

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. _____

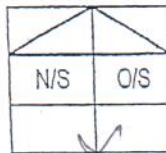
Claims No. _____

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: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Lim TS

Vehicle: IN / OUT

Veh No: SNC 4969Yr Regn: 2019, July

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

Truck / Trailer or

Make: Hyundai c.c. 1580Colour: Blue AC: Insured / Std / NI / NASp. Reading: 54566 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 10MHC851CV164164831Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 145R: 21

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

TOYO / YOKO or Weslake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 18/4/23Survey held at Wong's TeyongDes. 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

Taufikh finalised LS \$1500, 2 days. (Red \$2551.14, 63%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) \$ + RS. \$ _____☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

TOTAL

Rep. Format: TPLump Sum / L.B.A. (P) 1500

COMFORTDELGRO ENGINEERING PTE LTD

✓SAS-KIV → see attached

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

SNF2461S

DATE: 18.04.2023

INSURANCE: INCOME

MODEL: Hyundai Ioniq

SURVEYOR: LKK-

VEHICLE NO.: SHC3496Y

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$ 459.40
	Rear Bumper Reinforcement	1		\$ 394.80
	Rear Bumper Reinforcement Bracket LH / RH	2	\$ 138.10	\$ 276.20
	Rear Bumper Side Brackets LH / RH	2	\$ 55.80	\$ 111.60
	Rear Bumper Centre Moulding	1		\$ 451.25
	Rear Bumper Lower Centre Moulding	1		\$ 155.00
	Rear Bumper Cover Clips	10	\$ 2.20	\$ 22.00
	Rear Bumper Reflector Lamp LH / RH	2	\$ 41.45	\$ 82.90
	Rear Bumper Tow Cover	1		\$ 98.80
	Rear Bumper FogLamp	1		\$ 201.50
	Rear Smart Key Antenna	1		\$ 40.50
	BootLid Emblem – Hybrid	1		\$ 24.30
	BootLid Emblem – Ioniq	1		\$ 31.30
	SUB TOTAL			\$ 2,349.55
	LESS 20%			\$ 469.91
	DISCOUNTED TOTAL			\$ 1,879.64
	BootLid ComfortDelGro	1		\$ 30.00
	BootLid 65521111	1		\$ 30.00
	BootLid ZIG	1		\$ 40.00
	Reverse Sensors	1		\$ 180.00
	Rear No.Plade With Trim Cover	1		\$ 55.00
	S/NETT SUB			\$ 335.00
	LESS 10%			\$ 33.50
	S/NETT TOTAL			\$ 301.50
	Rear Bumper Mat	1		\$ 50.00
	Rear Fender Adv.Sticker RH / LH	2	\$ 100.00	\$ 200.00
	BootLid Adv.Sticker	1		\$ 100.00
	SPARE PARTS TOTAL			\$ 2,531.14
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 600.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 1,520.00
	ESTIMATE TOTAL			\$ 4,051.14

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.

Acknowledged by Repairer

Signature:

Date:

Date/Time: 17.04.2023 10:53

Page : 1

m: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5893446

JC NO305551366

MER

REGN NO: SHC3496Y

MILEAGE

COMFORT TRANSPORTATION PTE LTD
7010045

MAKE: HYUNDAI

FUEL

MER NO 383 SIN MING DRIVE
SS Singapore SINGAPORE 575717
65508755 (O)

MODEL: IONIQ(G2)

DATE/TIME IN 17.04.2023 18:30

YR OF MANU 24.07.2019

TARGET DATE

CHASSIS CODE: KMC851CVKU164831

COMPLETION DATE/TIME:

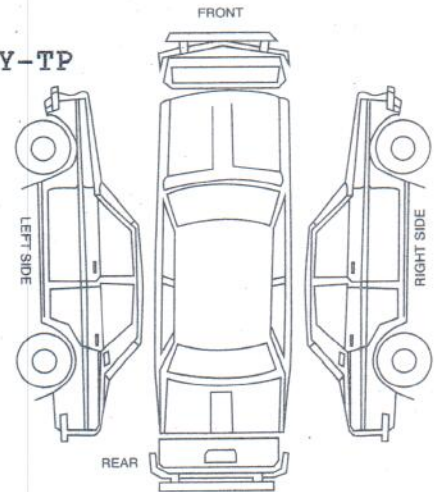
JNT CARD NO.

JOB DESCRIPTION

ident Date: 17.04.2023
PURE: 3P 17.04.2023

NO LABOR CODE
0010 PB

DESCRIPTION
LUMPSUM REPAIR-SHC3496Y-TP



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHC3496Y LIMITS

Vehicle No.: SHC3496Y

Service Advisor

Signature/Date

Name of Service Advisor

Date

med 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	18/04/2023 13:51 (SGT)
Reported by	Actual Driver
Date of Accident	17/04/2023 17:30 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	NEAR LORONG 35
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3496Y
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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) +65-96521979
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	LONG SAY NONG
NRIC No	SXXXX156I
Date Of Birth	04/09/1958
Occupation	Outdoor

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF2461S
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-98377869
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LONG SAY NONG
Gender	Male
Phone No	(Phone) +65-96521979
Address	BLK 930 HOUGANG STREET 91 # 09 - 113
Address Complement	-
Post Code	530930
Approximate Age Years Old	64
Injuries Sustained	BACK
Injured person in which vehicle?	SHC3496Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

ON 17.04.2023 AT ABOUT 1730HRS I WAS DRIVING MY VEHICLE A SHC3496Y FETCHING MY PASSENGER TO AIRPORT. MY VEHICLE A WAS ON THE 2ND LANE OF GEYLANG ROAD. NEAR LOR 35 I SLOWED DOWN AND STOP AS THERE WAS AN UNKNOWN VEHICLE IN FRONT STOPPING. VEHICLE B SNF2461S THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND TO DESTINATION. AS FOR MYSELF I HURT MY BACK AFTER IMPACT. SCENE PHOTOS TAKEN. HANDPHONE EXCHANGED.

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

18.04.2023.

1000HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI



Witnessed by Reporting Centre Personnel