

ACIS REC BY: Tau Jm

REP:

INC.

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / IS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

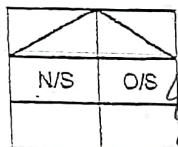
Sum Insured: _____ Excess: _____

(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 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

WP

Vehicle: IN / OUT

Ms Lone

Date: _____ Person Contacted: _____

Veh No: SH4777IL Yr Regn: 2022, June

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

Truck / Trailer or

Make: BYD New E6 C.C. 70 KW

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

Sp. Reading: 15126 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LC0CE4PC9N 0065131

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55 R17

R: _____

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

TOYO / YOKO or

Chao Yang

Front

Rear

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

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

D.O.A. _____ D.O.I. 17/6/22

Survey held at Confort Conyng

Des. of Damages: F / R / O / S / N / S / U / C / Roof / or

O/S Rear

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) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI. _____

Photos _____

Others _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. invs (\$ _____)

☐ : Workshop (\$ _____)

Repair Formel: _____

Lower Sum: L.B. / P

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA7771L

Date: 17/10/2022

Make : BYD

Insurance: INCOME

Model : NEW E6

MVA MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR DOOR RH			\$ 3,645.00
1	REAR FENDER RH			TBA
1	REAR BUMPER UPPER BODY			\$ 1,342.50
1	REAR BUMPER LOWER BODY			\$ 352.50
1	ALUMINUM ALLOY WHEEL RH			\$ 682.00
1	REAR DORR WINDOW REGULATOR ASSY RH			\$ 265.00
	OUT SKIRT PANEL,RIGHT SIDE WALL			\$ 395.00
	SUB TOTAL			\$ 6,682.00
	LESS 20%			\$ 1,336.40
	DISCOUNTED TOTAL			\$ 5,345.60
	REAR BUMPER RUBBER MAT			\$ 50.00
	RR DR(R)100% ELECTRIC LOGO CTPL			\$ 72.00
	REAR BUMPER RIGHT SIDE LINE STICKER			\$ 12.00
	REAR DOOR(RIGHT SIDE) LINE STICKER			\$ 12.00
				\$ 96.00
	Labour Charge			
	PANEL BEATING \$400/day			\$ 1,100.00
	SPRAY PAINTING CHARGE			\$ 1,200.00
	TUFF KOTE			\$ 80.00
	TRANSFER OF DOOR			\$ 120.00
	REMOVE/ REFIX REVERSE SENSOR			\$ 80.00
	TOTAL LABOUR			\$ 2,580.00
	ESTIMATE TOTAL			\$ 8,021.60

REMARKS: ROCKER PANEL OUT OF STOCK , TO BE BILL WHEN PARTS ARRIVED.

Tanpin 9741544
 WP 17/10/22 @ 330 pm
 p/m using before paint
 tanpin client auto
 -3 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

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5034936

JC No 305533325

CUSTOMER R/MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL. (R) 65508755 (O) (P) DISCOUNT CARD NO.	REGN NO. SHA7771L	MILEAGE
	MAKE BYD	FUEL E.....1/2.....
	MODEL NEW E6	DATE/TIME IN 15.10.2022 07:00
	YR OF MANU. 28.06.2022	TARGET DATE
	CHASSIS CODE LC0CE4DC9N0065131	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.10.2022
NATURE: 3P 14.10.2022

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Signature:
No.:
Vehicle No.: SHA7771L YY

Exit Pass

Vehicle No.: SHA7771L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle 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 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 15/10/2022 11:11 (SGT)
Reported by Driver
Date of Accident 14/10/2022 20:20 (SGT)
Exact Location of Accident Horne Rd, Singapore
Additional Location Information TOWARDS KING GEORGE AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7771L

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) +65-88285969
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Byd
Model E6h
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 0

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver TAN SIN YONG (CHEN XINYONG)
NRIC No SXXXX587C
Date Of Birth 29/01/1973
Occupation Outdoor

Date Of Driving Pass	16/01/1995
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88285969
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 213A COMPASSVALE #14-252
Address complement	-
Postcode	541213
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 14/10/2022 AT AROUND 2020HRS, I WAS DRIVING VEHICLE A (SHA7771L) ALONG HORNE ROAD. AFTER ALMOST FULLY PAST THE STOP LINE AT THE JUNCTION OF HORNE ROAD AND KING GEORGE AVENUE, VEHICLE B (SMF9148M) WHICH WAS ON MY RIGHT, ALREADY WANTED TO TURN RIGHT BUT SUDDENLY TURNED LEFT AND SIDE SWIPED THE RIGHT SIDE OF VEHICLE A. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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	SMF9148M
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	NEO
Contact Number	(Phone) +65-98186219
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 SUFIYAN


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan
15/10/2022 0730HRS



Describe Circumstances of the Accident

ON 14/10/2022 AT AROUND 2020HRS, I WAS DRIVING VEHICLE A (SHA7771L) ALONG HORNE ROAD. AFTER ALMOST FULLY PAST THE STOP LINE AT THE JUNCTION OF HORNE ROAD AND KING GEORGE AVENUE, VEHICLE B (SMF9148M) WHICH WAS ON MY RIGHT, ALREADY WANTED TO TURN RIGHT BUT SUDDENLY TURNED LEFT AND SIDE SWIPED THE RIGHT SIDE OF VEHICLE A. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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
15/10/2022 0730HRS

**FLASH ACCIDENT
REPORTING OFFICER**
FRO SUFIYAN



Witnessed by Reporting Centre
Personnel