

ASS. REC. BY:

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspcd Vehicle No:

at Workshop n/s

of

Insured:

Policy No.

Claims No. MT/1220894-002

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 Report:

Consistent? Yes or No

GIA / PR Sec:

Consistent? Yes or No

Est. Repair:

3

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:

SH9418C

Yr Regt:

11 JUN 2017

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

Truck / Trailer or

Make:

HYUNDAI I-40

CC

1685

Colour:

Blue

A/C: Insured / Std / NA

Sp. Reading:

71493

T/Radio: Insured / Std / NI / NA

Eng/No:

G/No:

KMH LB41UM HU098197

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Locked / Jammed / Leaked / Burnt or

Brake: Locked / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim or

Tyre Size:

F:

205 / 60 R16

R:

BS / DUN / EDIOVA / GY / FS / LZA / WIC / OHTSU / PRI / SUMI /  
TOYO / YOKO or Westlake

Front

R/Bal:

5

mm

Rear

R/Bal:

5

mm

L/Bal:

5

mm

L/Bal:

5

mm

D.O.A. 26/04/23

D.O.L. 27/04/23 3:30pm

Survey held at

CDGE

Des. of Damages: Frt /

/ O/S / N/S / U/C / Roof/ or

Frt N/S

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

Date / Time

Action / Instruction

29/5/23

Irfan confirmed LS

\$3400 (red 1093.76, 24%)

Balance:

yearly:

mv:

NV:

Date/Time, File Path to?



PreIL Report



Final Report

1)

Date/Time, File Path to?

2) 21/6/23-typist

Report Format: TP

Lump Sum / LB: (\$ 3400)

Days Of Repair: 3

Resurvey No. of Trips:

Add Fee:



Site Insp (\$



Interview (\$



Tech. trvs (\$



Weekend (\$

Survey Fee:

Transportation:

\$ + 12.50

Photos:

Others:

TOTAL

## 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	26/04/2023 17:35 (SGT)
Reported by	Actual Driver
Date of Accident	26/04/2023 13:15 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	BARTLEY ROAD EAST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9418C
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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) +65-80102486
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	SURESH S/O KUNASEGARAM
NRIC No	SXXXX155C
Date Of Birth	30/06/1975
Occupation	Outdoor



Date Of Driving Pass .....	20/12/2004
Driving experience .....	18 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-80102486
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 916 TAMPINES STREET 91 #09 - 79
Address complement .....	-
Postcode .....	520916
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 .....	Collided into Motorcyclist
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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

#### PASSENGER 2

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 26.04.2023 AT ABOUT 1315HRSHRS I WAS DRIVING MY VEHICLE A SH9418C FETCHING MY PASSENGERS TO PARKWAY PARADE. MY VEHICLE A WAS ON THE 3RD LANE OF HOUGANG AVE 3 TOWARDS EUNOS. AS MY VEHICLE A WAS GOING STRAIGHT AT THE CROSS JUNCTION OF BARTLEY ROAD EAST, VEHICLE B FBP1222L ON LEFT SWERVED INTO MY LANE. VEHICLE B RIGHT THEN SIDE SWIPE MY VEHICLE A LEFT FRONT. FEMALE RIDER FELL AND HURT HER KNEES AND FACE AND WAS CONVEYED TO HOSPITAL. MY PASSENGERS ARE NOT INJURED AND THEY HAD TO TAKE ANOTHER TAXI. 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 IS NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP1222L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	40
Injuries Sustained	KNEES AND FACE
Injured person in which vehicle?	FBP1222L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



