

ASS. REC. BY: Taught

REF:

INC

## 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.

N/S	O/S

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHA 7331ZYr Regn: 2019 1 Oct

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

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

Make: HyundaiC.C. 1580Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 221161

T/Radio: Insured / Std / NI / NA

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

C/No: WMH C851CV 4187176

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: W/S / Rim / STD A/Rim or \_\_\_\_\_Tyre Size: F: 195/65R15R: 2-1BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Westlake

Front

Rear

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

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

D.O.I. 23/6/22Survey held at Compt WynnDes. of Damages: Frt W / Rear W / O/S W / N/S W / U/C W / Roof top or \_\_\_\_\_

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

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

Lump Sum / I.B.L. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

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

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. : SHA7331Z

Make : HYUNDAI

Model : IONIQ(G3)

Date: 23.06.2022

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			✓ \$459.40
10	REAR BUMPER CLIPS			✓ \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			✓ \$451.25
1	REAR BUMPER REINFORCEMENT			✓ \$394.80
1	REAR BUMPER REINFORCEMENT BRACKET LH RH		138.1	✓ \$276.20
1	ANTENNA SMARTKEY			✓ \$40.50
1	REAR BUMPER FOG LAMP			✓ \$201.50
1	LICENCE LAMP			✓ \$85.30
1	REAR BUMPER TOWING COVER			X \$98.80
	<b>SUB TOTAL</b>			\$2,029.75
	<b>LESS 20%</b>			\$405.95
	<b>DISCOUNTED TOTAL</b>			<b>\$1,623.80</b>
	REAR FENDER ADVERTISEMENT STICKER LH			✓ \$100.00
	REAR FENDER ADVERTISEMENT STICKER RH			✓ \$100.00
	REAR BUMPER ADVERTISEMENT STICKER			✓ \$50.00
	REAR NUMBER PLATE WITH TRIM COVER			✓ \$55.00
	REAR BUMPER REVERSE SENSOR			✓ \$180.00
				<b>\$485.00</b>
	<b>Labour Charge</b>			
	PANEL BEATING			350 \$600.00
	SPRAY PAINTING CHARGE			250 \$300.00
	CHECK ALL LIGHTING			X \$60.00
	REMOVE/REFIX REVERSE SENSOR			30 \$80.00
	<b>TOTAL LABOUR</b>			<b>\$1,040.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$3,148.80</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.

2 days  
Tangphie C/Whanb.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: 23.06.2022 13:46

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 4299039

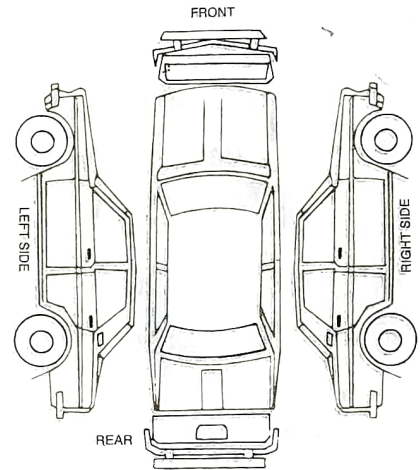
JC NO 305520752

CUSTOMER	REGN NO.: <b>SHA7331Z</b>	MILEAGE
IR/MS <b>COMFORT TRANSPORTATION PTE LTD</b>	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
CUSTOMER NO. <b>7010045</b>	MODEL <b>IONIQ(G3)</b>	DATE/TIME IN <b>23.06.2022 10:10</b>
ADDRESS <b>383 SIN MING DRIVE</b>	YR OF MANU. <b>25.10.2019</b>	TARGET DATE
<b>Singapore SINGAPORE 575717</b>	CHASSIS CODE <b>KMHC851CVLU187176</b>	COMPLETION DATE/TIME:
EL. (R) <b>65508755</b> (O)		
(P)		
ISCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 23.06.2022  
NATURE: 3P 23.06.2022'

S/NO                      LABOR CODE                      DESCRIPTION



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

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

ie:  
No.:  
File No.: **SHA7331Z**      **YY**

Vehicle No.: **SHA7331Z**

Signature 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 ..... 23/06/2022 14:58 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 23/06/2022 08:30 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... BEFORE SLE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA7331Z

#### 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) +65-96889470  
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  
Policy Number / Cover Note Number ..... VFX/P2419138

#### DRIVER

Name of Driver ..... LEE KWEE HUA  
NRIC No ..... SXXXX185J  
Date Of Birth ..... 19/02/1970  
Occupation ..... Outdoor

Date Of Driving Pass .....	26/08/1992
Driving experience .....	29 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96889470
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 700A ANG MO KIO AVENUE 6 #20-302
Address complement .....	-
Postcode .....	561700
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? .....	Yes
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 23.06.2022 AT ABOUT 0830HRS I WAS DRIVING MY PASSENGER TO GREAT WORLD CITY. MY VEHICLE A SHA7331Z WAS ON THE 3RD LANE OF CTE/CITY. BEFORE SLE , VEHICLE B SJN4326L REAR ENDED MY VEHICLE A. MY FEMALE PASSENGER FELT NAUSEOUS AFTER IMPACT AND WAS CONVEYED TO SENGKANG HOSPITAL.

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJN4362L
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SOH WG LIANG
NRIC No .....	SXXXX482A
Contact Number .....	(Phone) +65-92377470
Address .....	-
Address complement .....	-
Postcode .....	-
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 .....	SUZELIN BINTE RAHAMAD
Gender .....	Female
Phone No .....	(Phone) +65-94848327
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	40
Injuries Sustained .....	FELT NAUSEOUS
Injured person in which vehicle? .....	SHA7331Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes



# 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHA 7331Z  
B - SJN 4362L

CTE/CITY BEFORE SLE

SKETCH PLAN #2

## 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

23.06.2022 1210HRS

Witnessed by Reporting Centre Personnel

