# ASSIGNMENT

From: Date:	Veh No: SHO3178K Yr Regn: 0463/2016				
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
To Inspect Vehicle No:	Make: Hyundar 1 10 c.c 1685				
al Workshop m/s	Colour A/C: Insured / Std / NI / NA				
of	Sp.Reading 593 710 T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.					
Claims No.	Gen. Cond: Good / Fair 7 Roor / Burnt				
Sum Insured: Excess:	Steering: (Inorder ) Jammed / Leaked / Burnt or				
(Client's Record)					
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or				
(Policy Condition)	Tyre Size: F:				
Remark: The veh had commenced its N/S O/S					
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or				
Bal. or Market Value:	Front				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. C R/Bal C				
GIA / PR Seen: Consistent?: Yes or No	L/Bal.				
Est Repairs: days Res.: Yes or No	D.O.A. 09/04/2020 D.O.I. 13 04/2020				
Lum Sum: % 3 Val.: Yes ;or No					
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear ) O/S / N/S / U/C / Rooftop or				
Vehicle: IN / OUT	Theat 1 013 1 1413 1 UIC 1 ROOMop of				
	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time   Action / Instruction					
	NTC				
	(N.1 se)				
	(US)				
,					
Date/Time, File Pass to? : Prell. Report Di	ays Of Repair:				
	PSURVOY No. of T.				
Pate/Time, File Return to?					
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# COMFORTDELGRO ENGINEERING PTE LTD

### REPAIR ESTIMATE\*

VEHICLE NO

MAKE

: SHD3178K

: HYUNDAI

DATE:

13. Apr. 2020

: 140 MODEL 9. Apr. 2020 NTUC DOA: Qty Parts Description/Labour Type **Unit Price Amount** 1 Rear Bumper PEF-\$553.00 10 Rear Bumper Clips WCC-\$2.20 \$22.00 1 Rear Bumper Sponge \$103.50 1|Rear Bumper Reinforcement √× ~~ \$428.40 2 Rear Bumper Reinforcement Brackets LH/RH \$80.30 \$160.60 1 Rear Bumper Undercover \$228.00 \$1,495.50 **SUB TOTAL LESS 20%** \$299.10 \$1,196.40 **DISCOUNTED TOTAL** \$50.00 Nett 1 Rear Bumper Rubber Mat well -1|Reverse Sensor 🏗 ≺ ო ト \$135.70 Nett \$100.00 \$200.00 Nett 2 Advertisement – Rear Fenders – RH/LH LOC \$385.70 Labour Charge \$300.00 \$280 1 Panel Beating \$250.00\$200 1 Spray Painting Charge 1 Wiring Charge \$60.00 1 Remove/refix Reverse Sensor \$100.00\$60 Larry No **TOTAL LABOUR** \$710.00 ESTIMATE TOTAL \$2,292.10 KK Auto Consultants hence notify
The Response in the above vehicle. The final repair quantum will resurvey be a refer প্ৰস্থিত venture is surveyed by a motor Surveyor appointed by the insurance company. aged part(s) during resurvey 2 Jean der S 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

Acknowledged by Repairer

is subject to final approval from Insurance Company

Signature:

Date:

# COMFORTDELGRO ENGINEERING

COMPORIDELCRO

7010045

383 SIN MING DRIVE

13.04.2020 10:44

Page: 1

JOB CARD ARC Repair TP(CLSO)1

Sales Order:

50 NO 305393131

1400060

SHD3178K

ComfortDelGro Engineering Pte Ltd

HYUNDAI

CATIS TIME IN 13.04.2020 09:30

MILEAGE

I-40 THE OF MANE

PARGET DATE

04.03.2016

COMPLETON DATE THAT KHILB41UMGU085464

Accident Date: 09.04.2020

65508755

NATURE: 3P 09.04.2020

COMPORT TRANSPORTATION PTE LTD

Singapore SINGAPORE 575717

JOSEPTION.

