

(08/11/23)

REF:

NS/INC20006127/Fqf3

Surveyor: Pam**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. 5105569645-01 (30/11/2019-29/11/2020)

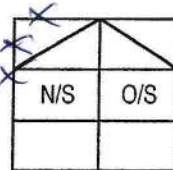
Claims No. MT/1093599-002

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: 3 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: SHA 4072R Yr Regn: 16/06/2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai i40 c.c. 1685Colour: blue A/C: Insured / Std / NI / NASp. Reading: 421683 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLEB10091386Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or

westlake

Front

Rear

R/Bal. 6 mm R/Bal. 7 mmL/Bal. 6 mm L/Bal. 7 mmD.O.A. 02/06/2020 D.O.I. 3/6/2020Survey held at Comfortdelgo (Lorans)Des. of Damages: Frt / Rear / O/S N/S / UIC / Rooftop orNS-Frt

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

09/06/20 RAM FINALISED WITH CHIANG LS \$1050, 3 DAYS.

(Red \$3070.84, 75%)

NTUC
LIS

Date/Time, File Pass to?

☐

: Preli. Report

1) 22/06 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format : TPLump Sum ~~H.B.H.~~ (\$ 1050)

COMFORTDELGRO PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA4072R

02/06/20

MAKE :

MODEL I-40

CHIANG /

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER COVER X(R)			\$1,052.20
1	FRONT BUMPER BRACKET TOP /LH Xun			\$22.40
1	FRONT LH FENDER X(R)			\$663.00
1	FRONT BUMPER BRACKET LH Xun			\$24.60
1	HEAD LAMP ASSY LH Xun			\$1,338.00
1	FRONT LH WHEEL COVER Scr			\$107.10
	SUB TOTAL			\$3,207.30
	LESS 20%			\$641.46
				\$2,565.84
1	FRONT COMFORTDELGRO STICKER nec			\$75.00
1	FRONT LH FENDER ADVERTISEMENT nec			\$100.00
1	FRONT LH DOOR ADVERTISEMENT nec			\$100.00
				\$275.00
	Labour Charge			
	Panel Beating		\$420	\$540.00
	Spray Painting Charge		\$550	\$600.00
	Tuff Kote		Xun	\$80.00
	Check Lighting		\$30	\$60.00
	TOTAL LABOUR			\$1,280.00
	ESTIMATE TOTAL			\$4,120.84

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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)
 3/6/2020 1200hrs
 ram@lkkauto.com
 88622178
 3rd party S
 aft repair
 pics

COMFORTDELGRO ENGINEERING

A 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
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286

24 Senoko Loop Singapore 758158
7 Sungei Kadut Way Singapore 728797
501 Yishun Industrial Park A Singapore 71

Date/Time: 02.06.2020 15:55

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

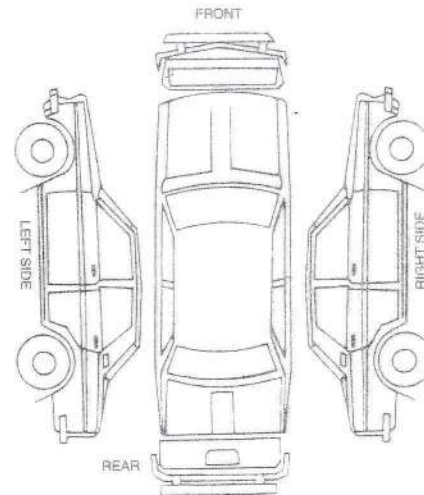
JC NO.: 305401866

CUSTOMER MR/MS CUSTOMER NO. ADDRESS TEL. (R) (P) DISCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO. SHA4072R	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....
		MODEL I-40	DATE/TIME IN. 02.06.2020 13:30
		YR OF MANU 16.06.2016	TARGET DATE
		CHASSIS CODE KMHLB41UMGU091386	COMPLETION DATE/TIME

Accident Date: 02.06.2020
NATURE: 3P 02.06.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:
I/C No.:
Vehicle No.: SHA4072R CHIANG

Vehicle No.: SHA4072R

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be 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	02/06/2020 14:47
Date Of Accident	02/06/2020 11:50
Exact Location Of Accident	ALONG BUKIT BATOK ROAD TWDS JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4072R
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	LIM KOK CHENG
NRIC No	SXXXX606D
Date Of Birth	06/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	12/01/1984
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92980710
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 269 TOH GUAN ROAD #02-89
Postcode	600269
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?	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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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	SLU3774C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE YAM HOCK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT REAR

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.
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 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 REC NO. 199203931R

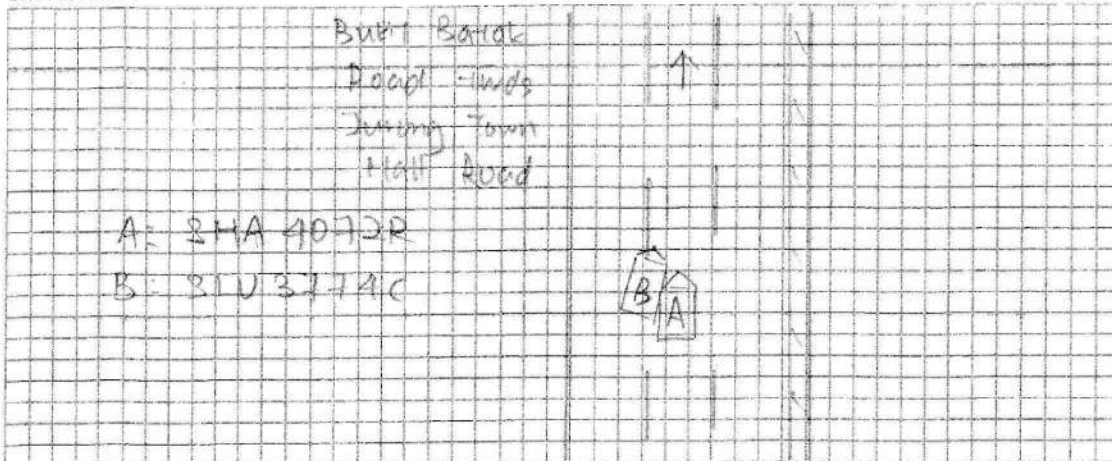
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 2/6/2020

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/6/2020 at about 11:50 hrs, I Veh A was driving straight on middle lane at above said location with a female pax. Out of sudden, Veh B cut into my lane from left hand side. The said vehicle right rear portion hit & grazed onto the left front portion of my taxi. Both of us then alighted to take photo. No injury at the point of accident.

DECLARATION

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

OGMPORT TRANSPORTATION LTD
GUYANA

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.:

OGMPORT SketchPlanForm_V3

