

NS/INC22001680/Tty3

ASS. REC. BY: Taughm

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: _____

Policy No. _____

Claims No. **MT/1162392-002**

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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: SimonVeh No: SHC 1912BYr Regn: 2017 DEC

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

Truck / Trailer or

Make: HyundaiC.C. 1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 55133

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLR4/4M44/00065

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: 205/60R16R: n

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

TOYO / YOKO or Wentube

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 21/2/22Survey held at Comfort 6guy

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

lump sum \$1000, 2days

red: 913.28;47%

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.H. (\$) _____

Days Of Repair: **2**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

ATMC(48)

Jumari

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 21.02.2022
Time: 11:40:42
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 : 305505877
REGN NO : SHC1912B
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 20.12.2017
DATE/TIME IN : 21.02.2022 09:40
ACCIDENT DATE : 18.02.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	COVER ASSY-RR BUMPER#	1	553.00	20.00	442.40	✓
0002 04-01-0103-0738-G	COVER-RR BUMPER LWR#	1	228.00	20.00	182.40	✓
0003 04-01-0103-0739-G	ABSORBER-RR BUMPER ENERGY	1	119.50	20.00	95.60	?
0004 04-01-0103-0740-G	BEAM-RR BUMPER#	1	428.40	20.00	342.72	?
0005 04-01-0103-0907-G	BRKT ASSY-RR BUMPER SIDE	1	35.60	20.00	28.48	✓
0006 04-01-0103-0851-G	REFLECTOR/REFLEX ASSY-RR	1	32.00	20.00	25.60	✓
0007 04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	✓
0008 04-01-0103-0742-G	STAY-RR BUMPER LH	1	160.60	20.00	128.48	?

SUB-TOTAL : 1,263.28

JOB NATURE

0000 PB	PANEL BEATING	300.00	280
0001 SP	SPRAYPAINT CHARGE	300.00	250
0002 L	REMOVE/REFIX REVERSE SENSOR	50.00	30

Tanfah 97495749 'imp'
21/2/2022 4pm
4/5 Rising after repair
Tanfah 97495749
2 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:

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4176283

JC NO305505877

OMER

REGN NO.:
SHC1912B

MILEAGE

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

MAKE:
HYUNDAI

FUEL

RESS 383 SIN MING DRIVE

MODEL
I-40

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

Singapore SINGAPORE 575717

YR OF MANU.
20.12.2017

DATE/TIME IN
21.02.2022 09:40

(R) 65508755

(O)

TARGET DATE

(P)

CHASSIS CODE
KMHLB41UMHU100063

COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

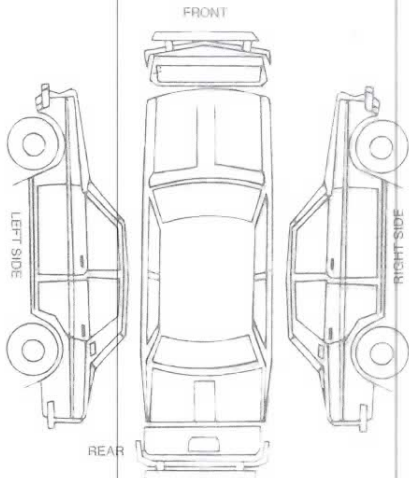
icident Date: 18.02.2022

ATURE: 3P.18.02.2022

NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Jo.: SHC1912B

JU NTUC

Vehicle No.:

SHC1912B

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

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	19/02/2022 11:38 (SGT)
Date of Accident	18/02/2022 17:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CITY BEFORE BALESTIER EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1912B
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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) +65-94462869
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	LOOI ENG HOCK
NRIC No	SXXXX515E

Date Of Birth	28/06/1956
Occupation	Outdoor
Date Of Driving Pass	28/04/1977
Driving experience	44 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94462869
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	131 BEDOK RESERVOIR ROAD #11-1327
Address complement	-
Postcode	470131
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 - Head to Rear
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)	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 18/02/2022 AT ABOUT 17:55HRS, I WAS DRIVING VEHICLE A (SHC1912B) ALONG CTE TOWARDS CITY BEFORE BALESTIER EXIT. WHILE TRAVELLING STRAIGHT ON FIRST LANE, FRONT UNKNOWN VEHICLE APPLY JAMMBRAKE SUDDENLY. I APPLY BRAKE AND STOP. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS VEHICLE B SDQ7575A) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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	SDQ7575A
Vehicle Manufacturer	Lexus

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	TAN YI TING
NRIC No	SXXXX478A
Contact Number	(Phone) +65-98307828
Address	-
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

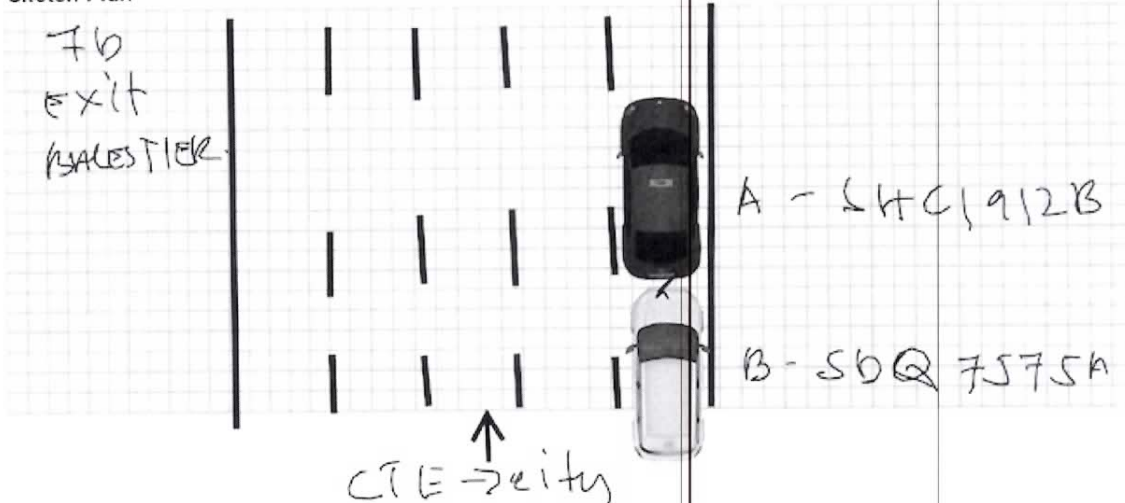
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' 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 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' 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), 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



Describe Circumstances of the Accident

ON 18/02/2022 AT ABOUT 17:55HRS, I WAS DRIVING VEHICLE A (SHC1912B) ALONG CTE TOWARDS CITY BEFORE BALESTIER EXIT. WHILE TRAVELLING STRAIGHT ON FIRST LANE, FRONT UNKNOWN VEHICLE APPLY JAMMBRAKE SUDDENLY. I APPLY BRAKE AND STOP. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS VEHICLE B (SDQ7575A) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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