

ASS. REC. BY:

Ram

REF:

NSI/INC 20004869/ PAF3

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: SLU 53584

Policy No. 5106049188-01 (05/11/2019-04/11/2020)

Claims No. MT/1090468-002

Sum Insured:

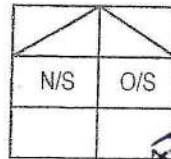
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



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:

SHC 1879P

Yr Regn:

19/12/2019

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

Truck / Trailer or

Make:

Hyundai i30

c.c 1580

Colour:

blue

A/C:

Insured / Std / NI / NA

Sp. Reading:

18869

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMH C851CVL U190282

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:

195/65 R15

R:

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

TOYO / YOKO or

DAVANTI

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

1/04/2020

D.O.I.

2/04/2020

Survey held at

comfort & new library

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

O/S rear & rear

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

Date / Time

Action / Instruction

SHC 1879P - CSIFCI 17005163 / H11m2 DOA - 11/03/2017
SLU 53584 - X

N/TUC P/P

R/P: \$1766.12 / = with 3 repair days

confirm on 24/4/2020 with LIKE

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Report Format:

Lump Sum / LPH (\$

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.		Date of Accident	01/04/2020 09:28
Vehicle No.(For Motor)	SLU5358H	Certificate Number	
Search			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5106049188-01		TAN HUAN CHUN	S7831760D	GPC	drivo CLASSIC	SLU5358H	SLU5358H	05/12/2019	04/12/2020

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

JOB NO : 305391800
 REGN NO : SHC1879P
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 19.12.2019
 DATE/TIME IN : 02.04.2020 11:05
 ACCIDENT DATE : 01.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1 L	459.40	20.00	367.52	DEF
0002 04-01-0104-2532-G	IONIQVC BRACKET ASSY-RR B	1 L	55.80	20.00	44.64	Xnm
0003 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	rec
0004 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1 L	451.25	20.00	361.00	Scr
0005 04-01-0104-2578-G	IONIQVC GUARD-REAR WHEEL	1 L	73.60	20.00	58.88	Xnm
0006 04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1 N	50.00	2.00-	50.00	rec

SUB-TOTAL : 899.64

JOB NATURE

0000 L	PANEL BEATING (repair rr fender Rh)	500.00	\$480
0001 23-502	SPRAYPAINT ON AFFECTED AREA	450.00	\$400
0002 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	\$30
0003 20-22	REMOVE/REFIX REVERSE SENSOR	80.00	\$60

SUB-TOTAL : 1,080.00

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:

Ram (LKK)
 2/4/2020 15:30
 Paresram@lkksg.com
 88622728
 Ref paint + photo
 (3) parados

Date/Time: 02.04.2020 14:33 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305391800

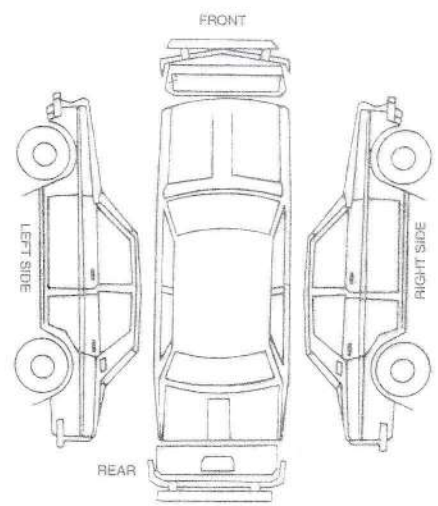
OWNER	COMFORT TRANSPORTATION PTE LTD	REGN NO:	SHC1879P	MILEAGE
AS	7010045	MAKE:	HYUNDAI	FUEL
OWNER NO	383 SIN MING DRIVE	MODEL	IONIQ(G3)	E.....1/2.....F
RESS	Singapore SINGAPORE 575717	YR OF MANU.	19.12.2019	DATE/TIME IN
(R)	65508755	CHASSIS CODE	KMHC851CVLU190282	02.04.2020 11:05
(P)	(O)			TARGET DATE
				COMPLETION DATE/TIME:

