(08/11 /13) wef

ASS. REC. BY: / Tayfitch

REF: NS/ INC 23006200/Tvc

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: FBR 9956P

Policy No. _____

Claims No. MT/1227926-002

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
X	

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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 WP

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC8338M Yr Regn: 2021, March

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Cars c.c 1580.

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

Sp.Reading 256998. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVLU192914.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / 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 Westlake.

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	17/6/2023	D.O.I.	19/6/23

Survey held at Comfort Cosgrave

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

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

Date / Time	Action / Instruction
26/6/23	Lump Sum $1250 confirmed by email (Red 1845.42, 59%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 26/6/23-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

Lump Sum / ~~I.B.I~~: ($ 1250)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO	**SHC8338M**	**17.06.2023**	
MAKE	**REG.30.03.2021**		**CHIANG/INCOME**
MODEL	**IONIQ G3**		

Qty	Parts Description/ Labour	Type		Amount	
1	REAR BUMPER			de $459.40	
1	REAR BUMPER CENTRE MOULDING			de $451.25	
1	REAR BUMPER REINFORCEMENT			? $394.80	nn
1	REAR BUMPER REINFORCEMENT STAY LH			? $138.10	nn
2	REAR BUMPER BRACKET LH/RH		RHx nn $55.80	H/de $111.60	
1	REAR BUMPER REFLECTOR LH			[illegible] $41.45	
1	REAR BUMPER TOWING COVER LH			x $98.80	nn
10	REAR BUMPER CLIPS		$2.20	[illegible] $22.00	
	SUB TOTAL			**$1,717.40**	
	20.00%			$343.48	
	DISCOUNTED TOTAL			**$1,373.92**	
1	REAR LID CONFORT/ TEL NO,STICKER			[illegible] $60.00	
1	REAR LID CONFORT APP STICKER			[illegible] $40.00	
1	REAR NUMBER PLATE W/HOLDER			x $55.00	nn
1	REAR REVERSE SENSOR			$180.00	nn
				$301.50	
	Labour Charge				
	Panel Beating			350 $700.00	
	Spray Painting Charge			250 $600.00	
	Tuff Kote			x $60.00	
	Remove/refix Reverse sensor			30 $60.00	
	TOTAL LABOUR			**$1,420.00**	
	ESTIMATE TOTAL			**$3,095.42**	

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.

tanfhui 97493744
up 19/6/23 @ 830
2 day
c/s Kenny after repair
tanfhui @ [illegible]

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:

Date:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286

Date/Time: 19.06.2023 14:07 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 5900792 JC NO 305557999

JSTOMER

R/MS COMFORT TRANSPORTATION PTE LTD
JSTOMER NO. 7010045
)DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
:L (R) 65508755 (O)
(P)

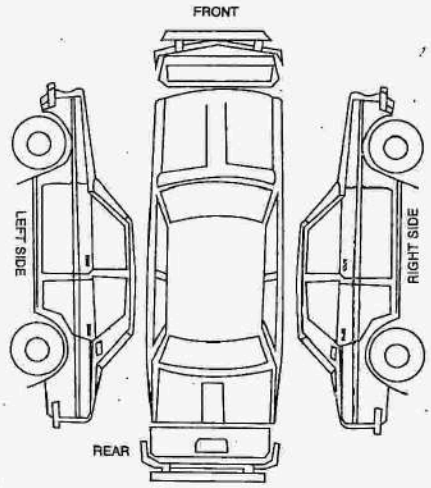
SCOUNT CARD NO.

REGN NO.: SHC8338M	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 19.06.2023 09:10
YR OF MANU. 30.03.2021	TARGET DATE
CHASSIS CODE KMHC851CVLU192914	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.06.2023
NATURE: 3P 17.06.2023'

S/NO	LABOR CODE	DESCRIPTION



IECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.:
le No.: SHC8338M CHIANG

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8338M

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 witholding 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	19/06/2023 12:58 (SGT)
Reported by	Actual Driver
Date of Accident	17/06/2023 14:00 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8338M

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) +65-94524049
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	LAI YIK SOON
NRIC No	SXXXX605A
Date Of Birth	21/11/1951
Occupation	Outdoor

Date Of Driving Pass	12/10/1973
Driving experience	49 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94524049
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 661 BUFFALO ROAD #10-31
Address complement	-
Postcode	210661
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)	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 17/06/23 AT ABOUT 1400HRS I WAS DRIVING VEHICLE (A) SHC8338M ALONG KPE TOWARDS CITY.AS I WAS DRIVING VEHICLE (B) FBR9956P COLLIDED ONTO MY REAR.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	FBR9956P
Vehicle Manufacturer	Yamaha

Vehicle Model	SNIPER T150
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-85943805
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 mayallow 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 collectivelyreferred 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 involvedisclosure 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.

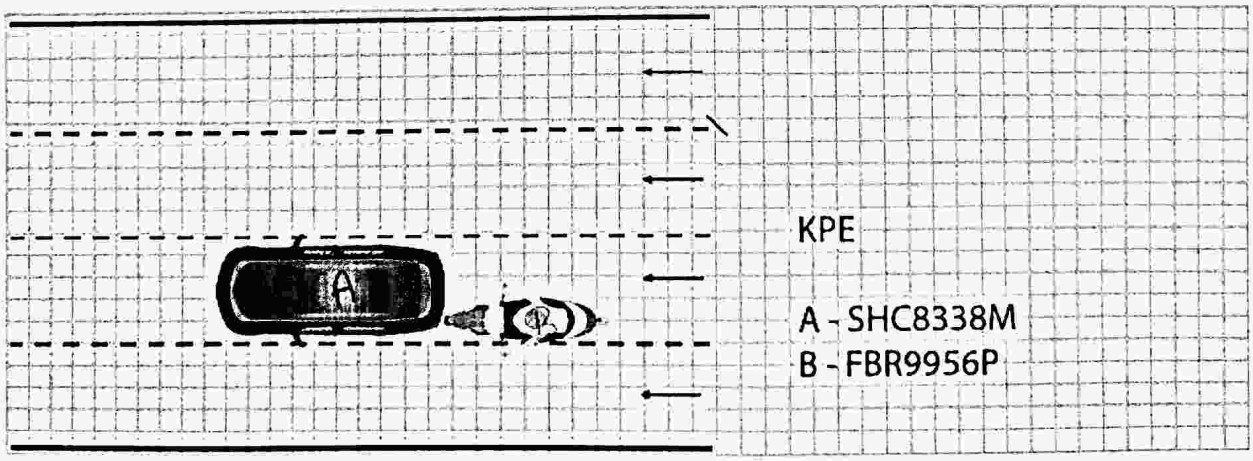
19/6/23

FLASH ACCIDENT REPORTING OFFICER
FRO HAKIM

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date& Time	Witnessed by Reporting CentrePersonnel

Sketch Plan

10.45am



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 17/06/23 AT ABOUT 1400HRS I WAS DRIVING VEHICLE (A) SHC8338M ALONG KPE TOWARDS CITY.AS I WAS DRIVING VEHICLE (B) FBR9956P COLLIDED ONTO MY REAR.NOBODY WAS INJURED.

Declaration

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

19/6/23
10 45 am

FLASH ACCIDENT REPORTING OFFICER
FRO HAKIM

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date& Time	Witnessed by Reporting CentrePersonnel