	15/5/2010		7 110	0731 10	1007	.KK:	
	INS. CASE OWNER:		CC 3 / LUR 1800	171 /	() ()	DAC:	
	Surveyor:	ANR	DOI:	WENT 18 4 8	Date / Time :	20/8	1.0
	Pre-assign / CCU / I				Registered in Merime	n: >0 1	110
		(CF (1175 U				
	Insured Vehicle No.	:		Claim No.	:		-
HH	Name of Insured	-:		Policy No.	:		
	Insured Tel No.	: I	HP:	Make / Model	:	*	
	Excess Sec II :S\$		D.O.A: 17 18	Place of Accide	nt:		
	Is driver the owner?	CO-ME ALE	Nature of Accident :				
	If NO, Driver Name	,		OI OIL DEDOT	T. MEG /NO . TD G	IA DEDODT, VEC /N	
	Driver Tel No		(V/L: YES / NO)	Insured Liabilit		IA REPORT: YES / No Final ? Yes / No	O
	GA	0	(V/L. 1L5 / NO)	msured Liabilit	y . /6 F	mai: ics/No	
	SHC 2833 H	>				→	
	INSRS: () WSP: () Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
	Date/ Time						
		(NET 8734 NTALLA	P(000) 74631 11 - 000	× 22/1/10	STAGE	DATE / I	PIC
3.5		246 10 1 H 1 1 1 1 1 1 1	11000 16031 11 100): //(/(0	Non-Reporting ltr (1st) Non-Reporting ltr (2nd		
		JU 4138 11 X			Non-Reporting Itr (Fin		
					Notification ltr (if non-	-pickup):	
			*		Call OI: After call ltr to OI:		
					Documentation Chec	k List: Handler Ty	pist
		•			Notification ltr (if non-		
- 7					After call ltr to OI:		
					Authorisation To Act:		
					Release Voucher: Final Repair Bill:		
					Car Rental Invoice:		
					Towing Invoice	2.3	
					LTA/GIA:		
	1.1				Medical Bill:		
					PIR:		8.6
			11		Mandate/Reject Insti	ruction:	
		The state of the s			Payment Breakdown	ı Form:	
PRELI	MINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
					Others:		
		Date/Time:	Confirm with:		Confirm by:		
Repair (COLUMN TO SERVICE AND ADDRESS OF THE PARTY O	S\$ (Date/Time:	days) Reduction: Confirm with	%	The state of the s	Email Call Call	
Final Li			Assessed) BOLA S/N No. :		Email Call If NO or B 28, Ass.	T is:	
Repair (S\$			11 110 01 D 20, FASS.	LIALE .	
	Rental (LOR):	S\$ (days)				
	Use (LOU):	S\$ (\$ x	days)				
	Income (LOI):	S\$ - (\$ x	days)	-7			
LOR on	ly LOU only 'A Search	LOR+LOU LO	OR + LOI [Tick only on	ej			
Medical		S\$			1) Claim status: Nor	rmal/Reject/Private Sett	tle
Disburs		S\$	(e.g. Tow/ Independe	nt)	2) Report Format:	3.7	
Legal C	ost	S\$			3) Survey fee:		4
Total:	DAMAGNET	S\$	Global Sum SS:		P 3		
	PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1	: (Strike if N.A.)	S\$ S\$	Name 1: Name 2:			* 4	
	S: (Strike if N.A.)	S\$	Name 3:	* *			187
Securitarios de la constante d	THE RESERVE TO SHARE THE PARTY OF THE PARTY	Company of the compan				Control of the last of the las	

11/13)	
8 melli: Kalvin	
	GNMENT
- 7m:	veh No: SHC 3833H Yr Regn: 3/Ac, 2514
Es imatelCost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tag / Prime Mover /
OD ITPNS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspet/ehicle No:	Make: Hundi ZX c.c 1685
at Workstop m/s	Colour Blue A/C: Inspired/Std/NI/NA
10	
Ins Ired:	- U VIST
Pol acy Na	Eng/No:
Claims No.	CNO: KM HLB X14MF4062659
	Gen. Cond: Good / Fair / Poor / Burnt
	Steering: Inorder / Jammed / Leaked / Burnt or
(⊂lient'sRecord) Make of Veh;	Brake: Inoder / Jammed / Leaked / Burnt or
Marcol Ital,	Modi: Nil / S/Rim / STP A/Rim or
	Tyre Size; F: 25/66116
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/
	точо луоко ог Мер Исе
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. + mm L/Bal. + mm
Est. Repairs: days Res.: Yes or No	D.O.A. 27/5/18 D.O.I. 28/5/18
Lum Sum: % 3 Val.: Yes or No	Survey held at (DGE (Lo young)
CA J.REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: 'IN / OUT	- ler
	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	AZ6
	45
	72
i, ,	
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Data/Time, File Return to?	Transportation:
2) Add Fee:	
Add ree	: Interview (\$) Photos
Report Format:	: Tech. Invs (\$) Others
Lump Su m / I.B.I: (\$:Weekend (\$
)	: VVeekend (4
	IVIAL

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

REGN NO. SHC3833H

MAKE HYUNDAI

YR OF MANU. 2. 2014

CHASSIS CODE KMHLB41UMFU062659

MODEL 1-40

24 Senoko Loop Singapore 758158 7 Sungai Kadut Way Singapore 728791 6 Defu Avenue 1 Singapore 539537

Date/Time: 328.05.20180010:30

MILEAGE

FUEL

Page: 1

E.....F

COMPLETION DATE/TIME:

08.2018 09:50

TARGET DATE

eam: . ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305165124

TOMER

MS

COMFORT TRANSPORTATION PTE LTD

7010045

TOMER NO. 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755 (R)

(O)

(P)

COUNT CARD NO.

JOB DESCRIPTION

ccident Date: 27.05.2018 ATURE: 3P 27.05.2018

/NO

LABOR CODE

DESCRIPTION

ECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
wledgement Slip	Exit Pass		
: h.: e No.: SHC3833H LKE	Vehicle No.: SHC3833H		
of Service Advisor Signature/Date returned to Service Reception upon collection	Name of Service Advisor To be kept by Security Guard	Date	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.			
ALE SEED INVOLVENIEN	ACCIDENT STATEMENT		
Date Of Report	28/05/2018 08:12		
Date Of Accident	27/05/2018 05:35		
Exact Location Of Accident	BUANGKOK GREEN TWDS CTE CITY X YIO CHU KANG RD		
Country/State of Loss	SINGAPORE		
THE RESERVE OF THE PARTY OF THE	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SHC3833H		
Insured/Policyholder			
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD		
Co Reg No	199303821R		
Email Address	FLEETSAFETY@CDGTAXI.COM.SG		
Mobile Phone No			
Alternative Phone No	OFFICE-65508768		
Vehicle Particulars			
Manufacturer	HYUNDAI		
Model	140		
Exact Purpose for which vehicle was being used at time of accident			
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	THIRD PARTY		
Vehicle Category	TAXI		
Insurance Company			
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD		
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT		
Fleet Policy	YES		
Policy Number	MCOM0015		
Cover Note Number			
Driver			
Name of Driver	LOW SOON SENG		
NRIC No	S0118378H		
Date Of Birth	23/04/1950		
Occupation	OUTDOOR		
Date Of Driving Pass	23/09/1970		
Driving Experience	47 YEARS AND 8 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-97954650		
Fax Number			
Contact Number			

NOEMAIL