

ASS. REC. BY:

REF: CS/TMI/96/3211/ E4f302

**Special Instruction:**

Surveyor: Kalvin

**ASSIGNMENT (Office)**

From (Person): Pina Can Del Sony of TM2

Date/Time: 26.7.19 11.28 p.m.

Estimated Cost:

Bill to:

OD-~~(TP)~~WS+TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: 54 9797 4

Insured: SKR 962

at Workshop m/s Comfort delgro

Tel: 62148300

of 59 Ioyang Dove

Policy No: MT 106252

Claim No: M190576

Sum Insured:

Excess:

Make of Veh:

D.O.A. 26.7.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 2.7.19 4:45 p.m.

Person Contacted: Jumadi

Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SH 97974 - CC3/ C1117008728/ H1u b3n2 DOA - 28/04/17
	SKR 96Z -X

(08/11/13)

Surveyor: Kalvin

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected 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 Rpt: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SH 9797H Yr Regn: 22 Dec 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 C.C. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 275361 T/Radio: Insured / Std / NI / NA

Eng/No.: \_\_\_\_\_

C/No: KMH1B8X14MH409726X

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD AD Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Hand Cook

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 25/7/19 D.O.I. 26/7/19Survey held at CHE (Loyang)

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

o/s B.L.

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

Date / Time	Action / Instruction
29/7/19	Chk 1 P/P 9797H / 2016. (Red: 2380 - 08 70%)
	Tokio 19
	RECEIVED 29 JUL 2019

Date/Time, File Pass to?

1) 29/7 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)Survey Fee: 290

Transportation: \_\_\_\_\_

S + RS: \$ \_\_\_\_\_

11

261

ASS. REC. BY:

REF: CS/TMI/9613211/ EHF302

Special Instruction:

Surveyor : Kalvin

ASSIGNMENT (Office)

From (Person):

Pronghorn Deer Song

of TM1

Date/Time: 26.7.19 11.28 p.m

Estimated Cost:

Bill to:

OD (TP) WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

54 9797 4

Insured:

SLR 962

at Workshop m/s

Comfort del giro

Tel:

62148300

of

59. Iyong Dove

Policy No:

MT 106252

Claim No:

11190576

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 26.7.19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

26.7.19 4.55 p.m.

Person Contacted:

Jumadi

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SH 97974 - CC3/ C1117008728/ H106302 DOA - 28/04/17
	SKR 96Z -X

Surveyor: Kalvin

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected 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 Rpt: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SH 9797H Yr Regn: 22 Dec 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /

Truck / Trailer or

Make: Hyundai 2.0 C.C. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 275361 T/Radio: Insured / Std / NI / NA

Eng/No.: \_\_\_\_\_

C/No: KMH LBK / 4MH409726X

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Plant Cook

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 25/7/19 D.O.I. 26/7/19Survey held at CPGE (Loyang)

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

o/s B.L.

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

Date / Time	Action / Instruction
29/7/19	<u>Chk 1 P/P 9797/20p.</u>
	<u>(Red: 2380-08 70%)</u>

RECEIVED 29 JUL 2019

Date/Time, File Pass to?

☐ : Preli. Report  
☒ : Final Report
1) 29/7 Typist

Date/Time, File Return to?

2) \_\_\_\_\_

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

Survey Fee:

Transportation:

S + RS. \$

Add Fee: ☐ Site Insp (\$☐ (S + RS) \$

Total:

<u>290</u>

## ...CLAIM SUBFOLDER...(New Assignment)

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Jul 2019 Sendback Est	26 Jul 2019 14:32 S\$3,377.08	26 Jul 2019 16:28 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b>									
Insured:	KR PERFORMANCE PTE LTD, Co. Reg. No.: 201406200E								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SH9797H	Date of Loss:	25/07/2019 22:00 - :59 [31 Months and 3 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1905676	Policy/Cover Note No.:	MT106252 (Comprehensive) Coverage: 26/09/2018 - 25/09/2019						
Vehicle Reg. No. (Insured):	SKR96Z	Policy No. (Claimant):	D-18088936MFSH						
		Excess:	\$0.00						
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Fiona Gan Bee Song - 65926378]								
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 06/08/2019]								
Adj Asg. Remarks:	1. OI HAS NOT FILED SAS 2. SVY ON WITHOUT PREJUDICE BASIS								
<b>ASSOCIATED MAIL RECEIVED</b> <a href="#">View All</a> <a href="#">Compose Case Mail</a>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 25-7-19 Time Received: 2330		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Mr Kiong Contact No. : 84091033 Vehicle No. : SH9797H Make / Model / Colour : 140 Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	
7. Location: 225C Compassvale Walk				8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:				10. Odometer Reading : Fuel Level : F 1/4 1/2 3/4 E	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested				12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : LIM Vehicle No. : GR55662 Time Dispatch : Time of Arrival : Time Completed :	
13. Cash Invoice No. :				14. WORKSHOP	

Cash Invoice Details (if applicable)

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.  
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.  
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

25-7-19 Date		2335 Time		Signature of Customer	
Name of Attending Staff/Guard		Date & Time of Arrival		Signature of Attending Staff/Guard	
CUSTOMER'S COP					

COMFORT DELGRO  
ENGINEERING  
1) SHD 67214

Date/Time: 26.07.2019 12:50 Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO.: 305320068

CUSTOMER  
MS  
STOMER NO.  
ADDRESS  
(R)  
(P)

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (O)

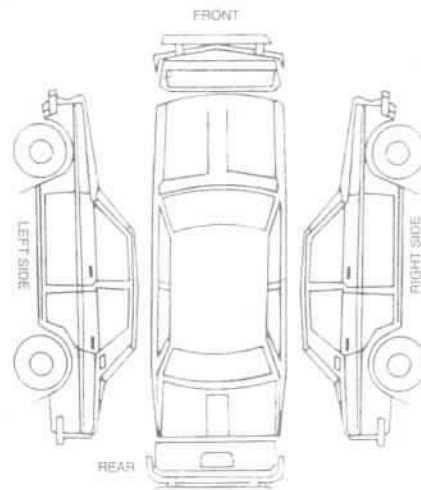
REGN NO.: SH 9797H	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 25.07.2019 23:30
YR OF MANUF 22.12.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU097264	COMPLETION DATE/TIME:

COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 25.07.2019  
NATURE: 3P 25.07.2019

S/NO	LABOR CODE	DESCRIPTION
		TOKIO - Right Side Mirror, Right 'A' pillar, RHF Door Glass
		Lpc/Falun -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 9797H

LARRY

Vehicle No.: SH 9797H

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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 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 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 Report	26/07/2019 11:41
Date Of Accident	25/07/2019 22:00
Exact Location Of Accident	CTE TWDS SLE AFTER BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9797H
<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

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	WONG PAN HAE JOSEPH
NRIC No	S1366154E
Date Of Birth	29/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	28/02/1996
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84091033
Fax Number	
Contact Number	
EMail Address	JOSEPHPHWONG@GMAIL.COM



Address	BLK 225C COMPASSVALE WALK #12-351
Postcode	543225
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 (including own vehicle) involved in the accident	2
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### Details of Police Action

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

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20190726/2030 \* TYPE OF ACCIDENT :- HIT & RUN

#### 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	SKR96Z
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	

Address ✓

Postcode

Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

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 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 centre 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 192261221R

Policyholder's Signature  
 Date & Time:

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

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

GIARMC SketchPlanForm, V3

4-8 8-4  
 3-0 0-3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report  
T/20190726/2030.

## DECLARATION

CO, REG. NO. 199303821R

Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

Loke Wei Yieng



**SINGAPORE  
POLICE FORCE**



T/20190726/2030

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3

Report No. T/20190726/2030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/07/2019 10:56		Vide Report No.:		Station Diary No.: 43
<b>Informant's Particulars</b>				
Name of Informant: WONG PAN HAE JOSEPH		Address: APT BLK 225C COMPASSVALE WALK #12-351 SINGAPORE 543225		
ID Type / ID No.: NRIC NO / S1366154E		Contact No.: Home/Office: Mobile: 84091033		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 60	Date of Birth: 29/05/1959	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/07/2019 22:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY SELETAR EXPRESSWAY CTE TOWARDS SLE AFTER BRADDELL EXIT				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy		
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
SH9797H	TAXI				Slightly Damaged	2
SKR96Z	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190726/2030

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

2 of 3

Report No. T/20190726/2030

**CONTINUATION OF REPORT**

Driver			
Name	WONG PAN HAE JOSEPH	ID No.	S1366154E
Related Vehicle	SH9797H (TAXI)	Contact No.	84091033
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above date, time and location, I was the driver of Comfort Taxi bearing registration number, SH9797H.

While I was driving on the 2nd lane of the right, somewhere along CTE towards SLE after Braddell Exit, a white BMW saloon car bearing plate number, SKR96Z, cut into my lane from the extreme right lane had made contact with my rear right side mirror. The vehicle then did not stop and continue driving. The contact caused my side mirror to dislodge and flew off.

I wish to state that I have the in-car footage of the incident and have submitted to my company. Additionally, the vehicle was driving in a dangerous manner.



**SINGAPORE  
POLICE FORCE**



T/20190726/2030

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No: T/20190726/2030

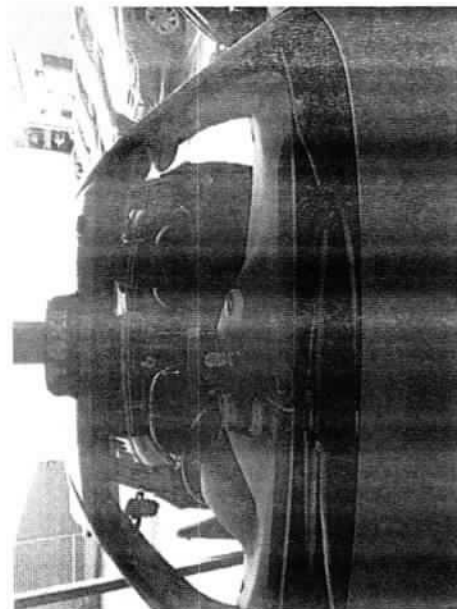
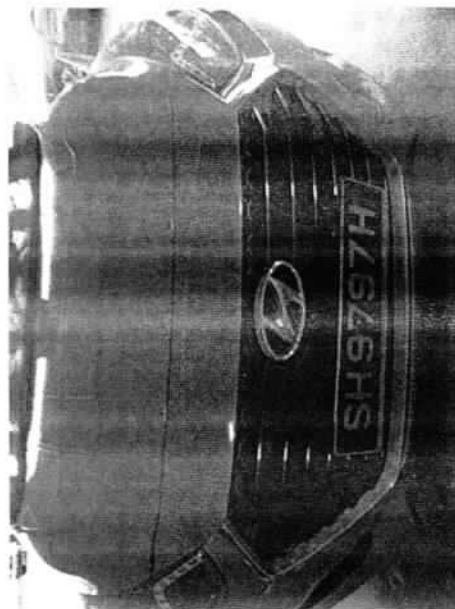
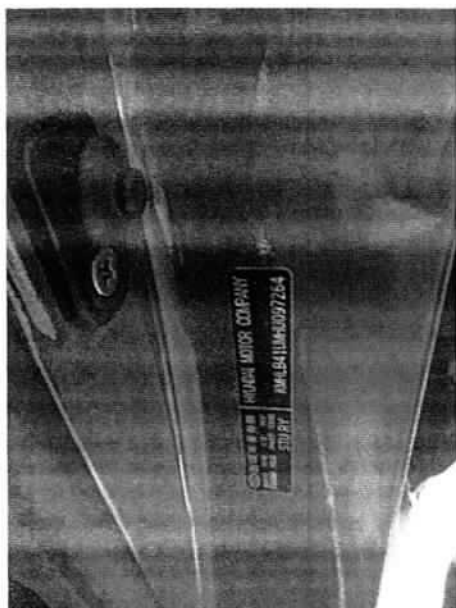
**CONTINUATION OF REPORT**

**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: G / Sgt 2 MUHAMMAD IQBAL BIN JUNAIDI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2019 10:56
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	<p>SIGNATURE</p>





**ComfortDelGro Engineering Pte Ltd** (Co.Reg.No:199506048W)

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300

**TP**  
**INSURER:** **Tokio Marine Insurance Singapore Ltd (HQ)**  
**COMFORT TRANSPORTATION PTE LTD**

Singapore

**Claimant**  
**Insurer:** **MS First Capital Insurance Ltd**

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	25/07/2019
Vehicle Reg. No.:	SH9797H	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	WONG PAN HAE JOSEPH		

