

Thuvan

N4C

NS/INC22001896/Vty3

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
 QD / TP / WS / TP RES / QD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured _____
 Policy No _____
 Claims No. **MT/1161577-002**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____

Veh No. **SHD42545** Yr Rog: **24/7/19**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Primo Mover /
 Truck / Traller or _____
 Make: **Hyundai Ioniq** c.c. **1580**
 Colour: **blue** AC: Insured / Std / NI / NA
 Sp. Reading: **219954** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **KMH1C851C0K4164286**
 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: **195/65R15**
 R: **195/65R15**

(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 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Westlake**

<u>Front</u>	<u>Rear</u>
R/Bal. 5 mm	R/Bal. 5 mm
L/Bal. 5 mm	L/Bal. 5 mm
D.O.A. 9/2/22	D.O.I. 9/2/22 1700

 Survey held at **CDGE**
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	lump sum 3300, 3 days red: 2681.12;44%

Date/Time, File Pass to? : Proll. Report
 : Final Report
 Date/Time, File Return to? _____
 Days Of Repair: **3**
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (\$ _____)
 : Visual Insp (\$ _____)
 Survey Fee: _____
 Transportation: _____
 S + RS: \$ _____
 Finhs _____
 Collvce _____
 T-131 _____

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4172126

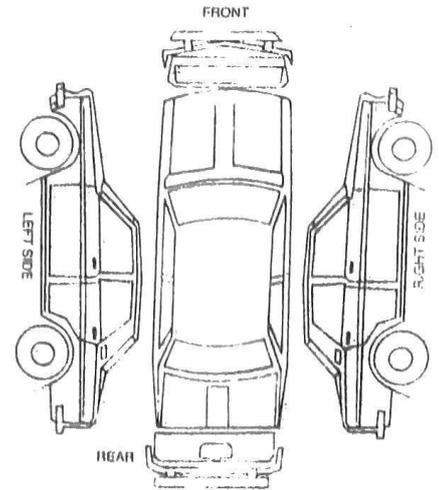
JC NO 305504346

CUSTOMER R/MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL. (R) 65508755 (P) (O) SCOUNT CARD NO.	REGN NO: SHD4254S	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: IONIQ(G2)	DATE/TIME IN 09.02.2022 09:05
	YR OF MANU. 24.07.2019	TARGET DATE
	CHASSIS CODE KMHC851CVKU164886	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.02.2022
NATURE: 3P 09.02.2022,

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: **SHD4254S** **YY**

Vehicle No.: **SHD4254S**

Service Advisor

Date

Name of Service Advisor

Date

Returned to Service Reception upon

To be kept by Security Guard



COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHD4254S

Date: 09/02/2022

Make : HYUNDAI

Insurance: NTUC

Model : IONIQ(G2)

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount	
1	FRT BUMPER COVER			\$430.90	Cut
10	FRT BUMPER CLIPS			\$22.00	nrc
1	FRT BUMPER SIDE BRACKER RH			\$28.00	nrc
1	FRT BUMPER MOULDING CENTRE UPPER			\$368.50	scr
1	HEADLAMP RH			\$1,993.65	scr
1	DAY LIGHT RH			\$642.50	Cut
1	FRT BUMPER SIDE GRILLE RH			\$93.45	DIS
1	HEADLAMP SUPPORT PANEL			\$949.30	n.
1	FRT BUMPER AIR DUCT RH			\$153.80	n.
1	FRT FENDER RH			\$588.80	XV
1	FRT FENDER RETAINER BRACKET RH			\$41.40	hec
1	EMBLEM - BLUE DRIVE RH			\$26.60	hec
	SUB TOTAL			\$5,338.90	
	LESS 20%			\$1,067.78	
	DISCOUNTED TOTAL			\$4,271.12	
				\$-	nett
	Labour Charge				
	PANEL BEATING			\$1,050.00	700
	SPRAY PAINTING CHARGE			\$600.00	500
	CHECK ALL LIGHTING			\$60.00	20
	TOTAL LABOUR			\$1,710.00	
	ESTIMATE TOTAL			\$5,981.12	

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.

Thuvan 82235769
 9/2/22 1700
 LIS after repair photo
 3 days wp

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:

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	09/02/2022 10:45 (SGT)
Date of Accident	09/02/2022 01:40 (SGT)
Exact Location of Accident	Mandai Rd, Singapore
Additional Location Information	SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4254S

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) +65-90082810
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580

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	SOH KAM WAH
NRIC No	SXXXX303E

Date Of Birth	07/03/1957
Occupation	Outdoor
Date Of Driving Pass	08/01/1980
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90082810
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	2 RIVERVALE LINK #13-05
Address complement	-
Postcode	545040
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	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 09/02/2022 AT ABOUT 0140HRS I WAS DRIVING MY VEHICLE A SHD4254S ON THE 2ND LANE OF MANDAI ROAD IN THE DIRECTION OF SEMBAWANG ROAD. AS MY VEHICLE A WAS IN THE CROSS JUNCTION, VEHICLE B FBL7039G FROM THE OPPOSITE DIRECTION TURNING RIGHT ONTO BKE COLLIDED HIS VEHICLE B LEFT SIDE ONTO MY VEHICLE A RIGHT FRONT. RIDER AND PILLION FELL OVER BUT NOT 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	FBL7039G
Vehicle Manufacturer	Yamaha
Vehicle Model	SNIPER T150
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD NUR SYAFIQ BIN KAMSANI

NRIC No	TXXXX097E
Contact Number	(Phone) +65-88112223
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 Authorized 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
- 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.

[Handwritten signature]

[Handwritten signature]

Policyholder's Signature / Date & Time

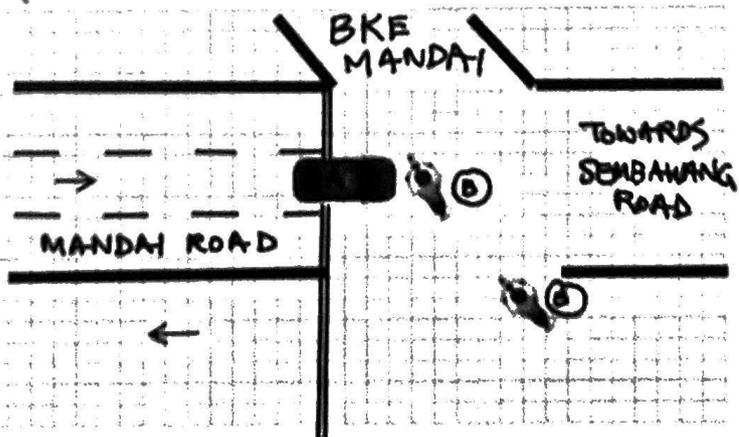
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHD 4254S

B - FBL 7039G



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

Witnessed by Reporting Centre Personnel

09-02-2022 1015HRS

Kapri Yoz