

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / (P) / WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: FBQ 9256G

Policy No. _____

Claims No. MT/1183189-002

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

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: _____

Veh No: SHA 70196 Yr Regn: 209 / ocbType: M.Car / M.Cycle / Bus / Van / Lorry / 6 / Prime Mover /

Truck / Trailer or _____

Make: Hyundai C.C. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 237476 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HC85 / CV LU 186637Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 195/65KR15R: ~ ~

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

TOYO / YOKO or Wentlake

Front

Rear

R/Bal. 6 mm R/Bal. 8 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 4/8/2022 D.O.I. 4/8/22Survey held at Courtesy by

Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or

Frt o/s

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

Date / Time	Action / Instruction
27/9/22	Taufikh informed LS \$1350 (Red 2687.08,66%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 27/9/22-typist

Rep. Format: TPLump Sum / L.B.A. (\$) \$1350Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

DATE: **04.08.2022**

MODEL: **Hyundai Ioniq**

VEHICLE NO.: **SHA7019B**

INSURANCE: **NTUC**

MVA: **LIM T S**

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Bumper	1		\$ 481.10
	Front Bumper Clips	10	\$ 2.20	\$ 22.00
	Front Bumper Upper Moulding	1		\$ 368.50
	Front Bumper Lower Grille	1		\$ 368.50
	Front Bumper Side Brkt RH	1		\$ 35.00
	Headlamp RH	1		\$ 2,110.30
	DayLight RH	1		\$ 642.50
	DayLight Grille RH	1		\$ 93.45
	SUB TOTAL			\$ 4,121.35
	LESS 20%			\$ 824.27
	TOTAL SPARE PARTS			\$ 3,297.08
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting			\$ 300.00
	Check Wirings			\$ 40.00
	TOTAL LABOUR			\$ 740.00
	ESTIMATE TOTAL			\$ 4,037.08

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.

Tanji 97415749
WP 4/8/22 @ 430pm
2 days
1/3 rising after repair
tanji e lliants w.

- 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/Time: 04.08.2022 14:23

Page : 1

m: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4508019

JC N05525498

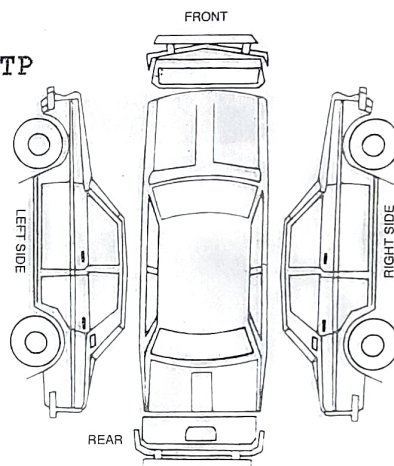
OMER	REGN NO.: SHA7019B	MILEAGE
1S COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL IONIQ(G3)	DATE/TIME IN 04.08.2022 11:10
(R) 65508755 (O)	YR OF MANU. 22.10.2019	TARGET DATE
(P)	CHASSIS CODE KMHC851CVLU186634	COMPLETION DATE/TIME:
DUNT CARD NO.		

JOB DESCRIPTION

cident Date: 04.08.2022
TURE: 3P 04.08.2022

VO LABOR CODE
0010 PB

DESCRIPTION
PANEL BEATING-SHA7019B-TP



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Jo.: **SHA7019B**

LIMITS

Vehicle No.:

SHA7019B

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	04/08/2022 14:15 (SGT)
Reported by	Driver
Date of Accident	04/08/2022 08:15 (SGT)
Exact Location of Accident	Lor 4 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7019B
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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) +65-98237585
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	YAP SWEE SENG
NRIC No	SXXXX913C
Date Of Birth	06/01/1954
Occupation	Outdoor

Date Of Driving Pass	23/04/1975
Driving experience	47 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98237585
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 446 TAMPINES STREET 42 #11-22
Address complement	-
Postcode	520446
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NUMBER T/20220804/2031

