

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. _____

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
<input checked="" type="checkbox"/>	

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: SH 7535K Yr Regn: 11/01/2017Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai 140 c.c. 1685Colour: blue A/C: Insured / Std / NI / NASp. Reading: 488511 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 141HLB41UMH009877Gen. 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 Hankook

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 7 mmL/Bal. 6 mm L/Bal. 7 mmD.O.A. 04/06/2020 D.O.I. 56/6/05Survey held at comfortable (copy)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

NTUC

US

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

COMFORTDELDRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SH7535K

15/05/20

MAKE :

MODEL HYU- I40

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER <i>ref</i>			\$1,106.00
2	REAR BUMPER BRACKET SIDE LH/RH <i>xm</i>		\$35.60	\$71.20
10	REAR BUMPER CLIPS <i>rec</i>		\$2.20	\$22.00
1	REAR BUMPER REINFORCEMENT <i>xm</i>			\$428.40
1	TAIL LAMP LH <i>cm</i>			\$697.80
1	BOOT LAMP LH <i>xm</i>			\$565.60
1	REAR BUMPER UNDER COVER <i>cm</i>			\$228.00
1	REAR BUMPER REINFORCEMENT STAY <i>xm</i>		\$80.30	\$160.60
	SUB TOTAL			\$3,279.60
	20.00%			\$655.92
	DISCOUNTED TOTAL			\$2,623.68
1	REVERSE SENSOR <i>xm</i>			\$135.70
1	REAR BUMPER MAT <i>rec</i>			\$50.00
				\$185.70
	Labour Charge			
	Panel Beating		\$290	\$540.00
	Spray Painting Charge		\$200	\$400.00
	Remove/refix reverse sensor		/	\$60.00
	Tuff Kote		\$30	\$60.00
	Check Lighting		\$30	\$60.00
	TOTAL LABOUR			\$1,060.00
	ESTIMATE TOTAL			\$3,869.38
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will 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)

5/6/2020 1115

Ramesh Kumar LKK Auto

8862728

AA repair photo

(Lis)

(2)

repair days

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 679701
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
320 Gey Road Singapore 409649

24 Senoko Loop Singapore 758196
7 Sungei Kadut Way Singapore 726791
501 Yishun Industrial Park A Singapore 768731

Date/Time: 04.06.2020 13:31

Page : 1

A member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305402742

STOMER

/MS

STOMER NO.

DRESS

(R)

(P)

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO:

SH 7535K

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN 04.06.2020 11:00

YR OF MANU

11.01.2017

TARGET DATE

CHASSIS CODE

KMHLB41UMHU098177

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

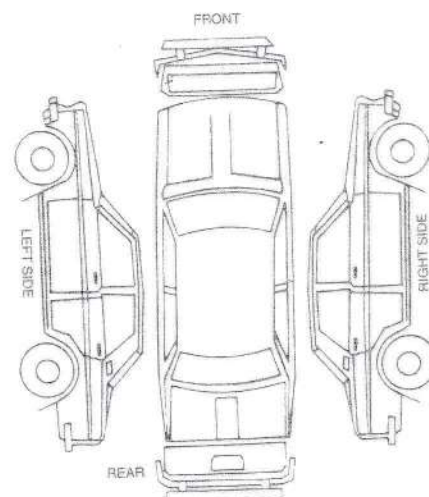
Accident Date: 04.06.2020

NATURE: 3P 04.06.2020

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SH 7535K

CHIANG

Vehicle No.:

SH 7535K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

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	04/06/2020 13:08
Date Of Accident	04/06/2020 07:30
Exact Location Of Accident	ALONG JURONG WEST ST 91
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7535K
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	YAP HO LAI
NRIC No	SXXXX680E
Date Of Birth	24/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1970
Driving Experience	49 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97825547
Fax Number	
Contact Number	
Email Address	HOLAIYAP@YAHOO.COM

