

A.E.S. REC.BY: Touy M

REP:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / 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 <input checked="" type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report: _____ 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

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

Veh No: SM132036D Yr Regn: 2019 Aug

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

Truck / Trailer or _____

Make: Hyundai / Comiq C.C. 1580

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

Sp. Reading: 331178 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH C851 CV64 165058

Gen. Cond: Good / Fair / Poor / Burnt

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

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

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

Tyre Size: F: 195/65R15

R: ~ ~

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front R/Bal. 6 mm Rear R/Bal. 6 mm

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

D.O.A. _____ D.O.I. 17/10/22

Survey held at Comiq Logiq

Des. of Damages: Fit / 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? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Repair Form: _____

Lump Sum / E.B. / P: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Inv (\$)

: Weekend (\$)

Survey Fee:	_____
Transportation:	_____
S + RS. Sl.	_____
Photos	_____
Others	_____
TOTAL	_____

Income (W/Sum)

JL

COMFORTDELGRO ENGINEERING PTE LTD

Date: 17.10.2022

Time: 10:53:20

Page: 1

REPAIR ESTIMATE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305533324
REGN NO : SHB2036D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 06.08.2019
DATE/TIME IN : 17.10.2022 08:00
ACCIDENT DATE : 15.10.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

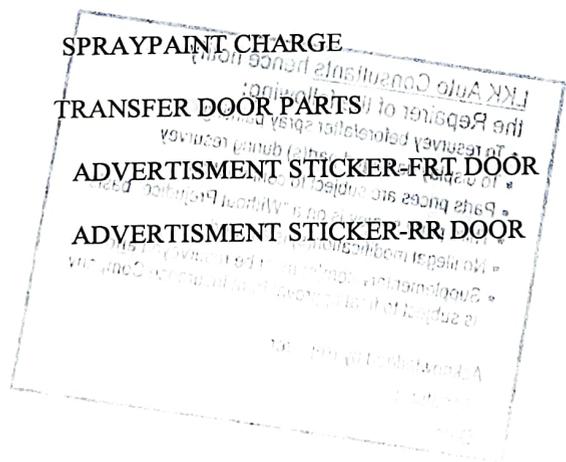
PART REQUISITION

Table with 6 columns: Item ID, Description, Qty, Unit, Price, Amount. Includes items like PANEL ASSY-FRONT DOOR RH#, PANEL ASSY-REAR DOOR RH#, MOULDING ASSY-W/LINE RR D, etc.

SUB-TOTAL : 3,483.90

JOB NATURE

Table with 3 columns: Job Nature Code, Description, Amount. Includes items like PANEL BEATING (400.00), SPRAYPAINT CHARGE (600.00), TRANSFER DOOR PARTS (240.00), etc.



REPAIR ESTIMATE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305533324
 REGN NO : SHB2036D
 MILEAGE : 000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 06.08.2019
 DATE/TIME IN : 17.10.2022 08:0
 ACCIDENT DATE : 15.10.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,440.00

TOTAL : 4,923.90

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Tanpin 97495749
 WP, 17/10/22 @ 330pm
 L/S Resurvey after repair
 Tanpin @ lkhants.com
 2 days

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:

Workshops

Date/Time: 17.10.2022 10:40

Page : 1

member of COMFORTDELGRO

Job: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5034930

JC No 305533324

Customer Name:

Customer: CITYCAB PTE LTD
Customer No: 7010070
Address: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
Phone: (R) 65551188 (O)
(P)

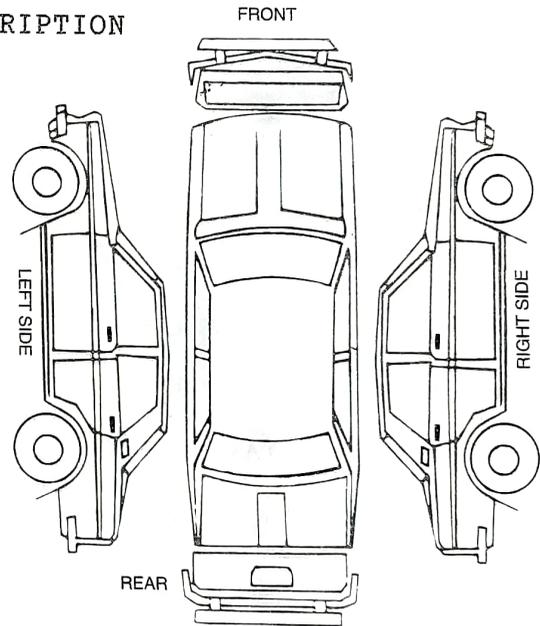
REGN NO: SHB2036D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: IONIQ(G2)	DATE/TIME IN 17.10.2022 08:00
YR OF MANU: 06.08.2019	TARGET DATE
CHASSIS CODE: KMHC851CVKU165056	COMPLETION DATE/TIME:

Job Card No.

JOB DESCRIPTION

Incident Date: 15.10.2022
Incident Time: 3P.15.10.22

NO LABOR CODE DESCRIPTION



Workshop: _____
Checked & Passed Out By: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Workshop: _____
Exit Pass

Exit Pass

Job No.: SHB2036D

JU INCOME

Vehicle No.:

SHB2036D

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

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 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. 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 17/10/2022 09:00 (SGT)
Reported by Driver
Date of Accident 15/10/2022 17:00 (SGT)
Exact Location of Accident 851 Hougang Central, Block 851, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB2036D
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner CITYCAB PTE LTD
Company Reg No 1XXXXX839G
Email Address fleetsafety@cdgtaxi.com.sg
Mobile Phone No (Phone) +65-98715853
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/P2419140

DRIVER

Name of Driver ANG WEI LEONG (WENG WEILIANG)
NRIC No SXXXX234G
Date Of Birth 26/05/1977
Occupation Outdoor

Date Of Driving Pass	26/03/1999
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98715853
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK K42B YISHUN AVE 11 #13-358
Address complement	-
Postcode	762429
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 15/10/2022 AT ABOUT 1700HRS I WAS DRIVING VEHICLE A (SHB2036D) ALONG HOUGANG CENTRAL. WHILE DROPPING OFF MY PASSENGER AT 851 HOUGANG CENTRAL SUDDENLY VEHICLE B (SMQ4571Z) REVERSED AND COLLIDED ONTO VEHICLE A RIGHT SIDE PORTION. NOBODY WAS INJURED DURING 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 SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ4571Z
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	KADIR SULTAN BIN MOHAMED HANIFFA
NRIC No	SXXXX287B
Contact Number	(Phone) +65-97301485
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 NAZREEN



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time **15/10/2022 1855HRS**

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SHB2036D

B - SMQ4571Z

851 HOUGANG CENTRAL

Describe Circumstances of the Accident

ON 15/10/2022 AT ABOUT 1700HRS I WAS DRIVING VEHICLE A (SHB2036D) ALONG HOUGANG CENTRAL. WHILE DROPPING OFF MY PASSENGER AT 851 HOUGANG CENTRAL SUDDENLY VEHICLE B (SMQ4571Z) REVERSED AND COLLIDED ONTO VEHICLE A RIGHT SIDE PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

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



**FLASH ACCIDENT
REPORTING OFFICER
FRO NAZREEN**



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 15/10/2022 1855HRS

Witnessed by Reporting Centre Personnel