TAKE PHOTOGRAPH

BEFORE LAFTER

SPRAY PAINT

c \ HO

CONTRACT PARACE

LABOR CODE

DESCRIPTION

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

SHD3178K

Vehicle No.:

Exit Pass

SHD3178K

le No

of Service Advisor

Signature/Date

LARRY

Name of Service Advisor

Date

To be kept by Security Guard

returned to Service Reception upon collection

http://odayle2cry.1-82/Runtime/Runtime/Form/CDG.VARS.Form.AccidentReportRequ... 09/04/2020

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Reserver of Inscuration Company

MS FIRST CAPITAL INSURANCE LTD

Typin Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Diesel Phillips

AES

Photory Nurveises

D. 1409RREMAKE DAL

Cover North Norther

CHIVE

Name of Driver MOHAMED YAZIO BIN DAUD

 NRIC No.
 \$300002552

 Dave Of Birth
 \$00007562

 Choopation
 OutDoors

 Davi Of Driving Place
 09002011

Orving Experience 8 YEARS AND 2 MONTHS

Curvita: MALE

Mobile Number (LOCAL) +65-98808952

Fass Nurrisban

Contact Norther

Elidari Astrinos. NOEMAL

ACCTORS.

Positiode

西島

Was driven an employee of the Insured's Compan

IT NO PRINCE OF THE DOVER DELIVERY PAST LIPS OTHER - VANI DRIVER

Vertical Registrator Number

S Own

General Information of the Accident

WHE OH ADDIGHTS COLLISION - HEAD TO REAR

CLEAR

Poad Surface Newster Condition DAY

Other Information

Was any foreign vehicle involved in this accident? Ö

SECTION trappose and in paydov of vehicles (including own vehicle)

Was arry body injured in the Accident? O

ambulance Was any injured conveyed to hospital by Z

Was any other material or property damaged? YES

soliciting/offering accident claims assistance I have been approached by unknown person(s) Z O

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? O

If Yes, Please state which Police Station

Was notice of intended Prosecution given? O

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? YES

Remarks/ Reasons:

Was there any audio recorded? **Z** 

Vehicle Registration Number GBJ821X

VAN

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

MR CHIANG

96891271

NRIC/Passport Number

Name of Driver

Contact Number

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- I his Form must be completed by the Policyholder and/or the Authorised Driver
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- 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.
- 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.
- 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 aforesald.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 setout 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 polico), 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 outlisde 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.

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 .:

Section.

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	particulars are true in every	respect.		
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Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No .:

Name:

Reporting Centre Personnel's Signature

# ASSIGNMENT

From: Date:	Veh No: SHO3178K Yr Regn: 0463/2016				
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
To Inspect Vehicle No:	Make: Hyundar 1 10 c.c 1685				
al Workshop m/s	Colour A/C: Insured / Std / NI / NA				
of	Sp.Reading 593 710 T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.					
Claims No.	Gen. Cond: Good / Fair 7 Roor / Burnt				
Sum Insured: Excess:	Steering: (Inorder ) Jammed / Leaked / Burnt or				
(Client's Record)					
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or				
(Policy Condition)	Tyre Size: F:				
Remark: The veh had commenced its N/S O/S					
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or				
Bal. or Market Value:	Front				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. C R/Bal C				
GIA / PR Seen: Consistent?: Yes or No	L/Bal.				
Est Repairs: days Res.: Yes or No	D.O.A. 09/04/2020 D.O.I. 13 04/2020				
Lum Sum: % 3 Val.: Yes ;or No					
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear ) O/S / N/S / U/C / Rooftop or				
Vehicle: IN / OUT	Theat 1 013 1 1413 1 UIC 1 ROOMop of				
	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time   Action / Instruction					
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Date/Time, File Pass to? : Prell. Report Di	ays Of Repair:				
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# COMFORTDELGRO ENGINEERING PTE LTD

### REPAIR ESTIMATE\*

VEHICLE NO

MAKE

: SHD3178K

: HYUNDAI

DATE:

13. Apr. 2020

: 140 MODEL 9. Apr. 2020 NTUC DOA: Qty Parts Description/Labour Type **Unit Price Amount** 1 Rear Bumper PEF-\$553.00 10 Rear Bumper Clips WCC-\$2.20 \$22.00 1 Rear Bumper Sponge \$103.50 1|Rear Bumper Reinforcement √× ~~ \$428.40 2 Rear Bumper Reinforcement Brackets LH/RH \$80.30 \$160.60 1 Rear Bumper Undercover \$228.00 \$1,495.50 **SUB TOTAL LESS 20%** \$299.10 \$1,196.40 **DISCOUNTED TOTAL** \$50.00 Nett 1 Rear Bumper Rubber Mat well -1|Reverse Sensor 🏗 ≺ ო ト \$135.70 Nett \$100.00 \$200.00 Nett 2 Advertisement – Rear Fenders – RH/LH LOC \$385.70 Labour Charge \$300.00 \$280 1 Panel Beating \$250.00\$200 1 Spray Painting Charge 1 Wiring Charge \$60.00 1 Remove/refix Reverse Sensor \$100.00\$60 Larry No **TOTAL LABOUR** \$710.00 ESTIMATE TOTAL \$2,292.10 KK Auto Consultants hence notify
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Acknowledged by Repairer

is subject to final approval from Insurance Company

Signature:

Date:

# COMFORTDELGRO ENGINEERING

COMPORIDELCRO

7010045

383 SIN MING DRIVE

13.04.2020 10:44

Page: 1

JOB CARD ARC Repair TP(CLSO)1

Sales Order:

50 NO 305393131

1400060

SHD3178K

ComfortDelGro Engineering Pte Ltd

HYUNDAI

CATIS TIME IN 13.04.2020 09:30

MILEAGE

I-40 THE OF MANE

PARGET DATE

04.03.2016

COMPLETON DATE THAT KHILB41UMGU085464

Accident Date: 09.04.2020

65508755

NATURE: 3P 09.04.2020

COMPORT TRANSPORTATION PTE LTD

Singapore SINGAPORE 575717

JOSEPTION.

TAKE PHOTOGRAPH

BEFORE LAFTER

SPRAY PAINT

c \ HO

CONTRACT PARACE

LABOR CODE

DESCRIPTION

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

SHD3178K

Vehicle No.:

Exit Pass

SHD3178K

le No

of Service Advisor

Signature/Date

LARRY

Name of Service Advisor

Date

To be kept by Security Guard

returned to Service Reception upon collection

http://odayle2cry.1-82/Runtime/Runtime/Form/CDG.VARS.Form.AccidentReportRequ... 09/04/2020

#### 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 witholding 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

ACCIDENT STATEMENT	
09/04/2020 15:14	
09/04/2020 12:50	
SILOSO RD TWDS RASA SENTOSA HOTEL	
SINGAPORE	
DETAILS OF OWN VEHICLE	
SHD3178K	
COMFORT TRANSPORTATION PTE LTD	
1XXXXX821R	
FLEETSAFETY@CDGETAXI.COM.SG	
OFFICE-65508768	
HYUNDAI	
140	
t .	
NO	
THIRD PARTY	
TAXI	
MS FIRST CAPITAL INSURANCE LTD	
THIRD PARTY FIRE AND/OR THEFT	
YES	
D-18088936MFSH	
MOHAMED YAZID BIN DAUD	
SXXXX255J	
10/06/1982	

Date Of Driving Pass 09/02/2011

9 YEARS AND 2 MONTHS **Driving Experience** 

MALE Gender

Mobile Number (LOCAL) +65-98808952

Fax Number

Contact Number

**EMail Address NOEMAIL** 

BLK 430B VISHUN AVENUE 11 Acidress.

#52-408

762436 Positiode

Was driven an employee of the Insured's Company

OTHER - YANI ORIVER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Waterunder

traurence Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Appident

CLEAR Wester Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was arry injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

NO

NO

NO

NO

NO

Remarks/ Reasons:

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBJ821X Vehicle Registration Number VAN Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

MR CHIANG Name of Driver

NRIC/Passport Number

96891271 Contact Number

Address

Postcode

Insurance Company Name

**FRONT** Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

## IMPORTANT NOTICE

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Lunderstand, acknowledge, agree and consent that:

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  - (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 outlisde of Singapore, for one or more of the above Purposes.
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  - (ii) for complying with requirements under any regulations, laws or court orders.

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 .:

Section.

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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.: