

(08/11/19)

ASS. REC. BY:

thavan

REF:

NC/INC0008266/VVC

## 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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$

☐ : Preli. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Veh No:

5FDU1905

Yr Regn:

30/10/19

Type: M.Car / M.Cycle / Bus / Van / Lorry /

(Taxi)

Prime Mover /

Truck / Trailer or

Make:

Hyundai Ionig

c.c 1580

Colour

blue

A/C:

Insured / Std / NI / NA

Sp. Reading

296782

T/Radio:

Insured / Std / NI / NA

Eng/No:

KMHCB81CULU187762

C/No:

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:

196/55R15

R:

195/55R15

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

TOYO / YOKO or

Westlake

Front

R/Bal.

5

mm

Rear

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

3/6/22

D.O.I.

3/6/22

Survey held at

CDGIE

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

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



# 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	03/06/2022 13:31 (SGT)
Date of Accident	03/06/2022 01:00 (SGT)
Exact Location of Accident	Raffles Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4190S
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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) +65-97745455
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
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

### DRIVER

Name of Driver	TEH CHOR THIAM
NRIC No	SXXXX340F



Date Of Birth .....	20/05/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	22/02/1982
Driving experience .....	40 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97745455
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 623A PUNGGOL CENTRAL #15-350
Address complement .....	-
Postcode .....	821623
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RELIEF
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T /20220603/2011

#### 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 .....	FBH9806S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Motorcycle
Name of Driver .....	MUHAMMAD VIJAI BIN ABDUL GHOFUR DASON
Contact Number .....	(Phone) +65-87486503
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 .....	MUHAMMAD VIJAI BIN ABDUL GHOFUR DASON
Gender .....	Male
Phone No .....	(Phone) +65-87486503
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBH9806S
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No





# 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.

*[Signature]*

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ

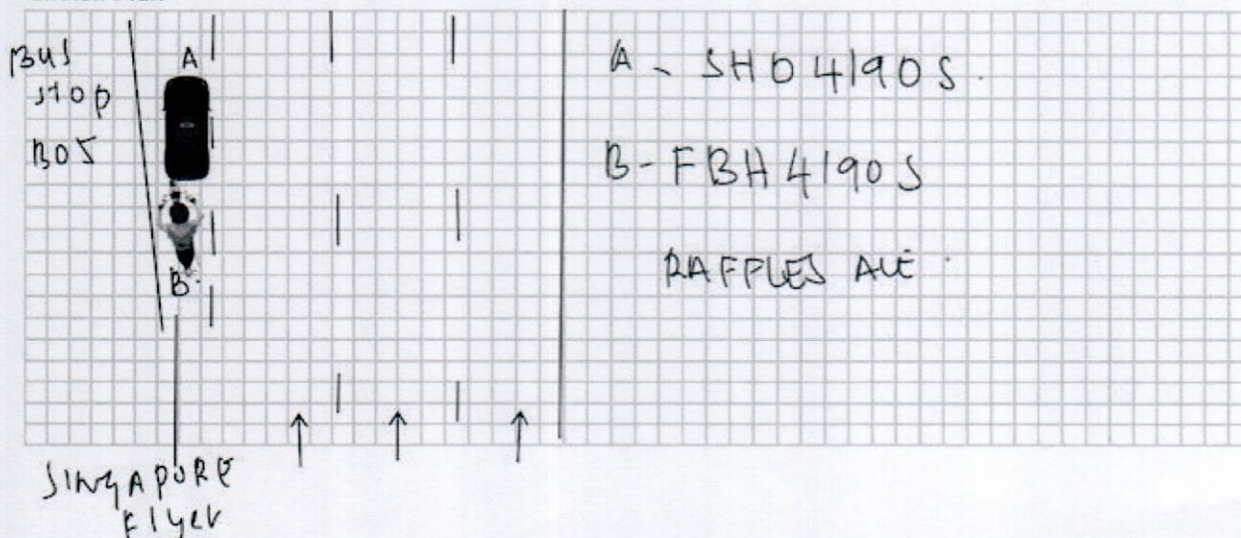


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
31/6/22 @ 1200H

Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T /20220603/2011

Declaration

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

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ



Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time 3/6/22 @ 1200h

Witnessed by Reporting Centre  
Personnel



Date/Time: 03.06.2022 13:32

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4247434

JC NO 305518327

STOMER

REGN NO:

SHD4190S

MILEAGE

VMS

COMFORT TRANSPORTATION PTE LTD

7010045

STOMER NO

DRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G3)

DATE/TIME IN 03.06.2022 11:05

YR OF MANU

30.10.2019

TARGET DATE

CHASSIS CODE

KMHC851CVLUJ187762

COMPLETION DATE/TIME:

ACCOUNT CARD NO.

### JOB DESCRIPTION

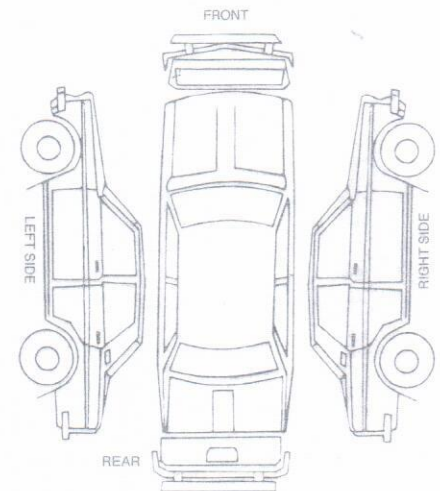
Accident Date: 03.06.2022

NATURE: 3P 03.06.2022

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

No.: SHD4190S

CHIANG

Vehicle No.:

SHD4190S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

03.06.2022

VEHICLE NO SHD4190S

MAKE 30.10.2019

MODEL IONIQ G3

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$459.40
1	REAR BUMPER CENTRE MOULDING			\$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
2	REAR BUMPER REINFORCEMENT BRACKET LH/RH		\$138.10	\$276.20
10	REAR BUMPER CLIPS		\$2.20	\$22.00
1	BUMPER FOG LAMP			\$201.50
1	BLIND SPOT RADAR LH			\$1,784.40
2	REAR BUMPER SIDE BRACKET LH/RH		\$55.80	\$111.60
				<b>\$3,701.15</b>
				\$740.23
				<b>\$2,960.92</b>
1	REAR NUMBER PLATE W/HOLDER			\$55.00
1	REAR REVERSE SENSOR			\$180.00
				<b>\$211.50</b>
	<b>Labour Charge</b>			
	Panel Beating			\$600.00
	Spray Painting Charge			\$300.00
	Tuff Kote			\$60.00
	Diagnose/ Reset blind spot			\$180.00
	Remove/Refix reverse sensor			\$60.00
				<b>\$1,200.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$4,372.42</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.				

Thuan  
3/6/22  
1500  
L/S 2 days up

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:



Our Job Ref No : 305518327  
Date : 10.06.2022

**COMFORTDELGRO**  
**ENGINEERING**

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

**FINALIZATION FORM**

To : LKK

Fax :

Attn : THEVAN

Vehicle Reg No. : SHD4190S

03.06.2022

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

- Z The repair job shall bill to: NTUC FBH9806S
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** \$1,180.00

3. Estimated normal period for repairs: 2 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 : 

Signature : 

Name : CHIANG

Name : \_\_\_\_\_

Tel : 62148314

Date : \_\_\_\_\_

Fax : 65468156

**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:

\_\_\_\_\_  
\_\_\_\_\_