NTUC

Accident Date: 01.04.2020
NATURE: 3P 01.04.2020

JOB DESCRIPTION

3/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Delivery Slip
No.: SHC1879P LKE 

Exit Pass
Vehicle No.: SHC1879P

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	02/04/2020 13:41
Date Of Accident	01/04/2020 21:40
Exact Location Of Accident	ALONG BUKIT BATOK ST 21 TWDS BUKIT BATOK CENTRA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1879P
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
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	TEO JONG HEN @ TEOW JONG HEN
NRIC No	SXXXX090D
Date Of Birth	31/10/1956
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1980
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91124431
Fax Number	
Contact Number	
EEmail Address	JHTEO3110@GMAIL.COM

Address	BLK 211 BUKIT BATOK STREET 21 #03-246
Postcode	650211
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	SIDE SWIPE
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?	YES
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED

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	SLU5358H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HUAN CHUN FRANCIS
NRIC/Passport Number	
Contact Number	87495297
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TEO JONG HEN @ TEOW JONG HEN
Approximate Age	64
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SHC1879P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Name	TEO JONG HEN @ TEOW JONG HEN
Approximate Age	64
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SHC1879P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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.
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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.
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, investigation, 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. 199303821K

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.: 02 APR 2020

A = SHC 1879P

B = SLU 5358H
(CHOLDA)

BURCH SATON, CENTRAL

[Handwritten signature]



BURCH SATON, ST 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

[Handwritten signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

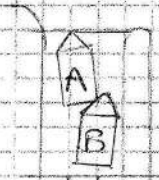
02 APR 2020

A = SHC 1879P

B = SLU 5358H
(CHOWA)

BUCAR SATON, CENTRAL

[Handwritten signature]



BUCAR SATON, ST 21

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

[Handwritten signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 02 APR 2020

Describe Circumstances of the Accident.

On the 01/04/2020 @ 21:40hrs, I was driving along Bukit Batok St 21 with no passenger on board my taxi.

I stop before the stopping line and when suddenly there's an impact from behind my taxi.

I step out to check and found out a vehicle of SLU5358H left front portion had collided onto my taxi right rear portion of taxi.

I felt slight pain on my neck and will consult doctor later.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821K

Policyholder's Signature/Date &
Time

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

Olivia Weep

Witnessed by Reporting
Centre Personnel

02 APR 2020

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 02 Apr 2020

Company

821R

SHC1879P

No

02 Apr 2020

HYUNDAI

AE IONIQ HEV FL 1.6 DCT

Blue

2019

G4LEKU409938

KMHC851CVLU190282

103.6 kW (138 bhp)

\$25,351.00

19 Dec 2019

19 Dec 2019

0

\$12,492.00

Yes

18 Dec 2027

\$9,369.00

18 Dec 2027

A - Car up to 1600cc & 97kW (130bhp)

8

\$25,581.00

\$24,652.00

\$34,021.00

OK

**COMFORTDELGRO
ENGINEERING**Our Job Ref No 305391800Date : 24.04.20ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156**FINALIZATION FORM**To : LKK

Fax :

Attn : Mr RAMVehicle Reg No. SHC1879P CTPL01.04.20

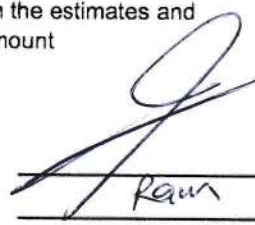
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SLU5358H
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$796.12
 - (b) Labour Charges \$970.00
 - Total for Part-By-Part Repair Cost** \$1,766.12
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost _____

3. Estimated normal period for repairs: 3 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 amountSignature : Name : LIM KWOK ENGTel : 62148316Fax : 65468156Signature : Name : RamDate : 24/4/2020**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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:
