

ASS. REC. BY: thavanREF: ntuc

ASSIGNMENT

SHC2279P

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. _____

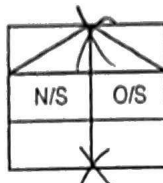
Claims No. _____

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 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: SHC2279P Yr Regn: 20/12/17Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or _____

Make: Hyundai 140 c.c. 1685Colour: blue A/C: Insured / Std / NI / NASp Reading: 477421 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: kmHLBLLumHu100091Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / 5/Rim / STD A/Rim orTyre Size: F: 206/60R16R: 206/60R16

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. 17/14/22 D.O.I. 19/14/22/715Survey held at CDGEDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report
1) _____
Date/Time, File Return to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC2279P

MAKE REG. 20.12.2017

17.04.2022

MODEL I-40

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	FRONT BUMPER TOP BRACKET LH/RH		\$22.40	\$44.80	XSR
1	FRONT BUMPER			\$1,052.20	XR
1	FRONT BUMPER REINFORCEMENT			\$588.40	XSR
1	FRONT BUMPER GRILLE LH/RH		\$187.20	\$374.40	XSR
1	FRONT HEAD LAMP SUPPORT PANEL			\$907.00	XSR
1	FRONT RADIATOR GRILLE			\$1,480.00	XSR
10	BUMPER CLIPS		\$2.20	\$22.00	hul
	SUB TOTAL			\$4,468.80	
	LESS 20%			\$893.76	
				\$3,575.04	
1	FRONT NUMBER PLATE			\$50.00	Crq
				\$45.00	
	Labour Charge				
	Panel Beating			\$600.00	280
	Spray Painting Charge			\$300.00	250
	Tuff Kote			\$60.00	30
	Check Lighting			\$60.00	30
	TOTAL LABOUR			\$1,020.00	
	ESTIMATE TOTAL			\$4,640.04	

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: _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC2279P

17.04.2022

MAKE REG: 20.12.2017

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 RH		\$35.60
1	REAR BUMPER REINFORCEMENT		\$428.40
2	REAR BUMPER REFLECTOR LH/RH	\$32.00	\$64.00
	SUB TOTAL		\$1,331.00
	20.00%		\$266.20
	DISCOUNTED TOTAL		\$1,064.80
1	REAR BUMPER MAT		\$50.00
1	REAR REVERSE SENSOR		\$135.70
			\$172.13
	Labour Charge		
	Panel Beating		\$560.00
	Spray Painting Charge		\$300.00
	Remove/refix reverse sensor		\$60.00
	Check Lighting & Wiring		\$40.00
	TOTAL LABOUR		\$960.00
	ESTIMATE TOTAL		\$2,196.93
This is an initial estimate based on a visual inspection of the <u>above vehicle</u> . The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.			

Thuan
82235769
19/4/22 1715
L/S 3days up

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

Date/Time: 19.04.2022 08:25 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4197620

JO NO 305512995

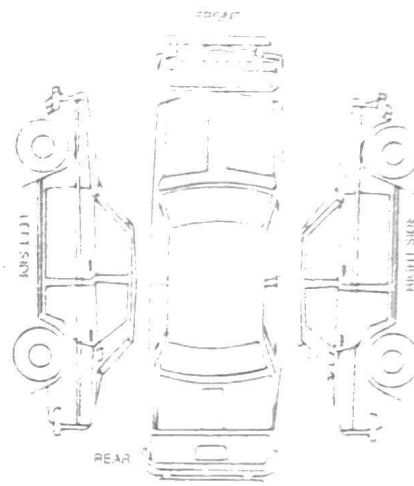
STOMER
/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REG NO SHC2279P	MILEAGE
MAKE HYUNDAI	FUEL
MODEL I-40	DATE OF PURCHASE 18.04.2022 13:25
VEHICLE MODEL 20.12.2017	WARRANTY DATE
CHASSIS NO KMHLB41UMHU100091	COMPLETION DATE/TIME

Accident Date: 17.04.2022
NATURE: 3P 17.04.2022

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: **SHC2279P** **CHIANG**

Vehicle No.: **SHC2279P**

Signature/Date

Signature/Date

Name of Service Advisor

Date

turned 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	18/04/2022 16:05 (SGT)
Date of Accident	17/04/2022 14:25 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	SLIP ROAD TO CTE/SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2279P
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) +65-90498308
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	LIM LAY CHUAN
NRIC No	SXXXX712B

