

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: SJH 2365Z

Policy No. _____

Claims No. MT/1167681-002

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 Rpt: _____ 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

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SFA3481A Yr Regn: 10/3 116

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

Truck / Trailer or

Make: Hyundai 140 c.c 1685

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

Sp. Reading: 862881 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: 1MHLB41UM6U085539

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: 206/60R16

R: 206/60R16

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

Front R/Bal. 5 mm Rear R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 214/22 D.O.I. 414/22 1600

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
22/4/22	Thevan informed LS \$1100 (red 1021.33, 48%)

Date/Time, File Pass to? : **Preli. Report**
 : **Final Report**

1) _____
Date/Time, File Return to?
2) 25/4/22-typist

Days Of Repair: 2
Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
_____ S + RS, _____ SI	_____
Photos	_____
Others	_____
TOTAL	_____

Report Format : TP
Lump Sum / L.B.: (\$ 1100)

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4192483

JC NO 305511327

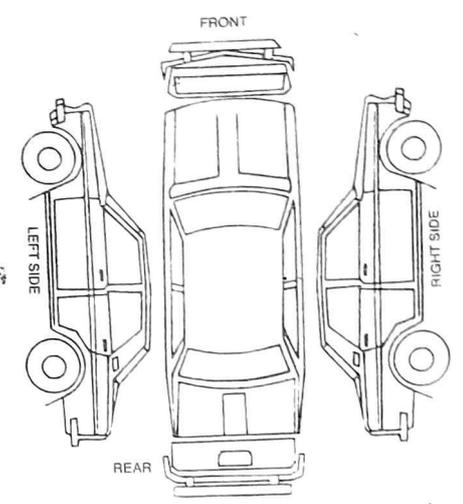
CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD VMS NO: 7010045 CUSTOMER NO: 383 SIN MING DRIVE ADDRESS: Singapore SINGAPORE 575717 TEL: 65508755 L (R) (P) (O)	REGN NO: SHA3481A	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: I-40	DATE/TIME IN: 02.04.2022 15:50
	YR OF MANU: 10.03.2016	TARGET DATE
	CHASSIS CODE: KMHLB41UMGU085539	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 02.04.2022
 NATURE: 3P 02.04.2022

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA3481A**

Vehicle No.: **SHA3481A**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA3481A

02.04.2022

MAKE REG: 10.03.2016

MODEL HYU- I40

Type

CHIANG/ NTUC

Qty	Parts Description/ Labour	Type	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 RH			\$35.60
1	REAR BUMPER REINFORCEMENT			\$428.40
1	REAR BUMPER REFLECTOR RH			\$32.00
	SUB TOTAL			\$1,299.00
	20.00%			\$259.80
	DISCOUNTED TOTAL			\$1,039.20
1	REAR REVERSE SENSOR			\$135.70
				\$122.13
	Labour Charge			\$560.00
	Panel Beating			\$300.00
	Spray Painting Charge			\$60.00
	Remove/refix reverse sensor			\$40.00
	Check Lighting & Wiring			
	TOTAL LABOUR			\$960.00
	ESTIMATE TOTAL			\$2,121.33

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.

Thevan

82235769

1600 4/31/22

2 delays up

4 5 6 LIS repair

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 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 This report will be forwarded by the insurers of the C.I.A. Claims 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	04/04/2022 14 07 (SGT)
Date of Accident	02/04/2022 15 00 (SGT)
Exact Location of Accident	Bedok North Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3481A
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) +65-90213658
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	MOHAMED YUSOF BIN ABDUL HAMID
NRIC No	SXXXX603G

Date Of Birth	17/06/1951
Occupation	Outdoor
Date Of Driving Pass	19/10/1981
Driving experience	40 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90213658
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	298 TAMPINES STREET 22 #07-544
Address complement	-
Postcode	520298
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.G/20220404/7018

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	SJH2365Z
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD ROHAIZAT BIN SUPARJO
NRIC No	SXXXX396Z
Contact Number	(Phone) +65-91267655
Address	-
Address complement	44 CHAI CHEE STREET #03-106
Postcode	461044
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	MOHAMED YUSOF BIN ABDUL HAMID
Gender	Male
Phone No	(Phone) +65-90213658
Address	298 TAMPINES STREET 22 #07-544
Address Complement	-
Post Code	520298
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SHA3481A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report accurately the details of the accident to occur in the above schedule.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
- 3. Information provided on this Form is for reference only and does not constitute an admission of liability or a determination of responsibility.
- 4. The facts and circumstances of this Form is the vehicle concerned is not an admission of liability, but for the sake of the reporting convenience.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be used by the Insurers in the event of a claim. It is the responsibility of the Policyholder and/or Authorized Driver to ensure that the information provided is true and correct.
- 7. It is the responsibility of the report to the Insurers for the purpose of the processing of the report of the accident and to ensure that the report is complete and accurate.
- 8. Consent under the Personal Data Protection Act (PDPA)

I/We hereby agree to the following:

- (a) to provide my/our name and the Standard Insurance Corporation of Singapore (SIC) with any information without any financial gain or other benefit in providing information and/or to the Insurers and any other person or organization involved in, or connected to, my/our insurance, including the Financial Intermediaries and other persons or organizations involved in the processing of my/our insurance, including the Insurers, for the purpose of the processing of the report of the accident and to ensure that the report is complete and accurate.
- (b) investigating the accident and/or my claims
- (c) carrying out and/or dealing with my instructions or responding to any enquiries by me
- (d) administering my claims, including the making of correspondence, statements, notices, reports or releases to me which would involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes and mail packages, and/or
- (e) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (f) a insurer may have insurer vehicles involved in the accident and the Insurers law firms may be permitted to collect use devices and/or provide my personal information for one or more of the above Purposes and
- (g) my personal information may or be disclosed by any of the Insurers and/or QIA to their third party service providers or agents including their 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

14/4/22 @ 1205H

[Handwritten Name]

Sketch Plan



A - SHA 3481A

B - SJH 2365Z

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT G/20220404/7018

Declaration

I/We declare the foregoing particulars are true in every respect.

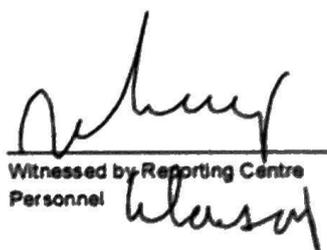
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



4/4/22 @ 1205H



Wheeler