

ASS. REC. BY: Suf REF:

ASSIGNMENT

Veh No: Sh 6800B Yr Regt: 8/12/2016

ASS. REC. BY: S.N.G REF:

NS/INC23005242/Snp3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/INV
To Inspect Vehicle No: _____
at Workshop no/s _____
of _____
Insured: INC
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: Sha 4024E Yr Regt: 13/12/2017
Type: MCar / MCycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Hyundai 1-40 cc 1685
Colour: Blue AC: Insured / Std / NA
Sp. Reading: 513027 YR Radoc: Insured / Std / NA
Eng No: _____
C/Nr: kmhLB41U098617
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Incl / Jammed / Leaked / Burnt or
Brake: Incl / Jammed / Leaked / Burnt or
Mod: NO / S/R / STD / Air / or

(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 Sect: _____ Consistent? Yes or No
Est. Repairs: 2 days Res: Yes or No
Lump Sum: 20 % 3 Val: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN/OUT

NS	OS
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Tyre Size: F: 205 / 60 R16
R: _____
BS / DUN / EKNOVA / GY / FS / LIZA / MC / OHTSU / PIR / SUNI /
YOYO / YOKO or Giti
Front: _____ Rear: _____
FRBal. 5 mm FRBal. 5 mm
LRBal. 5 mm LRBal. 5 mm
D.O.A. 9/4/23 D.O.L. 13/4/23 Spr
Survey held at Comfort
Des. of Damages: Frt / Rear / O/S / N/S / UC / Roof top or
Front O/S
The UC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Irfan finalised LS \$850, 2 days. (Red \$888.61, 51%)
	Balance:
	Warranty:
	MV:
	MV:

Date/Time, File Pass to? : PreIL Report
: Final Report
1) _____
Date/Time, File Return to?
2) _____
Report Format: TP
Lump Sum / L.B.J: (\$) 850

Days Of Repair: 2
Resurvey No. of Trip: 1
Add Fee: : Site Insp (\$ _____)
: Interview (\$ _____)
: Tech. Invs (\$ _____)
: Weekend (\$ _____)
Survey Fee: _____
Transportation: 3 + RR: \$
Photo: _____
Other: _____
TOTAL: _____

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5892940

JC NO305551029

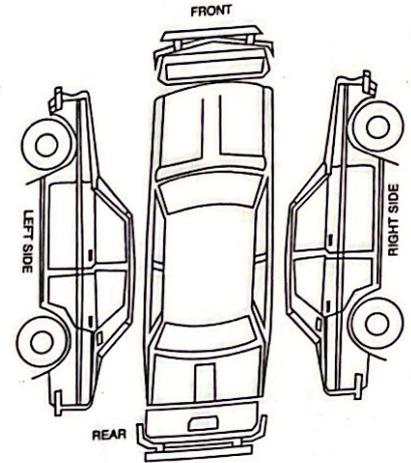
CUSTOMER MS COMFORT TRANSPORTATION PTE LTD 7010045 CUSTOMER NO ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO: SHA4024E	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 13.04.2023 11:50
	YR OF MANU 13.12.2017	TARGET DATE
	CHASSIS CODE KMHLB41UMHU098617	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 09.04.2023
NATURE: 3P 09.04.2023

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Vehicle No.: SHA4024E CHIANG

Vehicle No.: SHA4024E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD.

REPAIR ESTIMATE*

VEHICLE NO SHA4024E

09.04.2023

MAKE REG. 13.12.2017

MODEL HYU- I40

CHIANG/ INCOME

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER BRACKET SIDE RH?		\$35.60	\$35.60
10	REAR BUMPER CLIPS*		\$2.20	\$22.00
1	REAR BUMPER <i>scr</i>			\$553.00
1	REAR BUMPER UNDER COVER ?			\$228.00
1	REAR BUMPER REFLECTOR RH ?			\$32.00
				\$870.60
				\$174.12
				\$696.48
				\$50.00
1	REAR BUMPER MAT <i>MEL</i>			\$135.70
1	REVERSE SENSOR X			\$217.13
	Labour Charge			\$450.00 <i>280</i>
	Panel Beating			\$300.00 <i>250</i>
	Spray Painting Charge			\$60.00 <i>30</i>
	Remove/refix reverse sensor			\$60.00 <i>XVVV</i>
	Tuff Kote			\$870.00
	TOTAL LABOUR			
	ESTIMATE TOTAL			\$1,786.61

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.

