

AS-S. REC:BY: T. G. J. M.

REF:

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.

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: Way Vehicle: IN / OUT

Veh No: SMD 7136 E Yr Regn: 2016 / Nov.

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

Truck / Trailer or

Make: Hyundai 1400 C.C. 1685

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

Sp. Reading: 30088 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB 414MM 4 096 292

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 60 R16

R: _____

BS / DUN / EXNOVA / GY / FPS / 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. _____ D.O.I. 03/02/22

Survey held at Comfort Wynn

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear o/s

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

N/S	O/S

Date / Time	Action / Instruction

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

1) _____ Date/Time, File Return to? 2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____) : Interview (\$ _____) : Tech. invs (\$ _____) : Weekend (\$ _____)

Survey Fee: _____
Transportation: _____
S + RS _____ \$
Photos _____
Others _____

Report Formed: _____
Lump Sum / L.B. : _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHD7136E

01.10.2022

MAKE 10.11.2016

MODEL HYU- I40

Type CHIANG/ INCOME

Qty	Parts Description/ Labour	Unit Price	Amount
1	REAR BUMPER COVER		\$553.00 <i>kn</i>
10	REAR BUMPER CLIPS	\$2.20	\$22.00 <i>kn</i>
2	REAR BUMPER BRACKET LH/RH	<i>LHX</i> \$35.60	\$71.20 <i>RM</i>
1	REAR BUMPER REFLECTOR LH/RH	\$32.00	\$32.00 <i>kn</i>
	SUB TOTAL		\$678.20
	20.00% DISCOUNTED TOTAL	<i>610.60</i>	\$135.64
		<i>488.48</i>	\$542.56
1	REAR REVERSE SENSOR		\$135.70 <i>kn</i>
1	REAR BUMPER MAT	<i>50</i>	\$50.00 <i>kn</i>
			\$185.70
	Labour Charge		
	Panel Beating		\$300.00 <i>280</i>
	Spray Painting Charge		\$300.00 <i>250</i>
	Remove/refix reverse sensor	<i>560</i>	\$60.00 <i>30</i>
	Check Lighting & Wiring		\$40.00 <i>kn</i>
	TOTAL LABOUR	<i>1098.48</i>	\$700.00
	ESTIMATE TOTAL	<i>4889.00</i>	\$1,428.26
		<i>2 days</i>	
		<i>*</i>	

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.

Taufiq 97495749
WP 03/10/22 @ 2:40 pm
2 days
1/5 Resurvey after repair
Taufiq @ khands.com

- 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:

Job Name: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC No: 005532067

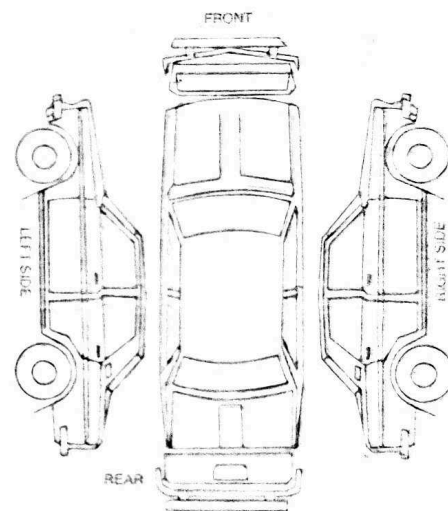
CUSTOMER VMS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (F) 65508755 (O) (P) ACCOUNT CARD NO	REGN NO SHD7136E	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 01.10.2022 09:40
	YR OF MANU 10.11.2016	TARGET DATE
	CHASSIS CODE KMHUB41UMHU096292	COMPLETION DATE/TIME:

JOB DESCRIPTION

Incident Date: 01.10.2022

Job Ref: 3P 01.10.2022

NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No. SHD7136E

LTS

Vehicle No.:

SHD7136E

Signature/Date

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 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 01/10/2022 17:27 (SGT)
Reported by Driver
Date of Accident 01/10/2022 01:00 (SGT)
Exact Location of Accident 787 Woodlands Cres, Singapore 732787
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD7136E

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) +65-96333935
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 HO KHOON SIEW
NRIC No SXXXX242B
Date Of Birth 22/11/1962
Occupation Outdoor

Date Of Driving Pass 14/03/1983
 Driving experience 39 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96333935
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 316 HOUGANG AVENUE 7 #08-95
 Address complement -
 Postcode 530316
 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 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 2
 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 Male

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 01/10/2022 AT AROUND 0100HRS, I WAS DRIVING VEHICLE A (SHD7136E) IN A CARPARK AT BLOCK 787C WOODLANDS CREST. AFTER REVERSING TO EXIT THE CARPARK, VEHICLE B (SNE9542B) SUDDENLY DROVE TOWARDS VEHICLE A AND COLLIDED ONTO THE REAR RIGHT SIDE OF VEHICLE A. I SUFFERED BACK PAIN DUE TO THE IMPACT

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

Vehicle Registration Number SNE9542B

Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person HO KHOON SIEW
 Gender Male
 Phone No (Phone) +65-96333935
 Address BLK 316 HOUGANG AVENUE 7 #08-95
 Address Complement -
 Post Code 530316
 Approximate Age Years Old 59
 Injuries Sustained BACK PAIN
 Injured person in which vehicle? SHD7136E
 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 SUFIYAN



Policyholder's Signature / Date & Time

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

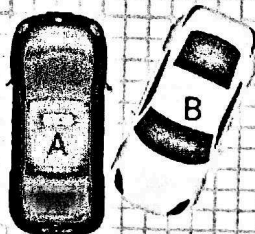
01/10/2022 1155HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHD7136E

B - SNE9542B



787B WOODLANDS CREST

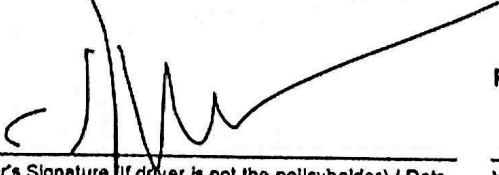
Describe Circumstances of the Accident

ON 01/10/2022 AT AROUND 0100HRS, I WAS DRIVING VEHICLE A (SHD7136E) IN A CARPARK AT BLOCK 787C WOODLANDS CREST. AFTER REVERSING TO EXIT THE CARPARK, VEHICLE B (SNE9542B) SUDDENLY DROVE TOWARDS VEHICLE A AND COLLIDED ONTO THE REAR RIGHT SIDE OF VEHICLE A. I SUFFERED BACK PAIN DUE TO THE IMPACT

Declaration

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
01/10/2022 1155HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO SUFIYAN



Witnessed by Reporting Centre Personnel