

ASS. REC. BY: Taufikh

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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
<input checked="" 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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

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

Veh No: SHA 2622S Yr Regn: 2017, March

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

Truck / Trailer or _____

Make: Hyundai Lona c.c. 1580

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

Sp. Reading: 563503 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HC 851CVH4022776

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 175/65R15

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

TOYO / YOKO or Winstake

Front _____ Rear _____

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

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

D.O.A. _____ D.O.I. 5/8/22

Survey held at Confut Lozen

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
28.09.2022	Taufikh confirmed LS \$1,000.00 ; 2 days with Ms Loke thru email.
	(Red 1,338.80 ; 57%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 2

1) _____

☒ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI. _____

Photos _____

Others _____

TOTAL

Rep. Format: TP

Lump Sum / L.B. / \$1,000.00

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA2622S

Date: 05.08.2022

Make : HYUNDAI

Insurance: NTUC

Model : IONIQ(G3)

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			<i>Ry</i> \$459.40
10	REAR BUMPER CLIPS			<i>ne</i> \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			<i>de</i> \$451.25
1	REAR BUMPER REINFORCEMENT			<i>?</i> \$394.80
1	ANTENNA SMARTKEY			<i>?</i> \$40.50
1	REAR BUMPER FOG LAMP			<i>x</i> \$201.50
1	LICENCE LAMP			<i>x</i> \$85.30
	SUB TOTAL			\$1,654.75
	LESS 20%			\$330.95
	DISCOUNTED TOTAL			\$1,323.80
	REAR NUMBER PLATE WITH TRIM COVER		-10%	<i>cur</i> \$55.00
	REAR BUMPER REVERSE SENSOR		-10%	<i>su</i> \$180.00
				\$235.00
	Labour Charge			
	PANEL BEATING			<i>350</i> \$400.00
	SPRAY PAINTING CHARGE			<i>250</i> \$300.00
	REMOVE/REFIX REVERSE SENSOR			<i>30</i> \$80.00
	TOTAL LABOUR			\$780.00
	ESTIMATE TOTAL			\$2,338.80

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.

Tanfer 97495749
WP' 5/8/22 @ 330 pm
12 days
Tanfer @ Thant's w.m
to

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: 05.08.2022 13:12

Page : 1

JOB CARD Sales Order: 4508104

JC NO 05525555

am: ARC Repair TP(CLSO)1

STOMER

MS COMFORT TRANSPORTATION PTE LTD

STOMER NO 7010045

RESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(P) (O)

COUNT CARD NO.

REGN NO SHA2622S	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ	DATE/TIME IN 05.08.2022 10:50
YR OF MANU 17.03.2017	TARGET DATE
CHASSIS CODE KMHC851CVHU022776	COMPLETION DATE/TIME:

JOB DESCRIPTION

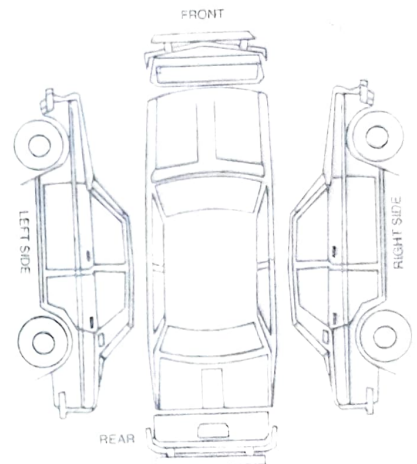
cident Date: 04.08.2022

TURE: 3P 04.08.2022

NO

LABOR CODE

DESCRIPTION



CRED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge ment Slip

Exit Pass

No: SHA2622S

YY

Vehicle No:

SHA2622S

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned 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 Actual 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 05/08/2022 12:29 (SGT)
Reported by Driver
Date of Accident 04/08/2022 18:00 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA2622S

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) +65-98285981
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 CHAN WEIXIONG (CHEN WEIXIONG)
NRIC No SXXXX640E
Date Of Birth 22/09/1981
Occupation Outdoor

Date Of Driving Pass	21/04/2004
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98285981
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 146 RIVERVALE DRIVE #02-513
Address complement	-
Postcode	540146
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?	No
Was any injured conveyed to hospital by ambulance?	-
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
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

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 04/08/2022 AT ABOUT 18:00HRS, I WAS DRIVING VEHICLE A (SHA2622S) ALONG PIE TOWARDS TUAS BEFORE ENG NEO AVE EXIT. AS I TRAVELLING STRAIGHT ON FIRST LANE, FRONT UNKNOWN VEHICLE APPLY JAM BRAKE SUDDENLY AND STOP. I APPLY BRAKE AND STOP IN TIME. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS, VEHICLE B (SMU1763K) COLLIDED ONTO VEHICLE A REAR BUMPER. EXCHANGED PARTICULARS. 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 SUPPORTED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU1763K
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TAN JUN LIN
NRIC No	SXXXX726B
Contact Number	(Phone) +65-98453587
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 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 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

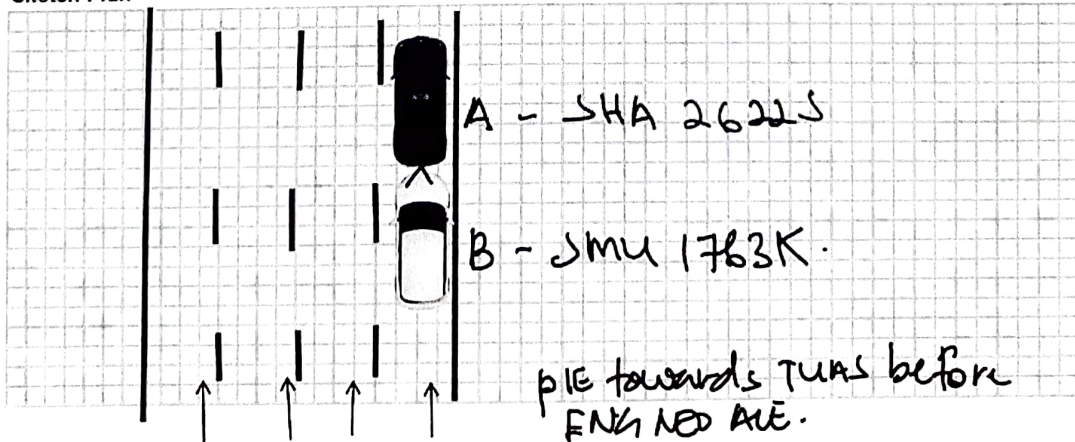
FRO KHAMARAJ



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 04/08/2022 AT ABOUT 18:00HRS,I WAS DRIVING VEHICLE A (SHA2622S) ALONG PIE TOWARDS TUAS BEFORE ENG NEO AVE EXIT. AS I TRAVELLING STRAIGHT ON FIRST LANE, FRONT UNKNOWN VEHICLE APPLY JAM BRAKE SUDDENLY AND STOP. I APPLY BRAKE AND STOP IN TIME. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS, VEHICLE B (SMU1763K) COLLIDED ONTO VEHICLE A REAR BUMPER. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

Declaration

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

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



lul

Policyholder's Signature / Date & Time

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

5/8/22 @ 1130H

Witnessed by Reporting Centre Personnel