ASS. REC. BY: Taufik | 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. _____

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
	X

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: _____ Vehicle: IN / OUT

Veh No: SHC 1912B Yr Regn: 2017 / Dec.

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 55133 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41GMH4U00063

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 Westlake.

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	21/2/22

Survey held at Comfort Gyng

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

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: (% _____)

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	

ATMC(4S)

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

835
668

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

560

1228
l/s$1000, 2 days #

Tanghui 97499749 w/p'
21/2/22 4pm
a/s rising after repair
tanglkk@lkkauto.com
- 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:

:OMFORTDELGRO
NGINEERING

ComfortDelGro Engineering Pte Ltd
203 Braddell Road Singapore 579701
Maintine + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
203 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 21.02.2022 11:25 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4176283 JC NO 305505877

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

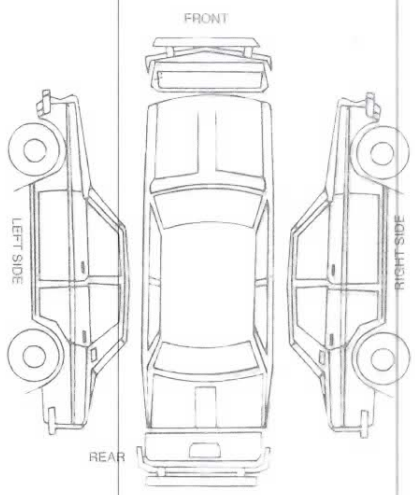
OUNT CARD NO.

REGN NO.: SHC1912B	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 21.02.2022 09:40
YR OF MANU. 20.12.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU100063	COMPLETION DATE/TIME:

JOB DESCRIPTION

:cident Date: 18.02.2022
TURE: 3P.18.02.2022

NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHC1912B JU NTUC

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1912B

Name of Service Advisor Date

To be kept by Security Guard

SJ04222J0006-01 / JP Knights Pte Ltd
ENTRY DATE & TIME: 19/02/2022 11:38 (SGT)
SUBMITTED BY: Siti
VERSION: 2 (19/02/2022 11:42 (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	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

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 w ilful misrepresentation or w ithholding 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 w ill be forw arded 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 w ill 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, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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

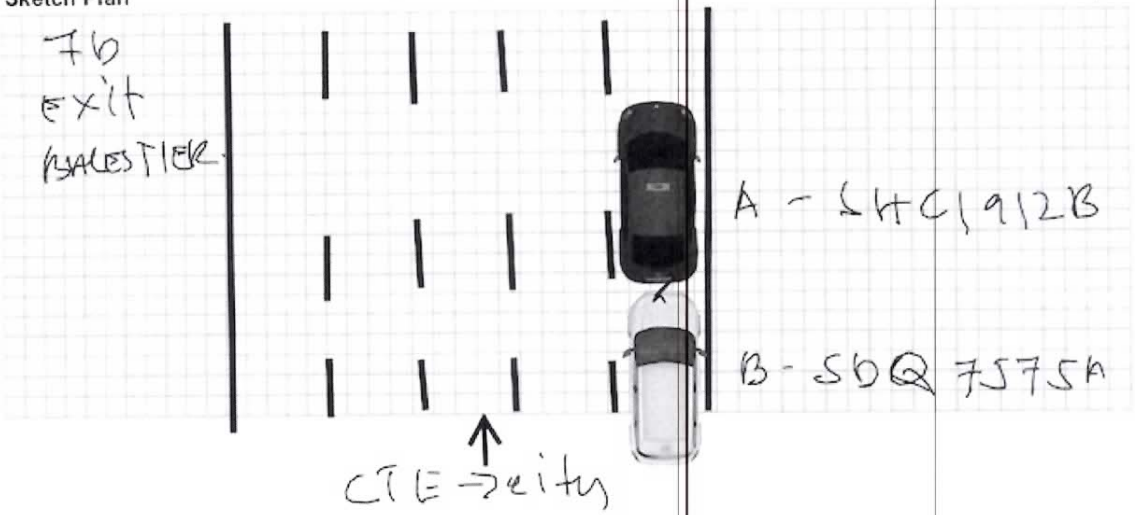
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 18/2/22 @ 23:15H

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

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
	18/2/22 @ 23:54	