Address	332 07-1378 YISHUN RING ROAD
Postcode	760332
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 TO REAR
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	FBF3822U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YAP HO LAI
Approximate Age	68
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SH7535K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report (2)

7/20200604/2011

DECLARATION

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

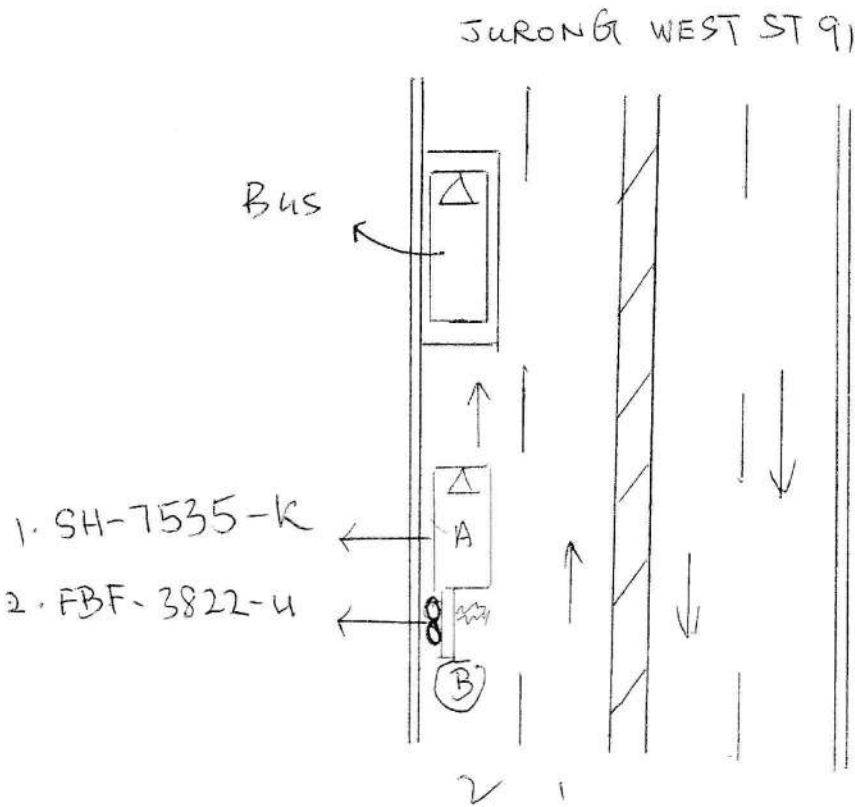
COMFORT TRANSPORTATION PTE LTD
POLICY NO. 189904621R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 04 JUN 2020
NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20200604/2011

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200604/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2020 10:21	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: YAP HO LAI			Address: APT BLK 332 YISHUN RING ROAD #07-1378 SINGAPORE 760332	
ID Type / ID No.: NRIC NO / S0978680E			Contact No.: Home/Office: Mobile: 97825547	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 67	Date of Birth: 24/11/1952	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/06/2020 07:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JURONG WEST STREET 91 JURONG WEST STREET 92				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3822U	Motorcycle					0
SH7535K	TAXI					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200604/2011

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3

Report No. T/20200604/2011

CONTINUATION OF REPORT

Driver			
Name	YAP HO LAI		ID No. S0978680E
Related Vehicle	SH7535K (TAXI)		Contact No. 97825547
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	04/06/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 04/06/20, at about 0730hrs, while travelling on lane 2 along Jurong West Street 91, as the bus in front of me came to a stop at the bus stop, I stopped behind it as well. While stationary, all of a sudden, I felt an impact from the back. I realized that there was a motorcycle which collided with the rear of my vehicle. There are damages to the left rear bumper and tail light. The motorcyclist was on the ground and there were passers-by there to assist. When I asked if he needed ambulance, he informed he does not require. He refused to provide his particulars to me as well. As such, I just took photos and move off

I would like to add that there are no ambulance or traffic police at scene. After the accident, I felt discomfort around my back and neck area. As such, I consulted a medical practitioner and was given 3 days medical certificate.

