

ASS. REC. BY: Tanph

REF:

INC

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)

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD4769Z Yr Regn: 2013 / July

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

Truck / Trailer or

Make: Hyundai 140 c.c 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 955741 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMD4 038777

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insider / Jammed / Leaked / Burnt or

Brake: Insider / Jammed / Leaked / Burnt or

Modi: Nil / SR / STD A/Rim or

Tyre Size: F: 205/60R16

R: 205/60R16

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

TOYO / YOKO or Hankook

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 15/4/20 D.O.I. 16/4/20

Survey held at Comfort Laying

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

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

Date / Time Action / Instruction

TP INC: FBR1964T

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Form: _____

Lump Sum / L.B.H. () _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation

\$ + RS \$

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 16.04.2020

Time: 10:06:06

Page: 1/2

TS

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

JOB NO : 305393358
 REGN NO : SHD4769Z
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 31.07.2013
 DATE/TIME IN : 15.04.2020 16:50
 ACCIDENT DATE : 15.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0593-U	FRT DOOR LH	1	2,256.40	20.00	1,805.12	dt/
0002 04-01-0103-0596-U	REAR DOOR LH	1	2,201.10	20.00	1,760.88	Ry
0003 04-01-0103-0813-G	ROCKER PANEL GARNISH LH	1	403.00	20.00	322.40	Ly
0004 28-01-0103-0003-A	Frt Door COMFORTDELGRO LH	1	75.00	10.00	67.50	nu/
0005 28-01-9999-2023-A	Rear Door APPS LH	1	80.00	10.00	72.00	nu/

SUB-TOTAL : 4,027.90

JOB NATURE

0000 PB	PANEL BEATING	300.00	280
0001 SP	SPRAYPAINT CHARGE	750.00	600
0002 L	TRANSFER OF DOORS	240.00	60

SUB-TOTAL : 1,290.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

LKK - Taufik

NTUC-45

Date: 16.04.2020

Time: 10:06:06

Page: 2/2

IS

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

JOB NO : 305393358
REGN NO : SHD4769Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 31.07.2013
DATE/TIME IN : 15.04.2020 16:50
ACCIDENT DATE : 15.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Lims

TOTAL : 5,317.90

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

- 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:

Taufik 97495749
- WP' 16/4/2020 335pm
Lumpsum
Resurvey after repair
03 days
taufik@lkkauto.com
Sur C lkkauto.com

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205, Biddle Road, Singapore 119711

Mobile: +65 6384 6290 Fax: +65 6280 9755

Workshops

191 Layan Drive, Singapore 600969

181 Sin Ming Drive, Singapore 570117

45 Pandan Road, Singapore 120190

1201 Blythe Road, Singapore 159133

24 Serangoon Road, Singapore 550125

7 Serangoon Road, Singapore 550125

501 Yishun Industrial Park A, Singapore 768702

Date/Time: 16.04.2020 09:53

Page : 1

JOB CARD

Job: ARC Repair TP(CLSO)1

Sales Order:

JC NO 305393358

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

JNT CARD NO.

REGN NO: SHD4769Z	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL I-40	DATE/TIME IN 15.04.2020 16:50
YR OF MANU 31.07.2013	TARGET DATE
CHASSIS CODE KMHLB41UMDU038777	COMPLETION DATE/TIME

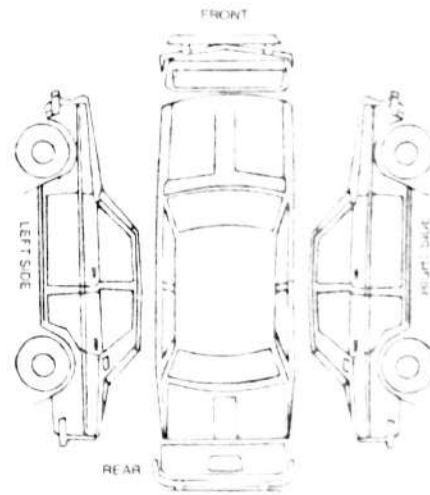
JOB DESCRIPTION

Accident Date: 15.04.2020
NATURE: 3P 15.04.2020/C

Y/NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

Vehicle No.:

SHD4769Z

LIMITS

SHD4769Z

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 15/04/2020 17:46
Date Of Accident 15/04/2020 15:50
Exact Location Of Accident ZION RD X RIVER VALLEY RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4769Z
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
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 LOH KIA CHIN
NRIC No SXXXX403Z
Date Of Birth 26/11/1955
Occupation OUTDOOR
Date Of Driving Pass 01/12/1976
Driving Experience 43 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91804748
Fax Number
Contact Number
Email Address STEVENLOHKC@GMAIL.COM

Address BLK 109 BUKIT PURMEI ROAD #08-139
Postcode 090109
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 -
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? 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) 5
Passenger 1 NAME: : -
GENDER: : FEMALE
Passenger 2 NAME: : -
GENDER: : FEMALE
Passenger 3 NAME: : -
GENDER: : FEMALE
Passenger 4 NAME: : -
GENDER: : MALE

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

Vehicle Registration Number FBR1964T
Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
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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. 109303521K

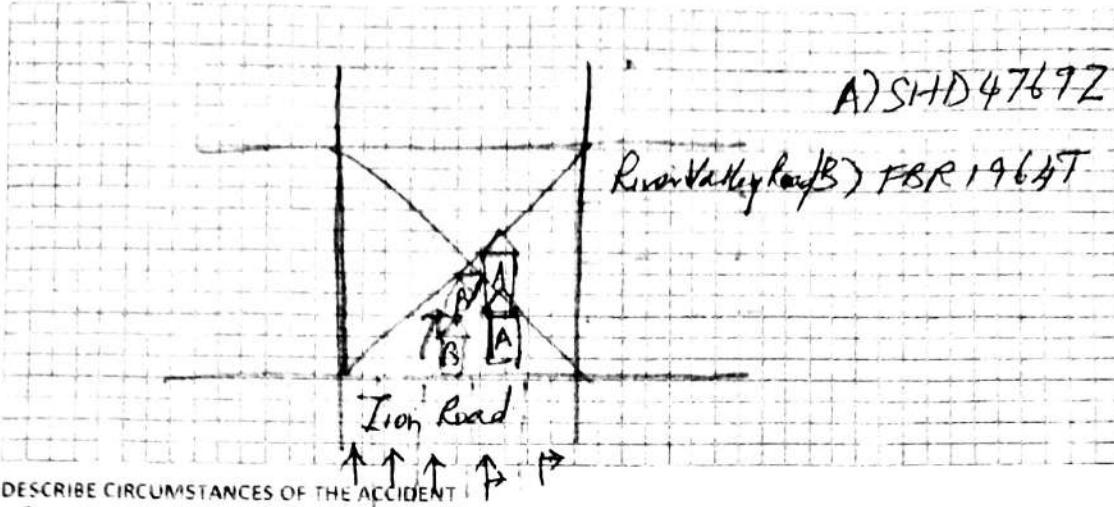
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/4/20 at about 1550 hrs when I Veh A was travelling along the main road within my lane, Veh B from the left lane (straight ahead only) turned right and collided onto the left doors of my moving vehicle.

DECLARATION

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

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

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

Sketch Plan Pg. 2 of 2