

888 REC BY: Thuan 1 ntyc

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: _____

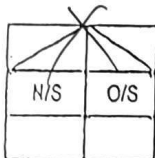
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 10 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: SH6456L Yr Rogn: 29/4/21

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

Truck / Trailer or

Make: Hyundai iouy c.c. 1580

Colour: blue A/C: Insured / Std / NI / NA

Sp. Reading: Not avail. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: hmtlc85/culu/92933

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre 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. 18/2/22 D.O.I. 24/2/22 1730

Survey held at CDGE

Des. of Damages: Fit Rear / O/S / N/S / UIC / Roof top or

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

Date / Time Action / Instruction

Not safe to repair, recommend total loss

Date/Time File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$1

Flunkis

Others

Total

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : V&V (\$

Report Forms:

Form 1/1/1

Date/Time: 23.02.2022 15:42 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

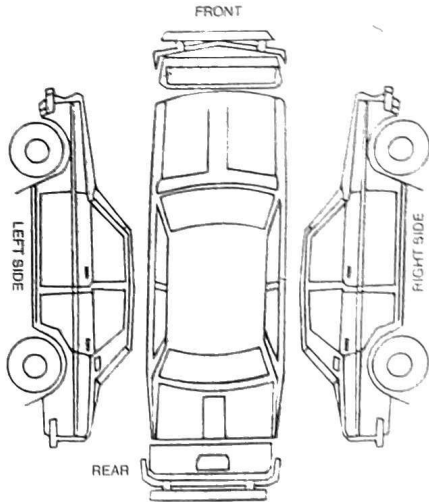
JC NO305506228

OMER	REGN NO.: SH 6456L	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO. 7010045	MODEL IONIQ(G3)	DATE/TIME IN 18.02.2022 18:50
RESS 383 SIN MING DRIVE	YR OF MANU. 29.04.2021	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE KMHC851CVLU192933	COMPLETION DATE/TIME:
(R) 65508755 (O)		
(P)		
DUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 18.02.2022
ATURE: 3P.18.02.2022/C'

'NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SH 6456L JU NTUC

Vehicle No.: SH 6456L

Service Advisor Signature/Date

Name of Service Advisor Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORT DELGRO ENGINEERING PTE LTD

Updated 11 Feb 2020

REPAIR ESTIMATE

DATE: 24.02.22

INSURANCE: NTUC

MODEL: Hyundai Ioniq (Front) DOA: 18.02.22

MVA: JUMANI

VEHICLE NO.: SH 6456L

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	Radiator Grille			\$1,409.10	6/107
	RadiatorGrille Up			\$48.30	197
	Front Number Plate			\$25.00	Nett CRA
	Front No Plate Trim Cover			\$30.00	Nett CRA
	Unit Assy-SMART CRU (Radar Sensor)			\$2,910.90	?
	Front Bumper Cover			\$418.30	cut
	Front Bumper Sponge/Absorber			\$86.90	SHM?
	Front Bumper Reinforcement			\$1,075.10	?
	Front Bumper Grille (LH/RH)			\$186.90	cut
	Front Bumper Towing Cover			\$29.00	SSC
	Front Bumper Centre Moulding			\$188.00	cut
	Front Bumper Moulding		\$93.60	\$187.20	cut
	Front Bumper Lower Stiffner			\$85.10	?
	Front Bumper License Plate			\$17.40	CRA
	Front Bumper Lip			\$35.10	cut
	Front Bumper Bracket Top (LH/RH)		\$35.00	\$70.00	NEC
	Front Bumper Bracket (LH/RH)		\$28.00	\$56.00	NEC
	Front Bumper Side Bracket Support		\$12.00	\$24.00	NEC
	Front Bumper Retainer Mounting			\$65.30	NEC
	Front Bumper Clips 10 pcs			\$22.00	NEC
	Front Bumper Strip Assy			\$29.40	?
	Front Bumper Centre Grille			\$318.80	cut
	Front Bumper Side Grille			\$85.10	SSC
	Front Bumper Lower Grille			\$223.70	cut
	Headlamp Support Panel Assy			\$949.30	DT
	Headlamp(LH/RH)		\$1,993.65	\$3,987.30	CRA
	Headlamp Halogen Bulb (LH/RH)			\$14.40	CRA
	Day Light , RH		\$642.50	\$1,285.00	?
	Day Light Wire, LH/RH			\$585.50	?
	Radiator Inverter			\$884.80	?
	Radiator			\$510.50	?
	Radiator Blower Motor			\$576.00	?
	Radiator Fan			\$375.10	?
	Radiator Shroud			\$275.50	?
	Radiator Bracket			\$25.00	?
	Radiator Hose Upper			\$66.20	?
	Radiator Hose Lower			\$66.20	?
	Radiator Hose Water			\$29.70	?
	Radiator Pipe Water			\$61.90	?
	Radiator Tank Reservoir			\$110.10	?
	Radiator Hose & Tube Assy			\$245.70	?
	Radiator Air Guard (LH/RH)		\$26.40	\$52.80	?
	Radiator Air Guard, Up(LH/RH)		\$27.50	\$55.00	?
	Horn Unit (LH/RH)			\$72.80	?

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	TOTAL LABOUR			\$4,790.00
	ESTIMATE TOTAL			\$35,330.88
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 82235169

24/2/22 1730

P/p ~~for~~ to paint photo

10 days up

not safe to repair
recommad total 15t

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:

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 15:38 (SGT)
Date of Accident	18/02/2022 18:50 (SGT)
Exact Location of Accident	Sengkang E Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6456L
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) +65-91003531
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	NG KIAN CHUAN (HUANG JIANQUAN)
NRIC No	SXXXX555E

Date Of Birth	23/06/1974
Occupation	Outdoor
Date Of Driving Pass	28/04/1994
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91003531
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 815 TAMPINES AVENUE 4 #12-241
Address complement	-
Postcode	520815
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	SLM4421G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-91871535
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG KIAN CHUAN (HUANG JIANQUAN)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK INJURY AND MULTIPLE ABRASIONS
Injured person in which vehicle?	SH6456L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	(Phone) +65-81808637
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST PAIN
Injured person in which vehicle?	SLM4421G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 reputate 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.

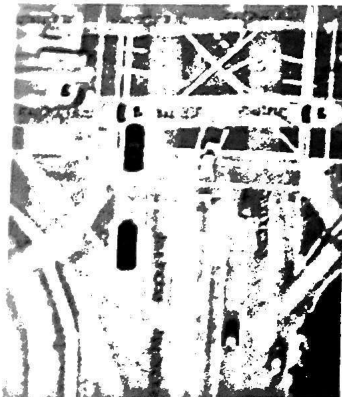
[Handwritten Signature]

Dahnial

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
19/02/2022 1500

Witnessed by Reporting Centre Personnel



A - SH 6456 L

B - SUM 4421 G

Declaration (Signature of the Officer)

PLEASE REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true to every respect

als

Police Officer's Signature / Date & Time

Driver's Signature (if driver is not the police officer) / Date & Time 14/01/2016 1500

Witnessed by Reporting Centre Personnel

Dahnial