

RECEIVED: Tau

REF:

NS/INC 2300519/TAP3

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.

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: _____

Vehicle: IN / OUT

Veh No: SHD 73053 Yr Regn: 2018 / Dec

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

Truck / Trailer or

Make: Hyundai Lavig C.C. 1580

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

Sp. Reading: 408579 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: UMHE 85 / CUKU 122011

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: 195/65R15

R: u n

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

TOYO / YDKO, or Weslake

Front: _____ Rear: _____

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

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

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

Survey held at Comfort Lodge

Des. of Damages: Frt / 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 Page 10?

☐ : Preli. Report

1) Date/Time, File Return to?

☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

Others _____

Repair Fee: _____

Lump Sum / L.B. / L.P. _____

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHD7305J

Make : HYUNDAI

Model : IONIQ(G3)

Date: 06.02.2023

Insurance: INCOME

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$459.40
10	REAR BUMPER CLIPS			\$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			\$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
1	REAR BUMPER REINFORCEMENT BRACKET LH RH		\$138.10	\$276.20
2	REAR BUMPER SIDE BRACKET LH RH		\$55.80	\$111.60
1	ANTENNA SMARTKEY			\$40.50
1	REAR BUMPER FOG LAMP			\$201.50
1	REAR PANEL GARNISH			\$346.80
1	REAR PANEL			\$532.00
	SUB TOTAL			\$2,836.05
	LESS 20%			\$567.21
	DISCOUNTED TOTAL			\$2,268.84
	REAR NUMBER PLATE WITH TRIM COVER			\$50.00
	REAR BUMPER REVERSE SENSOR			\$180.00
		NETT		\$230.00
	Labour Charge			
	PANEL BEATING			\$400.00
	SPRAY PAINTING CHARGE			\$300.00
	CHK ALL LIGHTING/ WIRING			\$60.00
	TUFF KOTE			\$60.00
	REMOVE/REFIX REVERSE SENSOR			\$80.00
	TOTAL LABOUR			\$900.00
	ESTIMATE TOTAL			\$3,398.84

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.

Tanji 97495749
 WP 6/2/23 430pm
 L/S Resurvey after repair
 tanji@lkhauto.com
 2 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:
 Date:

Date/Time: 06.02.2023 14:20 Page : 1

Job: ARC Repair TP(CLS0)1 JOB CARD Sales Order: 5812122 JC NO.305544766

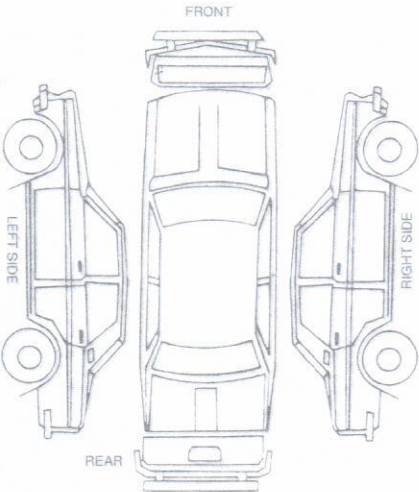
OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO: SHD7305J MAKE: HYUNDAI MODEL IONIQ(G2) YR OF MANU. 04.12.2018 CHASSIS CODE KMHC851CVKU122011	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 04.02.2023 19:10 TARGET DATE COMPLETION DATE/TIME:
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DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 04.02.2023
NATURE: 3P 04.02.2023

/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

No.: SHD7305J YY

Vehicle No.: SHD7305J

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	06/02/2023 10:11 (SGT)
Reported by	Driver
Date of Accident	04/02/2023 14:30 (SGT)
Exact Location of Accident	Hougang Ave 6, Singapore
Additional Location Information	SLIP ROAD BUANGKOK DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7305J
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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) +65-87907305
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 - Claiming third party
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	NEO SOON KEONG
NRIC No	SXXXX970C
Date Of Birth	12/08/1969
Occupation	Outdoor

