A.S.S. REC BY: Taufiq REF: NS/INC 22010328/Tvc

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / IIS / 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 Rport: _____ 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

Date: _____ Person Contacted: Ms Lohe. Vehicle: IN / OUT

Veh No: SMD 4059P Yr Regn: 2019 / Oct

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Loniq c.c 1580

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

Sp.Reading 292890 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVLU1877ST.

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: 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 Loyang.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Roof/Sr or Frt N/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?

1) _____

Date/Time, File Return to?

2) 3/11/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

Survey Fee:	
Transportation:	
___$ + RS.___SI.	
Photos	
Others	

Report Format :

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

LIS

Vehicle No. : SHD4059P

Make : HYUNDAI

Model : IONIQ(G3)

Date: 17.09.2022

Insurance: Income

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	RADIATOR GRILLE			$ 1,409.10
1	FRT BUMPER SIDE GRILLE MOULDING LH			$ 93.45
1	DAY LIGHT LH			$ 642.50
1	FRT BUMPER			$ 481.10
1	FRT BUMPER REINFORCEMENT			$ 1,136.70
1	FRT BUMPER MOULDING CENTRE UPPER			$ 368.50
2	FRT BUMPER SIDE BRACKET LH			$ 56.00
10	FRT BUMPER CLIPS			$ 22.00
1	FRT BUMPER CENTRE GRILLE			$ 318.80
1	FRT BUMBER LOWER GRILLE MOULDING			$ 127.60
1	HEADLAMP SUPPORT PANEL ASSY			$ 949.30
1	HEADLAMP LH			$ 2,110.30
1	FRT BUMPER LOWER STIFFNER			$ 285.10
1	FRT FENDER SHIELD LH			$ 164.70
1	FRT UNDER COVER LH			$ 225.00
	SUB TOTAL			$ 8,390.15
	LESS 20%			$ 1,678.03
	DISCOUNTED TOTAL			**$ 6,712.12**
1	FRT NUMBER PLATE WITH TRIM COVER			$ 55.00 Nett
				$ 55.00 nett
	Labour Charge			
	PANEL BEATING			$ 1,050.00
	SPRAY PAINTING CHARGE			$ 300.00
	CHECK ALL LIGHTING			$ 60.00
	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.

Taufik 97495799
17/10/22 @ 3pm
c/s pressing after repair x2 days
taufik c Khairulnizam

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:

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768

Date/Time: 17.10.2022 12:40 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

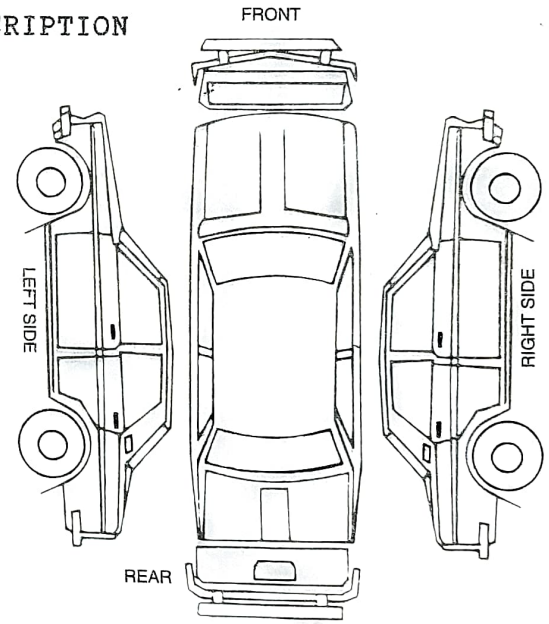
Sales Order: 5034966 JC NO 305533353

CUSTOMER	REGN NO.	MILEAGE
MR/MS COMFORT TRANSPORTATION PTE LTD	SHD4059P	
CUSTOMER NO. 7010045	MAKE HYUNDAI	FUEL E.....1/2.....
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL IONIQ(G3)	DATE/TIME IN 15.10.2022 11:35
TEL. (R) 65508755 (O) (P)	YR OF MANU 30.10.2019	TARGET DATE
DISCOUNT CARD NO.	CHASSIS CODE KMHC851CVLU187731	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.10.2022
NATURE: 3P 15.10.2022

S/NO	LABOR CODE	DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

knowledgement Slip

me:
No.:
hicle No.: SHD4059P YY

me of Service Advisor

Signature/Date

be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD4059P

Name of Service Advisor

Date

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 witholding 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 w illful misrepresentation or w ithholding 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 w ill be forw arded 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 w ill 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, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

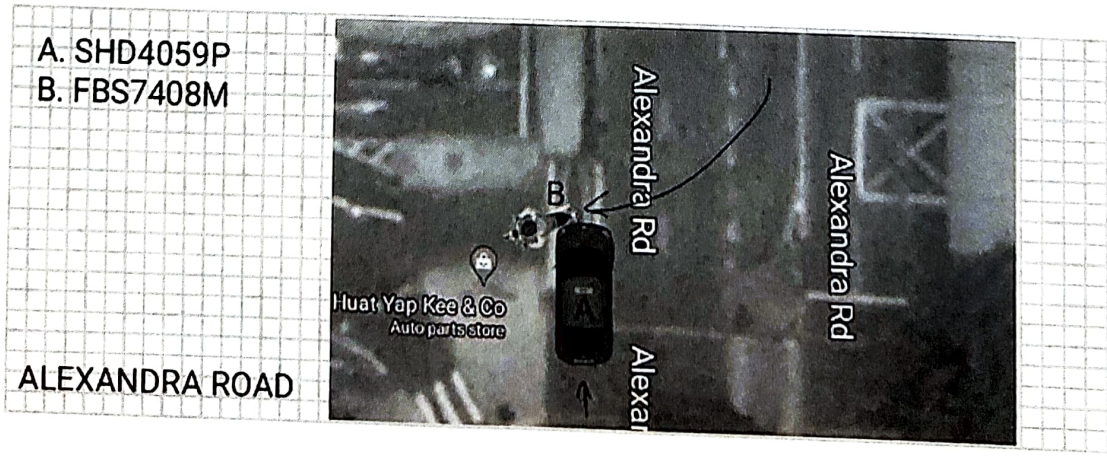
(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/law firms), w hich 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
	1340hrs 15/10/22	

Sketch Plan



SKETCH PLAN #2

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

FLASH Accident Reporting

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