

(08/11/23)

ASS. REC. BY: Thavan

REF: Ntuc

NS/INC22003299/Vtc

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/1167765-002

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC2484m Yr Regn: 27/2/19Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: Hyundai Ionig c.c. 1580Colour: blue A/C: Insured / Std / NI / NASp. Reading: 379290 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: kmHc851Cvhu115207Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 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 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 6/4/22 D.O.I. 7/4/22 1700Survey held at CDGEDes. 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

LUMP SUM \$3150, 3DAYS
RED: 2073.72;39%

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)) S + RS, SI☐ : Interview (\$ _____)) Photos☐ : Tech. Invs (\$ _____)) Others☐ : Weekend (\$ _____)) TOTAL

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

TOTAL

Effective Date: 1 Nov 2020

LKK-

INSURANCE: NTUC

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Bumper	1		\$ 481.10
	Front Bumper Clips	10	\$ 2.20	\$ 22.00
	Front Bumper Upper Moulding	1		\$ 368.50
	Frt Fender RH	1		\$ 588.80
	Frt Fender BlueDrive RH	1		\$ 26.60
	Frt Wheel Cap RH	1		\$ 346.40
	Headlamp RH	1		\$ 2,110.30
	DayLight RH	1		\$ 642.50
	DayLight Grille RH	1		\$ 93.45
	SUB TOTAL			\$ 4,679.65
	LESS 20%			\$ 935.93
	TOTAL SPARE PARTS			\$ 3,743.72
	<u>Labour Charge</u>			
	Panel Beating			\$ 800.00
	Spray Painting			\$ 600.00
	Check Wirings			\$ 40.00
	Tuff Kote			\$ 40.00
	Towing Fee			NIL
	TOTAL LABOUR			\$ 1,480.00
	ESTIMATE TOTAL			\$ 5,223.72

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.

Thuvan
82235769
7/24/22 1700
C/S repair 2nd day swp

- 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

Date:

JOB CARD

305511562

JC NO.:

STOMER

MS

STOMER NO

DRESS

(R)

(P)

(O)

C TPL

COUNT CARD NO

REGN NO:

SHC 2484M

MILEAGE

MAKE:

FUEL

E: 1/2 F

MODEL

Ioniq G2

DATE/TIME IN

6/4 @ 1220

YR OF MANU.

270219

TARGET DATE

CHASSIS CODE

COMPLETION DATE/TIME:

JOB DESCRIPTION

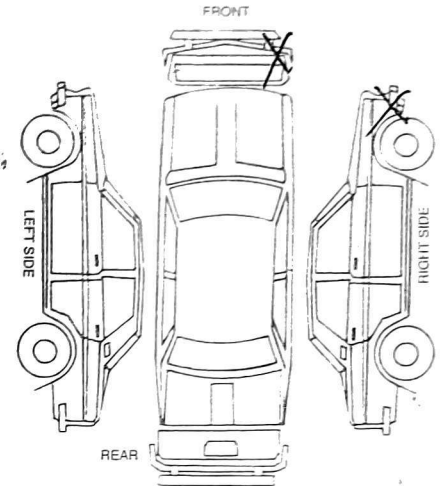
LS

SLU

NTUC

7668A

LKK-



D & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ement Slip

Exit Pass

Vehicle No.:

ice Advisor

Signature/Date

Name of Service Advisor

Date

d to Service Reception upon collection

To be kept by Security Guard



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 06/04/22 Time Received: 1245 hrs

2. ☐ New ☐ SPARK Kakis

Name of Customer : MR TAN

Contact No. : 84827331

Vehicle No. : ✓ SHC 2484 M

Make / Model / Colour : H / IONIQ

Email :

3. Vehicle Type:

- ☐ Private
☒ Taxi (CTPL/CCPL)
☐ Fleet
☐ STK (Boon Lay)

4. Type of Towing:

- ☒ Normal Tow
☐ King Dolly
☐ Flat Bed
☐ Crane-up

5. Nature of Service:

- ☐ Jumpstart
☐ Recovery
☐ Change Tyre / Battery

6. Parts Replaced/Remarks:

7. Location:

EU TONG SEN ST

9. Preferred Workshop:

- ☐ Braddell ☒ Loyang ☐ Pandan
☐ Sin Ming ☐ Sungei Kadut ☐ Ubi
☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD)
☐ Others:

8. Vehicle Tow - In Workshop:

- ☐ Smoky Exhaust ☐ Wheel Jammed
☐ Overheating ☐ Steering Faulty
☐ Brake Faulty ☐ Alternator Faulty
☐ Starting Problem ☐ Loss Power
☒ Accident ☐ Engine Stalled
☐ Return Taxi

