

ASS. REC BY: Tou JMNREF: CS/SUR 23000381/T 3

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: SHB 817E

Policy No _____

Claims No TAX/01/23/2018

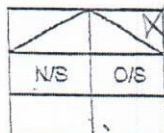
Sum Insured: _____ Excess: _____

(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 WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT ChiangVeh No: SHD32294

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

Truck / Trailer or _____

Make: Hyundai 140 1685Colour Blue AC: Insured / Std / NI / NASp. Reading 835074 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH L1341 UME 404606Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modl: (NI) / S/Rim / STD A/Rim or _____Tyre Size: F: 205/60R16R: 4

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Wan Hoke

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 11/1/2023Survey held at Samput LayanDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooflap or Frt O/S

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

Date / Time Action / Instruction

16/1/23 Lump Sum \$2800 confirmed by email (Red 2017.52, 41%)

Date/Time, File Pass to?

☐ : Prel. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) 16/1/23-typist

Report Format: TPLump Sum / L.B. / \$2800Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Techn. Insp (\$ _____)☐ : Weeding (\$ _____)

Survey Fee: _____

Transportation: _____

3 + PS. \$1. _____

Photos _____

Others _____

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	11/01/2023 12:44 (SGT)
Reported by	Driver
Date of Accident	11/01/2023 00:30 (SGT)
Exact Location of Accident	Hougang Ave 2, Singapore
Additional Location Information	TOWARDS ANG MO KIO AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3229Y
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) +65-93635930
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	WONG CHANG SHENG
NRIC No	SXXXX514J
Date Of Birth	30/06/1985
Occupation	Outdoor

Date Of Driving Pass	17/07/2009
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93635930
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 471B SERANGOON CRESCENT # 09 - 368
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 - Change/cross lane
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 11.01.2023 AT ABOUT 0030HRS I WAS DRIVING MY VEHICLE A SHD3229Y FETCHING MY PASSENGER TO BUANGKOK. MY VEHICLE A WAS ON THE RIGHT LANE OF HOUGANG AVE 2 TOWARDS ANG MO KIO AVE 3. VEHICLE B SHB817E ON THE OPPOSITE DIRECTION MADE A U TURN AND SIDE SWIPE HIS VEHICLE B LEFT REAR ONTO MY VEHICLE A RIGHT FRONT. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION. MYSELF IHURT MY SHOULDERS AND BACK UPON IMPACT.
SCENE PHOTOS AND PARTICULARS TAKEN.

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	SHB817E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	GOH CHEE KEON LOURENS
NRIC No	SXXXX764Z
Contact Number	(Phone) +65-92391193
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	LEFT REAR
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG CHANG SHENG
Gender	Male
Phone No	(Phone) +65-93635930
Address	BLK 471B SERANGOON CRESCENT # 09 - 368
Address Complement	-
Post Code	532471532471
Approximate Age Years Old	37
Injuries Sustained	SHOULDERS AND BACK
Injured person in which vehicle?	SHD3229Y
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' law firms/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.
 - (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



FLASH ACCIDENT
REPORTING OFFICER
KYM YONG



Policyholder's Signature / Date & Time

Sketch Plan

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

11.01.2023

0925HRS

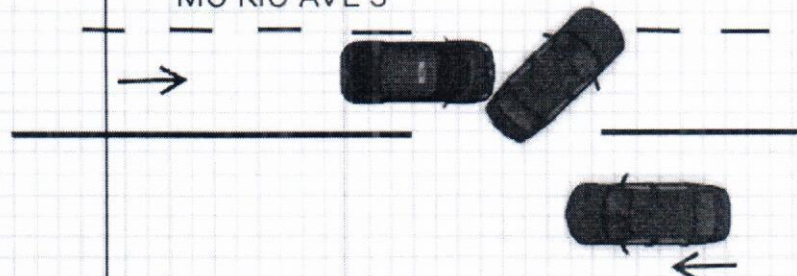
Witnessed by Reporting Centre Personnel



A - SHD3229Y

B - SHB817E

TOWARDS ANG
MO KIO AVE 3



Describe Circumstances of the Accident

ON 11.01.2023 AT ABOUT 0030HRS I WAS DRIVING MY VEHICLE A SHD3229Y FETCHING MY PASSENGER TO BUANGKOK. MY VEHICLE A WAS ON THE RIGHT LANE OF HOUGANG AVE 2 TOWARDS ANG MO KIO AVE 3. VEHICLE B SHB817E ON THE OPPOSITE DIRECTION MADE A U TURN AND SIDE SWIPE HIS VEHICLE B LEFT REAR ONTO MY VEHICLE A RIGHT FRONT.
MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION. MYSELF IHURT MY SHOULDERS AND BACK UPON IMPACT.
SCENE PHOTOS AND PARTICULARS TAKEN.

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 11.01.2023 0930HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHD3229Y

MAKE REG 30.06.2016

MODEL HYU- I40

DATE 11.01.2013

CHIANG /STRIDES

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT FENDER RH			\$663.00
1	FRONT FENDER SHIELD RH			\$174.90
1	HEAD LAMP RH			\$1,388.00
1	HEADL AMP SUPPORT PANEL			\$907.40
1	FRONT BUMPER			\$1,052.20
1	FRONT BUMPER SIDE BRACKET /RH			\$49.20
1	FRONT BUMPER GRILLE RH			\$187.20
	SUB TOTAL			\$4,421.90
	20.00%			\$884.38
	DISCOUNTED TOTAL			\$3,537.52
	Labour Charge			
	Panel Beating			\$560.00
	Spray Painting Charge			\$600.00
	Check wiring			\$60.00
	Tuff kote			\$60.00
	TOTAL LABOUR			\$1,280.00
	ESTIMATE TOTAL			\$4,817.52
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.				

Z

Tanpin 9747549
 'wp' 12/1/13 @ 345pm
 1/3 Body after repair
 Tanpin @ Wharfedale
 2-3 days

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:

19: