

ASS. REC. BY: Jam

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. MT/1091888-002

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: SH967H Yr Regn: 0/11/2018

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

Truck / Trailer or

Make: Hyundai i10 (52) c.c 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 213206 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CUKU1151A3

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 DANANT

Front

Rear

R/Bal. 8 mm R/Bal. 9 mmL/Bal. 8 mm L/Bal. 9 mmD.O.A. 27/04/2020 D.O.I. 28/04/2020Survey held at comfentdelgro (Lorans)Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orO/S frt R frt

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

Date / Time

Action / Instruction

PIP \$1968-46 (Red \$2534-12, 56%)

NTLC

PIP

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

6/5/20 TypistDays Of Repair: 3Resurvey No. of Trip: 2Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Insp (\$)☐ Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / LDI (\$)

PIP \$1968-46

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	28/04/2020 09:08
Date Of Accident	27/04/2020 08:35
Exact Location Of Accident	STILL RD X MARINE PARADE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9647H
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	ONG LIN HOCK
NRIC No	SXXXX506E
Date Of Birth	07/05/1962
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1980
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97900707
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 65 MARINE DRIVE #13-180
Postcode	440065
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	SLT8027Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT DOORS
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ONG LIN HOCK
Approximate Age	58
Injuries Sustain	FELT PAIN ON LOWER BACK, NECK AND SHOULDER.
Injured person in which vehicle?	SH9647H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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.
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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
CC. REG. NO. 109303321R

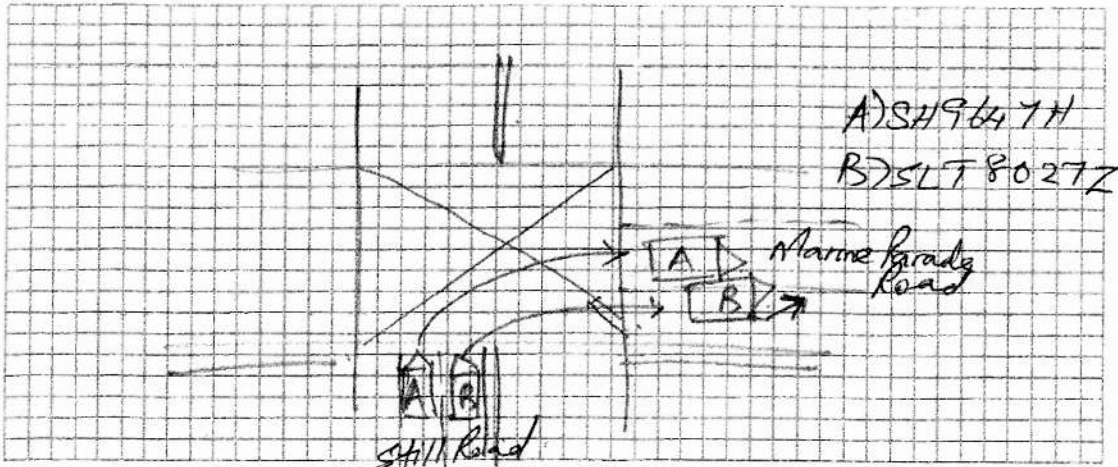
Policyholder's Signature
Date & Time:

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 27/4/20 at about 0855hrs when I Veh A made a right turn within lane 2 of the driveway, Veh B from the extreme right lane filtered left onto my lane and collided onto the front right portion of my moving vehicle. I felt pain on my lowerback, neck and shoulder and will be consulting the doctor.

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.:

GUAFAC SketchPlanForm_V3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SH9647H
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Apr 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	G4LEJU111927
Chassis No.:	KMHC851CVKU115143
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,855.00
Original Registration Date:	08 Nov 2018
First Registration Date:	08 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$11,797.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Nov 2026
PARF Rebate Amount:	\$8,847.00

Intended COE Rebate Details

COE Expiry Date:	07 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$23,736.00
COE Rebate Amount:	\$19,367.00
Total Rebate Amount:	\$28,214.00

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 28 Apr 2020

OK

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969 24 Serangoon Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609266 501 Yishun Industrial Park A Singapore 768732
320 Ubi Road 3 Singapore 409819

Date/Time: 28.04.2020 10:00 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305396066

