

ASSIGNMENT

From _____ Date _____
Estimated Cost: _____
QD/TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: _____
Policy No _____
Claims No **MT/1161179-002**
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Vch: _____

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
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Bal. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs. 2 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: SHA1994K Yr Rogn: 12/7/18
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Hyundai Ioniq c.c. 1580
Colour: blue A/C: Insured / Std / HI / NA
Sp. Reading 422036 T/Radio: Insured / Std / HI / NA
Eng/No: _____
C/No: KMH/C85/CUSG103540
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: NII / SIRIM / STD A/Rlm or
Tyro Size: F: 195/65R15
R: 195/65R15
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. 9/2/22 D.O.I. 10/2/22 1630
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
	RED: 1148.8;2598.8
	LUMP SUM \$1450, 2DAYS

Dated/Time, File Pass to? ☐ : Prelim. Report
1) ☐ : Final Report
Dated/Time, File Return to?

Days Of Repair: 2
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$) _____
☐ : Interview (\$) _____
☐ : Tech. Invg (\$) _____
☐ : Wash and ... _____

Survey Fee:	
Transportation:	
S + RS. SI	
Fines	
Other	
Total	

Report Form: _____
Lump Sum / REP: _____

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA7994K

Date: 10/02/22

Make : HYUNDAI

Insurance: NTUC

Model : IONIQ(G2)

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$459.40
10	REAR BUMPER CLIPS			\$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			\$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
1	ANTENNA SMARTKEY			\$40.50
1	REAR BUMPER FOG LAMP			\$201.50
1	LICENCE LAMP			\$85.30
	SUB TOTAL			\$1,654.75
	LESS 20%			\$330.95
	DISCOUNTED TOTAL			\$1,323.80
	REAR FENDER ADVERTISEMENT LOGO RH			\$100.00
	REAR FENDER ADVERTISEMENT LOGO LH			\$100.00
	REAR NUMBER PLATE WITH TRIM COVER		-10%	\$55.00
	REAR BUMPER REVERSE SENSOR		-10%	\$180.00
				\$435.00
	Labour Charge			
	PANEL BEATING			\$400.00
	SPRAY PAINTING CHARGE			\$300.00
	CHECK ALL LIGHTING			\$60.00
	REMOVE/REFIX REVERSE SENSOR			\$80.00
	TOTAL LABOUR			\$840.00
	ESTIMATE TOTAL			\$2,598.80

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.

Therun 82235769
10/2/22 1630
L/S after repair photo
2 days up

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/Time: 09.02.2022 16:36

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4172207

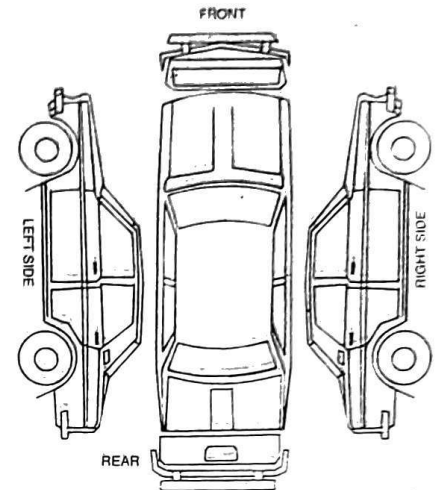
JC NO305504473

STOMER		REGN NO: SHA7994K	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 7010045		MODEL: IONIQ(G2)	DATE/TIME IN 09.02.2022 14:20
DRESS 383 SIN MING DRIVE		YR OF MANU. 12.07.2018	TARGET DATE
Singapore SINGAPORE 575717		CHASSIS CODE KMHC851CVJU103540	COMPLETION DATE/TIME
- (R) 65508755 (O)			
(P)			
ICOUNT CARD NO.			

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

Vehicle No.: **SHA7994K** YY

Vehicle No.: **SHA7994K**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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	09/02/2022 17:42 (SGT)
Date of Accident	09/02/2022 13:50 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	JURONG EAST STREET 31
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7994K
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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) +65-98311326
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

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	CHUA HUN BENG
NRIC No	SXXXX834C

Date Of Birth	30/07/1974
Occupation	Outdoor
Date Of Driving Pass	30/03/1994
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98311326
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	301D ANCHORVALE DRIVE #10-17
Address complement	-
Postcode	544301
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 1350HRS I WAS DRIVING MY VEHICLE A SHA7994K TURNING FROM UPPER SERANGOON ROAD TO UPPER SERANGOON CRESCENT. AS I WAS IN THE YELLOW BOX, AN UNKNOWN VEHICLE FROM THE OPPOSITE DIRECTION BEAT RED LIGHT. I HAD TO BRAKE TO AVOID COLLISION. VEHICLE B FBQ9591M THEN COLLIDED ONTO MY VEHICLE A LEFT REAR. RIDER FELL OVER AND PASSER BY CAME AND HELP RIDER LIFT HIS VEHICLE B. BECAUSE BIKE ENGINE WAS STILL RUNNING, IT SURGE FORWARD AND COLLIDED ONTO MY VEHICLE A REAR RIGHT. RIDER WAS LIMPING BUT HE DECLINE TO CALL FOR AMBULANCE. 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	FBQ9591M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ANG RUI QI RICHIE
NRIC No	SXXXX986F
Contact Number	(Phone) +65-97932546
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ANG RUI QI RICHIE
Gender	Male
Phone No	(Phone) +65-97932546
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG ABRASION
Injured person in which vehicle?	FBQ9591M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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' 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.

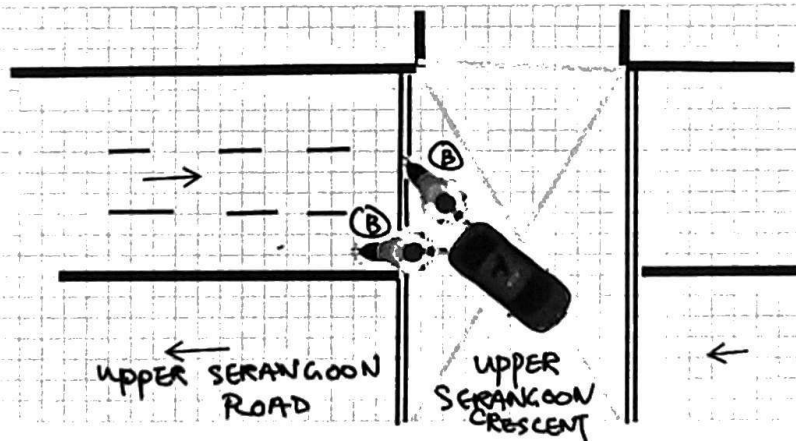
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A-HA 7994K
B-FBQ 9591M



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 1635HRS



Kyari Yong