

ASS. REC. BY: Taufik

REF:

INC

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: _____

Policy No. _____

Claims No. _____

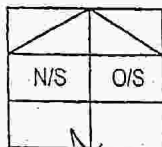
Sum Insured: _____ Excess: _____

(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 Rpt: _____ 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 Loh Vehicle: IN / OUT

Veh No: SHV 1820T 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: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLE 5414M 14098548

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / 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. 10/2/23

Survey held at Comfort Wagon

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 Battery weak

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

____ \$ + RS. ____ SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format: _____

Lump Sum / L.B.H. (T _____)

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHA1820T

Make : HYUNDAI

Model : I-40

Date: 10/02/2023

Insurance: INCOME

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount	
1	REAR BUMPER COVER			\$ 1,106.00	Rp
1	REAR BUMPER CLIPS			\$ 22.00	u-
2	REAR BUMPER BRACKET LH RH		\$ 35.60	\$ 71.20	X
1	REAR BUMPER REINFORCEMENT			\$ 428.40	?
1	REAR BUMPER SPONGE			\$ 119.50	?
1	RR BUMPER REINFORCEMENT BRACKET LH RH		\$ 160.60	\$ 321.20	?
1	REAR BUMPER UNDER COVER			\$ 228.00	?
1	REAR END PANEL GARNISH			\$ 57.70	X
1	REAR PANEL			\$ 526.70	X
1	BOOTLID			\$ 2,174.90	X
1	BOOTLID 'H' EMBLEM			\$ 63.10	X
1	BOOTLID CRDI PLATE			\$ 52.40	X
1	BOOTLID MOULDING			\$ 85.00	X
1	BOOTLID I40 EMBLEM			\$ 67.90	X
	SUB TOTAL			\$ 5,570.80	
	LESS 20%			\$ 1,114.16	
	DISCOUNTED TOTAL			\$ 4,456.64	
	REAR BUMPER REVERSE SENSOR			\$ 135.70	?
	RENEW ADVERTISEMENT STICKER			\$ 350.00	u-
	REAR BUMPER RUBBER MAT			\$ 50.00	X
	BOOTLID COMFORT LOGO & TEL NO. STICKER			\$ 60.00	X
	Labour Charge			\$ 595.70	Nett
	PANEL BEATING			\$ 600.00	280
	SPRAY PAINTING CHARGE			\$ 800.00	250
	TUFF KOTE			\$ 80.00	X
	REMOVE/REFIX REVERSE SENSOR			\$ 60.00	30
	TOTAL LABOUR			\$ 1,540.00	
	ESTIMATE TOTAL			\$ 6,592.34	

This is an initial estimate based on a visual inspection of the above vehicle. The final repair order will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Tanji 97495719
 w/c 10/2/23 @ 24hrs -
 02 days
 after repair.
 Page 1
 Tanji @ Hyundai

LKK Auto Consultants hence notify the Repairer of the following:

- 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:

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 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 7687

Date/Time: 10.02.2023 10:01

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 5844339

JC NO305545236

Customer

Customer Name: COMFORT TRANSPORTATION PTE LTD

Customer No: 7010045

Address: 383 SIN MING DRIVE

Singapore SINGAPORE 575717

Phone: (R) 65508755

(P)

(O)

SCOUT CARD NO.

REGN NO: SHA1820T

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL: I-40

DATE/TIME IN: 07.02.2023 11:20

YR OF MANU: 24.11.2016

TARGET DATE

CHASSIS CODE: KMHLB41UMHU096548

COMPLETION DATE/TIME:

