

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.

MT/1170388-002

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

Bal. or Market Value:

IDAC Accident Rpt:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHD43355

Yr Regn:

14/9 1/6

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

Truck / Trailer or

Make:

toyota prius hybrid

c.c 1998

Colour

blue

A/C:

Insured / Std / NI / NA

Sp. Reading

608/18

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

SIDHB3Fu608530549

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65 R15

R:

195/65 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Weslake

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

2/4/22

D.O.I.

4/4/22 1645

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

Thevan finalised LS \$3650, 3 days. (Red \$2604.18, 42%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS, SI

Photos

Others

TOTAL

Report Format :

TP

Lump Sum ~~4.18~~ (\$

3650

)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHD4335S
 Make : TOYOTA
 Model : PRIUS
 DOA : 02.04.2022

Date : 04.04.2022
 Insurance:
 MVA : CHIANG/NTUC

Qty	Parts Description / Labour	Qty	Unit Price	Amount
1	FRONT BUMPER COVER			\$600.00
1	FRT BUMPER BRACKET LH			\$77.00
10	FRONT BUMPER CLIPS	2.2		\$22.00
1	FRONT RADIATOR GRILLE UPP			\$193.18
1	FRONT BUMPER LOWER GRILLE			\$301.18
1	FRONT FENDER LH			\$1,111.93
1	FRONT FOG LAMP LH			\$920.00
1	FRONT FENDER SHIELD LH			\$198.50
1	HEADLAMP LH			\$2,735.28
1	FRT BUMPER EMBLEM			\$86.50
	SUB TOTAL			\$6,245.57
	LESS 25%			\$1,561.39
				\$4,684.18
	<u>Labour Charge</u>			
	PANEL BEATING			850.00
	SPRAY PAINTING			600.00
	TUFF COAT			60.00
	CHECK LIGHTING			60.00
	TOTAL LABOUR			\$1,570.00
	ESTIMATE TOTAL			\$6,254.18

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.

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:

Thavan
 82235769
 4/4/22 1645
 L/S repair
 3 days wp

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	02/04/2022 12:55 (SGT)
Date of Accident	02/04/2022 10:35 (SGT)
Exact Location of Accident	Coleman St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4335S
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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) +65-88582939
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	TAN LIAN HOE
NRIC No	SXXXX120G

Date Of Birth	20/01/1977
Occupation	Outdoor
Date Of Driving Pass	27/02/1999
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88582939
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 450 YISHUN RING ROAD #04-120
Address complement	-
Postcode	760450
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	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

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 02/04/2022 AT ABOUT 1035HRS I WAS DRIVING MY VEHICLE A SHD4335S ON THE RIGHT LANE OF COLEMAN STREET IN THE DIRECTION OF HILL STREET. VEHICLE B SGZ4482X ON MY LEFT SUDDENLY SWERVED INTO MY LANE. HENCE MY VEHICLE A FRONT COLLIDED ONTO VEHICLE B RIGHT CENTRE. MY PASSENGER MALE CHILD AND MYSELF HURT OUR CHEST. HANDPHONE 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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ4482X
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-87400043
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	TAN LIAN HOE
Gender	Male
Phone No	(Phone) +65-88582939
Address	BLK 450 YISHUN RING ROAD #04-120
Address Complement	-
Post Code	760450
Approximate Age Years Old	45
Injuries Sustained	CHEST
Injured person in which vehicle?	SHD4335S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER/CHILD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST
Injured person in which vehicle?	SHD4335S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

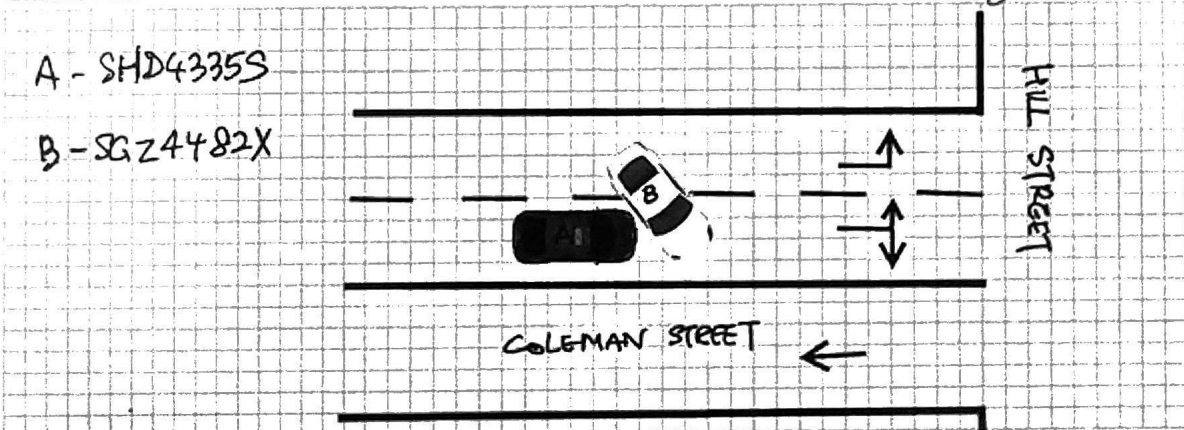
1. Please report **correctly** the details of the accident to speed up the claims process
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**
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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' 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

ON 02/04/2022 AT ABOUT 1035HRS I WAS DRIVING MY VEHICLE A SHD4335S ON THE RIGHT LANE OF COLEMAN STREET IN THE DIRECTION OF HILL STREET. VEHICLE B SGZ4482X ON MY LEFT SUDDENLY SWERVED INTO MY LANE. HENCE MY VEHICLE A FRONT COLLIDED ONTO VEHICLE B RIGHT CENTRE. MY PASSENGER MALE CHILD AND MYSELF HURT OUR CHEST. HANDPHONE EXCHANGED

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

02/03/2022

1230 HRS

Ryan Yong

Date/Time: 04.04.2022 09:23 Page : 1

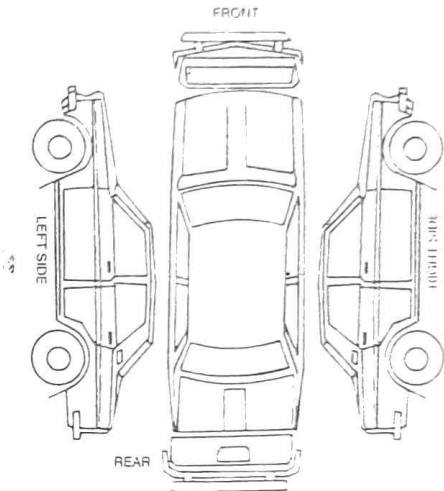
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 4192400 JC NO305511184

CUSTOMER	REG NO: SHD4335S	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL
STOMER NO. 7010045	MODEL: PRIUS HYBRID(G4)02.	E 1/2 F
DRESS 383 SIN MING DRIVE	YR OF MANU. 14.09.2016	DATE/TIME IN 04.2022 11:35
Singapore SINGAPORE 575717	CHASSIS CODE JTDKB3FU603530549	TARGET DATE
65508755 (R) (P)		COMPLETION DATE/TIME:
ACCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 02.04.2022
NATURE: 3P .02.04.2022'

3/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD4335S CHIANG

Vehicle No.: SHD4335S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard