

ASIS REC BY: Tauy

REP:

NS/INC 22010328/Tvc

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: FBS 7408M
Policy No: _____
Claims No: MT/1193684-001
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 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: WP
Vehicle: IN / OUT Ms Luke

Veh No: SND 4059P Yr Regn: 2019 oct
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Hyundai C.C. 1580
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 292840 T/Radio: Insured / Std / NI / NA
292590
Eng/No: _____
C/No: KUMH C85 / CVT 41877 ST
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: NH / 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: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 15/10/2022 D.O.I. 17/10/22
Survey held at Comfort Loggery
Des. of Damages: F/R / Rear / O/S / N/S / U/C / Roofless or
Prot M/s
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
3/11/22	LS \$2800 (Red 5317.12, 65%)

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 2
Resurvey No. of Trip: 1

2) 3/11/22-typist

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Insp (\$ _____)
Survey Fee: _____
Transportation: _____
\$ + RS. \$ _____
Photos _____
Others _____

Report Formed :

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHD4059P

Make : HYUNDAI

Model : IONIQ(G3)

Date: 17.09.2022

Insurance: *Income*

MVA: MS. LOKE YY

L/S

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	RADIATOR GRILLE			\$ 1,409.10 <i>sub</i>
1	FRT BUMPER SIDE GRILLE MOULDING LH			\$ 93.45 <i>sub</i>
1	DAY LIGHT LH			\$ 642.50 <i>sub</i>
1	FRT BUMPER			\$ 481.10 <i>sub</i>
1	FRT BUMPER REINFORCEMENT			\$ 1,136.70 <i>3 x nn</i>
1	FRT BUMPER MOULDING CENTRE UPPER			\$ 368.50 <i>sub</i>
2	FRT BUMPER SIDE BRACKET LH			\$ 56.00 <i>sub</i>
10	FRT BUMPER CLIPS			\$ 22.00 <i>sub</i>
1	FRT BUMPER CENTRE GRILLE			\$ 318.80 <i>sub</i>
1	FRT BUMPER LOWER GRILLE MOULDING			\$ 127.60 <i>sub</i>
1	HEADLAMP SUPPORT PANEL ASSY			\$ 949.30 <i>x nn</i>
1	HEADLAMP LH			\$ 2,110.30 <i>x nn</i>
1	FRT BUMPER LOWER STIFFNER			\$ 285.10 <i>? x nn</i>
1	FRT FENDER SHIELD LH			\$ 164.70 <i>x x nn</i>
1	FRT UNDER COVER LH			\$ 225.00 <i>? x nn</i>
	SUB TOTAL			\$ 8,390.15
	LESS 20%			\$ 1,678.03
	DISCOUNTED TOTAL			\$ 6,712.12
1	FRT NUMBER PLATE WITH TRIM COVER			\$ <i>bt</i> 55.00 <i>Nett</i>
				\$ 55.00 <i>nett</i>
	Labour Charge			
	PANEL BEATING			\$ 1,050.00 <i>350</i>
	SPRAY PAINTING CHARGE			\$ 300.00 <i>250</i>
	CHECK ALL LIGHTING			\$ 60.00 <i>30</i>
	TOTAL LABOUR			\$ 1,350.00
	Emblem-Blue Drive (LH/RH)			
	ESTIMATE TOTAL			\$ 8,117.12

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.

Tanfkin 97495749
17/10/22 @ 3pm
cls passing after repair
2 days
Tanfkin C/Wharfedale

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:

