

See REC BY: Thuan

REF: Ntuc

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:

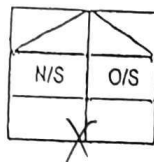
Excess:

(Client's Record)

Make of Vch:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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:

SH11670L

Yr Rogn: 5/1/19

Type: M. Car / M. Cycle / Bus / Van / Lorry / (X) / Prime Mover /

Truck / Traller or

Make:

Hyundai 140

c.c. 1685

Colour

blue

A/C: , Insured / Std / NI / NA

Sp. Reading

583779

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

kmf/LB41umt/u 097759

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NII / SURIM / STD A/Rim or

Tyre Size:

F:

266/60R16

R:

266/60R16

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.

10/2/22

D.O.I.

14/2/22 1600

Survey held at

CD6F

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + RS. SI

Finibus

Others

Final

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inv (\$

☐

Vehicle (\$

Request Formed:

Signature / Date:

REPAIR ESTIMATE*

VEHICLE NO SHA1670L

10/02/22

MAKE REG: 05.01.2017

MODEL HYU- I40

Type

CHIANG/ NTUC

Qty	Parts Description/ Labour	Unit Price	Amount
1	REAR BUMPER COVER		\$553.00
1	REAR BUMPER LOWER COVER		\$228.00
10	REAR BUMPER CLIPS	\$2.20	\$22.00
1	REAR BUMPER BRACKET LH		\$35.60
1	REAR BUMPER REINFORCEMENT		\$428.40
1	REAR BUMPER REFLECTOR LH		\$32.00
	SUB TOTAL		\$1,299.00
	20.00%		\$259.80
	DISCOUNTED TOTAL		\$1,039.20
1	REAR REVERSE SENSOR		\$135.70
1	REAR BUMPER PROTECTOR		\$50.00
			\$167.13
	Labour Charge		\$420.00
	Panel Beating		\$300.00
	Spray Painting Charge		\$60.00
	Remove/refix reverse sensor		\$40.00
	Check Lighting & Wiring		
	TOTAL LABOUR		\$820.00
	ESTIMATE TOTAL		\$2,026.33

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.

Thuan

82235769

14/2/22 1600

45 after repair photo

2 days w/p

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:

Team: ARC Repair TP(CLSO)1

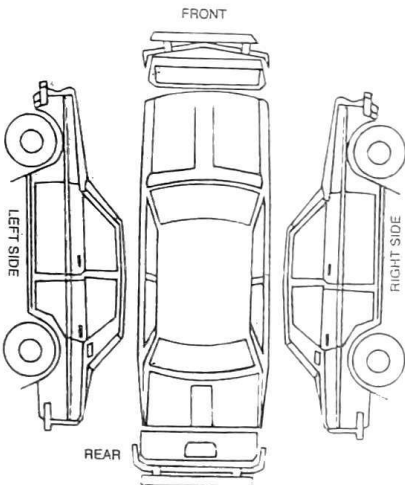
Date/Time: 14.02.2022 13:04 Page : 1

STOMER		JOB CARD Sales Order: 4173539		JC NO.305504853	
/MS COMFORT TRANSPORTATION PTE LTD		REGN NO: SHA1670J		MILEAGE	
STOMER NO 7010045		MAKE: HYUNDAI		FUEL	
DRESS 383 SIN MING DRIVE		MODEL I-40		E.....1/2.....F	
Singapore SINGAPORE 575717		14.02.2022 09:40		DATE/TIME IN	
65508755		YR OF MANU 05.01.2017		TARGET DATE	
(R) (P) (O)		CHASSIS CODE KMHLB41UMHU097754		COMPLETION DATE/TIME:	
COUNT CARD NO.					

Accident Date: 10.02.2022
NATURE: 3P 10.02.2022

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SHA1670J CHIANG

Vehicle No.: SHA1670J

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	11/02/2022 13:55 (SGT)
Date of Accident	10/02/2022 15:25 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1670J
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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) +65-97346638
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	NEO YOW HOCK
NRIC No	SXXXX947E

Date Of Birth	19/08/1966
Occupation	Outdoor
Date Of Driving Pass	09/10/1984
Driving experience	37 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97346638
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	705 HOUGANG AVENUE 2 #08-251
Address complement	-
Postcode	530705
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 10/02/ 2022 AT ABOUT. 15:25HRS, I WAS DRIVING VEHICLE A (SHA1670J) ALONG PIE TOWARDS TUAS AFTER STEVEN ROAD EXIT. WHILE TRAVELLING STRAIGHT ON FIRST LANE, FRONT UNKNOWN VEHICLE APPLY BRAKE AND STOP. I SLOWDOWN VEHICLE A AND STOP. VEHICLE B APPLY BRAKE AND MANAGE TO STOP IN TIME. WHILE VEHICLE A WAS STATIONARY, VEHICLE C(SMT3466K) COLLIDED ONTO VEHICLE B REAR BUMPER. DUE TO THE IMPACT VEHICLE B PUSH FORWARD AND COLLIDED ONTO VEHICLE A REAR BUMPER. EXCHANGED PARTICULARS. 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	SND8372L
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	HO LOONG ANN
NRIC No	SXXXX193B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMT3466K
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JEFFREY MERRILL RAJECK
NRIC No	SXXXX987E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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.
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

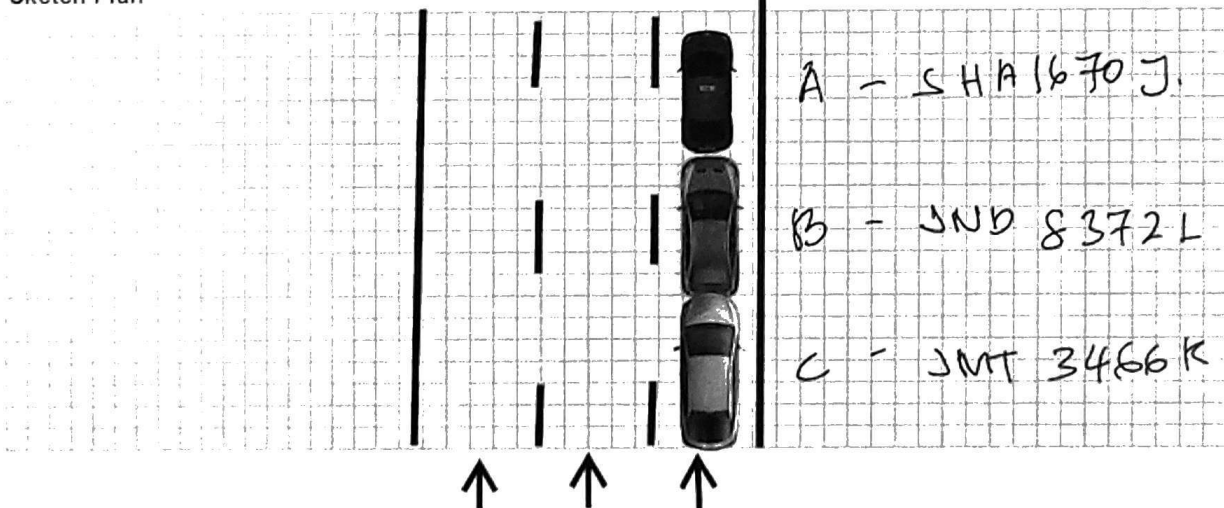
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

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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



11/2/22 @ 13:00

