

ASS. REC. BY: Taught

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

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

GIA / PR. Searc: \_\_\_\_\_ 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

Un TSVeh No: SHD 34904 Yr Regn: 20/6/88

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

Truck / Trailer or

Make: Plymder / 45 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 817722 T/Radio: Insured / Std / NI / NA

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

C/No: UM HCB414MG 4093475Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NIL / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16

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. \_\_\_\_\_ D.O.I. 12/6/88Survey held at Carport Coym

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

Fr + N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐: Prel. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

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

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:

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

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

Lump Sum / L.B.H. (\$)

# COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

## REPAIR ESTIMATE

LKK-

SGQ 705C

DATE: 12.06.2023

INSURANCE: INCOME CLS

MODEL: Hyundai i40

MVA: LIM T S

VEHICLE NO.: SHD3490H

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Bumper	1		\$ 1,052.20
	Front Bumper Clips	10	\$ 2.20	\$ 22.00
	Front Bumper Grille LH	1		\$ 93.60
	Front Fender LH	1		\$ 663.00
	Front Wheel Cap LH	1		\$ 217.20
	HeadLamp LH	1		\$ 1,388.00
	<b>SUB TOTAL</b>			\$ 3,436.00
	<b>LESS 20%</b>			\$ 687.20
	<b>DISCOUNTED TOTAL</b>			\$ 2,748.80
	Front Fender Adv.Sticker LH	1		\$ 100.00
	Front Wheel Tyre LH	1		\$ 216.00
	<b>SPARE PARTS TOTAL</b>			\$ 3,064.80
	<b>Labour Charge</b>			
	Panel Beating			\$ 600.00
	Spray Painting Charge			\$ 600.00
	Tuff Kote			\$ 40.00
	Check Lightings			\$ 40.00
	Wheel Alignment			\$ 120.00
	<b>TOTAL LABOUR</b>			\$ 1,400.00
	<b>ESTIMATE TOTAL</b>			\$ 4,464.80

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.

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:

Tamphuk 97495749  
 Sup/ 6/12 12/6/23 05pm  
 CLS Rising after repair  
 2-3 days

Date/Time: 12.06.2023 10:06

Page : 1

Item: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5899858

JC NO305557336

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO. SHD3490H	MILEAGE
ISS OMER NO RESS	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 12.06.2023 08:35
	YR OF MANU 08.09.2016	TARGET DATE
COUNT CARD NO.	CHASSIS CODE KMHLB41UMGU093475	COMPLETION DATE/TIME:

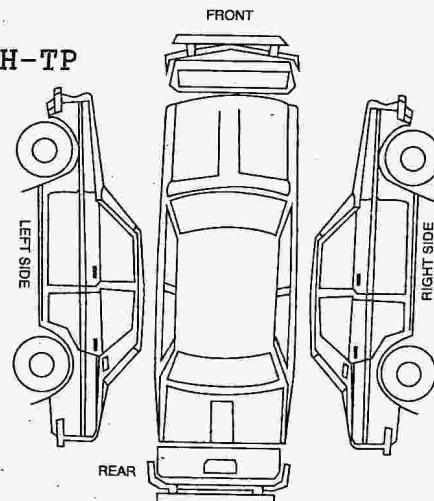
Accident Date: 08.06.2023  
ATURE: 3P 08.06.2023/C

### JOB DESCRIPTION

/NO  
00010

LABOR CODE  
PB

DESCRIPTION  
LUMPSUM REPAIR-SHD3490H-TP



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

to.: SHD3490H

LIMITS

Vehicle No.:

SHD3490H

Service Advisor

Signature/Date

Name of Service Advisor

Date

# 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	08/06/2023 17:06 (SGT)
Reported by	Actual Driver
Date of Accident	08/06/2023 11:10 (SGT)
Exact Location of Accident	Upper Pickering St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3490H
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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) +65-96954863
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	LAI YEOW KHUEN
NRIC No	SXXXX025H
Date Of Birth	02/02/1949
Occupation	Outdoor

