

AS: S. REC: BY: Taufik

REF:

INC/NS/INC22011375/Tnc

### 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. MT/1191315-003

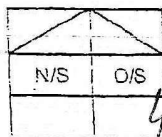
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: away Vehicle: IN / OUT

Veh No: SHD 7136 E Yr Regn: 2016 / Nov

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: 800888 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM HLB 414M H 4 096 292

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: III / S/Rim / STD A/Rim or

Tyre Size: F: 205 / 60 R16

BS / DUN / EXNOVA / GY / PS / 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. 03/10/22

Survey held at Comfort Lodge

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.

Date / Time Action / Instruction

Taufik confirmed lump sum: \$900 and 2 days

(red, 528.26, 37%)

Date/Time, File Pass to?

1) 30/11/22

Date/Time, File Return to?

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

Report Form:

Lump Sum / L.B. / P. 900

Days Of Repair: 2

Resurvey No. of Trip: 1

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

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Phone

Others

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHD7136E

01.10.2022

MAKE 10.11.2016

MODEL HYU- I40

Qty	Parts Description/ Labour	Type	CHIANG/ INCOME	Unit Price	Amount
1	REAR BUMPER COVER				\$553.00 <i>fm</i>
10	REAR BUMPER CLIPS			\$2.20	\$22.00 <i>nei</i>
2	REAR BUMPER BRACKET LH/RH			<i>LHXNM</i> \$35.60	\$71.20 <i>RMCm</i>
1	REAR BUMPER REFLECTOR LH/RH			\$32.00	\$32.00 <i>XNM</i>
	<b>SUB TOTAL</b>				<b>\$678.20</b>
	<b>20.00%</b>			<i>610.60</i>	<b>\$135.64</b>
	<b>DISCOUNTED TOTAL</b>			<i>488.48</i>	<b>\$542.56</b>
1	REAR REVERSE SENSOR				\$135.70 <i>XNM</i>
1	REAR BUMPER MAT			<i>50</i>	\$50.00 <i>nei</i>
					<b>\$185.70</b>
	<b>Labour Charge</b>				
	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>XNM</i>
	<b>TOTAL LABOUR</b>			<i>1098.48</i>	<b>\$700.00</b>
	<b>ESTIMATE TOTAL</b>			<i>4889.00</i>	<b>\$1,428.26</b>
				<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.					

Tanfui 97495749  
 WP' 03/10/22 @ 440pm  
 2 days  
 1/5 Resurvey after repair  
 tanfui@lkhant.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:

Date/Time: 03.10.2022 12:47

Page : 1

nam: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

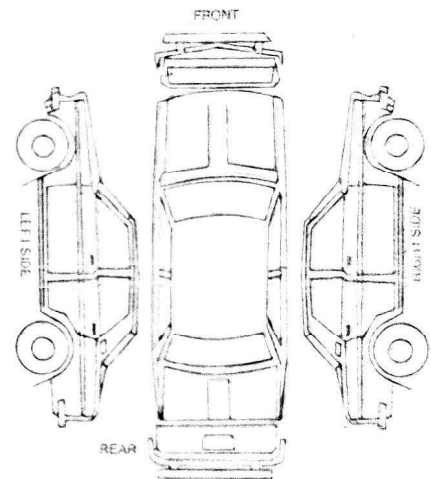
JC NO 805532067

STOMER	REGN NO SHD7136E	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD	MAKE HYUNDAI	FUEL E.....1/2.....F
STOMER NO 7010045	MODEL I-40	DATE/TIME IN 01.10.2022 09:40
DRESS 383 SIN MING DRIVE	YR OF MANU 10.11.2016	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE KMHUB41UMHJ096292	COMPLETION DATE/TIME:
65508755 (R) (P)		
ACCOUNT CARD NO		

JOB DESCRIPTION

Ident Date: 01.10.2022  
A. JEE: 3P 01.10.2022

/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No. SHD7136E

LTS

Vehicle No.:

SHD7136E

Service Advisor

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



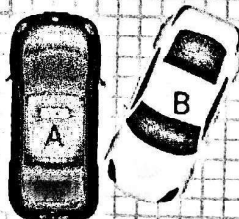
Policyholder's Signature / Date & Time

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

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

01/10/2022 1155HRS

FLASH ACCIDENT  
REPORTING OFFICER  
FRO SUFIYAN



\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel