

ASS. REC. BY: T. J. J. M.

REF:

NSI / INC 23003967/Tvp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s: _____

of _____

Insured: SLT 6280X

Policy No. _____

Claims No. MT/1220451-001

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: Ms Lake Vehicle: IN / OUT

Veh No: SND 4968L Yr Regn: 2018, Dec

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

Truck / Trailer or

Make: Hyundai c.c. 1580

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

Sp. Reading: 382879 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVK4129504

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: ^ ^

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

TOYO / YOKO or

Westeche

Front

Rear

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

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

D.O.A. 9/2/2023

D.O.I. 6/2/25

Survey held at

Comfort Lodge

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

Frt n/s

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

Date / Time	Action / Instruction
28/4/23	Lump Sum \$2200 confirmed by email (Red 1556.80, 41%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Feet:

Transportation:

2) 28/4/23-typist

Add Fee: ☐ : Site Insp (\$

S + RS \$

☐ : Interview (\$

Photos

☐ : Tech. Invs (\$

Others

☐ : Weekend (\$

TOTAL

Rep. Format: TP

Lump Sum / L.S. (\$ 2200)

REPAIR ESTIMATE

Model : IONIQ(G2)

MVA: MS. LOKE YY

Tamplin 9249549
wp' 10/2/13 C230m
• 2 days
4/5 passing after report
tamplin clhants on

Date:

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758158
7 Sungei Kadut Way Singapore 72879
501 Yishun Industrial Park A Singapore 7

Date/Time: 09.02.2023 16:15

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5835716

JC NO 305545109

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

TEL. (R) 65508755 (O)
(P)

DISCOUNT CARD NO.

REGN NO.:
SHD4968R

MILEAGE

MAKE:
HYUNDAI

FUEL

E.....1/2.....

MODEL
IONIQ(G2)

DATE/TIME IN
09.02.2023 10:05

YR OF MANU.
11.12.2018

TARGET DATE

CHASSIS CODE
KMHCH851CVKU129504

COMPLETION DATE/TIME

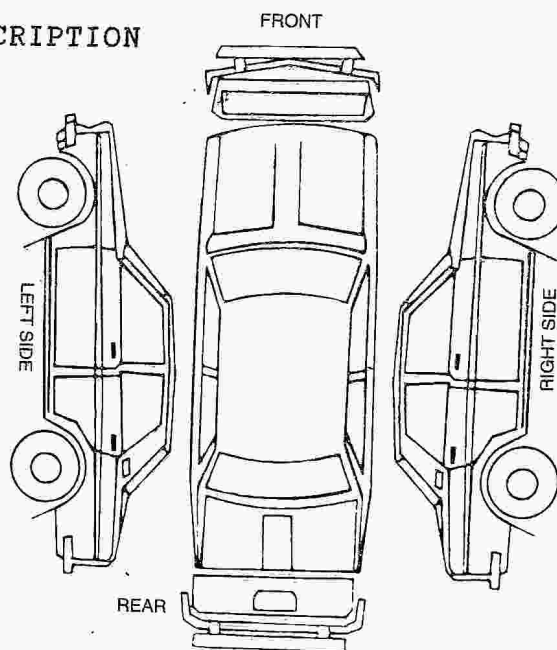
JOB DESCRIPTION

Accident Date: 09.02.2023

NATURE: 3P 09.02.2023

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Time:

No.:

Vehicle No.: SHD4968R YY

Vehicle No.: SHD4968R

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

be returned to Service Reception upon collection

To be kept by Security

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	09/02/2023 13:32 (SGT)
Reported by	Driver
Date of Accident	09/02/2023 09:00 (SGT)
Exact Location of Accident	Tomlinson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4968R
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) +65-85180937
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	LIM WEE TIONG
NRIC No	SXXXX123F
Date Of Birth	13/07/1975
Occupation	Outdoor

