

ASS. REC. BY: Tauph

REF:

NS/ INC 23005974/Tvp3

**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: SHC 6563S

Policy No. \_\_\_\_\_

Claims No. MT/1226725-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seac \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS UP

Date: \_\_\_\_\_ Person Contacted: James Vehicle: IN / OUT

Veh No: SKA 3250A Yr Regn: 2018 Sep

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

Truck / Trailer or

Make: Hyundai c.c. 1580

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 599101 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MMHC 851CVK4107155

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or Wetplate

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 8/6/2023 D.O.I. 12/6/23

Survey held at Compass

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Frt

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

Date / Time	Action / Instruction
20/6/23	Lump Sum \$1900 confirmed by email (Red 1785.68, 48%)

Date/Time, File Pass to?  : Prel. Report

i)  : Final Report

Date/Time, File Return to?

2) 20/6/23-typist

Report Format: TP

Lump Sum H.B.H. (\$ 1900)

Days Of Repair: 3

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

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
\$ + RS \$1	
Photos	
Others	
TOTAL	

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHA3250A  
 MAKE HYUNDAI  
 MODEL IONIQ

DATE: 12.06.23  
 MVA JUMANI  
 DOA: 08.06.23

### INCOME

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRT FENDER RH			<i>Op</i> \$588.80
10	FRT FENDER EMBLEM RH			<i>ver</i> \$26.60
1	FRT SIDE MIRROR RH			<i>am</i> \$1,391.70
	<b>SUB TOTAL</b>			<b>\$2,007.10</b>
	<b>LESS 25%</b>			<b>\$401.42</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$1,605.68</b>
	FRT DOOR COMFORT LOGO			<i>cu</i> \$80.00 NET
	<b>SUB TOTAL</b>			<b>\$80.00 NET</b>
	<b>Labour Charge</b>			
	PANEL BEATING		<i>525</i>	\$1,100.00
	SPRAY PAINT		<i>700-600</i>	\$800.00
	TUFF KOTE		X	\$50.00
	CHECK WIRING		X	\$50.00
	<b>TOTAL LABOUR</b>			<b>\$2,000.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$3,685.68</b>

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.

*Tanpin 97495749*  
*WPI 12/6/23 @ 3pm*  
*2-3 days*  
*45 mins after repair*  
*Tanpin @ Kuching*

- LRK 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
  - Supplemental work must be resurveyed and is subject to prior approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Item: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: 5899878 JC No:305557416

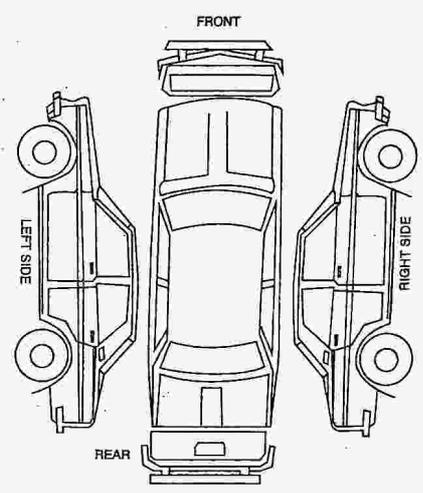
OWNER IS COMFORT TRANSPORTATION PTE LTD 7010045 OWNER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO SHA3250A	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 12.06.2023 10:25
	YR OF MANU 06.09.2018	TARGET DATE
	CHASSIS CODE KMH851CVKU107453	COMPLETION DATE/TIME:

DUMENT CARD NO.