Date Of Birth	28/03/1960
Occupation	Outdoor
Date Of Driving Pass	03/07/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90498308
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	120 TECK WHYE LANE #08-796
Address complement	-
Postcode	680120
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	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 17/04/2022 AT ABOUT 1425HRS I STOP MY VEHICLE A SHC2279P AT THE ZEBRA CROSSING ALONG SLIP ROAD FROM BALESTIER ROAD TO CTE/SLE. A CYCLIST WAS RIDING ACROSS THE ZEBRA CROSSING, VEHICLE C SJQ8869A REAR ENDED MY STATIONARY VEHICLE A. CAUSING MY VEHICLE A TO MOVE FORWARD AND HIT THE FRONT WHEEL OF THE BICYCLE. CYCLIST DID NOT FALL OVER AND NO VISIBLE INJURY ON HIM. HIS FRONT WHEEL IS DAMAGED. PARTICULARS 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 IS NOT SUITABLE
Was there any audio recorded?	No

Vehicle Registration Number	BICYCLE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	NA / Unknown
Vehicle Category	-
Name of Driver	(Phone) +65-98551665
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	1
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ8869A
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Private car
Vehicle Category	FOO YONG CHERN
Name of Driver	(Phone) +65-96372219
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	1
No. Of Passenger (Including Driver)	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 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' 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' 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 law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

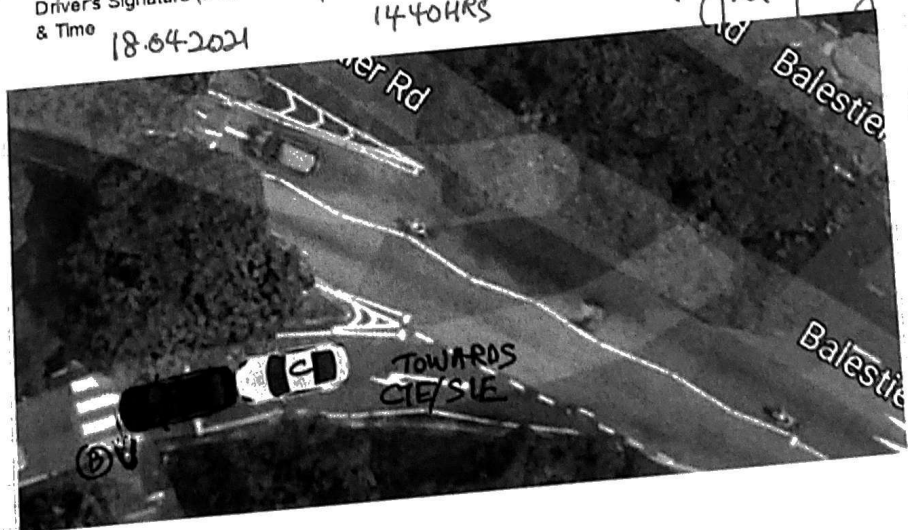
Policyholder's Signature / Date & Time

Sketch Plan

A - SHC 2279P
B - BICYCLE
C - SJQ 8889A

Driver's Signature (If driver is not the policyholder) / Date & Time
18.04.2021 1440HRS

Witnessed by Reporting Centre Personnel
Kym Yung



Describe Circumstances of the Accident

ON 17/04/2022 AT ABOUT 1425HRS I STOP MY VEHICLE A SHC2279P AT THE ZEBRA CROSSING ALONG SLIP ROAD FROM BALESTIER ROAD TO CTE/SLE. A CYCLIST WAS RIDING ACROSS THE ZEBRA CROSSING, VEHICLE C SJQ8869A REAR ENDED MY STATIONARY VEHICLE A. CAUSING MY VEHICLE A TO MOVE FORWARD AND HIT THE FRONT WHEEL OF THE BICYCLE. CYCLIST DID NOT FALL OVER AND NO VISIBLE INJURY ON HIM. HIS FRONT WHEEL IS DAMAGED. PARTICULARS 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


18.04.2022 1450HRS


Kyun Yong