

ASS. REC. BY: Taught

REF:

INC NS/INC22004045/Ttc

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

☒ TP / ☒ WS / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. MT/1170641-002

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
<input checked="" type="checkbox"/>	

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ 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: Um TsVeh No: SHD6824JYr Regn: 2016 / June

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

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

Make: Hyundai 140C.C. 1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 716041

T/Radio: Insured / Std / NI / NA

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

C/No: KM4L2414464091566Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt or \_\_\_\_\_Brake: ☒ In order / Jammed / Leaked / Burnt or \_\_\_\_\_Modi: ☒ M/S / S/Rim / STD A/Rim or \_\_\_\_\_Tyre Size: F: 205 / 60R16R: 1 -

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

TOYO / YOKO or Wintlake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

D.O.I. 28/4/22Survey held at Confort Logon

Des. of Damages: Frt / Rear / O/S / N/S / U/S / Roof top or

Rear N/S

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

Date / Time Action / Instruction

COR I/s \$1950 , 2 daysRED: 1819.41;48%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. SI

Photos

Others

TOTAL

Report Format: \_\_\_\_\_

Lump Sum / I.B.E. / \_\_\_\_\_

Add Fee:

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

DATE: 28.04.22

3P INSURANCE: NTUC (45)

MODEL: HYUNDAI I40

SURVEYOR: LKK

VEH NO.: SHD6824J

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Rear Bumper	1		\$553.00 ✓
	Rear Bumper Reinforcement	1		\$428.40 ✓
	Rear Bumper Stay LH	1		\$80.30 ?
	Rear Bumper Clip (10 pcs)	10	\$2.20	\$22.00 ✓
	Rear Bumper Side Bracket LH	1		\$35.60 ?
	Rear Bumper Sponge	1		\$119.50 ?
	Rear Bumper Under Cover	1		\$228.00 ✓
	Rear Bumper Reflector LH	1		\$32.00 ✓
	Exhaust Muffler LH	1		\$967.70 ✓
	Exhaust Pipe Centre	1		\$730.10 X
	<b>SPARE PARTS SUB TOTAL</b>			\$ 3,196.60
	<b>LESS 20%</b>			\$ 639.32
	<b>DISCOUNTED SPARE PARTS TOTAL</b>			\$ 2,557.28
	Reverse Sensors	1		\$ 135.70 ✓
	<b>SUB NETT</b>			\$ 135.70
	<b>LESS 10%</b>			\$ 13.57
	<b>NETT TOTAL</b>			\$ 122.13
	Rear Fender Adv.Sticker RH / LH	2	\$ 100.00	\$ 200.00 S/NETT ✓
	Rear Bumper Adv.Sticker	1		\$ 50.00 S/NETT ✓
	<b>SPARE PARTS &amp; OTHERS TOTAL</b>			\$ 2,929.41
	Panel Beating			\$ 300.00 280
	Spray Painting Charge			\$ 300.00 250
	Remove/Refix Reverse Sensor			\$ 120.00 30
	Remove/Refix Exhaust Pipe			\$ 120.00 60
	<b>VEHICLE TOWING FEE</b>			- xan
	<b>LABOUR TOTAL</b>			\$ 840.00
	<b>ESTIMATE TOTAL</b>			\$ 3,769.41

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.

Tanferi 9749749  
- WP 28/4/22 @ 5pm  
15 days after repair  
2 days  
tanferi @ 10am to 12pm

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 authorised and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date/Time: 28.04.2022 13:50

Page : 1

am: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order: 4201936

JC NO 305514175

OMER

REGN NO.:

SHD6824J

MILEAGE

IS COMFORT TRANSPORTATION PTE LTD

MAKE :

HYUNDAI

FUEL

OMER NO. 7010045

E.....1/2.....F

RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

MODEL

I-40

28.04.2022 08:00

(R) 65508755

(O)

YR OF MANU.

23.06.2016

TARGET DATE

(P)

CHASSIS CODE

KMHLB41UMGU091566

COMPLETION DATE/TIME:

OUNT CARD NO.

### JOB DESCRIPTION

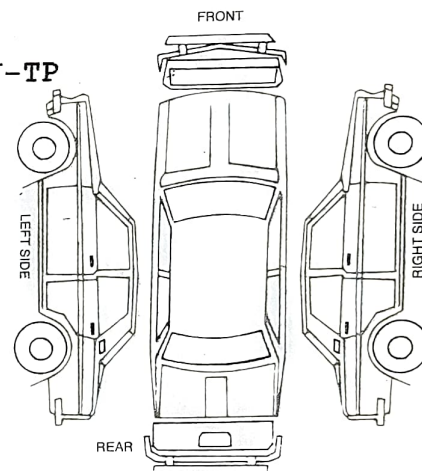
cident Date: 28.04.2022

ATURE: 3P 28.04.2022

/NO  
00010

LABOR CODE  
PB

DESCRIPTION  
PANEL BEATING-SHD6824J-TP



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHD6824J

LIMITS

Vehicle No.:

