

ASS. REC. BY: Pam REF: \_\_\_\_\_

**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)

<del>XXX</del>	
N/S	O/S

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: SHB 4128J Yr Regn. 29/10/2015  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai 140 c.c. 1685  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 458813 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLG41UM5U080200  
 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: 205/60 R16  
 R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Hankook

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm

D.O.A. 08/04/2020 D.O.I. 9/04/2020

Survey held at comfortdelia (Loyang)

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

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

Date / Time	Action / Instruction

NTUC  
LS

Date/Time, File Pass to?  : Preli. Report  
 : Final Report

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_ \$ + RS. \_\_\_\_\_ \$  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_


Report Format: \_\_\_\_\_  
 Lump Sum / L&L: \_\_\_\_\_

*Lke*

*NTM C*

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

JOB NO : 305392726  
 REGN NO : SHB4128J  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 29.10.2015  
 DATE/TIME IN : 08.04.2020 15:20  
 ACCIDENT DATE : 08.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1 L	1,052.20	20.00	841.76	<i>PEF</i>
0002	04-01-0103-0637-G	I40VC BRKT ASSY-FR BPR UP	1 L	22.40	20.00	17.92	<i>NEC</i>
0003	04-01-0103-0639-G	I40VC BRACKET-FR BUMPER S	1 L	24.60	20.00	19.68	<i>XUN</i>
0004	04-01-0103-0632-G	I40V2 COVER-FR BUMPER SID	1 L	93.60	20.00	74.88	<i>XUN</i>
0005	04-01-0103-2164-G	I40V3 GRILLE ASSY-RADIATO	1 L	1,480.00	20.00	1,184.00	<i>SCR</i>
0006	04-01-0103-2175-G	I40V3 SYMBOL MARK-H	1 L	39.50	20.00	31.60	<i>NEC</i>
0007	FNPS	FRT NO PLATE(S)	1 N	25.00	10.00	22.50	<i>MS</i>
0008	FNPS	FRT NO PLATE(S) TRIM COVE	1 N	30.00	10.00	27.00	<i>MS</i>
0009	04-01-0103-0781-A	I40VC LAMP ASSY-HEAD LH#	1 L	1,388.00	20.00	1,110.40	<i>SCR</i>

SUB-TOTAL : 3,329.74

JOB NATURE

0000	L	PANEL BEATING (repair Bonnet)	450.00	<i>\$420</i>
0001	23-502	SPRAYPAINT ON AFFECTED AREA	450.00	<i>\$400</i>

**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:

**Workshops**

59 Loyang Drive Singapore 508969  
 383 Sin Ming Drive Singapore 575717  
 45 Pandan Road Singapore 609286

24 Seroko Loop Singapore 758150  
 7 Sungai Kadut Way Singapore 728791  
 501 Yishun Industrial Park A Singapore 768732

Date/Time: 09.04.2020 09:09 Page : 1

Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

JC NO.: 305392726

COMER  
 AS COMFORT TRANSPORTATION PTE LTD  
 COMER NO. 7010045  
 RESS 383 SIN MING DRIVE  
 Singapore SINGAPORE 575717  
 (R) 65508755 (O)  
 (P)

REGN NO: <b>SHB4128J</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>I-40</b>	DATE/TIME IN <b>08.04.2020 15:20</b>
YR OF MANU. <b>29.10.2015</b>	TARGET DATE
CHASSIS CODE <b>KMHLB41UMGU080200</b>	COMPLETION DATE/TIME:

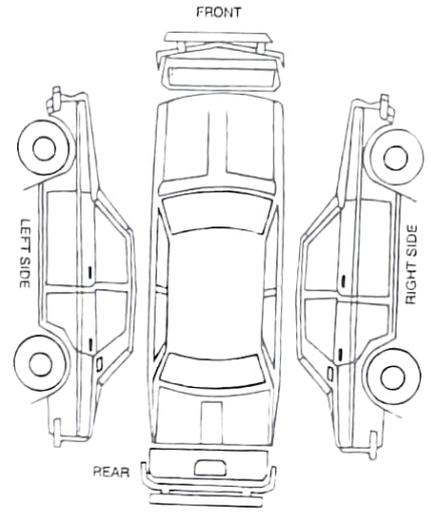
NTUC

OUNT CARD NO.

Accident Date: 08.04.2020  
 NATURE: 3P 08.04.2020

JOB DESCRIPTION

S/NO                      LABOR CODE                      DESCRIPTION



BOOKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR

\_\_\_\_\_  
 CUSTOMER'S SIGNATURE

Delivery Slip  
 No.: **SHB4128J**                      **LKE**  
 Signature/Date: **RAM**

Exit Pass  
 Vehicle No.: **SHB4128J**

Signature of Service Advisor  
 To be turned to Service Reception upon collection

Name of Service Advisor  
 Date  
 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	09/04/2020 08:26
Date Of Accident	08/04/2020 11:40
Exact Location Of Accident	NEWTON HAWKER CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4128J
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### Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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	NEO ENG SWEE
NRIC No	SXXXX102B
Date Of Birth	20/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1983
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90121026
Fax Number	
Contact Number	
Email Address	REXNEO168@GMAIL.COM

Address	BLK 348D YISHUN AVENUE 11 #10-607
Postcode	764348
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	COLLISION - HEAD ON COLLISION
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)	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

REFER ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU520M
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHENG SHILEI NATALIE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH
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 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.

CONFIDENTIAL INFORMATION  
DO NOT REVEAL TO ANYONE



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

Olivia Wendy

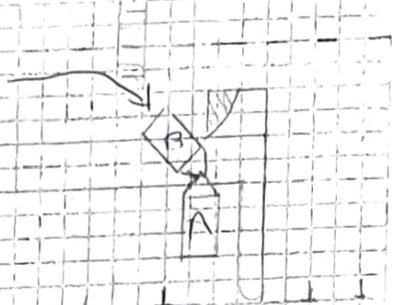


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

08 APR 2020

Policyholder's Signature  
Date & Time:

A = SHB 2128J



B = SLU 520M  
(Audi)

*[Handwritten signature]*

NEWTON  
HANDEK  
CENTRE

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Statement as per attached.

**DECLARATION**

We declare the foregoing particulars are true in every respect.

COMBINSURE (SINGAPORE) PTE LTD  
CO. REG. NO. 199003421R

*[Handwritten signature]*

Olivia Wendy

*[Handwritten signature]*

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. 00 APR 2020



REPAIR ESTIMATE

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

JOB NO : 305392726  
 REGN NO : SHB4128J  
 MILEAGE : 000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 29.10.2015  
 DATE/TIME IN : 08.04.2020 15:2  
 ACCIDENT DATE : 08.04.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0002 17-01 CHECK ALL LIGHTING	50.00				
0003 20-00 TUFF COAT ON AFFECTED PARTS.	50.00				<del>500</del> \$30
SUB-TOTAL :					1,000.00
TOTAL :					4,329.74

MVA NAME & SIGNATURE  
 DATE :

AUTHORISED : YES / NO  
 SURVEYOR NAME & SIGNATURE  
 DATE :

Ram(LKK)  
 9/4/2020 1540  
 Ram@lkkauto.com  
 APT repair photo  
 LKS  
 3 repair 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:

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