

A&S. REC:BY: T. G. J. M.

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.

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: Jim TS. Vehicle: IN / OUT

Veh No: SMD 3074B Yr Regn: 2017 Jan.

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai 140 C.C. 1685

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

Sp. Reading: 543188 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_ C/No: KMHLB414MH4098245

Gen. Cond:  Good / Fair / Poor / Burnt

Steering: In order /  Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In order /  Jammed / Leaked / Burnt or \_\_\_\_\_

Modi:  NI / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 205/60R16

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. 17/02/22

Survey held at Comfort beyang

Des. of Damages: Frt / Rear /  DIS / N/S / U/C / Roof/Top or \_\_\_\_\_

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

Date / Time	Action / Instruction

Date/Time, File Pass to?  : Prel. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

Lum Sum / B. / P. \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

8 + RS \_\_\_\_\_ \$

Photos \_\_\_\_\_

Others \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKK-

DATE: 17.10.2022

MODEL: Hyundai i40

INSURANCE: INCOME

VEHICLE NO.: SHD3074B

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Door RH	1		\$ 2,707.70 <i>ht-</i>
	Front Door Upper Hinge RH	1		\$ 113.60 <i>?</i>
	Front Door Lower Hinge RH	1		\$ 113.60 <i>ht-</i>
	Front Fender RH	1		\$ 588.80 <i>ht-</i>
	<b>SUB TOTAL</b>			\$ 3,523.70
	<b>LESS 20%</b>			\$ 704.74
	<b>DISCOUNTED TOTAL</b>			\$ 2,818.96
	Front Door ComfortDelGro RH	1		\$ 75.00 <i>net</i>
	<b>SUB S/NETT</b>			\$ 75.00
	<b>LESS 10%</b>			\$ 7.50
	<b>S/NETT TOTAL</b>			\$ 67.50
	Front Door Adv.Sticker RH	1	<i>cut</i>	\$ 100.00 <b>NETT</b>
	Front Fender Adv.Sticker RH	1	<i>cut</i>	\$ 100.00 <b>NETT</b>
	<b>SPARE PARTS TOTAL</b>			\$ 3,086.46
	<b>Labour Charge</b>			
	Panel Beating		<i>525</i>	\$ 800.00
	Spray Painting Charge			\$ 600.00
	Tuff Kote		<i>30</i>	\$ 100.00
	Towing Fee			-
	<b>TOTAL LABOUR</b>			\$ 1,500.00
	<b>ESTIMATE TOTAL</b>			\$ 4,586.46

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.

**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:

*Funfion 97495747  
 Pwp' 17/10/22 @ 3pm  
 L/S busy after repair  
 Funfion C/Handk. com  
 23 days*

# COMFORTDELGRO ENGINEERING

## 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 Singapore 2086498  
24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 17.10.2022 08:14

Page : 1

Job Name: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 5034886

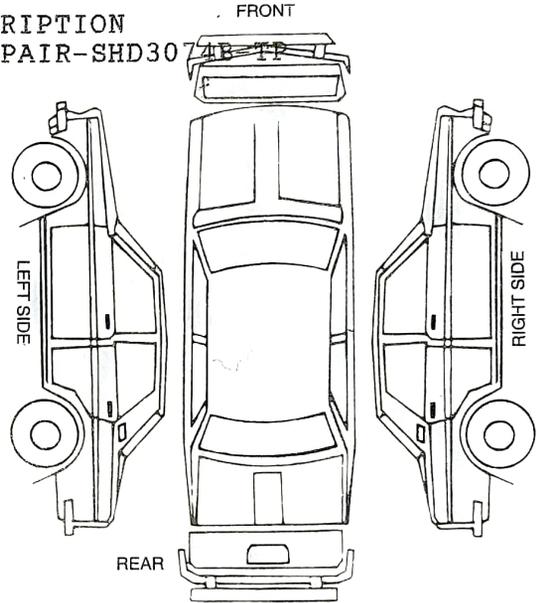
JC NO: 305533320

OWNER NAME: COMFORT TRANSPORTATION PTE LTD VEHICLE NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) IDENTIFICATION CARD NO.	REGN NO: SHD3074B	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: I-40	DATE/TIME IN: 14.10.2022 18:00
	YR OF MANU: 11.01.2017	TARGET DATE
	CHASSIS CODE: KMHLB41UMHU098245	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.10.2022  
NATURE: 3P 14.10.2022