Date Of Driving Pass 26/10/1998
 Driving experience 24 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-85180937
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 288 COMPASSVALE CRESCENT # 11 - 353
 Address complement -
 Postcode 543288
 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 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? No
 Was any injured conveyed to hospital by ambulance? -
 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 Female

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 09.02.2023 AT ABOUT 0900HRS I WAS DRIVING MY VEHICLE A SHD4968R FETCHING MY PASSENGER TO JALAN BAHAGIA.
 MY VEHICLE A WAS ALONG TOMLINSON ROAD TURNING RIGHT ONTO TANGLIN ROAD. VEHICLE B SLT6280X ON MY LEFT CUT INTO MY LANE. HIS VEHICLE B RIGHT REAR THEN SIDE SWIPE MY VEHICLE A LEFT FRONT.
 MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AFTER TAKING SCENE PHOTOS AND PARTICULARS EXCHANGED.

ATTACHMENT(S)

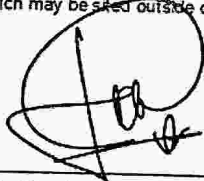
Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident FILE NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLT6280X
Vehicle Manufacturer	Toyota
Vehicle Model	C-hr
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	YEO ENG SENG
NRIC No	SXXXX721J
Contact Number	(Phone) +65-96828096
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.
 (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**
KYMI YONG

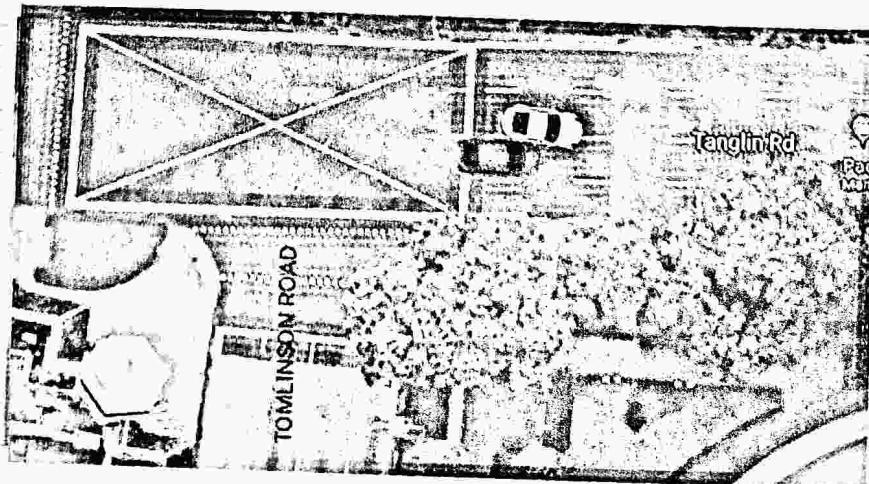
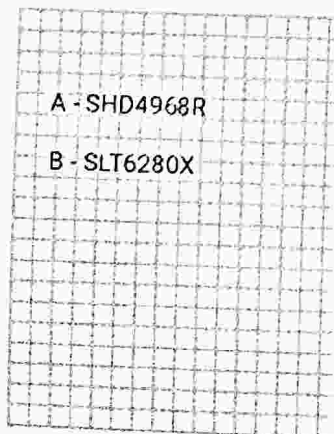


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 09.02.2023 1145HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 09.02.2023 AT ABOUT 0900HRS I WAS DRIVING MY VEHICLE A SHD4968R FETCHING MY PASSENGER TO JALAN BAHAGIA.
MY VEHICLE A WAS ALONG TOMLINSON ROAD TURNING RIGHT ONTO TANGLIN ROAD.
VEHICLE B SLT6280X ON MY LEFT CUT INTO MY LANE. HIS VEHICLE B RIGHT REAR THEN SIDE SWIPE MY VEHICLE A LEFT FRONT.
MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AFTER TAKING SCENE PHOTOS AND PARTICULARS EXCHANGED.

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 09.02.2023 1140HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG



Witnessed by Reporting Centre Personnel