

(08/11/13) wsf

ASS REC. BY: ASAC

REF:

NS/INC23004246/R2P3

821R

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. _____

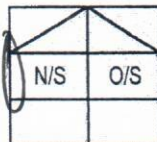
Claims No. _____

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: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 9076E Yr Regn: 2019 Jun

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

Truck / Trailer or

Make: Hyundai / ONIQ / 160CT c.c. 1580Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 481936 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH C851 CVKU16F267Gen. Cond: Good / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NiP / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

WESTLAKE

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 19/04/23 D.O.I. 19/04/23Survey held at COMFORTDes. 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

Repair finalised is ~~3550~~ 3550, 4 days (Red to 2563.96, 42%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Report Format : TPLump Sum / I.B.I. (\$) 3550Add Fee: ☐ : Site Insp (\$ _____) S + RS, SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

TOTAL

COMFORTDELGRO ENGINEERING PTE LTED

REPAIR ESTIMATE*

VEHICLE NO SH9076E

DATE 19.04.2023

MAKE/REG REG.26.06.2019

CHIANG/INCOME

MODEL : IONIQ G3

Qty	Parts Description/ Labour	Type	Amount
1	FRONT DOOR WING MIRROR ASSY LH <i>bu</i>		\$1,391.70
1	FRONT DOOR LH <i>bt</i>		\$1,797.20
2	FRONT DOOR HANDLE LH <i>MIS</i>		\$234.80
1	FRONT DOOR PROTECTOR RH <i>XAN</i>		\$110.10
1	REAR DOOR PANEL LH <i>repair</i>		\$1,789.90
	SUB TOTAL		\$5,323.70
	LESS 20%		\$1,064.74
	DISCOUNTED TOTAL		\$4,258.96
1	FRONT DOOR COMFORT STICKER <i>nu</i>		\$75.00
1	REAR DOOR COMFORT APP <i>ea</i>		\$80.00
1	FRONT DOOR ADVERTISEMENT <i>re</i>		\$100.00
1	REAR DOOR ADVERTISEMENT <i>re</i>		\$100.00
			\$339.50
	Labour Charge		
	Panel Beating		700 \$875.00
	Spray Painting Charge		625 \$800.00
	Transfer Door parts To New Door.		60 \$180.00
	TOTAL LABOUR		\$1,855.00
	ESTIMATE TOTAL		\$6,113.96

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:

2738.96

355.00

1385.00

4478.96

20%

3583.16

Hs-\$3,550

4 days

Rate

Hr 900 100 68

4 days

48

19/04/23 @ 1140

Remy after repair

Date/Time: 19.04.2023 11:06

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5893623

JC NO305551721

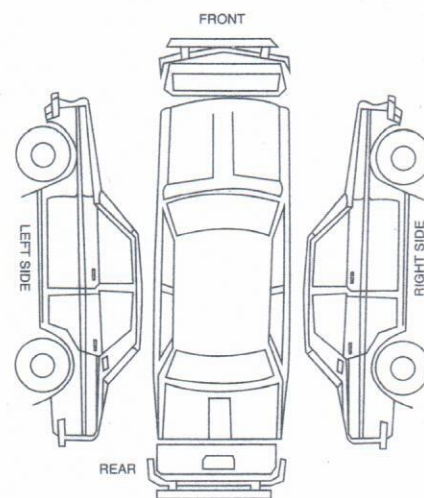
CUSTOMER R/MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO: SH 9076E	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 19.04.2023 08:50
	YR OF MANU 26.06.2019	TARGET DATE
	CHASSIS CODE KMHC851CVKU164267	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.04.2023

NATURE: 3P 19.04.2023

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: **SH 9076E**
Engine No.: **CHIANG**

Exit Pass

Vehicle No.: **SH 9076E**

Name 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	19/04/2023 15:27 (SGT)
Reported by	Actual Driver
Date of Accident	19/04/2023 07:55 (SGT)
Exact Location of Accident	E Coast Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9076E
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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) +65-91458113
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	LOH ENG CHIEW
NRIC No	SXXXX430I
Date Of Birth	05/10/1970
Occupation	Outdoor

Date Of Driving Pass	19/12/2000
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91458113
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 1001 BUKIT TIMAH ROAD # 03-01
Address complement	-
Postcode	596288
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 - Opening Door of Vehicle
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)	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 19.04.2023 AT ABOUT 0755HRS I WAS DRIVING MY VEHICLE A SH9076E TOWARDS EAST COAST ROAD AFTER DROPPING MY PASSENGER AT INDIGO HOTEL. AS MY VEHICLE A DROVE PAST PARKED VEHICLE B SMH4826L ON MY LEFT, DRIVER OPEN HIS RIGHT FRONT DOOR. HENCE MY VEHICLE A LEFT DOORS AND LEFT WING MIRROR GRAZED VEHICLE B RIGHT FRONT DOOR. NO ONE WAS INJURED. SCENE PHOTOS TAKEN. NO 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 1

Vehicle Registration Number	SMH4826L
Vehicle Manufacturer	Toyota

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT DOOR
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 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.

[Handwritten Signature]

FLASH ACCIDENT
REPORTING OFFICER
KYMI

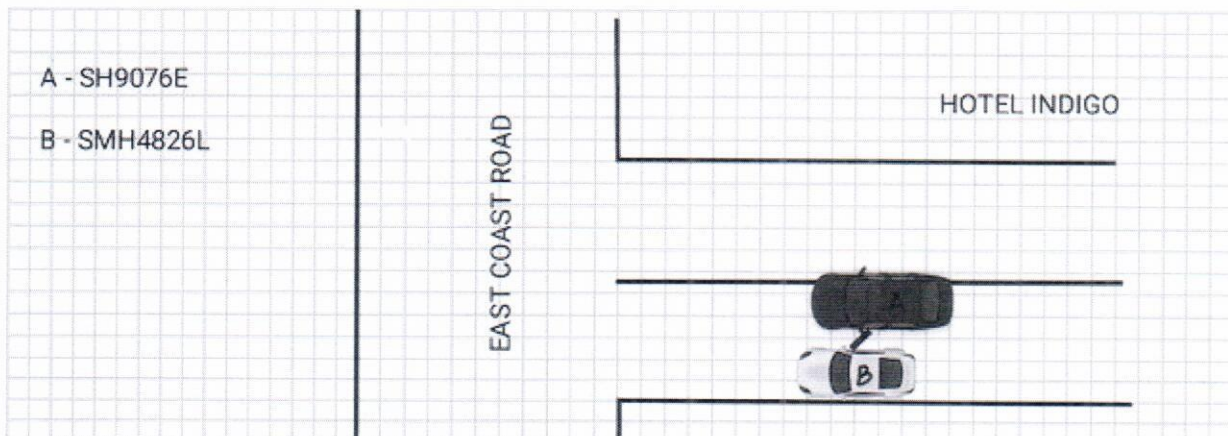


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 19.04.2023. 1050HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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NO ONE WAS INJURED.

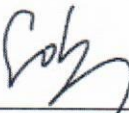
SCENE PHOTOS TAKEN.

NO 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 19.04.2023. 1100HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI



Witnessed by Reporting Centre
Personnel