

ASS. REC. BY: Taylor

REF:

INL

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/1094591-002

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: Jumani

Vehicle: IN / OUT

Veh No: SHD3694L Yr Regn: 2017 / Dec.

Type: 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: 260347 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMH4098798Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16R: u u

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

TOYO / YOKO or Plankook

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 16/6/20Survey held at Comfortable by

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

CONFIRM L/S \$4250.00 (RED: \$3,089.10, 42%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 27/08/20 TYPIST

Report Form:

Lump Sum / L/S: L/S \$4250.00Days Of Repair: 3Resurvey No. of Trip: 2

Add Fee:

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

Survey Fee:

Transportation:

S + RS: \$ _____

Photos

Others

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUL- 2K1C
 Date: 16.06.2020
 Time: 14:08:54
 Page: 1

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

JOB NO : 305405381
 REGN NO : SHD3694L
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 13.12.2017
 DATE/TIME IN : 16.06.2020 10:50
 ACCIDENT DATE : 15.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0592-G	I40VC PANEL ASSY-FR DR RH	1	2,256.40	20.00	1,805.12	bt ✓
0002 04-01-0103-0595-G	I40VC PANEL ASSY-RR DR RH	1	2,201.10	20.00	1,760.88	bt ✓
0003 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1 N	75.00	10.00	67.50	nei ✓
0004 28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1 N	80.00	10.00	72.00	nei ✓
0005 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	107.10	20.00	85.68	nei ✓
0006 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	1,106.00	20.00	884.80	Ry ✓
0007 04-01-0103-0810-G	I40VC MOULDING ASSY-SIDE	1	341.40	20.00	273.12	Ry ✓

SUB-TOTAL : 4,949.10

JOB NATURE

0000 PB	PANEL BEATING	900.00	560.
0001 SP	SPRAYPAINT CHARGE	1200.00	800
0002 17-01	CHECK ALL LIGHTING	50.00	30.
0003 L	TRANSFER DOOR PARTS	240.00	120.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 16.06.2020

Time: 14:08:54

Page: 2

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

JOB NO : 305405381
REGN NO : SHD3694L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 13.12.2017
DATE/TIME IN : 16.06.2020 10:5
ACCIDENT DATE : 15.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 2,390.00

TOTAL : 7,339.10

MVA NAME & SIGNATURE
DATE:

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Taufik 97495749
WP
Lumpsum
Resurvey after repair
taufik@lkkauto.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:

Member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4013757

JC NO. 305405381

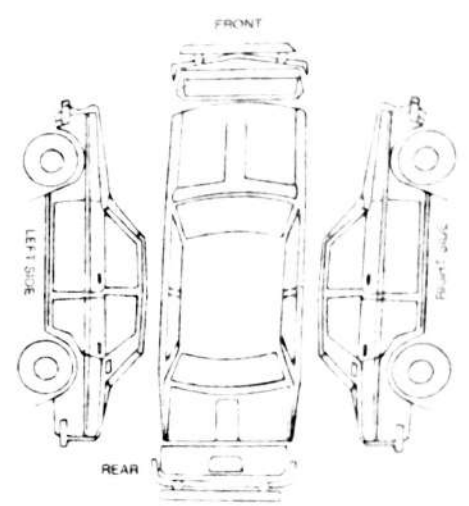
CUSTOMER IS COMFORT TRANSPORTATION PTE LTD ORDER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO: SHD3694L	MILEAGE
	MAKE: HYUNDAI	FUEL E..... 1/2..... F
	MODEL I-40	DATE/TIME IN 16.06.2020 10:50
	YR OF MANU. 13.12.2017	TARGET DATE
	CHASSIS CODE KMHLB41UMHU098798	COMPLETION DATE/TIME

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.06.2020
 NATURE: 3P 15.06.2020/C

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR _____

CUSTOMER'S SIGNATURE _____

Confirmation Slip

Exit Pass

No. SHD3694L JU NTUC LKK

Vehicle No.: SHD3694L

Service Advisor _____ Signature/Date _____

Name of Service Advisor _____ Date _____
 To be kept by Security Guard

Returned to Service Reception upon collection

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	16/06/2020 12:36
Date Of Accident	15/06/2020 23:00
Exact Location Of Accident	SHELL KIOSK @ BT BATOK EAST AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3694L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	PANG JIU KEE
NRIC No	SXXXX011I
Date Of Birth	04/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1979
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92202361
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 505 JELAPANG ROAD
#07-430
Postcode 670505
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 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? 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

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number SKS8962R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver HE ZHI'AN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage LEFT FRONT
No. Of Passenger (Including Driver)

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.

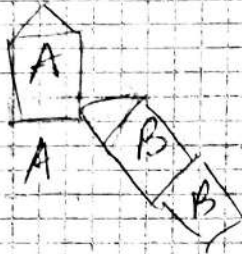
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303021R

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



A) SHD 3694 L

B) SKS 8962 R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/6/20 at about 2300hrs when I Veh A just moved after parking my vehicle with engine off (for a while), Veh B who finished pumping fuel moved forward suddenly and collided on the right side of my vehicle. My vehicle was damaged at the whole right side portion. Veh B was damaged at the left front portion.

DECLARATION

/We declare the foregoing particulars are true in every respect

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

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

[Signature]
16/6/20