2 days

49

13/4/23

[Signature]

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 10/04/2023 09:42 (SGT)
Reported by Actual Driver
Date of Accident 09/04/2023 10:30 (SGT)
Exact Location of Accident 726 Clementi West Street 2, Singapore 120726
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA4024E

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) +65-91402296
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 LIU DONG PING
NRIC No SXXXX714G
Date Of Birth 29/07/1957
Occupation Outdoor

ASSIGNMENT

1800B Yr Reg: 8/12/2016
Yr 1 Piban Motor L

Vehicle Category
Name of Driver
NRIC No
Contact Number
A-4-Trans

Date Of Driving Pass 13/05/1977
 Driving experience 45 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91402296
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 421 CLEMENTI AVENUE 1 #09-375
 Address complement -
 Postcode 120421
 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 Side Swipe
 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 09/04/23 AT ABOUT 1030HRS, I WAS DRIVING VEHICLE A (SHA4024E) OUT FROM MY PARKING LOT NEAR 726 CLEMENTI WEST STREET 2 WHEN SUDDENLY VEHICLE B (SJQ4649U) RUSHED IN TO TAKE THE SPOT AND COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE. NO INJURIES.

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 SJQ4649U
 Vehicle Manufacturer Hyundai
 Vehicle Model Avante
 Vehicle Variant -
 Vehicle Colour -

Vehicle Category	Private car
Name of Driver	PUSPANATHAN GOPAL
NRIC No	SXXX308E
Contact Number	(Phone) +65-91999729
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

Lien

FLASH ACCIDENT REPORTING OFFICER
 FRO AMIN



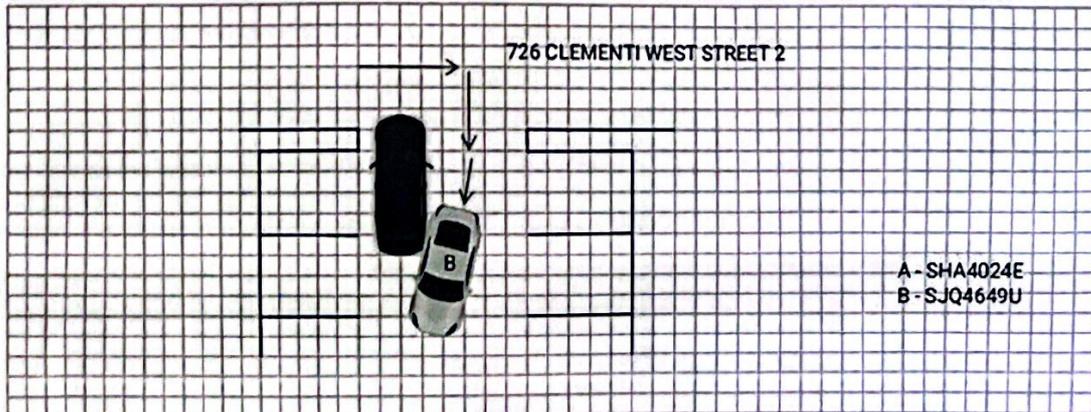
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

090423 1320

Sketch Plan



AMING GEAR

SKETCH PLAN #2

Describe Circumstances of the Accident

ON 09/04/23 AT ABOUT 1030HRS, I WAS DRIVING VEHICLE A (SHA4024E) OUT FROM MY PARKING LOT NEAR 726 CLEMENTI WEST STREET 2 WHEN SUDDENLY VEHICLE B (SJO4649U) RUSHED IN TO TAKE THE SPOT AND COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE. NO INJURIES.

Declaration

We declare the foregoing particulars are true in every respect.

Lien

FLASH ACCIDENT
REPORTING OFFICER
FRO AMIN



Policyholder's Signature / Date & Time

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

090423 1320

Witnessed by Reporting Centre Personnel