

NS/INC22001567/Tty3

ASS. REC. BY Tauji

REF: INC

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: **SMN 7297L**

Policy No. _____

Claims No. **MT/1163576-001**

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Date: _____ Person Contacted: Juman Vehicle: IN / OUT

Veh No: S4D6743J Yr Regn: 2016 June

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

Truck / Trailer or _____

Make: Hyundai 140 c.c. 1685

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

Sp. Reading: 686601 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: km HLB4144 GY 4 071655

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: 205/60R16

R: _____

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

TOYO / YOKO or Wentok

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 16/2/22

Survey held at Compass Copy

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

Frt N/S

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

Date / Time	Action / Instruction
\$880, 2days	
red:1838;67%	

Date/Time, File Pass to? : Preli. Report Days Of Repair: 2

1) : Final Report Resurvey No. of Trip: _____

Date/Time, File Return to? _____

2) _____

Report Format: _____

Lump Sum / L.B.L. / _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. _____ SI

Photos _____

Others _____

TOTAL _____

None (Lisum)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 16.02.2022

Jumari

REPAIR ESTIMATE

Time: 15:47:52

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305505015
REGN NO : SHD6743J
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 30.06.2016
DATE/TIME IN : 16.02.2022 14:00
ACCIDENT DATE : 16.02.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-2322-A	BUMPER FRT COVER+	1	1,052.20	20.00	841.76	Ry
0002	04-01-0103-0574-A	PANEL-FENDER LH+	1	663.00	20.00	530.40	Ry
0003	04-01-0103-0637-G	BRKT ASSY-FR BPR UPR SIDE	1	44.80	20.00	35.84	x

SUB-TOTAL : 1,408.00

JOB NATURE

0000	PB	PANEL BEATING	560.00	280
0001	SP	SPRAYPAINT CHARGE	600.00	500
0002	20-00	TUFF COAT ON AFFECTED PARTS.	50.00	x
0003	20-05	RENEW ADVERTISEMENT STICKER-FENDER	100.00	✓

SUB-TOTAL : 1,310.00

TOTAL : 2,718.00

MVA NAME & SIGNATURE
DATE :

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:

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

Taufik 97491744
 WP 16/2/22 @ 445
 2 days
 U/S Resurvey after repair
 Taufik @/kl autocon

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4174965

JC NO 305505015

OMER

REGN NO.:

SHD6743J

MILEAGE

S COMFORT TRANSPORTATION PTE LTD

MAKE :

HYUNDAI

FUEL

OMER NO. 7010045

E.....1/2.....F

ESS 383 SIN MING DRIVE

MODEL

I-40

DATE/TIME IN 16.02.2022 14:00

Singapore SINGAPORE 575717

YR OF MANU.

30.06.2016

TARGET DATE

(R) 65508755

(O)

(P)

CHASSIS CODE

KMHLB41UMGU091655

COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

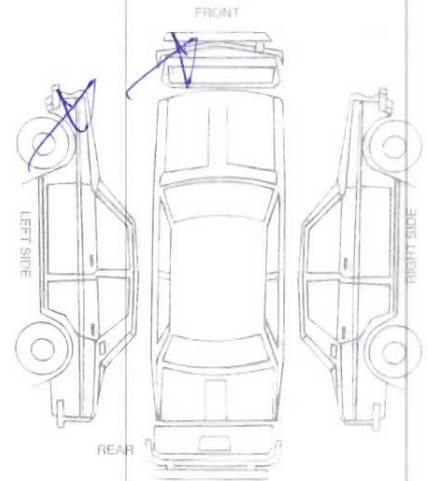
Incident Date: 16.02.2022

ATURE: 3P.16.02.2022

NO

LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

Vehicle No.: SHD6743J

JU NTUC

Vehicle No.:

SHD6743J

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMN7297L

Date of Accident

16/02/2022 📅

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance	NTUC Income Insurance Co-op...
Period of Insurance	25/01/2022 - 24/01/2023
Requested By	Janet Lim Siang Gek (COMFOR...
Requested Date	16/02/2022 15:07

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



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	16/02/2022 15:29 (SGT)
Date of Accident	16/02/2022 12:50 (SGT)
Exact Location of Accident	Yishun Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6743J
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) +65-98586915
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variation	-
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	LIM POH HUAT
NRIC No	SXXXX834Z

Date Of Birth	20/03/1958
Occupation	Outdoor
Date Of Driving Pass	02/02/1978
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-98586915
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	228 TAMPINES STREET 23 #02-279
Address complement	-
Postcode	521228
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 - Major/Minor Rd
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 16/02/2022 AT ABOUT 1250HRS I WAS DRIVING MY VEHICLE A SHD674BJ ON THE MOST LEFT LANE OF YISHUN AVE 4. VEHICLE B SMN7297L DID NOT STOP AT STOP LINE, DROVE OUT FROM SAFRA ON MY LEFT. VEHICLE B FRONT RIGHT THEN COLLIDED ONTO MY VEHICLE A LEFT FRONT SIDE. NO ONE WAS INJURED. 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	SMN7297L
Vehicle Manufacturer	Kia
Vehicle Model	Stonic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TOH JIA LE

NRIC No	SXXXX708F
Contact Number	(Phone) +65-98483719
Address	98483719
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

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 willful 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.
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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.

(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

16022022

1430HRS

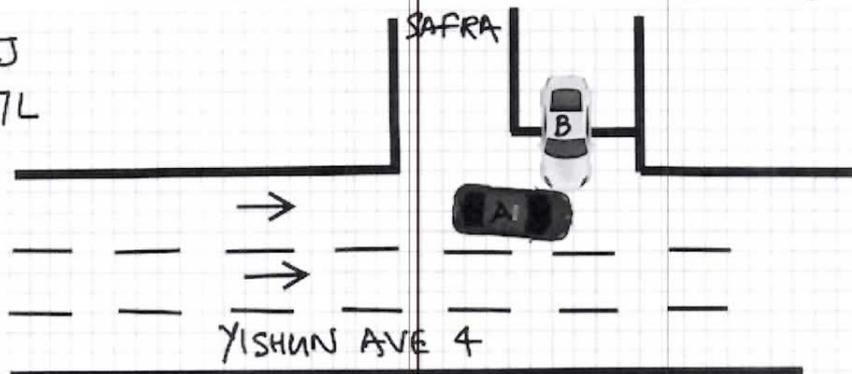
Witnessed by Reporting Centre Personnel

Kymin Yong

Sketch Plan

A - SHD6743J

B - SMN7297L



Describe Circumstances of the Accident

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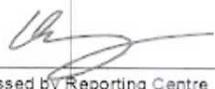
Declaration

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
16.02.2022 1440HRS



Witnessed by Reporting Centre Personnel
Kymie Yang