JOB DESCRIPTION

Accident Date: 08.06.2023  
NATURE: 3P.08.06.23

NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

No.: SHA3250A JU INCOME

Vehicle No.: SHA3250A

Service Advisor

Signature/Date

Name of Service Advisor

Date

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 ..... 09/06/2023 13:46 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 08/06/2023 20:25 (SGT)  
Exact Location of Accident ..... 21 Woodlands Crossing, Singapore 738203  
Additional Location Information ..... TAXI STAND  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA3250A

### 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) +65-96275685  
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 ..... LEO TENG FONG VINCENT  
NRIC No ..... SXXXX401J  
Date Of Birth ..... 15/06/1962  
Occupation ..... Outdoor

Date Of Driving Pass ..... 29/01/1980  
 Driving experience ..... 43 YEARS AND 5 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-96275685  
 Alt. Phone Number ..... -  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... BLK 272 BANGKIT ROAD #02-48  
 Address complement ..... -  
 Postcode ..... 670272  
 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 ..... 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 08/06/23 AT ABOUT 2025HRS, I WAS DRIVING VEHICLE A (SHA3250A) IN THE VICINITY OF WOODLANDS CHECKPOINT TAXI STAND TO PICK UP PASSENGER. I WAS IN THE INNER LANE GRADUALLY MOVING FORWARD WHEN SUDDENLY VEHICLE B (SHC6563S) STOPPED ON THE OUTER LANE AND THE PASSENGER OPENED THE LEFT REAR DOOR AND COLLIDED INTO THE RIGHT SIDE MIRROR OF VEHICLE A. 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 NOT SUITABLE

**DETAILS OF OTHER VEHICLE PROPERTY**

Vehicle Registration Number ..... SHC6563S  
 Vehicle Manufacturer ..... Kia  
 Vehicle Model ..... Niro  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -

Vehicle Category .....	Taxi
Name of Driver .....	RAHAMAT BIN SAMIN
NRIC No .....	SXXXX600H
Contact Number .....	(Phone) +65-87424715
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**

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.

090623 1315

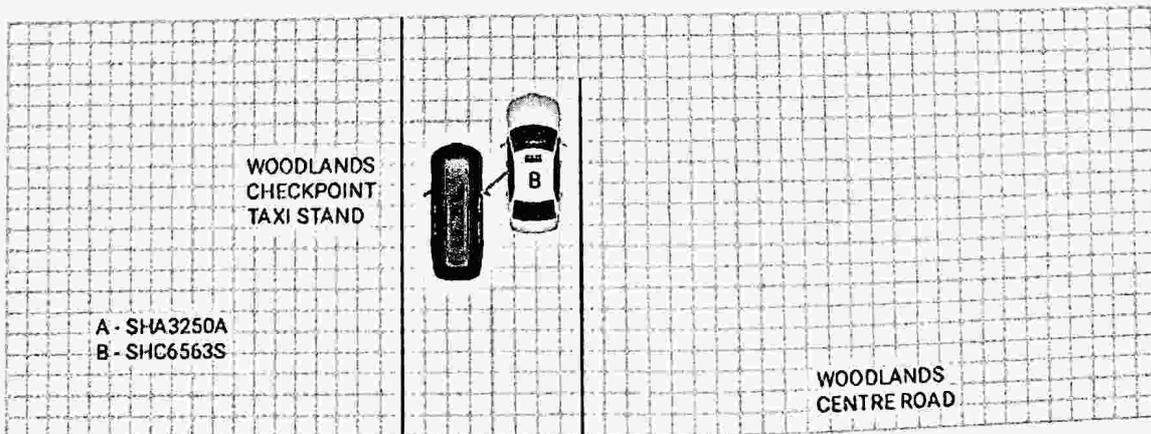


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

ON 08/06/23 AT ABOUT 2025HRS, I WAS DRIVING VEHICLE A (SHA3250A) IN THE VICINITY OF WOODLANDS CHECKPOINT TAXI STAND TO PICK UP PASSENGER. I WAS IN THE INNER LANE GRADUALLY MOVING FORWARD WHEN SUDDENLY VEHICLE B (SHC6563S) STOPPED ON THE OUTER LANE AND THE PASSENGER OPENED THE LEFT REAR DOOR AND COLLIDED INTO THE RIGHT SIDE MIRROR OF VEHICLE A. NO INJURIES.

**Declaration**

We declare the foregoing particulars are true in every respect.



090623 1315

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