Accident Date: 06.02.2023

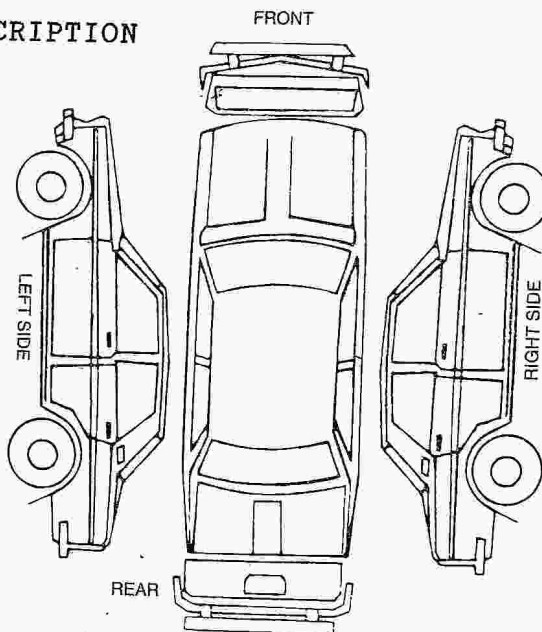
NATURE: 3P 06.02.2023

JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Ref:

Job No.:

Vehicle No.: SHA1820T

YY

Vehicle No.:

SHA1820T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle 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	10/02/2023 13:03 (SGT)
Reported by	Driver
Date of Accident	06/02/2023 17:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	CHANGI 16KM MARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1820T
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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) +65-90618194
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	RAMADAN BIN AHMAD SALIM
NRIC No	SXXXX330G
Date Of Birth	25/08/1976
Occupation	Outdoor

Date Of Driving Pass	05/05/1995
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90618194
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 149 SIMRI STREET 1 # 07 - 105
Address complement	-
Postcode	520149
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

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)	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?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT
T/20230209/2051

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 1

Vehicle Registration Number	SLT1010S
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DEAN AZIZ
Contact Number	(Phone) +65-96920444
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT AND BACK
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAMADAN BIN AHMAD SALIM
Gender	Male
Phone No	(Phone) +65-90618194
Address	BLK 149 SIMRI STREET 1 # 07 - 105
Address Complement	-
Post Code	520149
Approximate Age Years Old	46
Injuries Sustained	NECK AND GIDDY
Injured person in which vehicle?	SHA1820T
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.

(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**

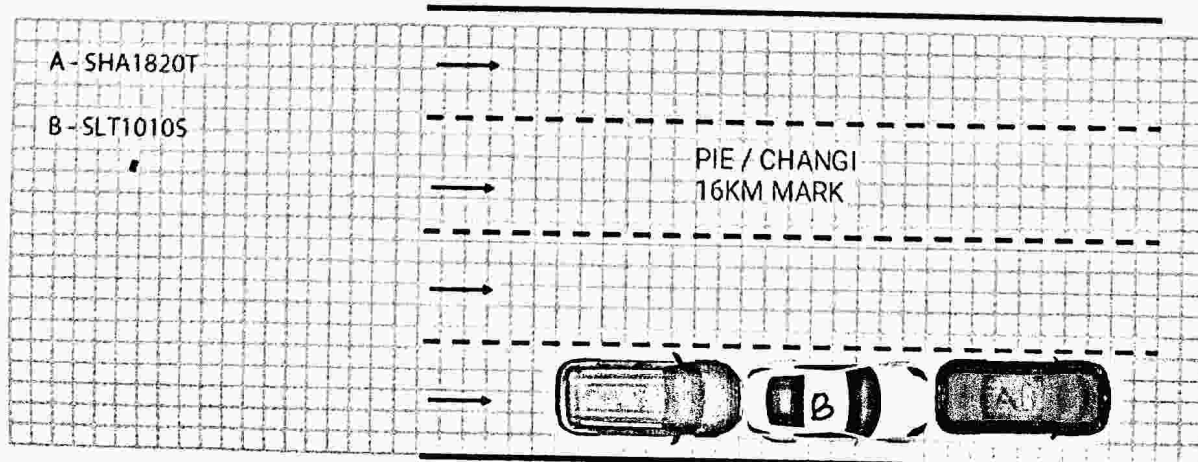


Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time 09.02.2023 1030HRS

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20230209/2051

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 1820HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG



Witnessed by Reporting Centre
Personnel