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5034966

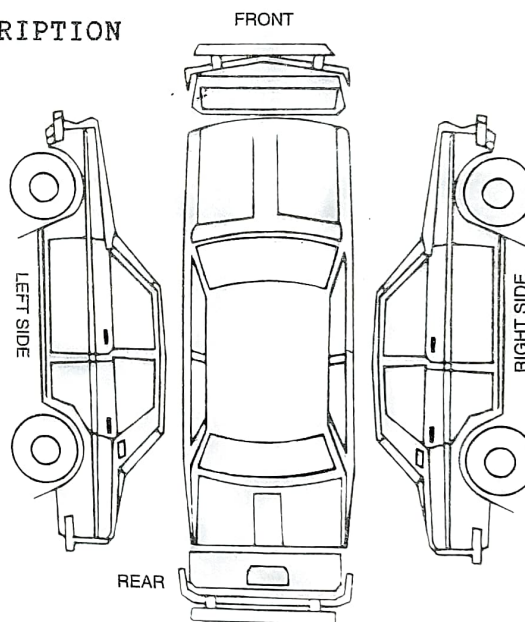
JC NO 305533353

CUSTOMER MR/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. SHD4059P	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....
	MODEL IONIQ(G3)	DATE/TIME IN 15.10.2022 11:35
	YR OF MANU 30.10.2019	TARGET DATE
	CHASSIS CODE KMHC851CVLU187731	COMPLETION DATE/TIME:

Accident Date: 15.10.2022
NATURE: 3P 15.10.2022

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

me:
No.:
Vehicle No.: **SHD4059P** **YY**

Vehicle No.: **SHD4059P**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be 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 17/10/2022 08:40 (SGT)
Reported by Driver
Date of Accident 15/10/2022 11:35 (SGT)
Exact Location of Accident Alexandra Rd, Singapore
Additional Location Information
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4059P

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) +65-96556285
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 - Reporting only
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 KAMARUDIN BIN AHAMAD
NRIC No SXXXX785C
Date Of Birth 13/09/1962
Occupation Outdoor

Date Of Driving Pass	28/05/1982
Driving experience	40 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96556285
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 429 PASIR RIS DRIVE 6 #02-13
Address complement	-
Postcode	510429
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 - Cross Junction
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)	3
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20221015/2050

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	FBS7408M
Vehicle Manufacturer	Yamaha
Vehicle Model	Aerox
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	LIEW HIN WEY
NRIC No	SXXXX157E
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	LIEW HIN WEY
Gender	Male
Phone No	(Phone) +65-96556285
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION ON LEG
Injured person in which vehicle?	FBS7408M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	KAMARUDIN BIN AHAMAD
Gender	Male
Phone No	-
Address	BLK 429 PASIR RIS DRIVE 6 #02-13
Address Complement	-
Post Code	510429
Approximate Age Years Old	60
Injuries Sustained	LEFTT SHOULDER PAIN
Injured person in which vehicle?	SHD4059P
Were seat belts worn?	Yes
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 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 BALAJI



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

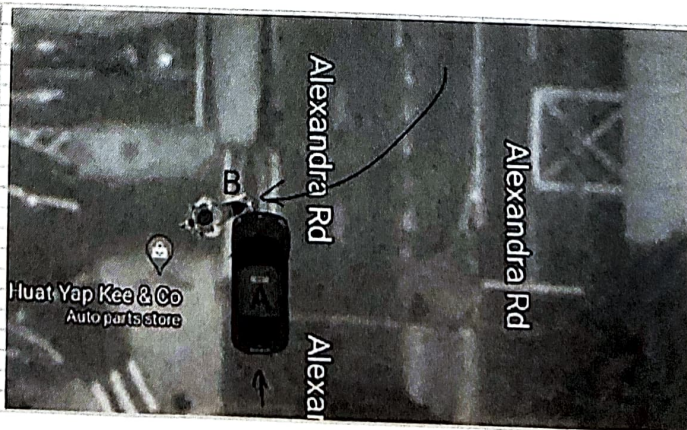
Sketch Plan

1340hrs 15/10/22

A. SHD4059P

B. FBS7408M

ALEXANDRA ROAD



Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

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

FLASH ACCIDENT
REPORTING OFFICER

FRO BALAJI



Policyholder's Signature / Date &
Time

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

1340hrs 15/10/22

Witnessed by Reporting Centre
Personnel