

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC8SG3D

Yr Rogn: 10/12/15

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

Truck / Trailer or

Make:

Hyundai 140

c.c. 1685

Colour

blue

N/C: Insured / Std / NI / NA

Sp Reading

575335

T/Radio: Insured / Std / NI / NA

Eng/No.

C/No:

kmHCB41um6u081012

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

206/60R16

R:

206/60R16

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

TOYO / YOKO or

Weyt/ahc

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

2/2/22

D.O.I.

3/2/22 1700

Survey held at

CDGE

Des. of Damages: Fr / Rear / O/S / N/S / U/C / Roof/tp or

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

Date / Time

Action / Instruction

OverTime File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

OverTime File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Wash and

Survey Fee:

Transportation:

--- S + RS. --- \$

Finishes

Follow

Total

Report Form 101

Form 101/102/103

Date/Time: 03.02.2022 10:48

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4170096

JC NO 305503405

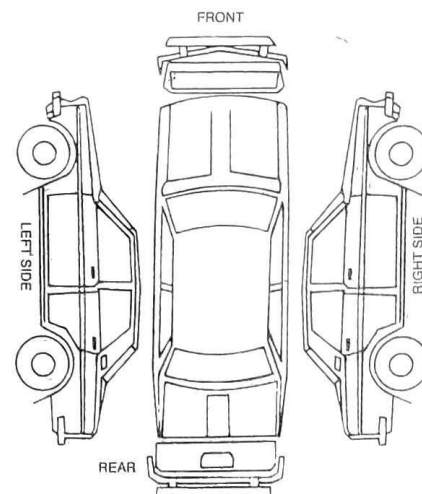
CUSTOMER	REGN NO.: SHC8563D	MILEAGE
IR/MS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E.....1/2.....F
CUSTOMER NO. 7010045	MODEL I-40	DATE/TIME IN 02.02.2022 14:05
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 10.12.2015	TARGET DATE
EL. (R) 65508755 (O)	CHASSIS CODE KMHLB41UMGU081012	COMPLETION DATE/TIME:
(P)		
DISCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 02.02.2022

NATURE: 3P 02.02.2022

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Re:

Vehicle No.:

Vehicle No.: **SHC8563D** **CHIANG**

SHC8563D

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

MODEL I-40

CHIANG/NTUC

theran@LHh auto.10m
82235769
3/2/22 ~~16418~~ 1700
L/S after repair photo
3 days wp

Date: _____

Alvin Thavan

GIA 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 03/02/2022 11:54 (SGT)
Date of Accident 02/02/2022 12:50 (SGT)
Exact Location of Accident Waterloo St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8563D
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) +65-93728153
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 TAN CHENG KEK
NRIC No SXXXX836A

Date Of Birth	02/09/1952
Occupation	Outdoor
Date Of Driving Pass	10/07/1976
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93728153
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	333D YISHUN STREET 31 #08-153
Address complement	-
Postcode	764333
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?	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 2/2/22 AT ABOUT 1250HRS, I WAS DRIVING MY VEHICLE A, SHC8563D ALONG MIDDLE ROAD AND TURNED LEFT INTO WATERLOO STREET. SUDDENLY VEHICLE B, SKW3696X WHICH IS ON MY LEFT, DROVE INFRONT OF ME WITHOUT SIGNALLING AND I COLLIDED INTO VEHICLE B. NO POB. NO INJURY. NO CONTACTS EXCHANGED.

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	SKW3696X
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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

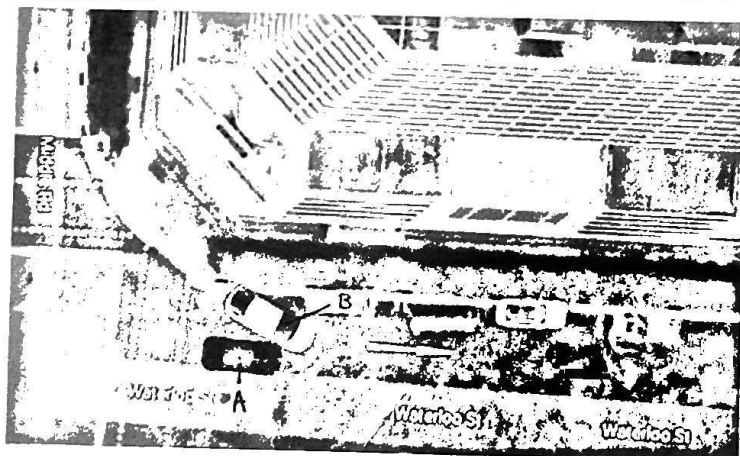
SKETCH PLAN**IMPORTANT NOTICE**

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

A-SHC8563D

B-SKW3696X

Describe Circumstances of the Accident

ON 2/2/22 AT ABOUT 1250HRS, I WAS DRIVING MY VEHICLE A, SHC8563D ALONG MIDDLE ROAD AND TURNED LEFT INTO WATERLOO STREET. SUDDENLY VEHICLE B, SKW3696X WHICH IS ON MY LEFT, DROVE INFRONT OF ME WITHOUT SIGNALLING AND I COLLIDED INTO VEHICLE B. NO POB. NO INJURY. NO CONTACTS EXCHANGED.

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
2/2/22 @ 1400hrs



Witnessed by Reporting Centre Personnel