SHD6824J

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard



*K.D.*  
*Exhaust pipe drop.*  
*Back Damaged.*

## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

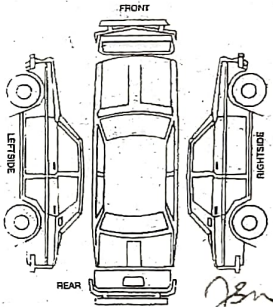
### Job Requisition

1. Date: <b>28/04/22</b> Time Received: <b>09:35</b>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <b>MR TAN S.M</b> Contact No.: <b>96390781</b> Vehicle No.: <b>SHD 6824J</b> Make / Model / Colour: <b>Comfort 140</b> Email:		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	

7. Location: <b>379 Clementi Ave S</b>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:			

10. Odometer Reading: <b>716041</b>		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Fuel Level: <input type="checkbox"/> F <input checked="" type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E			

### Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS		 #: Cracked X: Dented /: Scatched O: Missing Signature of Customer: <i>[Signature]</i>	
Name of Driver: <b>RAJAN</b>			
Vehicle No.: <b>1M6657B</b>			
Time Dispatch: <b>09:30</b>			
Time of Arrival: <b>10:00</b>			
Time Completed: <b>10:30</b>			

### Cash Invoice Details (if applicable)

13. Cash Invoice No.:

### Customer Acknowledgement

- 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.  
I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.  
Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

**28/04/22.**  
Date

**09:30**  
Time

*[Signature]*  
Signature of Customer

### 4. 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 ..... 28/04/2022 13:30 (SGT)  
Date of Accident ..... 28/04/2022 08:00 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... (MCE) TOWARDS BETWEEN CLEMENTI AVENUE 6  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD6824J

### 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) +65-96390781  
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 ..... TAN SIEW MENG  
NRIC No ..... SXXXX459D



Date Of Birth .....	07/09/1962
Occupation .....	Outdoor
Date Of Driving Pass .....	05/08/1985
Driving experience .....	36 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96390781
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	158C RIVERVALE CRESCENT #12-681
Address complement .....	-
Postcode .....	543158
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 28/04/2022 AT AROUND 0800HRS, I WAS DRIVING MY VEHICLE A SHD6824J ALONG AYE(MCE) BEFORE CLEMENTI AVENUE 6 EXIT ON THE SECOND LANE. I SIGNALLED MADE A LANE CHANGE TO THE RIGHT AND HAD COMPLETED MY LANE CHANGE WHEN SUDDENLY VEHICLE B FBA6549R REAR ENDED THE REAR LEFT PORTION OF MY VEHICLE. THE RIDER HAD SUSTAINED RIGHT LEG ABRASIONS BUT REFUSED CONVEYANCE. I HAD NO INJURIES.

#### 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 .....	FBA6549R
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	MUHD QASIDI
NRIC No .....	SXXXX594Z
Contact Number .....	(Phone) +65-87824006
Address .....	-
Address complement .....	512 JELAPANG ROAD #03-38
Postcode .....	670512
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 .....	MUHD QASIDI
Gender .....	Male
Phone No .....	(Phone) +65-87824006
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	RIGHT LEG ABRASION
Injured person in which vehicle? .....	FBA6549R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	-

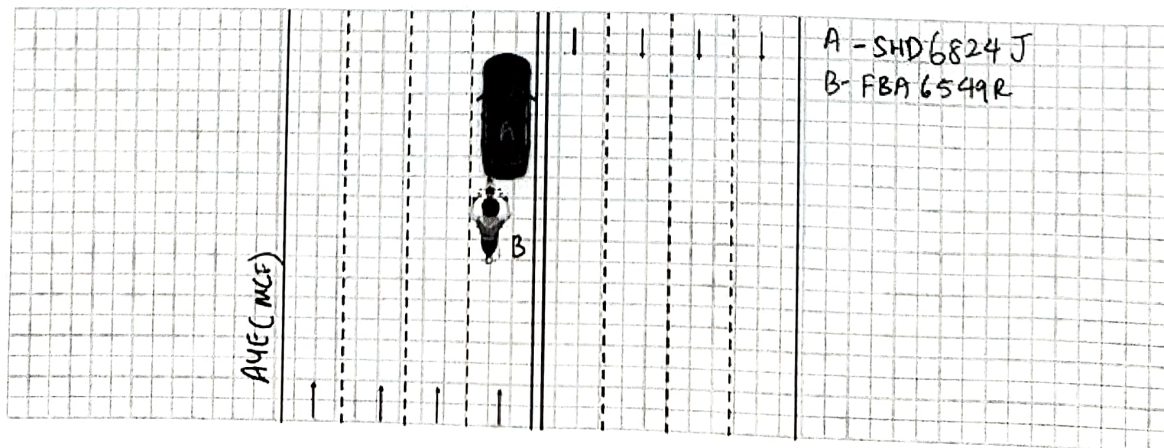
**SKETCH PLAN****IMPORTANT NOTICE**

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.
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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 &amp; Time

Driver's Signature (if driver is not the policyholder) / Date &amp; Time 28/4/22 1150

Witnessed by Reporting Centre Personnel KHAIKUN

**Sketch Plan**



Describe Circumstances of the Accident

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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 28/4/22 1155

Witnessed by Reporting Centre Personnel KHAIRUL