## 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.

*[Signature]*

**FLASH ACCIDENT  
REPORTING OFFICER  
KYMI**

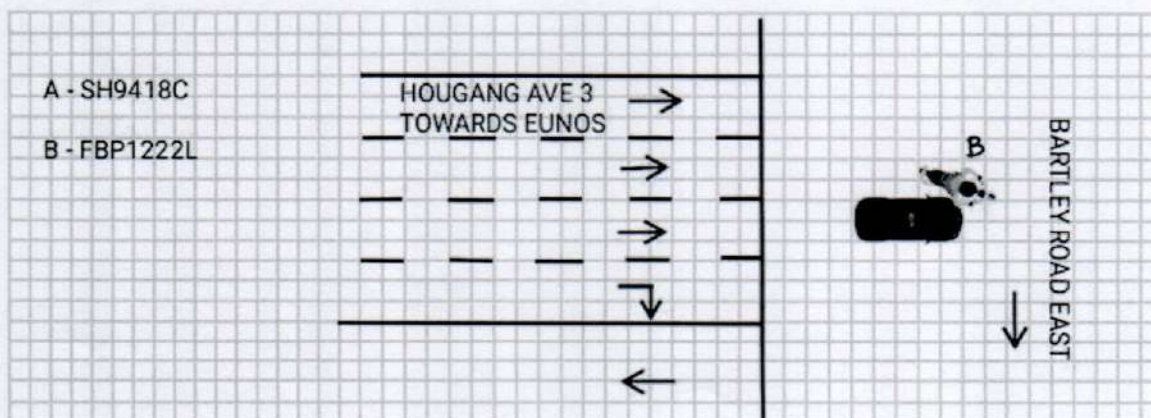


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 26.04.2023. 1550HRS

Witnessed by Reporting Centre Personnel

### Sketch Plan




## Describe Circumstances of the Accident

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## 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 26.04.2023. 1600HRS

FLASH ACCIDENT  
REPORTING OFFICER  
KYMI



\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



### Workshops

205 Braddell Road Singapore 579701  
59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
457 Pandan Road Singapore 606088

Date/Time: 27.04.2023 08:23

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5894551

JC No: 305552787

CUSTOMER

REGN NO:

SH 9418C

MILEAGE

MS

COMFORT TRANSPORTATION PTE LTD

MAKE:

HYUNDAI

FUEL

CUSTOMER NO

7010045

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

DRESS

383 SIN MING DRIVE

MODEL

I-40

26.04.2023 14:55

Singapore SINGAPORE 575717

YR OF MANU

11.01.2017

TARGET DATE

(R)

65508755

(O)

(P)

CHASSIS CODE

KMHLB41UMHU098197

COMPLETION DATE/TIME:

COUNT CARD NO.

### JOB DESCRIPTION

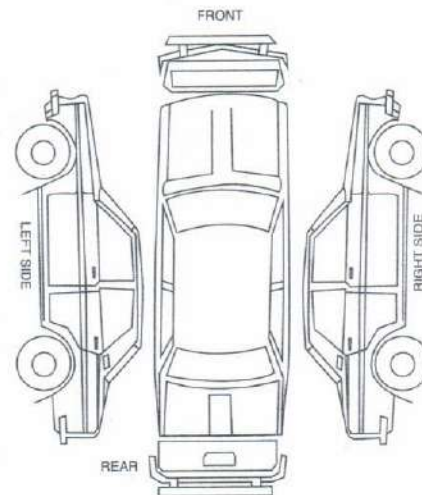
Accident Date: 26.04.2023

Signature: 3P 26.04.2023

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SH 9418C

YY

Vehicle No.:

SH 9418C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No.: SH 9418C

Make : HYUNDAI

Model : I-40

Date: 27/04/2023

Insurance: INCOME

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	HEADLAMP LH <i>scr / cut</i>			\$ 1,388.00
→ 1	FRONT BUMPER COVER <i>scr</i>			\$ 1,052.20
10	FRT BUMPER CLIPS <i>NEL</i>			\$ 22.00
1	FRT BUMPER SIDE BRACKET LH <i>2.mw</i>			\$ <del>24.60</del>
1	FRT FENDER LH <i>306</i>			\$ 663.00
1	FENDER RETAINER LH <i>2.mw</i>			\$ <del>24.60</del>
1	FRT WHEEL HUB CAP LH <i>scr / cut</i>			\$ 217.20
→ 1	FRT WHEEL RIM LH <i>scr / cut</i>			\$ 650.60
	<b>SUB TOTAL</b>		<i>3993</i>	\$ 3,391.60
	<b>LESS 20%</b>		<i>798.60</i>	\$ 678.32
	<b>DISCOUNTED TOTAL</b>		<i>3194.40</i>	\$ 2,713.28
				\$ -
	<b>Labour Charge</b>			
	PANEL BEATING			\$ <del>560</del> 600.00
	SPRAY PAINTING CHARGE			\$ <del>500</del> 600.00
	CHECK ALL LIGHTING			\$ <del>30</del> 60.00
	<b>TOTAL LABOUR</b>			\$ 1,260.00
	<b>ESTIMATE TOTAL</b>		<i>4284.40</i>	\$ 3,973.28
		<i>20% = 856.88</i>		

Nett

4493.76

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.

*30mrs = 3427.52 ≈ 3400*

*LIS J/11km*

*27/4/23 330pm*

**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: