

ASS. REC. BY: Tough

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt _____ Consistent? : Yes or No

GIA / PR Seen: _____ 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

Veh No: SHC85765 Yr Regn: 20191 Aug.Type: M.Car / M.Cycle / Bus / Van / Lorry / Text / Prime Mover /

Truck / Traller or

Make: Hyundai Comiq c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 305103 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: km HC85 / CVK4 / 65 / 12Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD A/Rim orTyre Size: F: 195 / 65 R15R: 21

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

TOYO / YOKO or ucstake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 12/6/23Survey held at Garage

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

Rear O/S

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

Date / Time _____ Action / Instruction _____

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Rep. Formak:

Lump Sum / L.B. / C

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

REPAIR ESTIMATE*

DATE: 12.06.23

MVA JUMANI

DOA: 10.06.23

INCOME

XXR

NET
NET

350
250
30

Taphiti 97495749
 - w/ 12/6/23 @ 4:40
 - 2 days
 Resy after repair
 Taphiti C/Kharab-w

KKK 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/Time: 12.06.2023 10:15 Page : 1

Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5899863

JC NO305557337

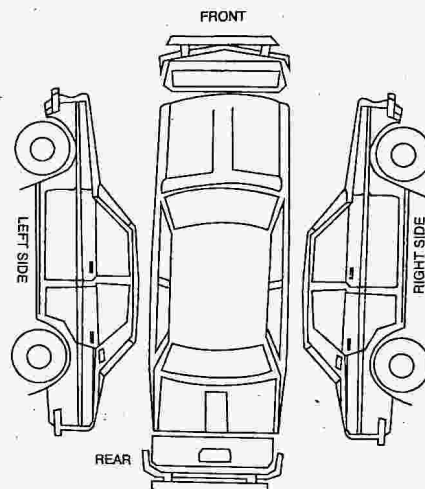
CUSTOMER IS COMFORT TRANSPORTATION PTE LTD MEMBER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)		REGN NO. SHC8576S	MILEAGE
		MAKE HYUNDAI	FUEL E.....1/2.....F
		MODEL IONIQ(G2)	DATE/TIME IN 12.06.2023 08:00
		YR OF MANU. 01.08.2019	TARGET DATE
		CHASSIS CODE KMHC851CVKU165112	COMPLETION DATE/TIME:

OUNT CARD NO.

Accident Date: 10.06.2023
NATURE: 3P.10.06.23

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

SHC8576S

JU INCOME

Vehicle No.:

SHC8576S

Service Advisor

Signature/Date

Name of Service Advisor

Date

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	12/06/2023 09:10 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 15:00 (SGT)
Exact Location of Accident	242 Bishan Street 22, Block 242, Singapore 570242
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8576S
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) +65-97817529
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	LIM LEE HUAT (LIN LIFA)
NRIC No	SXXXX265B
Date Of Birth	26/08/1971
Occupation	Outdoor

Date Of Driving Pass	25/11/1994
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97817529
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 260 BISHAN STREET 22 # 06 - 293
Address complement	-
Postcode	570260
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 Parked 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 10/06/2023 AT ABOUT 15:00HRS, I WAS DRIVING VEHICLE A (SHC8576S) AT BLK 242 BISHAN ST 22 TO PICK MY PASSENGER. UPON REACHING DESTINATION, I STOP MY VEHICLE AND WAITING FOR MY PASSENGER. AS MY VEHICLE WAS STATIONARY, VEHICLE B (SJR2289H) FROM BEHIND ME, MAKE A 3 POINTER TURN MAKING A LEFT TURN AND GRAZED AGAINST MY VEHICLE AT AT REAR RIGHT BUMPER. AFTER THE COLLISION I CANT SEE THE DAMAGE VERY CLEARLY DUE TO THD SUNLIGHT. I WENT BACK TO ANOTHER PLACE AND REALISE THERE IS A DAMAGE ONTO MY VEHICLE. NOBODY WAS INJURED.

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

Vehicle Registration Number	SJR2289H
Vehicle Manufacturer	Toyota
Vehicle Model	Estima

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
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.

FLASH ACCIDENT
REPORTING OFFICER

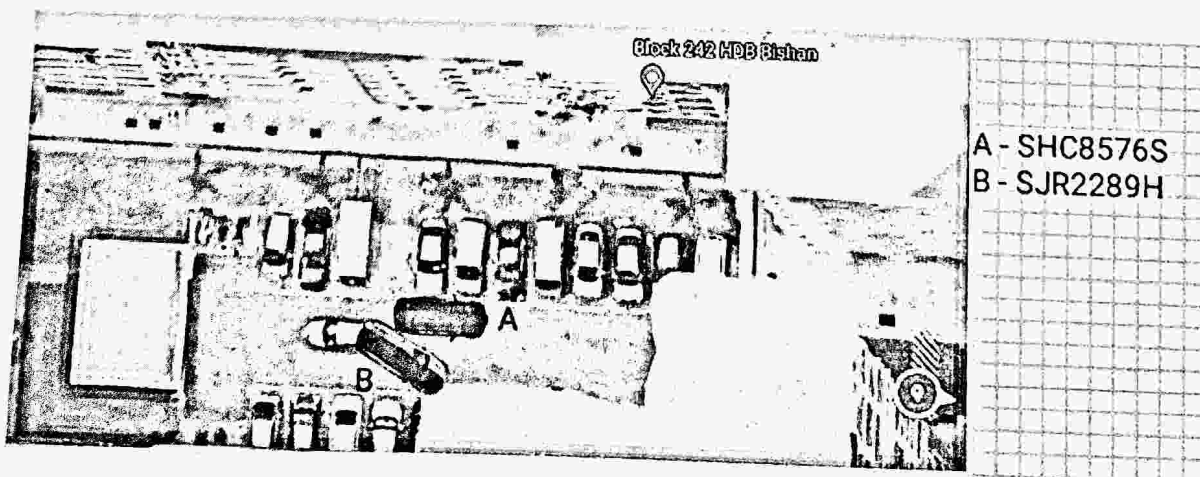
FRO KHAMARAJ

Policyholder's Signature / Date &
Time

Sketch Plan

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

12/06/2023 - /09:00HRS

Witnessed by Reporting Centre
Personnel

Describe Circumstances of the Accident

ON 10/06/2023 AT ABOUT 15:00HRS, I WAS DRIVING VEHICLE A (SHC8576S) AT BLK 242 BISHAN ST 22 TO PICK MY PASSENGER. UPON REACHING DESTINATION, I STOP MY VEHICLE AND WAITING FOR MY PASSENGER. AS MY VEHICLE WAS STATIONARY, VEHICLE B (SJR2289H) FROM BEHIND ME, MAKE A 3 POINTER TURN MAKING A LEFT TURN AND GRAZED AGAINST MY VEHICLE AT AT REAR RIGHT BUMPER. AFTER THE COLLISION I CANT SEE THE DAMAGE VERY CLEARLY DUE TO THD SUNLIGHT. I WENT BACK TO ANOTHER PLACE AND REALISE THERE IS A DAMAGE ONTO MY VEHICLE. NOBODY WAS INJURED.

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
12/06/2023 - /09:00HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre
Personnel