

ASS. REC. BY: Taufik

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 Velt: _____

(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 Seer: _____ 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: CUTS Vehicle: IN / OUT

Veh No: SAC 1396K Yr Regn: 248 / Sep

Type: M.Gar / 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: 203189 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVC011477

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: MF / 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 Wastake

Front R/Bal. 6 mm Rear R/Bal. 6 mm

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

D.O.A. _____ D.O.I. 12/6/73

Survey held at: Camp Logun

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prell. Report : Final Report

Date/Time, File Return to?

2) _____

Rep. Formet: _____
Lump Sum / L.B.I. (F) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invst (\$ _____)
 : VVsel: end (\$ _____)

Survey Fee:	_____
Transportation:	_____
S + RS	_____ \$
Photos	_____
Others	_____
TOTAL	_____

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

DATE: 12.06.2023

INSURANCE: **FBP5049U**
INCOME *CHS*

MODEL: Hyundai Ioniq

SURVEYOR: LKK-

VEHICLE NO.: SHC1396R

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$ 459.40 <i>me</i>
	Rear Bumper Side Brackets RH	1		\$ 55.80 <i>B</i>
	Rear Bumper Centre Moulding	1		\$ 451.25 <i>ara</i>
	Rear Bumper Cover Clips	10	\$ 2.20	\$ 22.00 <i>ney</i>
	Rear Bumper Reflector Lamp RH	1		\$ 41.15 <i>ut</i>
	Rear Wheel Cap RH	1		\$ 346.40 <i>ub</i>
	SUB TOTAL			\$ 1,376.00
	LESS 20% DISCOUNTED TOTAL			\$ 275.20
				\$ 1,100.80
	Rear Bumper Mat	1		\$ 50.00 <i>net</i>
	SPARE PARTS TOTAL			\$ 1,150.00
	Labour Charge			
	Panel Beating - Rear Fender Arch RH etc		525	\$ 800.00
	Spray Painting Charge		500	\$ 600.00
	Remove/Refix Reverse Sensor		30	\$ 120.00
	TOTAL LABOUR			\$ 1,520.00
	ESTIMATE TOTAL			\$ 2,670.80

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.

*fanfhi 97495745
sup, 12/6/23 @ 430 pm
LBS using after repair
fanfhi @ khantawon
2-3 days*

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

Item: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5899876

JC NO: 305557415

CUSTOMER COMFORT TRANSPORTATION PTE LTD UEN 7010045 ADDRESS 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO. SHC1396R	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 12.06.2023 08:50
	YR OF MANU 28.09.2018	TARGET DATE
	CHASSIS CODE KMHC851CVKU114741	COMPLETION DATE/TIME:

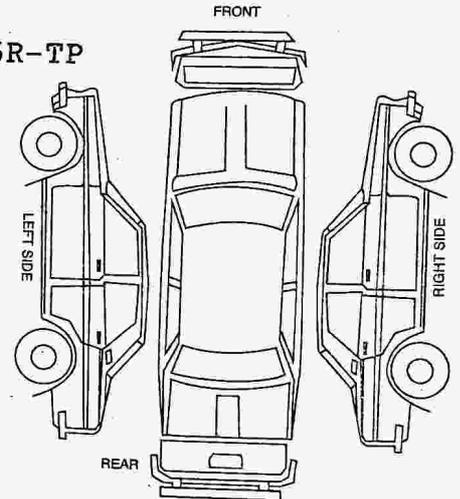
IDENTIFICATION CARD NO.