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**SINGAPORE
POLICE FORCE**



T/20200604/2011

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20200604/2011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 JONATHAN LIM XIONG HAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/06/2020 10:21

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

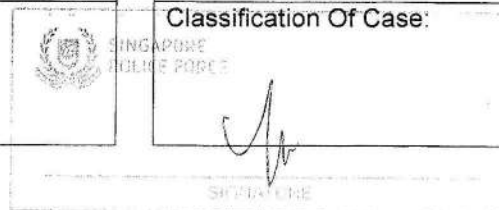


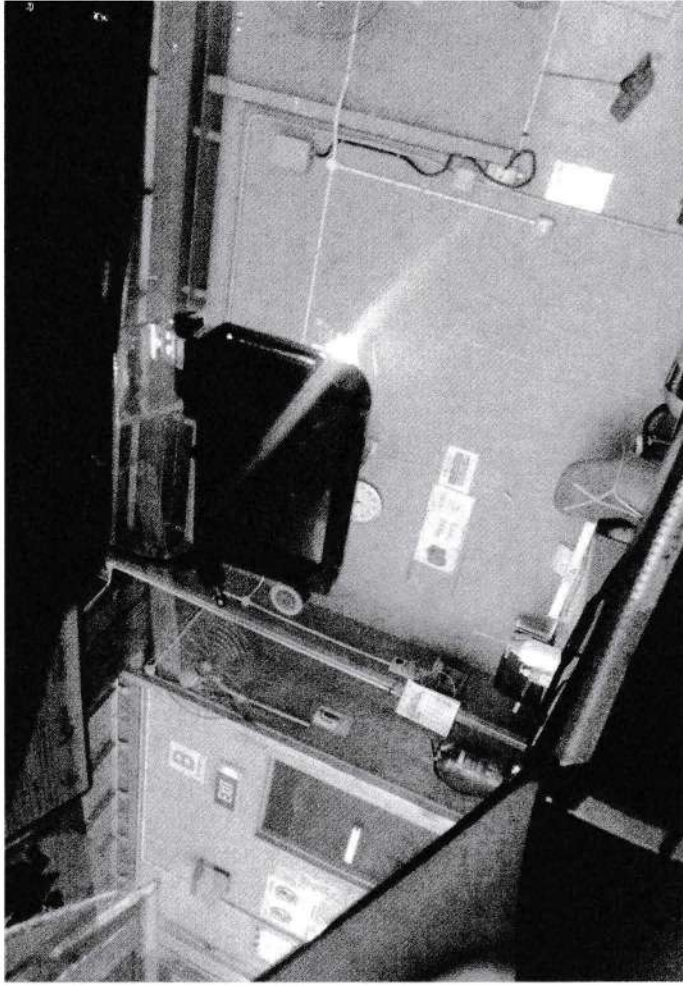
SINGAPORE
POLICE FORCE

Classification Of Case:

