

Date/Time File Pass to?

☐

Prell. Report

20/10 Typist

☐

Final Report

Date/Time File Return to?

2

Days Of Repair: 2

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. \$

Printers

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weld end (\$

Report Form:

TP

15/10/21

1400

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHA7367X

03/10/21

MAKE 24.07.2019

MODEL IONIQ G2

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$459.40 Xr
1	REAR BUMPER CENTRE MOULDING			\$451.25 /scr
1	REAR BUMPER REINFORCEMENT			\$394.80 n.
1	REAR BUMPER STAY LH /RH		\$138.10	\$276.20 XsvC
10	REAR BUMPER CLIPS		\$2.20	\$22.00 /ncc
2	BUMPER LICENCE LAMP LH/RH		\$85.30	\$170.60 XsvC
1	BUMPER FOG LAMP			\$201.50 XsvC
1	BBOTLID H EMBLEM			\$38.00 XNC
2	REAR BUMPER REFLECTOR LH/RH		\$41.45	\$82.90 XsvC
2	REAR BUMPER SIDE BRACKET LH/RH		\$55.80	\$111.60 /DIS
				<b>\$2,208.25</b>
	20.00%			\$441.65
	<b>DISCOUNTED TOTAL</b>			<b>\$1,766.60</b>
2	REAR FENDER ADVERTISEMENT LH/RH		\$100.00	\$200.00 /ncc
1	REAR NUMBER PLATE W/HOLDER			\$55.00 XsvC
1	REAR BUMPER MAT			\$50.00 XsvC
1	REAR REVERSE SENSOR			\$180.00 /XN
				<b>\$485.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$700.00 350
	Spray Painting Charge			\$300.00 250
	Tuff Kote			\$60.00 30
	Check Wiring and lighting			\$60.00 30
	Remove/Refix reverse sensor			\$60.00 30
	<b>TOTAL LABOUR</b>			<b>\$1,180.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$3,431.60</b>

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.

Thuan @ Lkhauto - 10m  
82235769  
4/10/21 1600  
L/S after repair photos  
wp 2days

- 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: 04.10.2021 13:20

Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

JC NO305489355

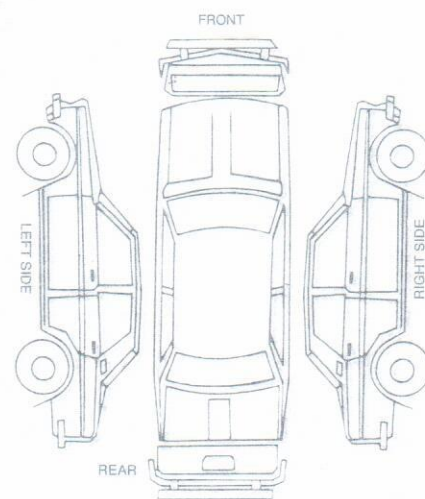
CUSTOMER		REGN NO.: <b>SHA7367X</b>	MILEAGE
MR/MS	<b>COMFORT TRANSPORTATION PTE LTD</b>	MAKE: <b>HYUNDAI</b>	FUEL
CUSTOMER NO.	<b>7010045</b>	MODEL <b>IONIQ(G2)</b>	E.....1/2.....
ADDRESS	<b>383 SIN MING DRIVE Singapore SINGAPORE 575717</b>	YR OF MANU. <b>24.07.2019</b>	DATE/TIME IN <b>04.10.2021 09:50</b>
TEL. (R) (P)	<b>65508755</b> (O)	CHASSIS CODE <b>KMHC851CVKU164705</b>	TARGET DATE
DISCOUNT CARD NO.		COMPLETION DATE/TIME:	

JOB DESCRIPTION

Accident Date: 03.10.2021

NATURE: 3P 03.10.2021

S/NO                      LABOR CODE                      DESCRIPTION



15/10/21 Thevan finalised with Mr Chiang LS \$1400, 2 days (Red \$2031.60)

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:

No.:

Vehicle No.: **SHA7367X**                      **CHIANG**

Vehicle No.:

**SHA7367X**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

note

SJ0421A40000 / JP Knights Pte Ltd  
ENTRY DATE & TIME: 04/10/2021 15:53 (SGT)  
SUBMITTED BY: Suria  
VERSION: 1 (04/10/2021 15:53 (SGT))

## 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	04/10/2021 15:53 (SGT)
Date of Accident	03/10/2021 22:40 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7367X
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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) +65-81184686
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	KAY TENG HENG
NRIC No	SXXXX956H

Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

Describe Circumstances of the Accident

ON 03/10/2021 AT ABOUT 22:40HRS. I WAS DRIVING VEHICLE A, SHA7367X TRAVELLING ALONG SERANGOON ROAD AT THE 2ND LANE FROM THE RIGHT. AS I WAS TRAVELLING STRAIGHT I SAW PASSENGER AT THE SIDE ROAD FLAGGED FOR MY TAXI. I LANE CHANGED TO THE RIGHT AND SUDDENLY I HEARD A BANG COMING FROM MY REAR AND I REALISED VEHICLE B HAS REAR ENDED MY VEHICLE.

Declaration

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

*Kay*

*[Signature]*

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 10:35 04.10.21

Witnessed by Reporting Centre Personnel MD NAZARIN



SKETCH PLANIMPORTANT 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 Authorized Driver.
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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)

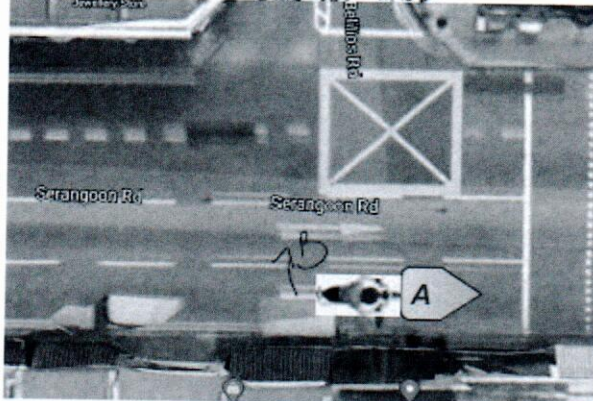
I understand, acknowledge, agree and consent that:

- (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  
 \_\_\_\_\_  
 \_\_\_\_\_

Driver's Signature (if driver is not the policyholder) / Date & Time  
 \_\_\_\_\_  
 \_\_\_\_\_

Witnessed by Reporting Centre  
 Personnel: M.D. KATZ D. W.



A-SHA7367X

B-FRAN6059U

Date Of Birth .....	07/08/1954
Occupation .....	Outdoor
Date Of Driving Pass .....	21/10/1980
Driving experience .....	41 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-81184686
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 146 RIVERVALE DRIVE #06-507
Address complement .....	-
Postcode .....	540146
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 .....	Collided into Motorcyclist
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

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#### 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 .....	FBN6059U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-