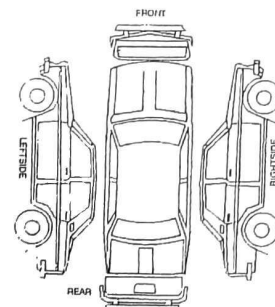
10. Odometer Reading :

Fuel Level :

F 1/4 1/2 3/4 E

11. Radio / CD Player

- ☐ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scatched O : Missing

Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☒ QA ☐ GAO ☐ OTHERS

Name of Driver : RAMESH

Vehicle No. : YN9303T

Time Dispatch : 1245 hrs

Time of Arrival : 1330 hrs

Time Completed : 1415 hrs

Cash Invoice Details (if applicable)

13. Cash Invoice No. :

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

06/04/22

Date

1330 hrs

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

WORKSHOP COPY

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	06/04/2022 16:20 (SGT)
Date of Accident	06/04/2022 12:20 (SGT)
Exact Location of Accident	Eu Tong Sen St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2484M
-----------------------------	----------

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) +65-84827331
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 HUI TIONG
NRIC No	SXXXX107Z

Date Of Birth	14/03/1959
Occupation	Outdoor
Date Of Driving Pass	14/04/1979
Driving experience	43 YEARS
Gender	Male
Mobile Number	(Phone) +65-84827331
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	551 WOODLANDS DRIVE 44 #04-52
Address complement	-
Postcode	730551
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Male

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 THE 06/04/2022 AT ABOUT 1220 HOURS, I WAS DRIVING VEHICLE A (SHC2484M) ON LANE 3 ALONG EU TONG SEN STREET WHEN SLOWING DOWN AND SUDDENLY VEHICLE B (SLU7668A) CUT INTO MY PATH FROM LANE 2 AND GRAZED THE FRONT RIGHT PORTION OF MY TAXI. NOBODY IS INJURED.

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	SLU7668A
Vehicle Manufacturer	Toyota
Vehicle Model	-

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

-

-

Private car

LI XIAO QING

(Phone) +65-97532094

-

-

-

-

-

1

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 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. 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.

[Signature]

[Signature]

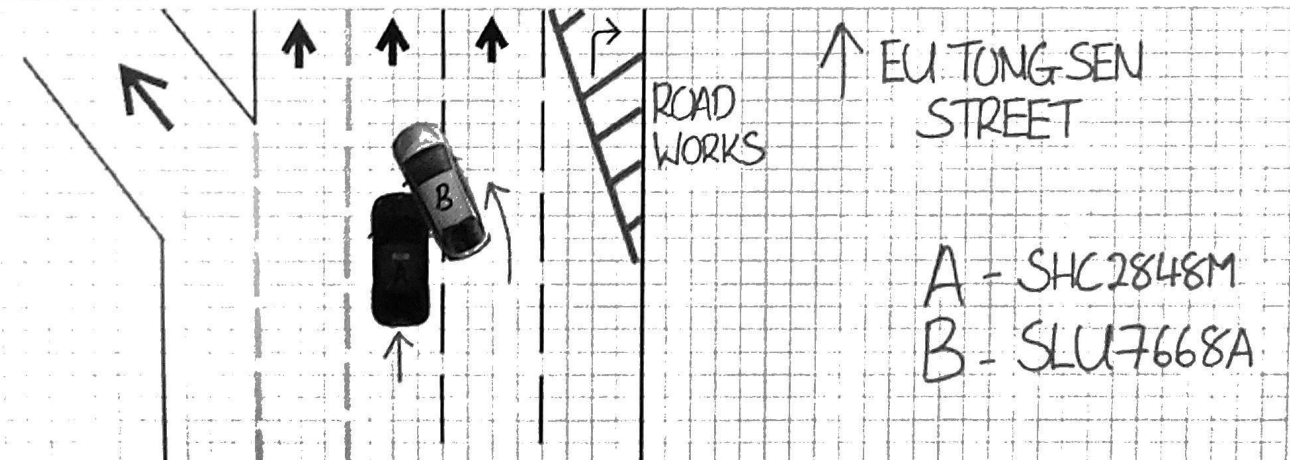
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

06/04/22 1500

Sketch Plan



Describe Circumstances of the Accident

ON THE 06/04/2022 AT ABOUT 1220 HOURS, I WAS DRIVING VEHICLE A (SHC2484M) ON LANE 3 ALONG EU TONG SEN STREET WHEN SLOWING DOWN AND SUDDENLY VEHICLE B (SLU7668A) CUT INTO MY PATH FROM LANE 2 AND GRAZED THE FRONT RIGHT PORTION OF MY TAXI. NOBODY IS INJURED

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

06/04/22

1500

Witnessed by Reporting Centre Personnel