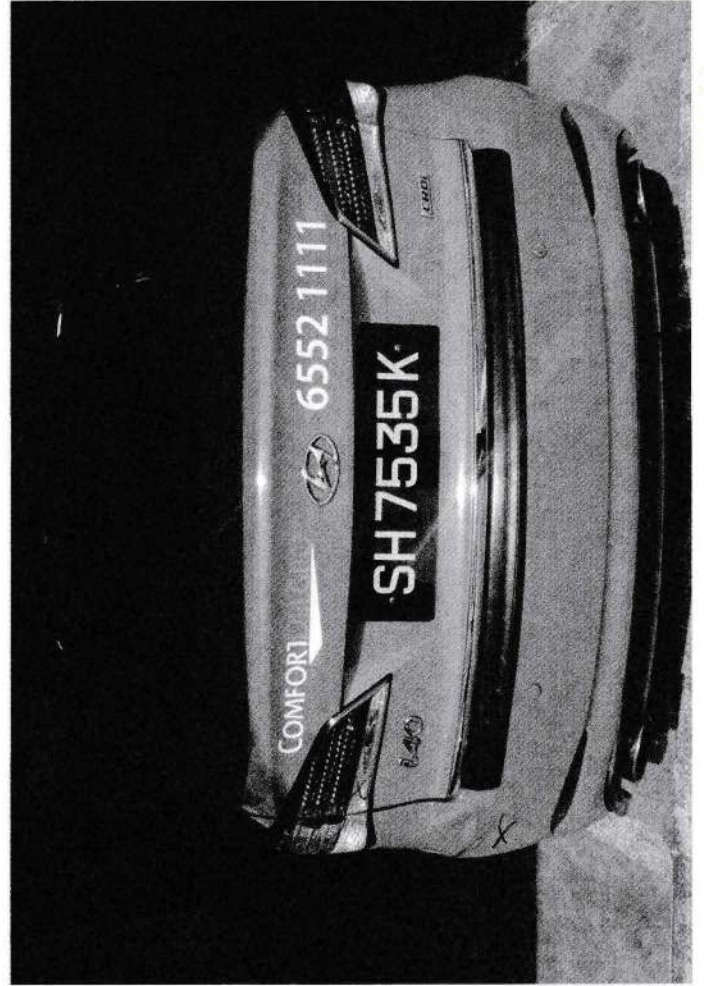
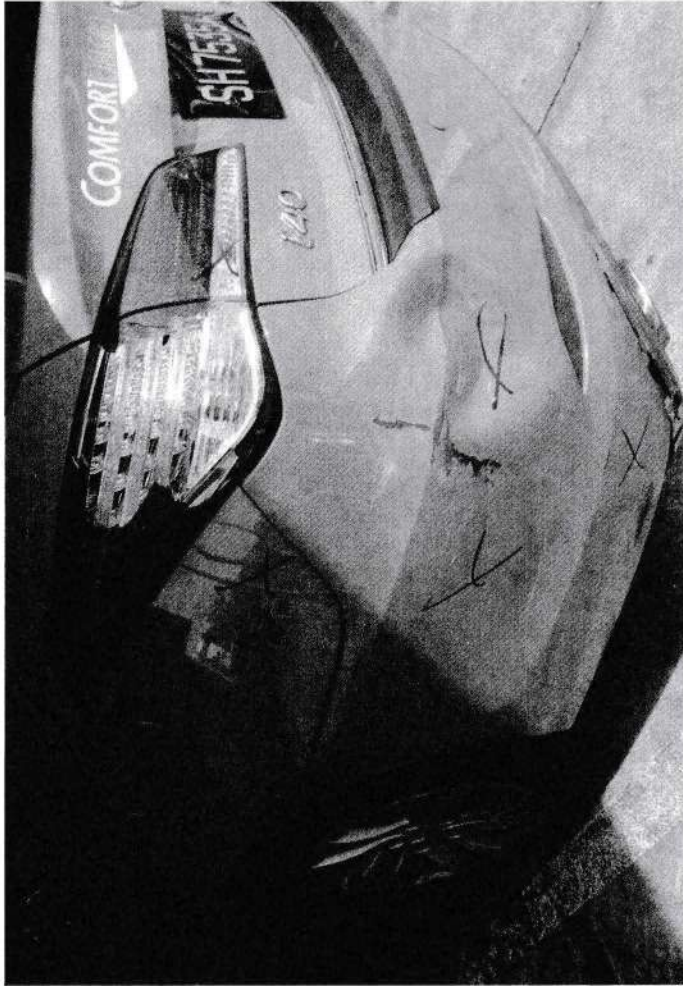
Authentication Stamp

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