NO	LABOR CODE	DESCRIPTION
00010	PB	LUMPSUM REPAIR-SHD3074B-TP
00020	23-01	TOWING FEE



WORKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

Vehicle No.: SHD3074B

LIMITS

Vehicle No.: SHD3074B

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### b Requisition

Date: 14/10/22 Time Received: 19:55  
 New  SPARK Kakis  
 Name of Customer : \_\_\_\_\_  
 Contact No. : 96100275  
 Vehicle No. : S4D 3074 DP  
 Make / Model / Colour : IXO  
 Email : \_\_\_\_\_

3. Vehicle Type:  
 Private  
 Taxi (CTPL/CCPL)  
 Fleet  
 STK (Boon Lay)

4. Type of Towing:  
 Normal Tow  
 King Dolly  
 Flat Bed  
 Crane-up

5. Nature of Service:  
 Jumpstart  
 Recovery  
 Change Tyre / Battery

6. Parts Replaced/Remarks:  
 \_\_\_\_\_  
 \_\_\_\_\_

Location: 14/ Ben Ak - Jurong East

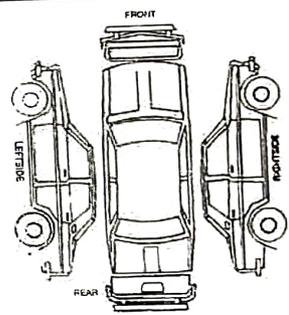
- Preferred Workshop:  
 Braddell  Loyang  Pandan  
 Sin Ming  Sungei Kadut  Ubi  
 Komoco (UBI / Leng Kee)  Cycle & Carriage (PD)  
 Others: \_\_\_\_\_

8. Vehicle Tow - In Workshop:  
 Smoky Exhaust  Wheel Jammed  
 Overheating  Steering Faulty  
 Brake Faulty  Alternator Faulty  
 Starting Problem  Loss Power  
 Accident  Engine Stalled  
 Return Taxi

Odometer Reading : \_\_\_\_\_  
 Fuel Level : 

F	1/4	1/2	3/4	E
---	-----	-----	-----	---

11. Radio / CD Player  
 OK  
 Faulty  
 Not tested



# : Cracked X : Dented  
 / : Scatched O : Missing

### b Attended

Tow Truck / Recovery Van :  VRS  QA  GAO  OTHERS  
 Name of Driver : 10-11  
 Vehicle No. : 71K 97 1AR  
 Time Dispatch : 14/10/22  
 Time of Arrival : 21:50  
 Time Completed : \_\_\_\_\_

Signature of Customer

### sh Invoice Details (if applicable)

Cash Invoice No. : \_\_\_\_\_

### Customer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupon, cash cards, spectacles, pen, etc.  
 I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.  
 Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

14/10/22

*[Signature]*

Date

Time

Signature of Customer

### WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending

# 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 10:17 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 14/10/2022 18:00 (SGT)  
Exact Location of Accident ..... 10 International Business Park, Singapore 609928  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD3074B

### 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) +65-90100275  
Alternative Phone No ..... (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... I40  
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 ..... 1685

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... ROOPESH KUMAR S/O MOOLCHAND  
NRIC No ..... SXXXX059G  
Date Of Birth ..... 01/08/1972  
Occupation ..... Outdoor