Date Of Driving Pass ..... 26/03/1970  
 Driving experience ..... 53 YEARS AND 3 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-96954863  
 Alt. Phone Number ..... -  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... BLK 10 TECK WHYE AVENUE # 08 - 69  
 Address complement ..... -  
 Postcode ..... 680010  
 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) ..... 2  
 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

#### 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 08.06.2023 AT ABOUT 1110HRS I WAS DRIVING VEHICLE A SHD3490H FETCHING MY PASSENGER TO SOUTH BRIDGE ROAD.  
 VEHICLE A WAS ON THE RIGHT LANE OF UPPER PICKERING STREET TURNING RIGHT ONTO SOUTH BRIDGE ROAD.  
 VEHICLE B SGQ705C WHICH WAS ON MY LEFT, DROVE TOO CLOSE TO VEHICLE A. VEHICLE B RIGHT SIDE SWIPE VEHICLE A LEFT FRONT.  
 MY PASSENGER IS NOT INJURED AND HE DECIDED TO ALIGHT.  
 NO SCENE PHOTOS TAKEN.  
 PARTICULARS TAKEN.  
 NO HANDPHONE EXCHANGED

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... No

# DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SGQ705C
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOW LING FONG WENDY
NRIC No	SXXXX053A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

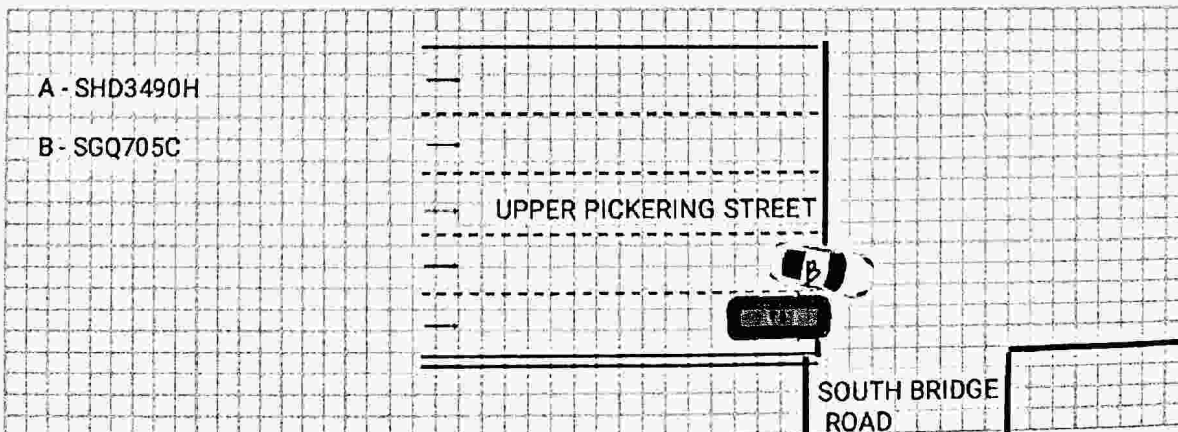
**FLASH ACCIDENT  
REPORTING OFFICER  
KYMI**



Policyholder's Signature / Date &  
Time

Driver's Signature (if driver is not the policyholder) / Date  
& Time **08.06.2023. 1155HRS**

Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

Describe Circumstances of the Accident

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 MY PASSENGER IS NOT INJURED AND HE DECIDED TO ALIGHT.  
 NO SCENE PHOTOS TAKEN.  
 PARTICULARS TAKEN.  
 NO HANDPHONE EXCHANGED

Declaration

I/We declare the foregoing particulars are true in every respect.



FLASH ACCIDENT  
 REPORTING OFFICER  
 KYMI



Policyholder's Signature / Date &  
 Time

Driver's Signature (If driver is not the policyholder) / Date  
 & Time 08.06.2023. 1200HRS

Witnessed by Reporting Centre  
 Personnel