

INS. CASE OWNER:

CC 3 / BW 180 15929 / KLASZ

LKK:

IDAC:

Surveyor:

Amk

DOI:

ASSIGNMENT

31/8/2018

Date / Time:

31/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A.:

27/8/2018

Place of Accident :

Is driver the owner? ( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SHA 6620 X



INSRS:

WSP:

Tel:

Liability:

RMKS:

One 10yrs.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHA 6620 X - CS3/FCL 30/9988/Sg/dl: P/A. 21/10/13

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

RECEIVED 04 SEP 2018

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent )

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

COPY SENT  
4/9/18



## 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 Authorised 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 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.

### ACCIDENT STATEMENT

Date Of Report	28/08/2018 10:07
Date Of Accident	27/08/2018 22:30
Exact Location Of Accident	CTE(CITY) BEFORE AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6620X
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	SONATA
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
<b>Insurance Company</b>	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN KIAN ANN
NRIC No	S8111474I
Date Of Birth	25/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/03/2007
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90189412
Fax Number	
Contact Number	
EMail Address	MICHAEL81@SINGNET.COM.SG

Address	57 13-1364 NEW UPPER CHANGI ROAD
Postcode	461057
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SERANGOON NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

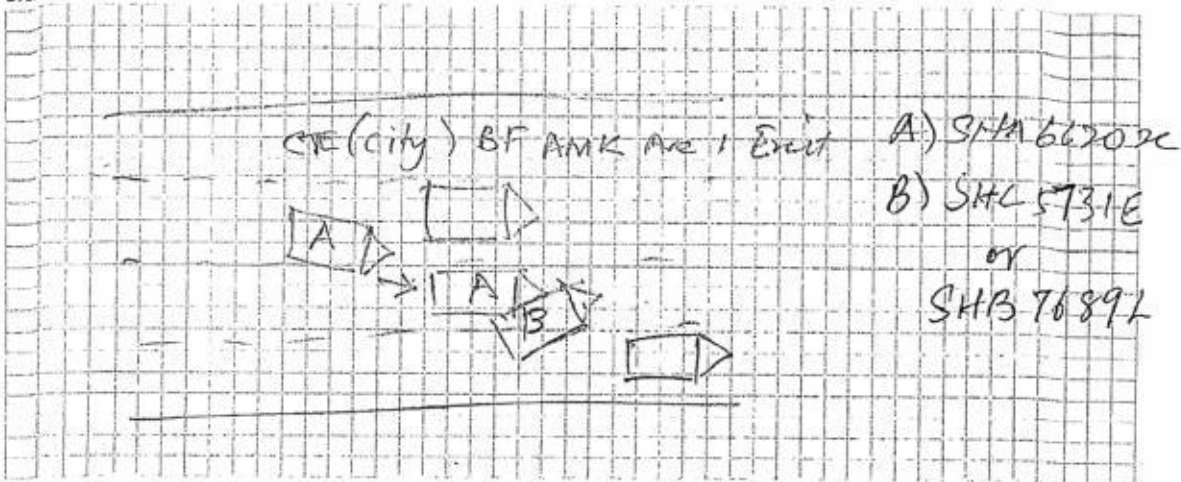
#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5731E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/2018 0827/2202

Note: I was able to track SHC5731E from the video footage and was able to compare the same number with footage at time of collision to be ~~SXXXXPRED~~. I was advised by reporting officer to update the above info to the police for further investigation.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]*  
S R Moorthy  
CSO 28/8/18

5/2018 0827/2202



**SINGAPORE  
POLICE FORCE**



T/20180827/2202

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

1 of 3

Report No. T/20180827/2202

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/08/2018 23:30	Vide Report No.:	Station Diary No.: 128
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Informant's Particulars			
Name of Informant: TAN KIAN ANN		Address: APT BLK 57 NEW UPPER CHANGI ROAD #13-1364 SINGAPORE 461057	
ID Type / ID No.: NRIC NO / S8111474I		Contact No.: Home/Office: Mobile: 90189412	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 25/04/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/08/2018 22:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY towards City before Ang Mo Kio Avenue 1 exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA6620X	Taxi	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue	Slightly Damaged	0



SINGAPORE  
POLICE FORCE



T/20180827/2202

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

2 of 3

Report No. T/20180827/2202

CONTINUATION OF REPORT

**Brief Details.**

On the 27/08/2018 at about 2230hrs, I was driving my taxi SHA6620X along CTE towards city on the 3rd lane when suddenly a red taxi from my right cut into my lane, collided with my taxi and sped off towards Ang Mo Kio Avenue 1 exit. I tried to follow the taxi however the driver drove off very fast and I eventually lost the taxi at the exit. I am not sure which turn the taxi made after the exit. I then stopped my taxi and discovered that the front right bumper has scratches arising from the collision earlier. I then called my company who advised me to lodge a police report and send the taxi tomorrow morning to the workshop to retrieve the in car camera footage. I am not sure of the taxi registration number except that it is red in color. That is all.

