

ASS. REC. BY: T. Gifford

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. \_\_\_\_\_

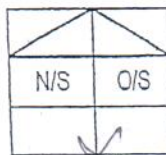
Claims No. \_\_\_\_\_

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: \_\_\_\_\_

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: Hyundaic.c. 1580Colour: Blue

AC: Insured / Std / NI / NA

Sp. 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 or

Tyre Size: F: \_\_\_\_\_

R: 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 WeslakeDes. 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 Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

S + RS. SI

Photos

Others

TOTAL

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.H. (P) \_\_\_\_\_

## 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
	<b>SUB TOTAL</b>			\$ 2,349.55
	<b>LESS 20%</b>			\$ 469.91
	<b>DISCOUNTED TOTAL</b>			\$ 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
	<b>S/NETT SUB</b>			\$ 335.00
	<b>LESS 10%</b>			\$ 33.50
	<b>S/NETT TOTAL</b>			\$ 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
	<b>SPARE PARTS TOTAL</b>			\$ 2,531.14
	<b>Labour Charge</b>			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 600.00
	Remove/Refix Reverse Sensor			\$ 120.00
	<b>TOTAL LABOUR</b>			\$ 1,520.00
	<b>ESTIMATE TOTAL</b>			\$ 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:

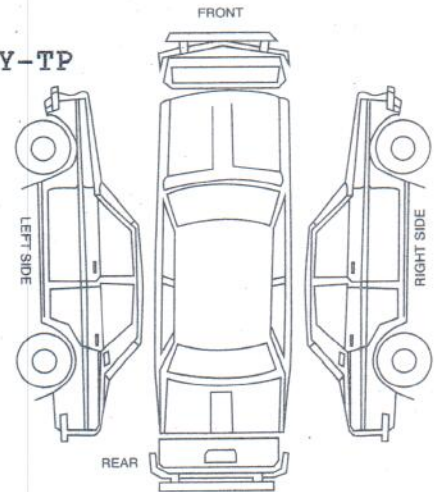
JNT CARD NO.

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