ASS. REC. BY: Taufik | REF: INC | NS/INC22007328/Tqc

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 Rport: _____ 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 wp'

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA4247D Yr Regn: 2019 / July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Getz c.c 1580

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

Sp.Reading 322521 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMHC851CUKU164531

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : MM / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: 2 nos.

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.	27/6/22

Survey held at Comfort Loyang

Des. of Damages: FH / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
	Taufikh finalised LS $10500, 3 days. (Red $8458.89, 45%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

Lump Sum / T.L. ($ 10500)

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	

COMFORT DELGRO ENGINEERING PTE LTD

Updated 11 Feb 2020

REPAIR ESTIMATE

DATE: 24.06.22

MODEL: **Hyundai Ioniq (Front)**

VEHICLE NO.: **SHA4247D**

INSURANCE: NTUC CP/P)

MVA: JUMANI

D.O.A. 24.06.22

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Radiator Grille			$ 1,568.60
	Unit Assy-SMART CRU (Radar Sensor)			$ 2,910.90
	Front Bumper Cover			$ 476.30
	Front Bumper Sponge/Absorber			$ 186.90
	Bonnet			$ 2,253.80
	Bonnet Lock			$ 127.30
	Front Bumper Centre Moulding			$ 368.50
	Front Bumper Clips 10 pcs			$ 22.00
	Headlamp Support Panel Assy			$ 949.30
	Headlamp(LH/RH)		$ 2,110.30	$ 4,220.60
	Headlamp Halogen Bulb (LH/RH)			$ 14.40
	Radiator Inverter			$ 884.80
	Radiator			$ 510.50
	Radiator Blower Motor			$ 1,459.60
	Radiator Fan			$ 375.10
	Radiator Shroud			$ 275.50
	Radiator Bracket			$ 25.00
	Radiator Hose Upper			$ 66.20
	Radiator Hose Lower			$ 66.20
	Radiator Hose Water			$ 29.70
	Radiator Pipe Water			$ 61.90
	Radiator Hose & Tube Assy			$ 245.70
	Radiator Air Guard (LH/RH)		$ 26.40	$ 52.80
	Radiator Air Guard, Upr(LH/RH)		$ 27.50	$ 55.00
	Air Duct			$ 96.80
	Air Flow Sensor			$ 286.50
	Air Duct B			$ 158.00
	Aircon Expansion Valve			$ 313.60
	Aircon Condenser			$ 663.60
	Aircon Suction & Liquid Hose			$ 679.60
	Aircon Discharge Hose			$ 148.50
	Aircon Blower Motor			$ 567.50
			SUB TOTAL	**$ 20,120.70**
			LESS 20%	**$ 4,024.14**
			DISCOUNTED TOTAL	**$ 16,096.56**
			SUB TOTAL	
	Labour Charge			
	Panel Beating			700
				$ 1,000.00

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Spray Painting Charge			$ 500 800.00
	Wiring Charge			$ 30 50.00
	Tuff Kote			$ 30 50.00
	Towing Charge			$ X 60.00
	Remove/Refix Radiator			$? 90.00
	Remove/Refix Aircon & Refill Gas			$ 100 150.00
	TOTAL LABOUR			**$ 2,200.00**
	ESTIMATE TOTAL			$ 18,296.65
	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.			

Taufkin 97495749
'WP' 27/2/22 c 430pm
L/S Resurvey after repair
3 days
taufkin@...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:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 25.06.2022 08:55 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO305520981

OMER
IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

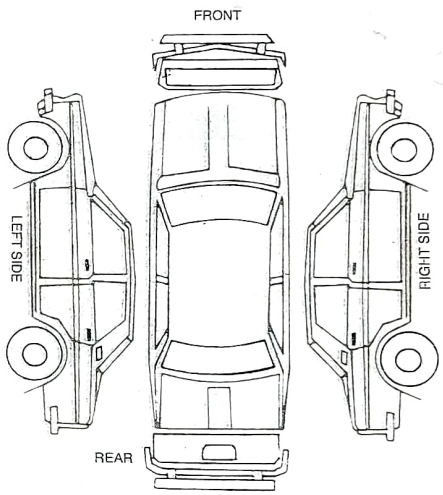
OUNT CARD NO.

