

REC BY: T. J. M.

REF:

NS/INC 23001518/twp3

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. _____

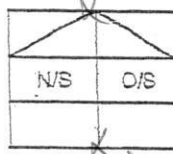
Sum Insured: _____ Excess: _____

(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

'WP'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SM 7343Y Yr Regn: 2019 Oct

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

Truck / Trailer or

Make: Myundai Ioniq C.C. 1580

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

Sp. Reading: 567122 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMMC851CVLU/88 640

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: ~ ~

BS / DUN / EXNOVA / GY / FFS / LIZA / MIC / DHTSU / PIR / SUMI /

TOYO / YDKO, or Washake

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 6/2/23

Survey held at Comfort buying

Des. of Damages FR / Rear / O/S / N/S / U/C / Rooftop or

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

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: ☐ : One Insp (\$)

☐ : Interview (\$)

☐ : Tech. Ins (\$)

☐ : Valuation (\$)

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Price _____

Other _____

Report Format: _____

Lump Sum: \$ _____

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

DATE: 06.02.2023

INSURANCE: INCOME

MODEL: Hyundai Ioniq (FRONT & REAR)

MVA: LIM T S

VEHICLE NO.: SH 7343Y

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Radiator Grille	1		\$ 1,409.10
	Front Bumper Cover	1		\$ 481.10
	Front Bumper Moulding Centre Upper	1		\$ 368.50
	Front Bumper Grille LH / RH	2	\$ 93.45	\$ 186.90
	Front Bumper Towing Cover	1		\$ 29.00
	Front Bumper Lower Moulding	1		\$ 368.50
	Front Bumper Lower Stiffener	1		\$ 285.10
	Front Bumper Lip	1		\$ 35.10
	Front Bumper Bracket Top (LH/RH)	2	\$ 35.00	\$ 70.00
	Front Bumper Bracket (LH/RH)	2	\$ 28.00	\$ 56.00
	Front Bumper Clips 10 pcs	10	\$ 2.20	\$ 22.00
	Front Bumper Lower Grille	1		\$ 365.30
	Headlamp Support Panel Assy	1		\$ 949.30
	Headlamp LH / RH	2	\$ 2,110.30	\$ 4,220.60
	Day Light ,LH / RH	2	\$ 642.50	\$ 1,285.00
	Front Fender Shield LH	1		\$ 164.70
	Flap Assy Active Air Upper LH	1		\$ 824.60
	Actuator Active Air LH	1		\$ 257.10
	Front Fender RH	1		\$ 588.80
	Bonnet	1		\$ 2,253.80
	Radiator Inverter	1		\$ 884.80
	Radiator	1		\$ 710.50
	Radiator Fan Motor	1		\$ 576.00
	Radiator Fan	1		\$ 375.10
	Air Con Condenser	1		\$ 663.60
	SUB TOTAL			\$ 17,430.50
	LESS 20%			\$ 3,486.10
	DISCOUNTED TOTAL			\$ 13,944.40
	Front No. Plate With Trim Cover (WHITE)	1		\$ 55.00
	LESS 10%			\$ 5.50
	NETT TOTAL			\$ 49.50
	SPARE PARTS TOTAL			\$ 13,993.90
	Labour Charge			
	Panel Beating			\$ 1,200.00
	Spray Painting Charge			\$ 1,200.00
	Wiring Charge			\$ 40.00
	Tuff Kote			\$ 40.00
	R/I AIR CON CONDENSER ETC			\$ 150.00
	TOTAL LABOUR			\$ 2,630.00
	ESTIMATE TOTAL			\$ 16,623.90

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:

Labour Charge

Panel Beating

Spray Painting Charge

Wiring Charge

Tuff Kote

R/I AIR CON CONDENSER ETC

Tanphir 9749 5749

wp 6/2/23 5pm

1/5 Resurvey after repair

3 days - 4 days

Tanphir C/Chandana

TOTAL LABOUR

ESTIMATE TOTAL

700
750
30
30
100

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKY-

P2/2

DATE: 06.02.2023INSURANCE: INCOME

CLIS)

MODEL: Hyundai Ioniq (FRONT & REAR)MVA: LIM T SVEHICLE NO.: SH 7343Y

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$ 459.40
	Rear Bumper Reinforcement	1		\$ 394.80
	Rear Bumper Reinforcement Brkt RH / LH	2	\$ 55.80	\$ 111.60
	Rear Bumper Centre Moulding	1		\$ 451.25
	Rear Bumper Cover Clips	10	\$ 2.20	\$ 22.00
	Rear Bumper Tow Cover	1		\$ 98.80
	Rear Bumper FogLamp	1		\$ 201.50
	Rear Smart Key Antenna	1		\$ 40.50
	Rear Bumper Reflector RH / LH	2	\$ 41.45	\$ 82.90
	SUB TOTAL			\$ 1,862.75
	LESS 20%			\$ 372.55
	DISCOUNTED TOTAL			\$ 1,490.20
	Reverse Sensor	1		\$ 180.00
	Rear No.Plate With Trim Cover (YELLOW)	1		\$ 55.00
	SUB S/NETT			\$ 235.00
	LESS 10%			\$ 23.50
	S/NETT TOTAL			\$ 211.50
	Rear Fender Adv.Sticker RH / LH	2	\$ 100.00	\$ 200.00
	Rear Bumper Mat	1		\$ 50.00
	SPARE PARTS TOTAL			\$ 1,951.70
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Towing Fee			---
	TOTAL LABOUR			\$ 820.00
	ESTIMATE TOTAL			\$ 2,771.70

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.