Date Of Driving Pass .....	05/05/2004
Driving experience .....	18 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90100275
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 471B UPPER SERANGGON CRESCENT #04-364
Address complement .....	-
Postcode .....	532471
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 .....	Collision - Major/Minor Rd
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 ABOUT 1800HRS, VEHICKE A WAS TRAVELLING ALONG INTERNATIONAL BUSINESS PARK INTENDING TO MAKE A RIGHT TURN INTO 10 INTERNATIONAL BUISNESS PARK TO PICK UP A PASSENGER. VEHICLE B CAN BE SEEN STATIONARY AT THE STOP LINE OF 10 INTERNATIONAL BUISNESS PARK. AS VEHICLE A WAS MAKING THE RIGHT TURN, VEHICLE B SUDDENLY MOVED OUT TO MAKE A RIGHT TURN. EVENTUALLY VEHICLE B FRONT RIGHT BUMPER COLLIDED ONTO VEHICLE A DRIVER SIDE DOOR HINGES. NOBODY WAS INJURED AT THE TIME OF 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 .....	SJT8441J
Vehicle Manufacturer .....	Honda
Vehicle Model .....	VezeL
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TEO SOON ANN, DANIEL
NRIC No .....	SXXXX421A
Contact Number .....	(Phone) +65-98315603
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

**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 LATIFF



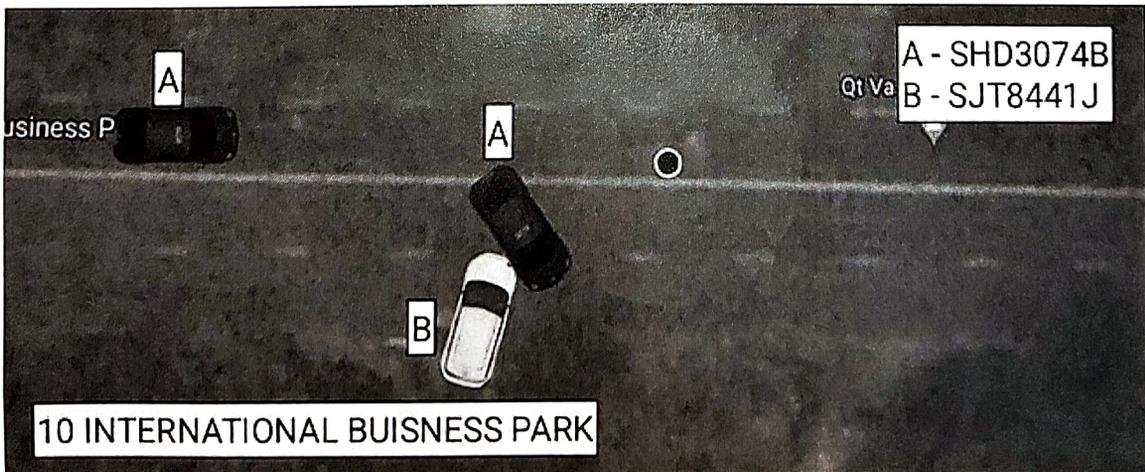
Policyholder's Signature / Date & Time

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

14/10/2022 2000hrs

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

ON 14/10/2022 AT ABOUT 1800HRS, VEHICKE A WAS TRAVELLING ALONG INTERNATIONAL BUSINESS PARK INTENDING TO MAKE A RIGHT TURN INTO 10 INTERNATIONAL BUISNESS PARK TO PICK UP A PASSENGER. VEHICLE B CAN BE SEEN STATIONARY AT THE STOP LINE OF 10 INTERNATIONAL BUISNESS PARK. AS VEHICLE A WAS MAKING THE RIGHT TURN, VEHICLE B SUDDENLY MOVED OUT TO MAKE A RIGHT TURN. EVENTUALLY VEHICLE B FRONT RIGHT BUMPER COLLIDED ONTO VEHICLE A DRIVER SIDE DOOR HINGES. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

**Declaration**

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



**FLASH ACCIDENT REPORTING OFFICER**  
 FRO LATIFF



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
 14/10/2022 2000hrs

Witnessed by Reporting Centre Personnel