REGN NO.: SHA4247D	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 24.06.2022 08:05
YR OF MANU. 02.07.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU164531	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 24.06.2022
ATURE: 3P 24.06.22

'NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

No.: SHA4247D JU NTUC

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA4247D

Name of Service Advisor Date

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 witholding 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	24/06/2022 14:24 (SGT)
Reported by	Driver
Date of Accident	24/06/2022 08:05 (SGT)
Exact Location of Accident	Choa Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4247D

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) +65-96499562
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	TAN SEE TONG
NRIC No	SXXXX742Z
Date Of Birth	26/06/1959
Occupation	Outdoor

Date Of Driving Pass	11/12/1979
Driving experience	42 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96499562
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	753 WOODLANDS CIRCLE # 11-546
Address complement	-
Postcode	730753
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

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)	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 24/06/2022 AT ABOUT 08:05HRS. I WAS DRIVING VEHICLE A, SHA4247D STATIONARY POSITION ALONG CHOA CHU KANG ROAD AT THE LEFT LANE. VEHICLE B SUDDENLY ROLLED BACK AND HIT ONTO THE FRONT PART OF MY VEHICLE. VEHICLE B MOVE FORWARD WITHOUT STOPPING AT THE SIDE TO EXCHANGE PARTICULARS.

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	WB9504X

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	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 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**")

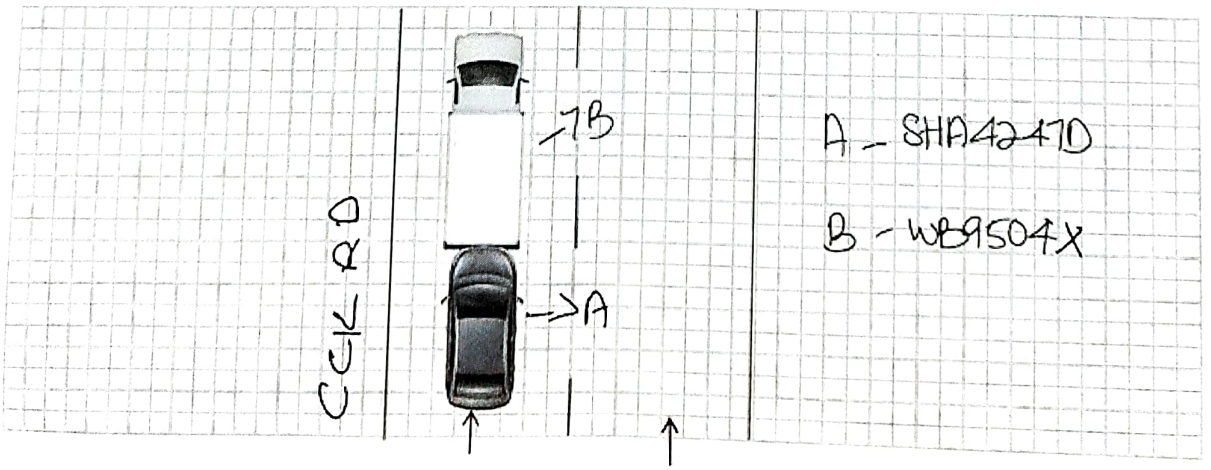
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

FLASH ACCIDENT REPORTING OFFICER
FRO NAZRIN

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time 13:40 24-6-22	Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 24/06/2022 AT ABOUT 08:05HRS. I WAS DRIVING VEHICLE A, SHA4247D STATIONARY POSITION ALONG CHOA CHU KANG ROAD AT THE LEFT LANE. VEHICLE B SUDDENLY ROLLED BACK AND HIT ONTO THE FRONT PART OF MY VEHICLE. VEHICLE B MOVE FORWARD WITHOUT STOPPING AT THE SIDE TO EXCHANGE PARTICULARS.

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 13:40 24.6.22

FLASH ACCIDENT REPORTING OFFICER

FRO NAZRIN

FLASH Accident Reporting

Witnessed by Reporting Centre Personnel