Make/Model:	HYUNDAI I40, 1.7 GDI (A)	Vehicle Reg. Date:	22/12/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU695234	Chassis No:	KMHLB41UMHU097264
Odometer:	276361 KM		

Paint Type:  
List Item 20.00 %

Empty Ng



Discount:

Total Loss? **NO**

Est. Duration

of Repair 3

(day)

REFER POLICE REPORT NO: T/20190726/2030

Description of

Accident/Loss \* TYPE OF ACCIDENT :- HIT &amp; RUN

Present

COMFORTDELGRO ENGINEERING PTE LTD

Location:

(LOYANG)

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	2,276.08
Miscellaneous Items	11.00
Labour	1,090.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>3,377.08</b>
<b>+ GST 7.00% (S\$)</b>	<b>236.40</b>
<b>Nett Amount (S\$)</b>	<b>3,613.48</b>

**This claim is handled by: NG NYUK PHIN***Generated using Merimen e-Claims Internet Estimation & Adjusting System*

# REPAIR DETAILS

## Reference

<b>Part Source:</b>	(Last Synchronised: 26 Jul 2019)	
<b>Parts:</b>	N/A	HYUNDAI I40 1.7 GDi (A) (Model not available in database)
<b>Labour:</b>	Repairer's (Price-denominated Standard List)	
<b>Print Code:</b>	<b>ComfortDelGro Engineering Pte Ltd/SH9797H/26/07/2019 14:32</b>	
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

## Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*SIDE MIRROR - RH <i>Broken</i>	20.00	0.00	*670.00 FL
2	1		*FRONT WINDSCREEN PILLAR OUTER - RH <i>X repair</i>	20.00	0.00	*1,745.50 FL
3	1		*FRONT WINDSCREEN MOLDING - RH <i>X sm</i>	20.00	0.00	*113.30 FL
4	1		*FRONT DOOR GLASS - RH <i>X sm</i>	20.00	0.00	*316.30 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$)	2,845.10
- List Item Discount on L Items (\$)	569.02
<b>Total Parts (\$)</b>	<b>2,276.08</b>

**ComfortDelGro Engineering Pte Ltd/SH9797H/26/07/2019 14:32.** Not valid without Reference section.

Generated using **Merimen e-Claims IEAS**

Larry Ng

# Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<b>Miscellaneous Items</b>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

## Estimates on Labour

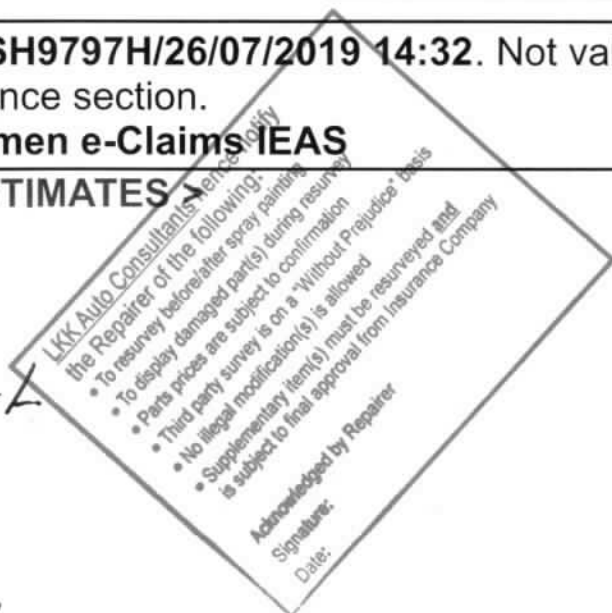
No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	<sup>200</sup> <del>400.00</del>
2	SPRAY PAINTING	New	<sup>250</sup> <del>400.00</del>
3	TUFF KOTE	New	<del>x 80.00</del>
4	REMOVE/REFIX FRONT WINDSCREEN	New	<del>x 150.00</del>
5	TOWING FEE	New	60.00 x
Gross Labour Cost (S\$)			1,090.00

ComfortDelGro Engineering Pte Ltd/SH9797H/26/07/2019 14:32. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalvin 11/4/19  
 26/7/19 1505L  
 26/7/19  
 P/P  
 Before Paint p/Lt



