SURVEYOR: Thevan | REF: Ntuc NS/INC22001557/Vvy3

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: SJQ 5050P

Policy No.

Claims No. MT/1160160-003

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: SHA5758P Yr Regn: 12/5/16

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

Make: Hyundai I40 c.c 1685

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

Sp.Reading 410661 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UMGU088768

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: 206/60R16

R: 206/60R16

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.	29/1/22	D.O.I.	4/2/22 1600

Survey held at CDGE

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

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

Date / Time	Action / Instruction
28/2/22	Thevan informed LS $2250 (red 4172.04, 64%)

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

[ ] : Final Report

Date/Time File Return to? 29/3/22-typist

Report Forms: TP

Lump Sum / LBJ: LS $2250

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation: S + PS. SI

Photos

Others

TOTAL

COORTDEL ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA5758P

DATE 29/01/2022

MAKE REG 12.05.2016

CHIANG /NTUC

MODEL HYU- I40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	HEADLAMP LH			$1,388.00
1	FENDER LH			$663.00
1	FENDER SHIELD LH			$174.90
1	FRONT BUMPER SIDE RH /LH			$14.30
1	FRONT BUMPER BRACKET LH/RH			$24.60
1	FRONT BUMPER GRILLE LH			$187.20
1	FRONT BUMPER ASSY			$1,052.20
1	HEADLAMP SUPPORT PANEL			$907.40
1	LH ROCKER GARNISH			$715.00
1	WHEEL HUB COVER			$214.20
	SUB TOTAL			**$5,340.80**
	20.00%			$1,068.16
	DISCOUNTED TOTAL			**$4,272.64**
1	FRT TYRE RH			$216.00
1	FRT DOOR LOGO STICKER			$75.00
1	FRT DOOR COMFORTDELGRO STICKER			$75.00
				$329.40
	Labour Charge			
	Panel Beating			$700.00
	Spray Painting Charge			$1,000.00
	Check wiring			$60.00
	Tuff kote			$60.00
	TOTAL LABOUR			**$1,820.00**
	ESTIMATE TOTAL			**$6,422.04**

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.

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:

Thevan

82235769

4/2/22 1600

L/S after repair photo

WP 3days

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Bradell Road Singapore 579701
Maindote + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Bradell Road Singapore 579701
501 Upper Cross Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 03.02.2022 15:22 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4170213 JC NO 305503541

STOMER

I/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
– (R) 65508755 (O)
(P)

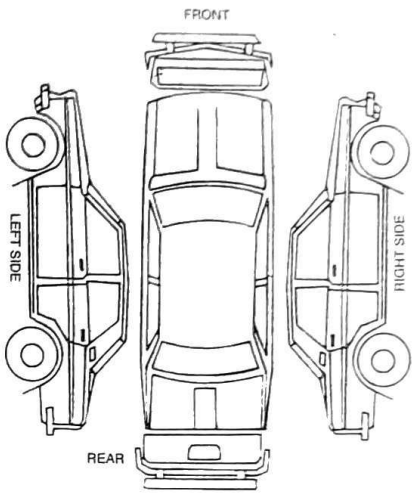
SCOUNT CARD NO.

REGN NO : SHA5758P	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 03.02.2022 10:30
YR OF MANU. 12.05.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU088768	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.01.2022
NATURE: 3P 29.01.2022

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.:
e No.: SHA5758P CHIANG

of Service Advisor Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA5758P

Name of Service Advisor Date

To be kept by Security Guard

SJ04221V000Q : JP Knights Pte Ltd
ENTRY DATE & TIME 31/01/2022 16:09 (SGT)
SUBMITTED BY Kavi
VERSION 1 (31/01/2022 16:09 (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	31/01/2022 16:09 (SGT)
Date of Accident	29/01/2022 11:30 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5758P

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) +65-81881599
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	PAT SIEW KWANG
NRIC No	SXXXX014C

Date Of Birth	07/04/1956
Occupation	Outdoor
Date Of Driving Pass	13/02/2019
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81881599
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	162 YISHUN STREET 11 #12-266
Address complement	-
Postcode	760162
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 29/01/2022 AT ABOUT 1130HRS I WAS DRIVING MY VEHICLE A SHA5758P ALONG BALESTIER ROAD. BEFORE KIM KEAT ROAD I SIGNALLED LEFT AND FILTER INTO MIDDLE LANE. VEHICLE B SJH5050P ON THE 3RD LANE THEN SWERVED INTO THE MIDDLE LANE AND SIDE SWIPE HIS VEHICLE B RIGHT SIDE ONTO MY VEHICLE A LEFT SIDE. NO ONE WAS INJURED. NO PARTICULARS 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	SJH5050P
Vehicle Manufacturer	Honda
Vehicle Model	Civic
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)	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.

(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

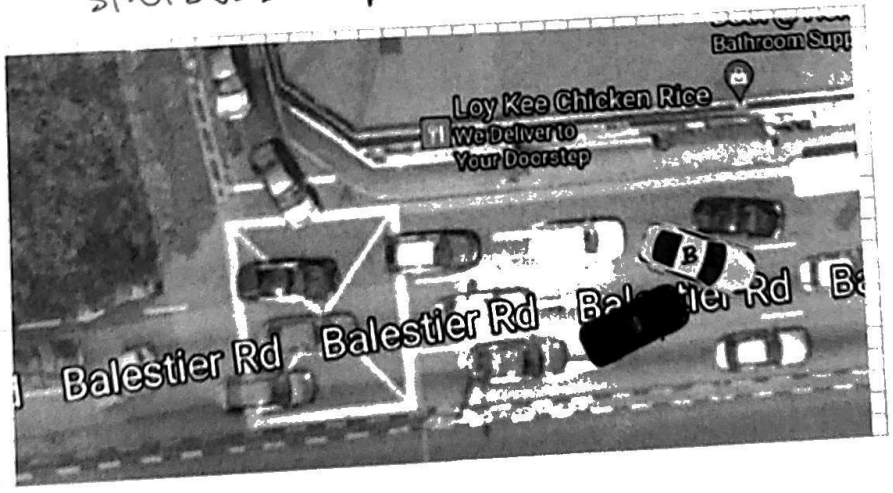
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	31.01.2022 0935HRS	Kymi Yong

Sketch Plan

A - SHA 5758P

B - SJH 5050P



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 29/01/2022 AT ABOUT 1130HRS I WAS DRIVING MY VEHICLE A SHA5758P ALONG BALESTIER ROAD. BEFORE KIM KEAT ROAD I SIGNALLED LEFT AND FILTER INTO MIDDLE LANE. VEHICLE B SJH5050P ON THE 3RD LANE THEN SWERVED INTO THE MIDDLE LANE AND SIDE SWIPE HIS VEHICLE B RIGHT SIDE ONTO MY VEHICLE A LEFT SIDE. NO ONE WAS INJURED. NO PARTICULARS 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	Witnessed by Reporting Centre Personnel
	31.01.2022 0950 HRS	Kyan Yong