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	FBQ9256G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FBQ9256G
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELL OFF FROM BIKE
Injured person in which vehicle?	FBQ9256G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



SKETCH PLAN

IMPORTANT NOTICE

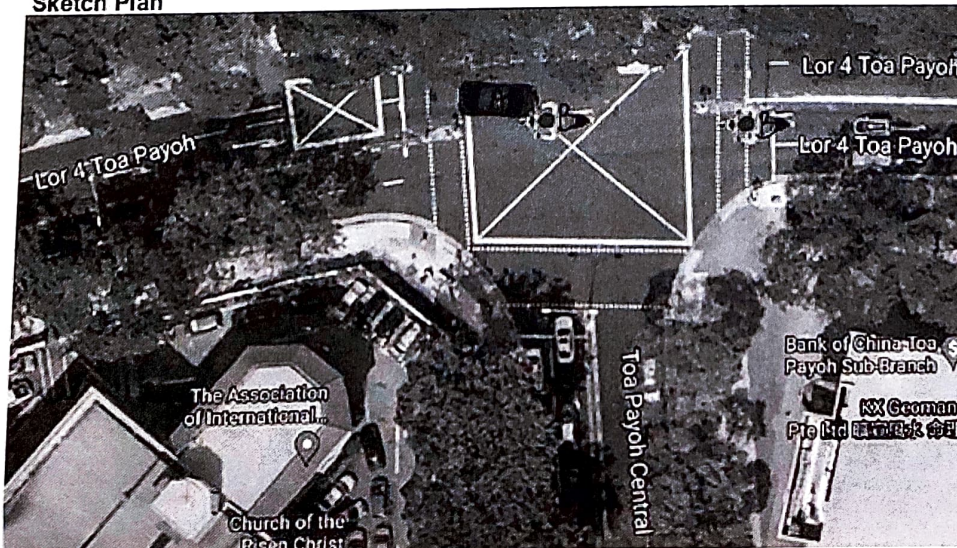
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



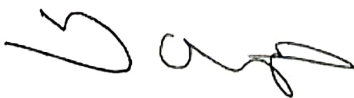
A - SHA7019B
B - FBQ9256G

Describe Circumstances of the Accident

REFER TO POLICE REPORT NUMBER T/20220804/2031

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 04/08/2022 1145 HRS



Witnessed by Reporting Centre
Personnel FRO Sufiyan



SINGAPORE POLICE FORCE



T/20220804/2031

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20220804/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2022 10:41		Vide Report No.: E/20220804/0036		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: YAP SWEE SENG			Address: APT BLK 446 TAMPINES STREET 42 #11-22 SINGAPORE 520446		
ID Type / ID No.: NRIC NO / S0085913C			Contact No.: Home/Office: Mobile: 98237585		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 06/01/1954	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/08/2022 08:15	Type of Location: T-Junction
Location: LORONG 4 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ9256G	Motorcycle					0
SHA7019B	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220804/2031

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20220804/2031

CONTINUATION OF REPORT

Driver			
Name	YAP SWEE SENG		ID No. S0085913C
Related Vehicle	SHA7019B (Car)		Contact No. 98237585
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 04/08/2022 at about 0815hrs, I was driving my taxi (SHA7019B) along Lor 4 Toa Payoh on the right most lane with one male passenger on board. Weather was clear and road surface was dry.

At the junction of Lor 4 Toa Payoh and Toa Payoh Central near lamp post 22, I drove into the yellow box and came to a stop. While waiting to make a right turn into Toa Payoh Central, a motorcycle (FBQ9256G) came from the opposite direction collided with my taxi on the front right, the rider lost balance and fell off. The collision resulted in scratches on the front right of my taxi.

Both Police and Ambulance attended to us. The rider was conveyed to hospital. My in-car camera memory card was handed over to the Traffic Police at scene.



**SINGAPORE
POLICE FORCE**



T/20220804/2031

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220804/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
G /
SR STAFF SGT ZHANG LINHAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Signature Of Informant:

Date/Time:
04/08/2022 10:41

Classification Of Case: