

ASS. REC. BY: Tanglin

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SMD 4455C Yr Regn: 2014, Sep.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.c 1685

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

Sp. Reading: 421764 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL6414 MEU 057767

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: 205/60R16

R: 2 2

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

TOYO / YOKO or

Westlake

Front: 6 Rear: 6

R/Bal. _____ mm R/Bal. _____ mm

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

D.O.A. _____ D.O.I. 10/6/20

Survey held at Comptel delgado wayan

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

Frt N/S

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

Date / Time	Action / Instruction

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

____ S + RS. ____ SI

Photos

Others

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

Rep. Form: _____

Lump Sum / B.B. / C

L.K.Ce

NTUC

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 09.06.2020
Time: 15:49:42
Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7000000
ADDRESS: COMFORT TRANSPORTATION PTE LTD
380 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65088755

JOB NO : 305403771
REGN NO : SHD4955C
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 04.09.2014
DATE/TIME IN : 09.06.2020 08:55
ACCIDENT DATE : 09.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0578-G	I40V2 COVER-FR BUMPER#	1 L	1,052.20	20.00	841.76	<i>de</i>
0002	04-01-0103-0637-G	I40VC BRKT ASSY-FR BPR UP	1 L	22.40	20.00	17.92	<i>de</i>
0003	04-01-0103-0639-G	I40VC BRACKET-FR BUMPER S	1 L	24.60	20.00	19.68	<i>? X NN</i>
0004	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	<i>ner</i>
0005	04-01-0103-0781-A	I40VC LAMP ASSY-HEAD LH#	1 L	1,388.00	20.00	1,110.40	<i>cur</i>
0006	04-01-0103-0572-A	I40VC PANEL ASSY-HOOD+	1 L	2,265.90	20.00	1,812.72	<i>Rx</i>
0007	04-01-0103-0574-A	I40VC PANEL-FENDER LH+	1 L	663.00	20.00	530.40	<i>ht</i>
0008	04-01-0103-0657-G	I40V2 GUARD ASSY-FR WHEEL	1 L	174.90	20.00	139.92	<i>de</i>
0009	04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1 L	112.50	20.00	90.00	<i>de</i>

SUB-TOTAL : 4,580.40

JOB NATURE

0000	23-01	TOWING FEE	60.00	<i>/</i>	NN	<i>X</i>
0001	20-05	FRT FENDER ADVERTISEMENT LOGO LH	100.00	<i>/</i>		<i>✓</i>

REPAIR ESTIMATE

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

JOB NO : 305403771
 REGN NO : SHD4955C
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 04.09.2014
 DATE/TIME IN : 09.06.2020 08:5
 ACCIDENT DATE : 09.06.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0002 L	PANEL BEATING	700.00		560		
0003 23-502	SPRAYPAINT ON AFFECTED AREA	750.00		600		
0004 17-01	CHECK ALL LIGHTING	50.00		30		
0005 20-00	TUFF COAT ON AFFECTED PARTS.	50.00		30		
0006 20-08	ADJUST FRONT WHEEL ALIGNMENT	80.00		60		
SUB-TOTAL :						1,790.00
TOTAL :						6,370.40

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

Tanflin 97495749
 -wp'
 10/6/20 @ 20pm
 lmp sm
 Resurvey after repair
 tanflin @ lmandu.com.
 03 days

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:

Date/Time: 09.06.2020 14:16

Page : 1

Member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

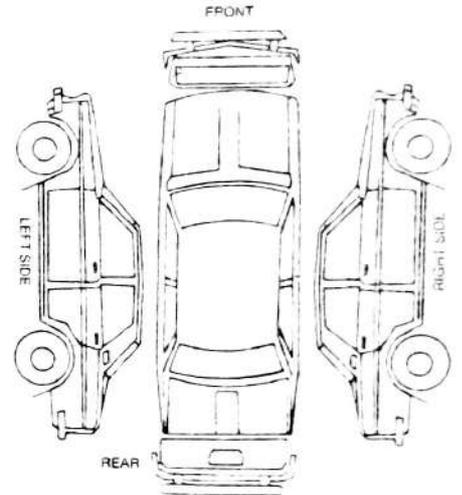
JC NO.: 305403771

OWNER COMFORT TRANSPORTATION PTE LTD 7010045	REGN NO SHD4955C	MILEAGE
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MAKE HYUNDAI	FUEL E.....1/2.....F
PHONE 65508755	MODEL I-40	DATE/TIME IN 09.06.2020 08:55
(R) (P)	YR OF MANU 04.09.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU057767	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 09.06.2020
 NATURE: 3P 09.06.2020

QTY/NO	LABOR CODE	DESCRIPTION
		<i>Towing fee \$60</i>



KEYED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: SHD4955C LKE

Vehicle No.: SHD4955C

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

DELGRO

ComfortDelGro Engineering Pte Ltd
 205 Raffles Road Singapore 579701
 Singapore +65 6383 9280 Facsimile +65 6280 9755

Service Centres
 205 Raffles Road Singapore 579701
 45 Pandan Road Singapore 609245
 7 Sungei Kadut Way Singapore 728791
 31 Ubi Road 1 Singapore 40864
 59 Loyang Drive Singapore 50891
 78-1 Sin Ming Drive Singapore 571571
 320 Ubi Road 1 Singapore 40864

6553 1111
SPARK Assist
 Recovery • Towing • Accident



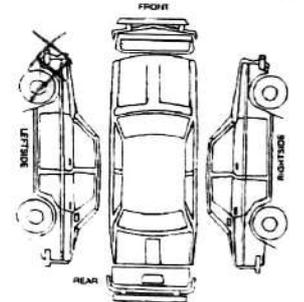
JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: _____ Time Received: <u>0855</u>	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>FAN</u> Contact No.: <u>97712662</u> Vehicle No.: <u>SHB4955C</u> Make/Model/Colour: <u>PRIVY</u> Email: _____	5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

Location: <u>33 TANGKIN HUNT RD</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	

0. Odometer Reading: <u>421763</u>	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested					
Fuel Level: <table border="1"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>	F	1/4	1/2	3/4	E	
F	1/4	1/2	3/4	E		



Job Attended	
2. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: <u>VINCENT</u> Vehicle No.: <u>443697R</u> Time Dispatch: <u>0855</u> Time of Arrival: <u>0940</u> Time Completed: <u>1030</u>	Signature of Customer: _____

3. Cash Invoice No. _____

Customer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
 I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
 Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

9/6/20 Date 0940 Time
 _____ Signature of Customer

WORKSHOP
 _____ Name of Attending Staff/Guard
 _____ Date & Time of Arrival
 _____ Signature of Attending Staff/Guard

WORKSHOP COPY

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 09/06/2020 12:16
Date Of Accident 09/06/2020 08:55
Exact Location Of Accident TANGLIN HALT RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4955C
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 FAN JIIN PIOW
NRIC No SXXXX406Z
Date Of Birth 09/02/1953
Occupation OUTDOOR
Date Of Driving Pass 23/04/1975
Driving Experience 45 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-98712662
Fax Number
Contact Number
EMail Address NOEMAIL

Address BLK 180 LOMPANG ROAD #08-05
 Postcode 670180
 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 ON COLLISION
 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 1
 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) 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 / Type Of Accident : HEAD TO SIDE

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 SMN6178D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver YAZID BIN MOHAMAD
 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

CUMF 001 (ENGLISH) DATE: 11/01/11
CO. REG. NO. 199703621K

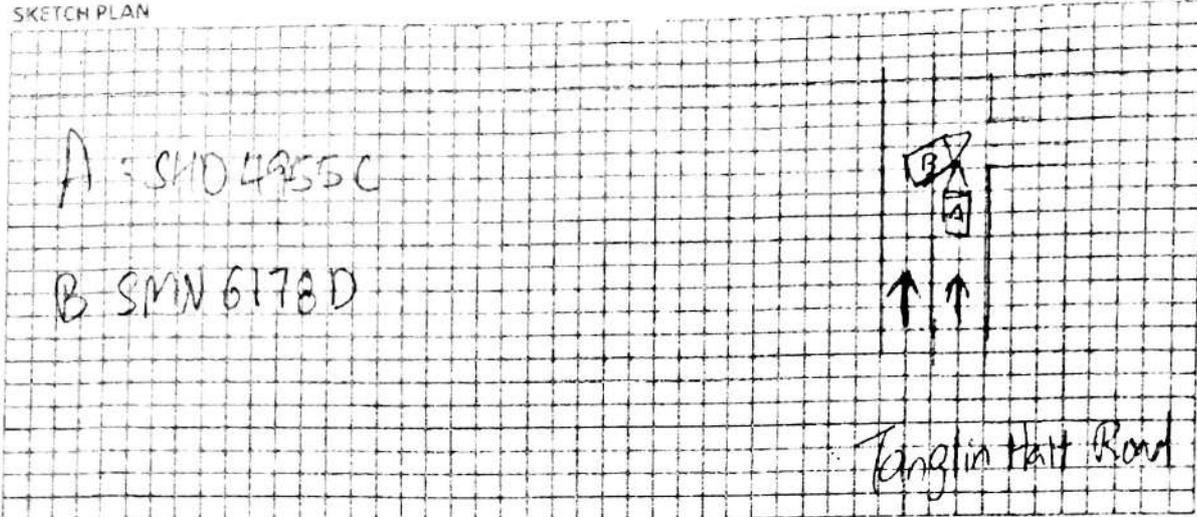
Policyholder's Signature
Date & Time

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 9/6/2020 @ 0855hr I was driving along
Tanjlin Halt Road with no passenger on board.
I was at the extreme right lane going straight.
Vehicle B - SMN 6178D at the left lane suddenly turn right
to carpark, and collided onto my vehicle A - SHD 4955C
front right portion.
No one was injury at that time at accident.

DECLARATION

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

COMPLETED BY: [Signature]

Policyholder's Signature
Date & Time:

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

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