SHA7522P  
Com fort  
Witness video to download.





**SINGAPORE  
POLICE FORCE**



T/20180827/2202

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

3 of 3

Report No. T/20180827/2202

CONTINUATION OF REPORT

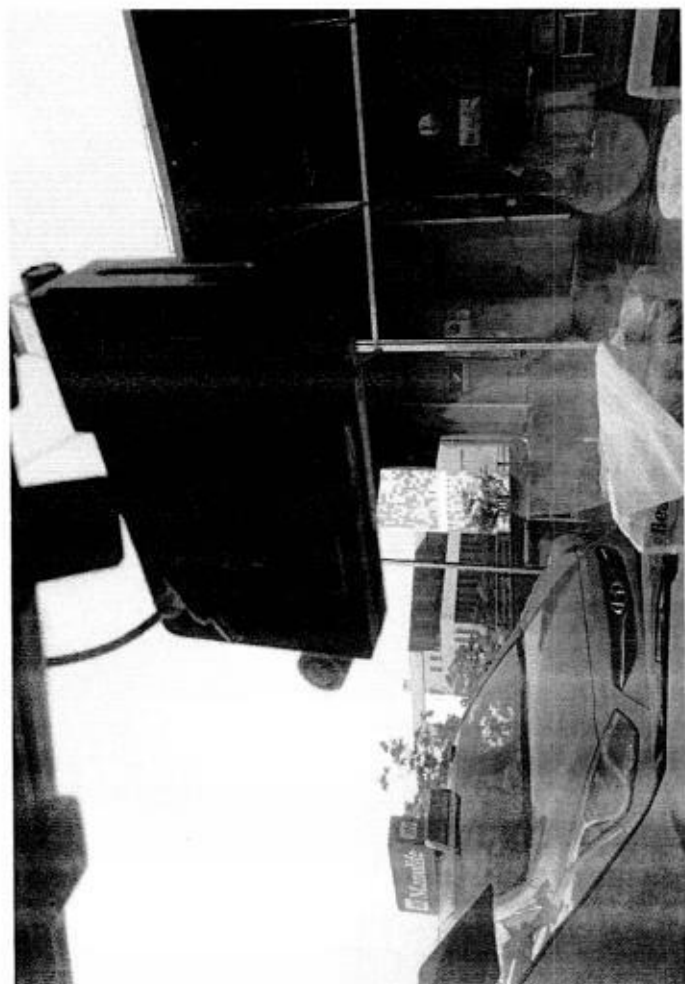
**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sgt WAN MOHAMMAD KAMIL BIN MOHD NAFFIS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2018 23:30
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case: SI 1151
Authentication Stamp NP168	Signature:





REPAIR ESTIMATE\*

VEHICLE NO : SHA 6620X

DATE 28/8/2018 12:38

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
16	Front Bumper Cover X rep			\$ 538.80
	Front Bumper Bracket (RH) X rep			\$ 20.10
	Front RH Fender x rep			
	SUB TOTAL			\$ 558.90
	LESS 20%			\$ 111.78
	DISCOUNTED TOTAL			\$ 447.12
	Labour Charge			
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 500.00
	TOTAL LABOUR			\$ 880.00
	ESTIMATE TOTAL			\$ 1,327.12
<p>Kahn 10/11/18</p> <p>30/8/18 1505 hrs</p> <p>2 Part,</p> <p>4/1</p> <p>After Repair p ltr</p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a 'Without Prejudice' basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary work, must be resurveyed and is subject to final approval from insurance company</li> </ul> <p>Acknowledged by Repairer:</p> <p>Signature:</p> <p>Date:</p>				
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.				

Team: KH ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305205236

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

JUNT CARD NO.

REGN NO.