Date Of Driving Pass	07/03/1991
Driving experience	31 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87907305
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 134 ANG MO KIO AVENUE 3 #03-1679
Address complement	-
Postcode	560134
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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 04/02/2023 AT ABOUT 1430HRS, I WAS STATIONARY IN VEHICLE A BEARING VEHICLE REGISTRATION PLATE, SHD7305J, ALONG SLIP ROAD OF HOUGANG AVENUE 6 TO BUANGKOK DRIVE. AS I WAS LOOKING AND WAITING FOR TRAFFIC ON MAJOR ROAD TO CLEAR, I FELT AN IMPACT FROM THE REAR AND REALISED VEHICLE B BEARING VEHICLE REGISTRATION PLATE, SKU8396P, HAD COLLIDED ONTO MY VEHICLE REAR BUMPER. 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	SKU8396P
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	CHEN HANGYUAN
Passport No/FIN	GXXXX588X
Contact Number	(Phone) +65-87817777
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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. 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:

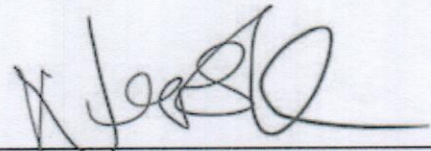
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

(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.



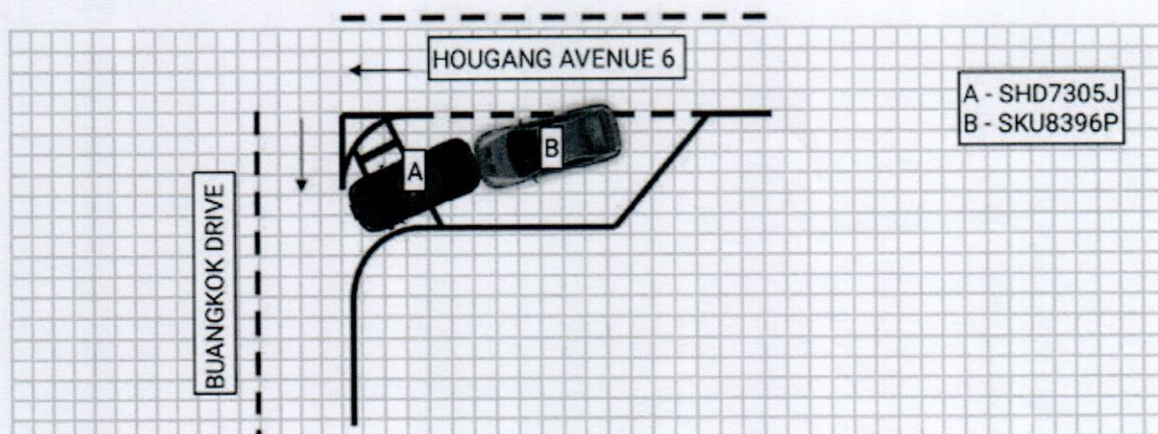
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
04/02/2023 1730hrs

**FLASH ACCIDENT
REPORTING OFFICER**

FRO LATIFF

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 04/02/2023 AT ABOUT 1430HRS, I WAS STATIONARY IN VEHICLE A BEARING VEHICLE REGISTRATION PLATE, SHD7305J, ALONG SLIP ROAD OF HOUGANG AVENUE 6 TO BUANGKOK DRIVE. AS I WAS LOOKING AND WAITING FOR TRAFFIC ON MAJOR ROAD TO CLEAR, I FELT AN IMPACT FROM THE REAR AND REALISED VEHICLE B BEARING VEHICLE REGISTRATION PLATE, SKU8396P, HAD COLLIDED ONTO MY VEHICLE REAR BUMPER. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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 04/02/2023 1730hrs

**FLASH ACCIDENT
REPORTING OFFICER**

FRO LATIFF



Witnessed by Reporting Centre
Personnel