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305320068

Date : 27. Jul. 2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No : SH 9797H


Date of Accident: 25. Jul. 2019

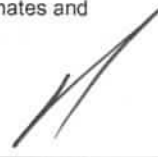
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: TOKIO SKR96Z
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$536.00
(b) Labour Charges	\$461.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$997.00</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
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 : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature :   
Name : Kahl  
Date : 29/7/19

## 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				
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 27.07.2019

REPAIR ESTIMATE

Time: 12:52:46

Page: 1

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

JOB NO : 305320068  
REGN NO : SH 9797H  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 22.12.2016  
DATE/TIME IN : 25.07.2019 23:30  
ACCIDENT DATE : 25.07.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

---

PART REQUISITION

---

0001 04-01-0103-0594-C 140VC MIRROR ASSY-RR VIEW 1 670.00 20.00 536.00

SUB-TOTAL : 536.00

---

JOB NATURE

---

0000 L MERIMEN FEE 11.00

0001 PB PANEL BEATING 200.00

0002 23-502 SPRAYPAINT ON AFFECTED AREA 250.00

SUB-TOTAL : 461.00

TOTAL : 997.00

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

### ...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	26 Jul 2019 <a href="#">Sendback Est</a>	26 Jul 2019 14:32 <b>S\$3,377.08</b>	26 Jul 2019 16:28 <a href="#">Edit Adj Rpt</a>	<b>S\$997.00</b> <a href="#">Edit Estimates</a>	<b>S\$997.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b>									
Insured:	<b>KR PERFORMANCE PTE LTD</b> , Co. Reg. No.: 201406200E								
Main Claimant:	<b>COMFORT TRANSPORTATION PTE LTD</b> , Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	<b>SH9797H</b>	Date of Loss:	25/07/2019 22:00 - :59 [31 Months and 3 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / M1905676</b>	Policy/Cover Note No.:	MT106252 (Comprehensive) Coverage: 26/09/2018 - 25/09/2019						
Vehicle Reg. No. (Insured):	<b>SKR96Z</b>	Policy No. (Claimant):	D-18088936MFSH						
		Excess:	S\$0.00						
Repairer:	<b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	<b>Tokio Marine Insurance Singapore Ltd (HQ)</b> - Tel: 6221 6111 ... [Handled by <b>Fiona Gan Bee Song</b> - 65926378]								
Claimant's Insurer:	<b>MS First Capital Insurance Ltd (HQ)</b> - Tel: 62222311								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KALVIN ANG WEI KUN</b> ] ... [Final Rpt due 06/08/2019]								
Adj Asg. Remarks:	1. OI HAS NOT FILED SAS 2. SVY ON WITHOUT PREJUDICE BASIS								
<b>ASSOCIATED MAIL RECEIVED</b> <a href="#">View All</a> <a href="#">Compose Case Mail</a>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

SH9797H (M1905676)  
[SKR96Z]  
TP  
COMFORT TRANSPORTATION PTE LTD  
Jul 25 2019 10:00PM  
[KR PERFORMANCE PTE LTD]  
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View		View in Browser		▼		
Assessment Reports										1 per page		▼		<input checked="" type="checkbox"/>	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)									Thumbnail	Print			
1	26/07/19 11:48	Accident Statement									Load HTM				
2	26/07/19 14:32	Repairer Estimates									Load HTM				
Photos/Images										3 per page		▼		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)									Thumbnail	Print			
1	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
2	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
3	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
4	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
5	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
6	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
7	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
8	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
9	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
10	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
11	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
12	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
13	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
14	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
15	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
16	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
17	29/07/19 08:05	General View									Load JPG	<input checked="" type="checkbox"/>			
18	30/07/19 08:30	Reinspection Photo									Load JPG	<input checked="" type="checkbox"/>			
19	30/07/19 08:30	Reinspection Photo									Load JPG	<input checked="" type="checkbox"/>			
20	30/07/19 08:30	Reinspection Photo									Load JPG	<input checked="" type="checkbox"/>			

## Linked Accident Report Documents

										View <input type="button" value="View in Browser"/>	
Assessment Reports										1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)								Thumbnail	Print
1	26/07/19 11:48	Accident Statement								Load HTM	
Photos/Images										3 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)								Thumbnail	Print
1	26/07/19 11:47	Accident Photo								Load JPG	<input checked="" type="checkbox"/>
2	26/07/19 11:47	Accident Photo								Load JPG	<input checked="" type="checkbox"/>
3	26/07/19 11:47	Accident Photo								Load JPG	<input checked="" type="checkbox"/>



Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail Print
4	26/07/19 11:47	Accident Photo		Load JPG <input checked="" type="checkbox"/>
5	26/07/19 11:47	Accident Photo		Load JPG <input checked="" type="checkbox"/>
6	26/07/19 11:47	Accident Photo		Load JPG <input checked="" type="checkbox"/>
7	26/07/19 11:47	SCENE		Load JPG <input checked="" type="checkbox"/>
8	26/07/19 11:47	SCENE		Load JPG <input checked="" type="checkbox"/>
9	26/07/19 11:47	SCENE		Load JPG <input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail Print
1	26/07/19 11:46	Sketch Plan		Load TIF

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
<b>Show Remarks To:</b> <input type="checkbox"/> Repairer <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/TMI19013211/K1TF3E2

Date: 05/08/2019

## REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MT106252

Claimant Vehicle No : SH9797H

Insured Vehicle No : SKR96Z

Date of Loss: 25/07/2019

Nature of Claim: TP Claim No: M1905676

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SH9797H

Make &amp; Model: HYUNDAI I40, 1.7 GDi (A)

Engine No: D4FDGU695234

Reg. Date: 22/12/2016 (Man. Year: 2016)

Chassis No: KMHLB41UMHU097264

Colour: Blue

Odometer: 275361 km

Engine Capacity: 1685 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Good Steering (Serviceable): Yes Footbrake (Serviceable): Yes  
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition: Average

## CONDITION OF TYRES

Front Tyre Size: 205/60 R16

Rear Tyre Size: 205/60R16

Front Left Side: Hankook 7 mm

Rear Left Side: Hankook 7 mm

Front Right Side: Hankook 7 mm

Rear Right Side: Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,276.08	536.00	1,740.08	76.45
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,090.00	450.00	640.00	58.72
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>3,377.08</b>	<b>997.00</b>	<b>2,380.08</b>	<b>70.48</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>236.40</b>	<b>69.79</b>	<b>166.61</b>	<b>70.48</b>
<b>Nett Amount (S\$)</b>	<b>3,613.48</b>	<b>1,066.79</b>	<b>2,546.69</b>	<b>70.48</b>

## INSPECTION

Date of Assignment: 26/07/2019 Present Location:

ComfortDelGro Engineering Pte Ltd  
(Loyang)

Date Inspected: 26/07/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd  
(Loyang)  
59 Loyang Drive  
Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

*NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.*

## REPAIR DETAILS

<b>Reference</b>		
<b>Part Source:</b>	(Last Synchronised: 02 Aug 2019)	
<b>Parts:</b>	N/A	HYUNDAI I40 1.7 GDi (A) (Model not available in database)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SH9797H)	
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*SIDE MIRROR - RH	Broken	670.00 FL	*670.00 FL
2	1		*FRONT WINDSCREEN PILLAR OUTER - RH	Repair	1,745.50 FL	*- FL
3	1		*FRONT WINDSCREEN MOLDING - RH	Serviceable	113.30 FL	*- FL
4	1		*FRONT DOOR GLASS - RH	Serviceable	316.30 FL	*- FL

F=Franchise part. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>2,845.10</b>	<b>670.00</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>569.02</b>	<b>134.00</b>
<b>Total Parts (\$\$)</b>	<b>2,276.08</b>	<b>536.00</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<b>Miscellaneous Items</b>				
1	1	OD/TP Case (Insurer)	11.00	11.00
<b>Sub Total (\$\$)</b>			<b>11.00</b>	<b>11.00</b>

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING	New	400.00	250.00
3	TUFF KOTE	New	80.00	0.00
4	REMOVE/REFIX FRONT WINDSCREEN	New	150.00	0.00
5	TOWING FEE	New	60.00	0.00
<b>Gross Labour Cost (\$\$)</b>			<b>1,090.00</b>	<b>450.00</b>

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;