Ref. By: Thevan | Ref: Ndu c NS/INC22001331/Vtc

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 SBY 8085Y

Claims No. MT/1160331-002

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 Rport: 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

Vehicle: IN / OUT

Date. Person Contacted:

Veh No: SHA4543Z Yr Rogn: 2016 /19

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or

Make: Hyundai Ioniq c.c 1580

Colour blue A/C: Insured / Std / NI / NA

Sp.Reading 283509 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CULU186599

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: 195/65R15

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.	02/2/22		D.O.I.	3/2/22 1630	

Survey held at CDGE

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

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

Date / Time	Action / Instruction
	LUMP SUM 3250,3DAYS
	RED: 1270.28;28%

Date/Time File Pass to? [ ]: Prelim. Report

[ ]: Final Report

Date/Time File Return to?

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: [ ]: Site Insp ($)

[ ]: Interview ($)

[ ]: Tech. Inve ($)

[ ]: Weekend ($)

Survey Fee:

Transportation: __S + RS.__SI

Photos

Others

Total

Report Format:

Lump Sum / I.B.J.:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Maintline : 65 6383 6200 Facsimile : 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
50 Loyang Drive Singapore 508960
383 Sin Ming Drive Singapore 575717

Date/Time: 03.02.2022 10:43 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO 305503407

CUSTOMER

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

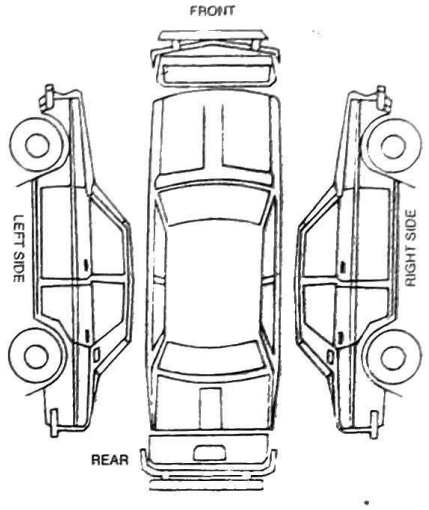
DISCOUNT CARD NO.

REGN NO.: SHA4543Z	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....
MODEL IONIQ(G3)	DATE/TIME IN 02.02.2022 01:50
YR OF MANU. 20.10.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU186599	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 02.02.2022
NATURE: 3P 02.02.2022

S/NO	LABOR CODE	DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

cknowledgement Slip

ame:
No.:
hicle No.: SHA4543Z CHIANG

ame of Service Advisor Signature/Date

be returned to Service Reception upon collection

Exit Pass

Vehicle No.:
SHA4543Z

Name of Service Advisor Date

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO SHA4543Z

DATE 02/02/22 01:50 AM

MAKE REG.20.10.2019

MODEL : HYUNDAI IONIQ G3

CHIANG /NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	FRONT BUMPER BRACKET RH			$35.00	XSUC
1	FRONT DOOR PANEL RH			$1,797.20	UT
1	FRONT DOOR MOULDING RH			$110.10	Mcc
1	RH SIDE ROCKER GARNISH			$290.00	UT
1	FRONT FENDER RH			$588.80	UT
1	FRONT FENDER EMBLEM			$26.60	Mc
1	FRONT WHEEL COVER RH			$346.40	SCU
	SUB TOTAL			**$3,194.10**	
	20.00%			$638.82	
	DISCOUNTED TOTAL			**$2,555.28**	
1	FRONT DOOR COMFORT LOGO STICKER			$75.00	Mc
1	FRONT DOOR ADVERTISEMENT			$100.00	Mcc
1	FRONT FENDER ADVERTISEMENT			$100.00	Mc
				$275.00	
	Labour Charge				
	Panel Beating			$750.00	700
	Spray Paint			$700.00	500
	Tranfer Door Part			$90.00	60
	Reset Wheel alignment			$60.00	XNN
	Check lighting			$90.00	30
	TOTAL LABOUR			**$1,690.00**	
	ESTIMATE TOTAL			**$4,520.28**	

Thuan@ukauto.com
82235769
3/2/22 1630
C/S ~~b~~ftr a the repair photo
wp 3 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:

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.

SJ0422220007 / JP Knights Pte Ltd
ENTRY DATE & TIME: 02/02/2022 15:39 (SGT)
SUBMITTED BY: Kayi
VERSION: 1 (02/02/2022 15:39 (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	02/02/2022 15:39 (SGT)
Date of Accident	02/02/2022 01:50 (SGT)
Exact Location of Accident	Upper Changi Rd E, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4543Z

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) +65-87513385
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	LIU SIWEI
NRIC No	SXXXX685Z

Date Of Birth	07/11/1983
Occupation	Outdoor
Date Of Driving Pass	09/09/2015
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87513385
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 861A TAMPINES AVENUE 5 #13-565
Address complement	-
Postcode	521861
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 02/02/22 AT ABOUT 0150HRS I WAS DRIVING VEHICLE A SHA4543Z ALONG UPPER CHANGI ROAD EAST TOWARDS PIE TUAS WITH ONE MALE PASSENGER.I WAS AT THIRD LANE FROM EXTREME RIGHT,AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B SBY8085Y TURN INTO MY LANE AND SIDE SWIPE MY VEHICLE RIGHT PORTION.EXCHANGED PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.

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	SBY8085Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91774430
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	LIU SIWEI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SHA4543Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SHA4543Z
Were seat belts worn?	-
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 time-jacket 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/e ortitchip 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) w ho have insured vehicle/s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages), and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

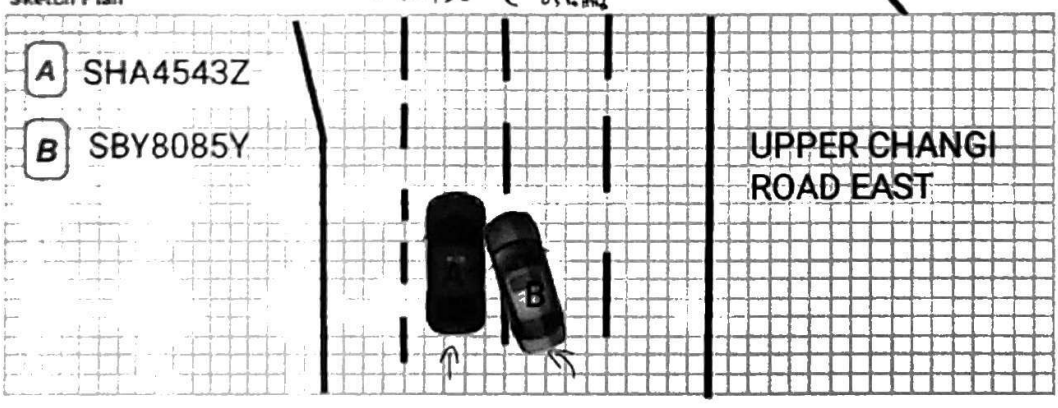
Policyholder's Signature / Date & Time

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

02/04/22 03:24 PM

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 02/02/22 AT ABOUT 0150HRS I WAS DRIVING VEHICLE A SHA4543Z ALONG UPPER CHANGI ROAD EAST TOWARDS PIE TUAS WITH ONE MALE PASSENGER.I WAS AT THIRD LANE FROM EXTREME RIGHT,AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B SBY8085Y TURN INTO MY LANE AND SIDE SWIPE MY VEHICLE RIGHT PORTION.EXCHANGED PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.

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 [illegible] orting Centre Personnel
	07/02/22	