

(08/11/13) wef

ASS. REC. BY: / Taufikh

REF:

NS/INC23006322/Tqp3

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS up

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

awayVeh No: SH6317E Yr Regn: 2020, AugType: M.Car / M.Cycle / Bus / Van / Lorry ○ Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 204505 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH C85/CV64 190733Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Oil / S/Rim / STD A/Rim orTyre Size: F: 145/65 R15R: 216/25

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

TOYO / YOKO or WanfahFront 6 mm Rear 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 21/6/25Survey held at Confert Logg

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

Frt + N/S

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

Date / Time Action / Instruction

Taufikh finalised LS \$3400, 2 days. (Red \$2764.56, 45%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 11/07 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format : TPLump Sum ~~H.B.H.~~ (\$ 3400)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SH6317E

DATE 20.06.2023

MAKE REG. 21.08.2021

MODEL : HYU IONIQ G3

INCOME
CHIANG/M'SIAN

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER			de \$481.10
1	FRONT BUMPER MOULDING CENTRE			cut \$368.50
1	FRONT BUMPER GRILLE LH			cut \$186.90
1	FRONT DAY RUNNING LIGHT LH			X \$642.50
1	FRONT BUMPER BRACKET LH			? \$41.40
1	HEADLAMP LH			cut \$2,110.30
1	HEADLAMP SUPPORT PANEL			? \$949.30
1	FRONT FENDER LH			bt \$588.80
1	FRONT FENDR SHIELD LH			X \$164.70
1	FRONT FENDR EMBLEM RH			new \$28.80
1	FRONT WHEEL CAP LH			cut \$346.40
10	FRONT BUMPER CLIPS			\$2.20 new \$22.00
	SUB TOTAL			\$5,930.70
	20.00%			\$1,186.14
	DISCOUNTED TOTAL			\$4,744.56
	Labour Charge			
	Panel Beating			350 \$700.00
	Spray Paint			500 \$600.00
	Reset Front Wheel Alignment			✓ \$60.00
	Check lighting			30 \$60.00
	TOTAL LABOUR			\$1,420.00
	ESTIMATE TOTAL			\$6,164.56
	Tayfikha 97495749 up 21/6/23 @ 4pm C/S rising after repair fuphi C Khantoun -2 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 Acknowledged by Repairer Signature: Date:			
	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.			

Date/Time: 21.06.2023 13:06

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5901086

JC NO305558288

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

JUNT CARD NO.

REGN NO.:

SH 6317E

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G3)

DATE/TIME IN
21.06.2023 10:05

YR OF MANU.

06.08.2020

TARGET DATE

CHASSIS CODE

KMHC851CVLU190733

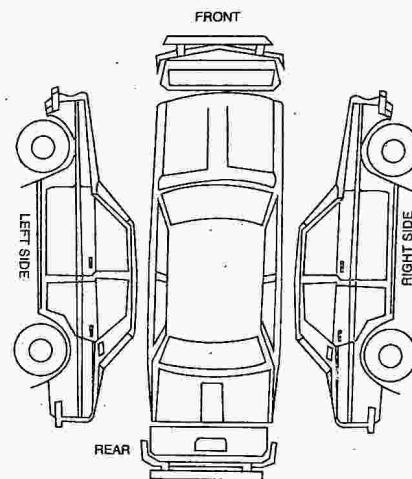
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.06.2023

ATURE: 3P 20.06.2023

NO LABOR CODE DESCRIPTION



VED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

o.: SH 6317E

CHIANG

Vehicle No.:

SH 6317E

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	21/06/2023 08:29 (SGT)
Reported by	Actual Driver
Date of Accident	20/06/2023 17:00 (SGT)
Exact Location of Accident	Clementi Rd, Singapore
Additional Location Information	TOWARDS DOVER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6317E

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) +65-91542928
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 - Reporting only
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	KASMIN BIN KASIL
NRIC No	SXXXX592D
Date Of Birth	28/05/1966
Occupation	Outdoor

Date Of Driving Pass	09/02/1989
Driving experience	34 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91542928
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 252 HOUGANG AVE 3 #04-356
Address complement	-
Postcode	530252
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)	3
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

PASSENGER 2

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 20/06/23 AT ABOUT 1700HRS I WAS DRIVING VEHICLE (A) SH6317E ALONG CLEMENTI ROAD TOWARDS DOVER ROAD. AS MY INTENTION WAS TO TURN RIGHT INTO COMMONWEALTH AVE WEST, MY PASSENGER INSTRUCTED ME TO GO STRAIGHT, SO I MADE A LEFT LANE CHANGE AND WHEN I WAS DRIVING STRAIGHT, VEHICLE (B) SKM8306S COLLIDED ONTO MY LEFT PASSENGER DOOR. 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

Vehicle Registration Number	SKM8306S
Vehicle Manufacturer	Kia
Vehicle Model	Cerato
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO PENG FUN
Contact Number	(Phone) +65-91001995
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:

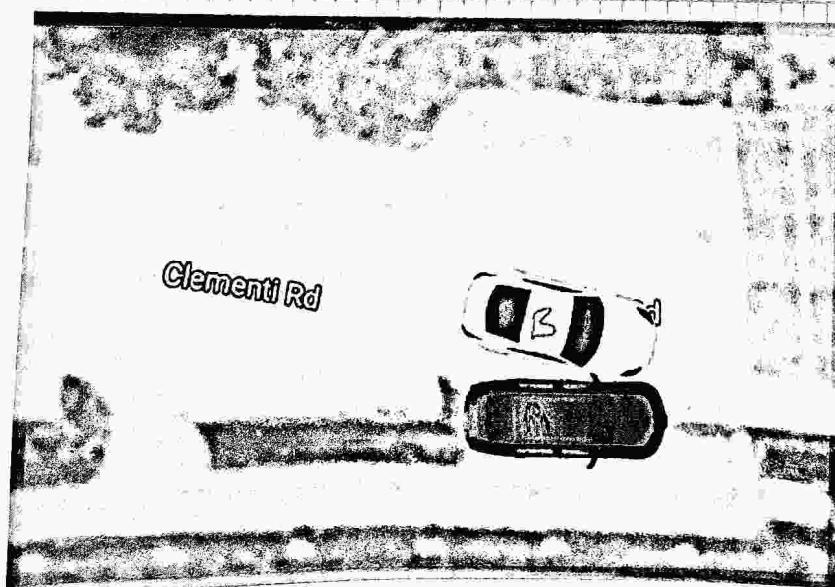
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/ean 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



CLEMENTI ROAD
TOWARDS DOVER
ROAD

A - SH6317E
B - SKM8306S

Describe Circumstances of the Accident

ON 20/06/23 AT ABOUT 1700HRS I WAS DRIVING VEHICLE (A) SH6317E ALONG CLEMENTI ROAD TOWARDS DOVER ROAD. AS MY INTENTION WAS TO TURN RIGHT INTO COMMONWEALTH AVE WEST, MY PASSENGER INSTRUCTED ME TO GO STRAIGHT, SO I MADE A LEFT LANE CHANGE AND WHEN I WAS DRIVING STRAIGHT, VEHICLE (B) SKM8306S COLLIDED ONTO MY LEFT PASSENGER DOOR. NOBODY WAS INJURED.

Declaration

I/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

Witnessed by Reporting Centre Personnel

[Signature] 20/06/23
19.15 pm

