

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: 3 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: SHC899ar Yr Regn: 19/5 116

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

Truck / Traller or

Make: Hyundai i40 c.c. 1685Colour: blue A/C: Insured / Std / NI / NASp. Reading: 783874 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB41um64089836Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 206/60R16R: 206/60R16

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

TOYO / YOKO or

Front R/Bal. S mmL/Bal. S mm

D.O.A. _____

Survey held at CD6EDes. 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

Our Job Ref No : 305518546
Date : 10.06.2022

COMFORTDELGRO
ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

FINALIZATION FORM

To : LKK
Attn : THEVAN
Vehicle Reg No. : SHC8999E

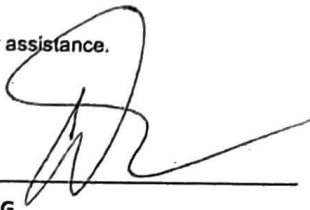
Fax :


03.06.2022

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

2. The repair job shall bill to: NTUC SLZ3813Y
2. The finalized amount shall be:
- (a) Spare Parts after List discount
- (b) Labour Charges
- Total for Part-By-Part Repair Cost**
- (c.) Lumpsum Repair (If applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost \$700.00

3. Estimated normal period for repairs: 3 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.
- We confirm the estimates and finalized amount

Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name :
Date :

For Official Use Only

| Item | Amount | Document Attached Yes or No | Confirm By (Signature) | Remarks |
|--|---------------|-----------------------------|------------------------|---------|
| 1. Rental Rate P/Day | | YES | | |
| 2. Loss of Income Paid | - | N | | |
| 3. Survey Fees | - | - | | |
| 4. LTA Search Fee | \$7.49/\$2.00 | YES | | |
| 5. Medical Fees (on behalf of driver, if applicable) | | | | |
| 6. Overrun | | | | |

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC8999E

13.06.2022

MAKE REG 19.05.2016

MODEL I-40

CHIANG/ NTUC

| Qty | Parts Description/ Labour | Type | 300 | Amount |
|-----|--------------------------------|------|---------|-------------------|
| 1 | FRONT BUMPER TOP BRACKET LH/RH | | \$22.40 | \$44.80 |
| 1 | FRONT BUMPER | | | \$1,052.20 |
| 1 | FRONT FENDER RH | | | \$663.00 |
| 1 | HEAD LAMP RH | | | \$1,388.00 |
| 1 | FRONT BUMPER GRILLE RH | | | \$187.20 |
| 10 | BUMPER CLIPS | | \$2.20 | \$22.00 |
| | SUB TOTAL | | | \$3,357.20 |
| | LESS 20% | | | \$671.44 |
| | | | | \$2,685.76 |
| 1 | FRONT FENDER ADVERTISEMENT | | | \$100.00 |
| | | | | \$100.00 |
| | Labour Charge | | | |
| | Panel Beating | | | \$450.00 |
| | Spray Painting Charge | | | \$600.00 |
| | Tuff Kote | | | \$60.00 |
| | Check Lighting | | | \$60.00 |
| | TOTAL LABOUR | | | \$1,170.00 |
| | ESTIMATE TOTAL | | | \$3,955.76 |

Thuan

82235764

6/6/22 1600

L/S 3dayswp

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: 06.06.2022 12:40 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4253913

JG NO: 305518546

STOMER
 VMS COMFORT TRANSPORTATION PTE LTD
 STOMER NO. 7010045
 DRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 - (P) 65508755 (O)
 (P)

ACCOUNT CARD NO.

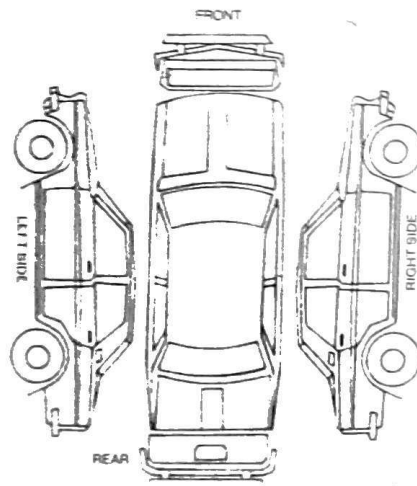
| | |
|--|---|
| REGN NO.: SHC8999E | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL I-40 | DATE/TIME IN 06.06.2022 10:45 |
| YR OF MANU. 19.05.2016 | TARGET DATE |
| CHASSIS CODE KMHLB41UMGU089836 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

Accident Date: 03.06.2022

NATURE: 3P 03.06.2022

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHC8999E** **CHIANG**

Vehicle No.: **SHC8999E**

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

This report will be used by the details of the accident to speed up the claims process.
 The report must be completed by the Policyholder and/or the Authorized Driver.
 Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate the claim.
 The use and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 This report will be forwarded by the insurers of the GIA Roadside 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.
 By the completion 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 04/06/2022 14:12 (SGT)
 Date of Accident 03/06/2022 22:30 (SGT)
 Exact Location of Accident Bukit Timah Rd, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8999E
 INSURER OR 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) +65-91681857
 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
 Model I40
 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 1685

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 NG KOK CHAI
 NRIC No SXXXX767B

| | |
|--|--------------------------------------|
| Date Of Birth | 14/03/1959 |
| Occupation | Outdoor |
| Date Of Driving Pass | 17/08/1984 |
| Driving experience | 37 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91681857 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 689B CHOA CHU KANG DRIVE #10-310 |
| Address complement | - |
| Postcode | 682689 |
| 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 | Side Swipe |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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 03.06.2022 AT ABOUT 2230HRS I WAS DRIVING MY VEHICLE A SHC8999E ON THE LEFT LANE OF BUKIT TIMAH ROAD, BEFORE SERANGOON ROAD JUNCTION, VEHICLE B SLZ3813Y ON MY RIGHT, CUT INTO MY LANE AND SIDE SWIPE HIS VEHICLE B LEFT ONTO MY VEHICLE A RIGHT FRONT. NO ONE WAS INJURED. PARTICULARS EXCHANGED

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 NOT SUITABLE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLZ3813Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

ement
Company Name
Of Damage
s of property damaged in accident
Of Passenger (Including Driver)

-
-
Private car
VALLIAPPAN ALABAPPAN
SXXXX372C
(Phone) +65-97773565
-
-
-
LEFT
-
1

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report accurately the nature of the accident to assist in 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 misrepresentation or withholding of material facts may bring 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 made available to the insurers of the "GIA Damage Management Centre" established by the General Insurance Association of Singapore (GIA), for providing and the copies of this report to 8 day a fee will be made available upon application by interested parties
 - 7 By the submission 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 elsewhere
 - 8 Consent under the Personal Data Protection Act (PDPA)
- I/understand and/or I/we agree and consent that
- (a) the insurer, my/our attorney and the General Insurance Association of Singapore (GIA) may/are permitted to collect, use, disclose and/or process my/personal data/information set out in this form and any other personal information provided by me or processed by my insurer (collectively the "Personal Data/Purpose(s)"; and disclose and transfer such Personal Information to all report(s) to have insured vehicle(s) involved in this accident (all Insurers); and have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"; the Insurers, law enforcement firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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, notices, 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' law enforcement 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 law enforcement firms), which may be used outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

A - SHC899E

B - QZ3H2Y

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

6406202

1230HRS

Witnessed by Reporting Centre Personnel

Signature
SERRANCO ROAD