LKY 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 REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

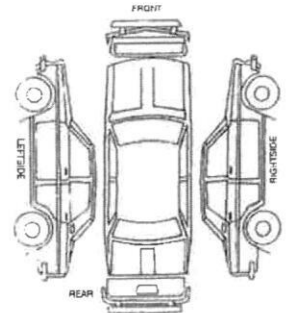
Date: <u>4-2-23</u> Time Received: <u>5:40</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
Name of Customer: <u>9736 9660</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____ _____	
Contact No.:					
Vehicle No. <u>SH 7343 T</u>					
Make / Model / Colour: <u>1000 Y</u>					
Email:		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi			
Location: <u>Tampines</u>					
Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____					

0. Odometer Reading : _____

Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player

☒ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scratched O : Missing

Signature of Customer

Job Attended

2. Tow Truck / Recovery Van : ☐ VRS ☒ QA ☐ GAO ☐ OTHERS

Name of Driver : Lim

Vehicle No. : 4P632

Time Dispatch : 5:40

Time of Arrival : _____

Time Completed : _____

Cash Invoice Details (if applicable)

3. 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™.

34-02

Date

Time

Signature of Customer

4. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

Date/Time: 06.02.2023 16:10

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5812159

JC NO 305544782

OMER
S COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

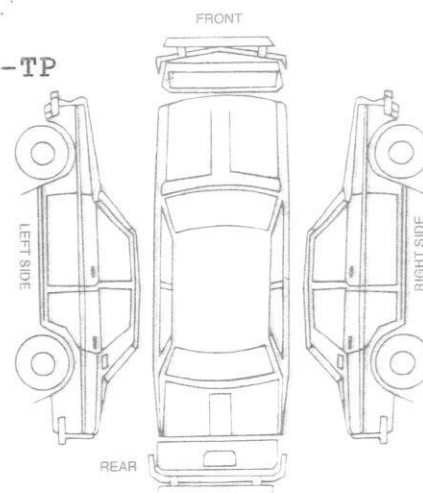
REGN NO: SH 7343Y	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 06.02.2023 15:01
YR OF MANU 30.10.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU188640	COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

ccident Date: 04.02.2023
ATURE: 3P 04.02.2023 * Link with 305544599 *

NO	LABOR CODE	DESCRIPTION
00010	PB	PANEL BEATING-SH 7343Y-TP
00020	23-01	TOWING FEE



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

to.: **SH 7343Y** **LIMITS**

Vehicle No.: **SH 7343Y**

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	04/02/2023 13:21 (SGT)
Reported by	Driver
Date of Accident	04/02/2023 04:10 (SGT)
Exact Location of Accident	Tampines Ave 2 & Tampines Street 32, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7343Y
-----------------------------	---------

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) +65-97369660
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	TSANG TSANG KWONG
NRIC No	SXXXX743H
Date Of Birth	04/02/1963
Occupation	Outdoor

Date Of Driving Pass	13/12/1989
Driving experience	33 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97369660
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 5000N MARINE PARADE # 12-60
Address complement	-
Postcode	449295
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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 04 FEBRUARY 2023 AT ABOUT 0410HRS I WAS DRIVING VEHICLE A SH7343Y ALONG TAMPINES AVENUE 2 AND SLOWING DOWN AS TRAFFIC SIGNAL WAS RED. SUDDENLY VEHICLE B GBK3743M REAR ENDED MY VEHICLE RESULTING MY VEHICLE TO PUSHED FORWARD AND HIT ONTO VEHICLE C SHA2850A. EXCHANGED CONTACT NUMBER ONLY AND MYSELF INJURED 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 1

Vehicle Registration Number	GBK3743M
Vehicle Manufacturer	Citroen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-96498185
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA2850A
Vehicle Manufacturer	Hyundai
Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-96388087
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	TSANG TSANG KWONG
Gender	Male
Phone No	(Phone) +65-97369660
Address	BLK 5000N MARINE PARADE # 12-60
Address Complement	-
Post Code	449295
Approximate Age Years Old	59
Injuries Sustained	-
Injured person in which vehicle?	SH7343Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.
- (b) Collectively the "Purposes"
- (c) 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
- (d) 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 BALAJI

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

0410HRS 04 FEBRUARY 2023

A. SH7343Y
B. GBK3743M
C. SHA2850A

TAMPINES AVE 2 X
TAMPINES ST 32



Tampines Ave 2

Describe Circumstances of the Accident

ON 04 FEBRUARY 2023 AT ABOUT 0410HRS I WAS DRIVING VEHICLE A SH7343Y ALONG TAMPINES AVENUE 2 AND SLOWING DOWN AS TRAFFIC SIGNAL WAS RED. SUDDENLY VEHICLE B GBK3743M REAR ENDED MY VEHICLE RESULTING MY VEHICLE TO PUSHED FORWARD AND HIT ONTO VEHICLE C SHA2850A. EXCHANGED CONTACT NUMBER ONLY AND MYSELF INJURED 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

0410HRS 04 FEBRUARY 2023

FLASH ACCIDENT
REPORTING OFFICER

FRO BALAJI



Witnessed by Reporting Centre Personnel