

ASS. REC. BY: Tauyjh

REF:

INC NS/INC22004047/Ttc

**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/1170390-002

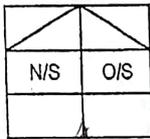
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Rport: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

*WP*

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: Ms loke

Veh No: SH7883E Yr Regn: 299, Oct.

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai ioniq C.C. 1580.

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

Sp. Reading: 274002 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHC851CVL \*U186499.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nib / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 195/65R15

R: 22

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

TOYO / YOKO or westlake

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. \_\_\_\_\_ D.O.I. 28/7/22

Survey held at Comfort

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop: or \_\_\_\_\_

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

Date / Time	Action / Instruction
	COR I/s \$1000 , 2 days.
	<del>COR I/s \$1100 , 1 day.</del>
	RED: <del>1472.8; 57%</del> Red1572.8; 57%

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

1) \_\_\_\_\_  
Date/Time, File Return to?  
2) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Rep. Format: \_\_\_\_\_  
Lump Sum / I.B.I. ( )

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

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

**COMFORT TRANSPORTATION PTE LTD**

**REPAIR ESTIMATE**

Vehicle No. : SH7883E  
 Make : HYUNDAI  
 Model : IONIQ(G3)

Date: 28.04.2022  
 Insurance: NTUC  
 MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			Ry \$459.40
10	REAR BUMPER CLIPS			ua \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			de \$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
1	ANTENNA SMARTKEY			\$40.50
1	REAR BUMPER FOG LAMP			\$201.50
1	LICENCE LAMP			X \$85.30
1	REAR BUMPER LOWER CTR MOULDING			X \$155.00
	<b>SUB TOTAL</b>			\$1,809.75
	<b>LESS 20%</b>			\$361.95
	<b>DISCOUNTED TOTAL</b>			<b>\$1,447.80</b>
	REAR BUMPER RUBBER MAT			X \$50.00
	REAR NUMBER PLATE WITH TRIM COVER		-10%	Cur \$55.00
	REAR BUMPER REVERSE SENSOR		-10%	nu \$180.00
				<b>\$285.00</b>
	<b>Labour Charge</b>			
	PANEL BEATING			350 \$400.00
	SPRAY PAINTING CHARGE			250 \$300.00
	CHECK ALL LIGHTING			X \$60.00
	REMOVE/REFIX REVERSE SENSOR			30 \$80.00
	<b>TOTAL LABOUR</b>			<b>\$840.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$2,572.80</b>

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.

Tanjim 97495749  
 up' 28/4/22 @ 4:30pm

4/5 Resurvey after repair -  
 2 days  
 Tanjimin @ the auto.com

**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:

Date/Time: 28.04.2022 10:33 Page : 1

**JOB CARD**

Sales Order: 4201896

JC NO.305514170

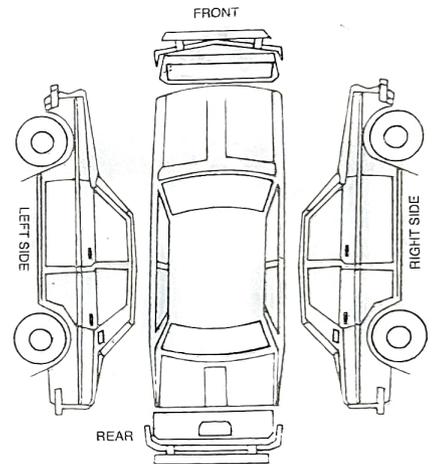
Team: ARC Repair TP(CLS0)1

CUSTOMER  NAME: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL. (R) 65508755 (O) (P)  ACCOUNT CARD NO.	REGN NO.: <b>SH 7883E</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
	MODEL <b>IONIQ(G3)</b>	DATE/TIME IN <b>28.04.2022 08:05</b>
	YR OF MANU. <b>22.10.2019</b>	TARGET DATE
	CHASSIS CODE <b>KMHC851CVLU186499</b>	COMPLETION DATE/TIME:
	SCOUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 27.04.2022  
NATURE: 3P 27.04.2022

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: **SH 7883E**                      **YY**

Vehicle No.: **SH 7883E**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned 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 ..... 28/04/2022 13:55 (SGT)  
Date of Accident ..... 27/04/2022 21:50 (SGT)  
Exact Location of Accident ..... Eunus Link, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SH7883E

### 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) +65-98379889  
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 ..... SPENCER TENG LEE FATT  
NRIC No ..... SXXXX889B

Date Of Birth .....	02/08/1952
Occupation .....	Outdoor
Date Of Driving Pass .....	01/06/1976
Driving experience .....	45 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98379889
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 9 HAIG ROAD #09-399
Address complement .....	-
Postcode .....	1543
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	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 27/04/22 AT ABOUT 21:50HRS I WAS DRIVING VEHICALE A(SH7883E) ALONG EUNOS LINK TOWARDS HOUGANG WITH ONE FEMALE PASSENGER.I WAS AT EXTREME RIGHT LANE AND AT STATIONARY POSITION AS SIGNAL WAS RED SUDDENLY VEHICALE B(SJP7783A)REAR ENDES MY VEHICLE BECAUSE OF THE IMPACT FROM VEHICLE C(SME9700Z).UNABLE TO EXCAHNGE PARTICULAR AND NO INJURIES AT POINT OF TIME.

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 .....	SJP7783A
Vehicle Manufacturer .....	Toyota

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number .....	SME9700Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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.

Policyholder's Signature / Date & Time

Sketch Plan

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

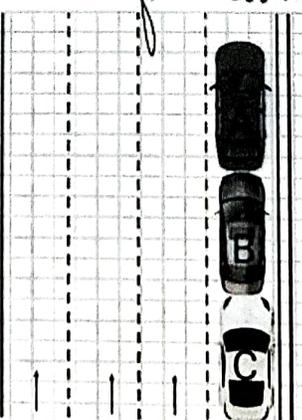
28/04/22 08:00hrs

Witnessed by Reporting Centre Personnel

BALAJI

A.SH7883E  
B.SJP7783A  
C.SME9700Z

EUNOS LINK  
TOWARDS  
HOUGANG



Describe Circumstances of the Accident

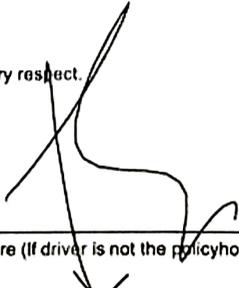
ON 27/04/22 AT ABOUT 2150HRS I WAS DRIVING VEHICLE A SH7883E ALONG EUNOS LINK TOWARDS HOUGANG WITH ONE FEMALE PASSENGER. I WAS AT EXTREME RIGHT LANE AND AT STATIONARY POSITION AS SIGNAL WAS RED SUDDENLY VEHICLE B SJP7783A REAR ENDED MY VEHICLE BECAUSE OF THE IMPACT FROM VEHICLE C SME9700Z. UNABLE TO EXCHANGE PARTICULAR AND NO INJURIES AT POINT OF TIME.

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



28/04/22 / 0850hrs

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel



BALAJI