SHA6620X

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

SONATA

DATE/TIME IN

28.08.2018 08:00

YR OF MANU

31.05.2011

TARGET DATE

CHASSIS CODE

KMHET41VMBA811473

COMPLETION DATE/TIME:

## JOB DESCRIPTION

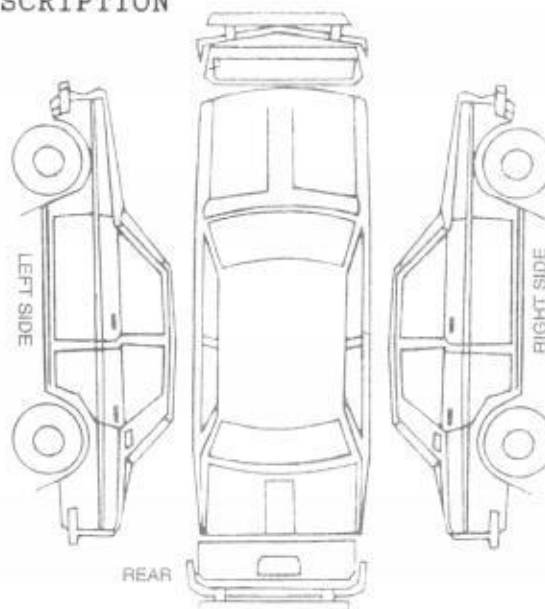
Accident Date: 27.08.2018

NATURE: 3P 27.08.18

S/NO LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHA6620X

JU AXA

Vehicle No.:

SHA6620X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305205236

Date : 31/08/2018

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA6620X

Date of Accident : 27/08/2018

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: AXA --- SHC5731E  
###

2. The finalized amount shall be:

(a) Spare Parts after List discount \$0.00

(b) Labour Charges ### \$500.00

**Total for Part-By-Part Repair Cost** P/P \$500.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**Final Lumpsum Repair cost**

3. Estimated normal period for repairs: 2 working days

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : KALVIN

Date : 31/8/18

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

>48 HRS END - INDEPENDENT SURVEYOR

Final Amount Subject to Insurance Approval

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305205236  
REGN NO : SHA6620X  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : SONATA  
DATE OF REGN : 31.05.2011  
DATE/TIME IN : 28.08.2018 08:00  
ACCIDENT DATE : 27.08.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING- FRT. 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

SUB-TOTAL : 500.00

TOTAL : 500.00

\_\_\_\_\_  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

REPAIR ESTIMATE\*

VEHICLE NO : SHA 6620X

DATE 28/8/2018 12:38

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>X rep</i>			\$ 538.80
	Front Bumper Bracket (RH) <i>X su</i>			\$ 20.10
	<i>Front RH Fender x repair</i>			
	SUB TOTAL			\$ 558.90
	LESS 20%			\$ 111.78
	DISCOUNTED TOTAL			\$ 447.12
	Labour Charge			
	Panel Beating			\$ <del>380.00</del> <i>100</i>
	Spray Painting Charge			\$ <del>500.00</del> <i>400</i>
	TOTAL LABOUR			\$ 880.00
	ESTIMATE TOTAL			\$ 1,327.12
<p><i>Kahr 10/10/18</i></p> <p><i>30/8/18 1505 hrs</i></p> <p><i>2 Reps</i></p> <p><i>Up</i></p> <p><i>After Repair photo</i></p> <div data-bbox="940 1420 1418 1800" data-label="Text"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "no prejudice" basis</li> <li>• No illegal modification allowed</li> <li>• Supplementary work must be surveyed and is subject to approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>				
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.				




# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
COMFORTDELGRO ENGINEERING PTE LTD		Ref : CC3/QW18015929/K1a3s2		
59 LOYANG DRIVESINGAPORE 508969		Date : 06-09-2018		
		Code : QW007		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	Veh. Inspected		SHA 6620X	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		31/08/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	KMHET41VMBA811473	Colour	BLUE	
Odometer	674576	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/60R16	HANKOOK	7 mm	
L/H Front Tyre	215/60R16	HANKOOK	7 mm	
R/H Rear Tyre	215/60R16	HANKOOK	7 mm	
L/H Rear Tyre	215/60R16	HANKOOK	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	27/08/2018	Inspection Date	30/08/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		





## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 6620X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	538.80	-
1	FRONT BUMPER BRACKET (RH)	NOT NECESSARY	20.10	-
1	FRONT RH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-111.78	-
			447.12	-
<b>LABOUR</b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT RH FENDER.		380.00	100.00
	SPRAY PAINTING CHARGE.		500.00	400.00
			880.00	500.00
<b>GRAND TOTAL</b>			<b>1,327.12</b>	<b>500.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>500.00</b>

Report Ref No. CC3/QW18015929/K1a3s2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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