Accident Date: 11.06.2023
NATURE: 3P 11.06.2023

JOB DESCRIPTION

LABOR CODE
PB

DESCRIPTION
LUMPSUM REPAIR-SHC1396R-TP



& PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Document Slip

Exit Pass

SHC1396R

LIMITS

Vehicle No.:

SHC1396R

Service Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

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 11:59 (SGT)
Reported by Actual Driver
Date of Accident 11/06/2023 01:30 (SGT)
Exact Location of Accident Pasir Ris Dr 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1396R
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) +65-89087365
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 SELVA KUMAR S/O KRISHNAN
NRIC No SXXXX594E
Date Of Birth 07/03/1965
Occupation Outdoor

Date Of Driving Pass 16/07/1999
 Driving experience 23 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number (Phone) +65-89087365
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 781C WOODLANDS AVE 9 # 14 - 528
 Address complement -
 Postcode 733781
 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 - Head to Rear
 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 11.06.2023 AT ABOUT 0130HRS I WAS DRIVING VEHICLE A SHC1396R ON THE LEFT LANE OF PASIR RIS DRIVE 1 WHEN VEHICLE B FBP5049U FROM BEHIND COLLIDED ONTO VEHICLE A RIGHT REAR. MOTORCYCLIST WAS NOT INJURED. SCENE PHOTOS AND PARTICULARS TAKEN.

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 FBP5049U
 Vehicle Manufacturer Yamaha
 Vehicle Model SNIPER T150
 Vehicle Variant -
 Vehicle Colour -

Vehicle Category	Motorcycle
Name of Driver	SUFI HAZIQ BIN ABDUL RAHMAN
NRIC No	SXXXX126E
Contact Number	(Phone) +65-96209695
Address	BLK 472 PASIR RIS DRIVE 6 #03-466
Address complement	-
Postcode	510472
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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
KYMI**

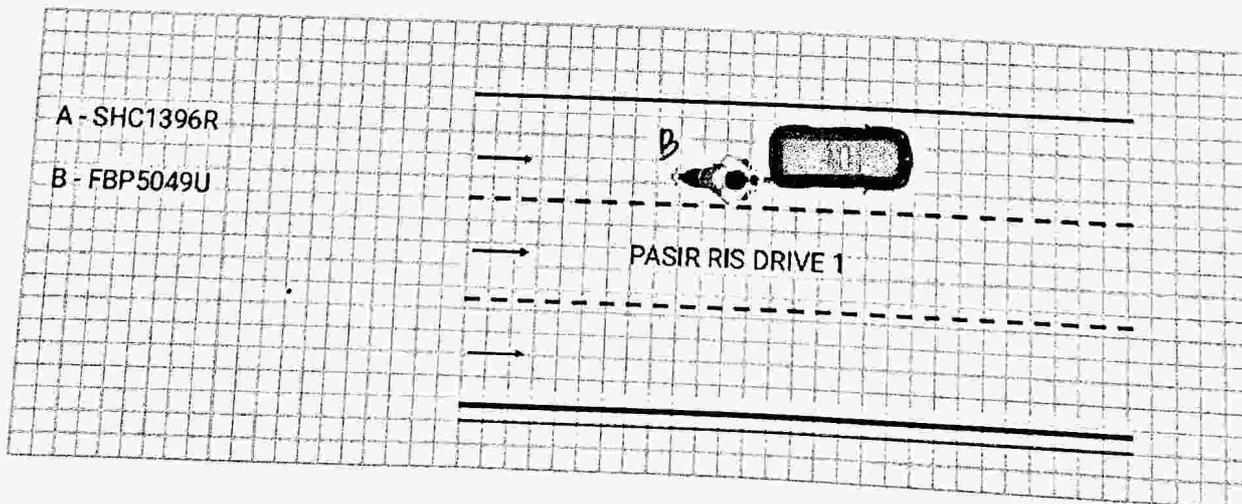


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
12.06.2023. 0920HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 11.06.2023 AT ABOUT 0130HRS I WAS DRIVING VEHICLE A SHC1396R ON THE LEFT LANE OF PASIR RIS DRIVE 1 WHEN VEHICLE B FBP5049U FROM BEHIND COLLIDED ONTO VEHICLE A RIGHT REAR. MOTORCYCLIST WAS NOT INJURED. SCENE PHOTOS AND PARTICULARS TAKEN.

Declaration

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
12.06.2023. 0930HRS

Witnessed by Reporting Centre Personnel