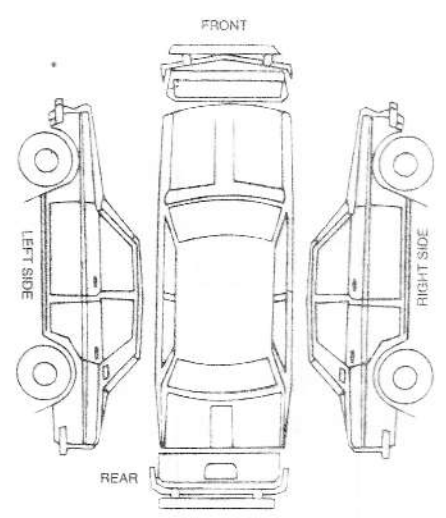
OWNER AS OWNER NO. ADDRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: SH 9647H	MILEAGE
		MAKE : HYUNDAI	FUEL E.....1/2.....F
		MODEL IONIQ(G2)	DATE/TIME IN 27.04.2020 16:30
		YR OF MANU. 08.11.2018	TARGET DATE
		CHASSIS CODE KMHC851CVKU115143	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 27.04.2020
NATURE: 3P 27.04.2020

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

<p>Settlement Slip</p> <p>No.: SH 9647H LIMITS</p> <p>Signature/Date</p>	<p>Exit Pass</p> <p>Vehicle No.: SH 9647H</p> <p>Name of Service Advisor</p> <p>Date</p>
--	--

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Ntalc - C/P/P)
LKK - Ram.

Date: 28.04.2020

Time: 10:12:36

Page: 1/2

B

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

JOB NO : 305396066
 REGN NO : SH 9647H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 08.11.2018
 DATE/TIME IN : 27.04.2020 16:30
 ACCIDENT DATE : 27.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2534-G	FRT BUMPER	1	418.00	20.00	334.40	X(R)
0002	04-01-0104-3918-G	FRT BUMPER SIDE BRKT RH	1	28.00	20.00	22.40	Xun
0003	04-01-0104-2971-G	FRT BUMPER BRKT RH	1	35.00	20.00	28.00	Xun
0004	04-01-0104-2915-G	HEADLAMP RH	1	1,993.65	20.00	1,594.92	X(R1134)
0005	04-01-0104-0573-G	FRT FENDER RH	1	490.70	20.00	392.56	392.56 ser
0006	04-01-0104-3913-G	FRT FENDER BLUE DRIVE RH	1	26.60	20.00	21.28	hec
0007	03-01-0104-2061-G	FRT WHEEL CAP RH	1	346.40	20.00	277.12	ser
0008	195/65R15XL DX390	FRT DAVANTI TYRE RH	1	216.00	10.00	194.40	Xun
0009	28-01-0103-0003-A	Frt Door ComfortDelGro RH	1	75.00	10.00	67.50	hec

SUB-TOTAL : 2,932.58

JOB NATURE

0000	PB	PANEL BEATING	600.00	\$48
0001	SP	SPRAYPAINT CHARGE (Polish Headlamp)	750.00	\$650

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 28.04.2020

Time: 10:12:36

Page: 2

NTUC - CP/P)
LKK - Ram.

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

JOB NO : 305396066
 REGN NO : SH 9647H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 08.11.2018
 DATE/TIME IN : 27.04.2020 16:30
 ACCIDENT DATE : 27.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 17-01	CHECK ALL LIGHTING	40.00	\$30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	60.00	\$50
0004 L	WHEEL ALIGNMENT	120.00	XMM
		SUB-TOTAL : 1,570.00	

TOTAL : 4,502.58

Lmfs
 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:

Ram (LKK)
 28/4/2020 1345
 Ram@lkk.com
 88622778
 (P/S) Ref paint photo
 (3) repairs

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305396066

Date : 30/04/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SH 9647H

Date of Accident : 27-Apr-20

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

1. The repair job shall bill to: NTUC --- SLT8027Z

2. The finalized amount shall be:

(a) Spare Parts after List discount \$758.46

(b) Labour Charges \$1,210.00

Total for Part-By-Part Repair Cost \$1,968.46

(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 amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : RAM

Date : 30/4/2020

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:
