

ASS REC BY: ThavanREF: Nfuc

## 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 \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
 repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 2 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: SH95194 Yr Regn: 31/3/22  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai i10 c.c. 1580  
 Colour: blue A/C: Insured / Std / NI / NA  
 Sp Reading: 1395 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: kmHC851CULU194722  
 Gen. Cond: ☒ Good / Fair / Poor / Burnt  
 Steering: ☒ In order / Jammed / Leaked / Burnt or  
 Brake: ☒ In order / Jammed / Leaked / Burnt or  
 Mod: NI / ☒ Rim / STD A/Rim or  
 Tyre Size: F: 195/65R15  
 R: 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 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 26/4/22 D.O.I. 26/4/22 1700  
 Survey held at CD6E  
 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

Date/Time, File Pass to?

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

Date/Time: 26.04.2022 12:42

Page : 1

**JOB CARD**

Sales Order: 4201314

JC NO 305513888

Team: ARC Repair TP(CLSO)1

TOMER

AS COMFORT TRANSPORTATION PTE LTD  
TOMER NO. 7010045  
RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)

OUNT CARD NO.

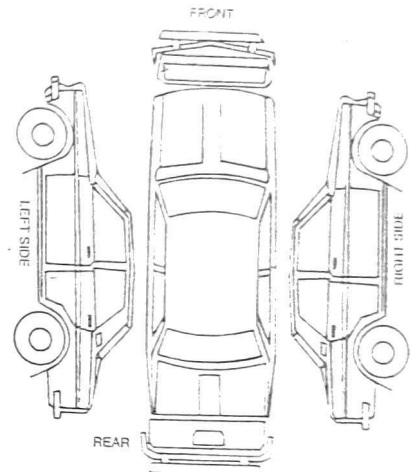
REGN NO:	SH 9519U	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL	IONIQ(G3)	E.....1/2.....F
YR OF MANU.	31.03.2022	DATE/TIME IN
CHASSIS CODE	KMHC851CVLU194722	26.04.2022 09:45
		TARGET DATE
		COMPLETION DATE/TIME:

ccident Date: 26.04.2022  
ATURE: 3P 26.04.2022

JOB DESCRIPTION

/NO LABOR CODE

**DESCRIPTION**



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

Exit Pass

No.: SH 9519U YY

Vehicle No.: SH 9519U

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE

**Model** : IONIQ(G3)

MVA: MS. LOKE YY

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.

Thruvan  
87235769  
26/4/22 1700  
L15 7days

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

Date:

## 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	26/04/2022 14:33 (SGT)
Date of Accident	26/04/2022 07:55 (SGT)
Exact Location of Accident	529 Ang Mo Kio Ave 10, Singapore 560529
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9519U
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) +65-93896302
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	CHAN CHENG SAN
NRIC No	SXXXX315G

Date Of Birth	10/11/1960
Occupation	Outdoor
Date Of Driving Pass	15/01/1981
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93896302
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	993B BUANGKOK LINK #08-03
Address complement	-
Postcode	532993
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 on 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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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 26/04/2022 AT ABOUT 07:55HRS, I WAS DRIVING VEHICLE A (SH9519U) ALONG BLOCK 529 ANG MO KIO AVE AVE 10. AS I TRAVELLING STRAIGHT SLOWLY, SUDDENLY VEHICLE B (SNA5574G) DRIVE OUT SUDDENLY. I CAN'T STOP VEHICLE A IN TIME HENCE COLLIDED ONTO VEHICLE B. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

#### 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	SNA5574G
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	2

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' 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 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 based outside of Singapore, for one or more of the above Purposes.

*Chen Sheng*

*Shun*

Policyholder's Signature / Date & Time

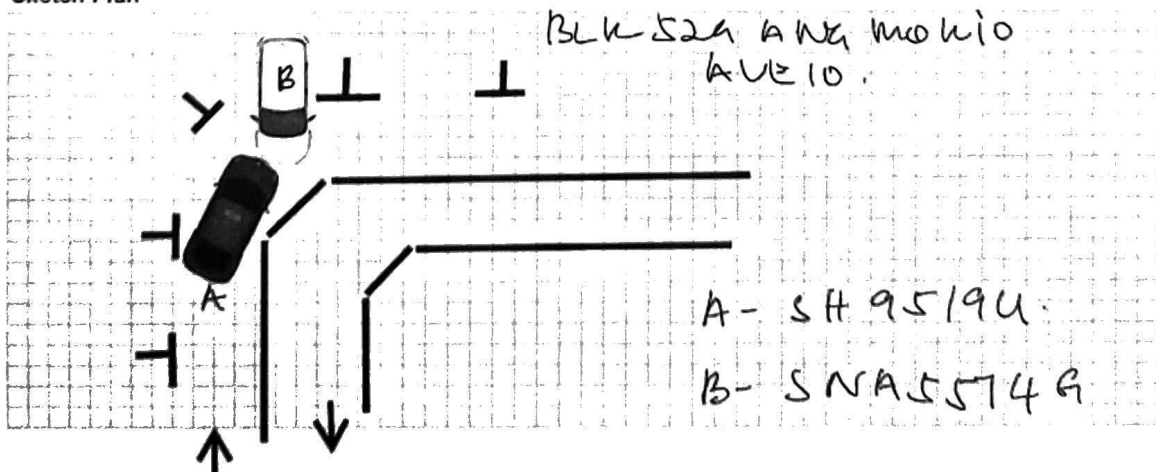
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

26/4/22 @ 1145H

*Shun*

**Sketch Plan**



Describe Circumstances of the Accident

ON 26/04/2022 AT ABOUT 07:55HRS, I WAS DRIVING VEHICLE A (SH9519U) ALONG BLOCK 529 ANG MO KIO AVE AVE 10. AS I TRAVELLING STRAIGHT SLOWLY, SUDDENLY VEHICLE B (SNA5574G) DRIVE OUT SUDDENLY. I CAN'T STOP VEHICLE A IN TIME HENCE COLLIDED ONTO VEHICLE B. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.

*Chen Cheng Sh*

Policyholder's Signature / Date & Time

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

26/4/22 @ 1145H

Witnessed by Reporting Centre, Personnel

*Henry*