

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC - LKS

LKK - Taufik

Date: 22.06.2020

Time: 08:23:59

Page: 1/2

IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS : COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO : 305406205
 REGN NO : SH 6907C
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 16.07.2015
 DATE/TIME IN : 20.06.2020 09:00
 ACCIDENT DATE : 19.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	1,106.00	20.00	884.80	de
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	ent
0003 04-01-0103-0851-G	REAR BUMPER REFLECTOR LH	1	32.00	20.00	25.60	ent
0004 04-01-0103-0581-A	TAILLAMP LH	1	697.80	20.00	558.24	X
0005 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	?
0006 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00		50.00	ent

SUB-TOTAL : 1,823.17

JOB NATURE

0000 PB	PANEL BEATING	300.00	280
0001 SP	SPRAYPAINT CHARGE	250.00	200
0002 L	R/I REVERSE SENSOR	120.00	30

SUB-TOTAL : 670.00

Taufik 97495749

-wp-

22/6/20 @ 255pm

02 days

Lumpsum

Reserve after repair

taufik@vkontakte.com

COMFORTDELGRO ENGINEERING PTE LTD

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Page: 2

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ACCIDENT DATE : 19.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,493.17

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 modifications is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

105 Bras Basah Road, Singapore 179571
 Mainline : 65 6382 1230 / Faxline : 65 6280 8755

Workshops
 24 Jurong Drive, Singapore 630000 24 Serangoon Road, Singapore 554000
 383 Sin Ming Drive, Singapore 575717 24 Serangoon Road, Singapore 554000
 42 Telok Ayer Street, Singapore 068560 24 Serangoon Road, Singapore 554000

Date/Time: 22.06.2020 08:01 Page : 1

Item: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

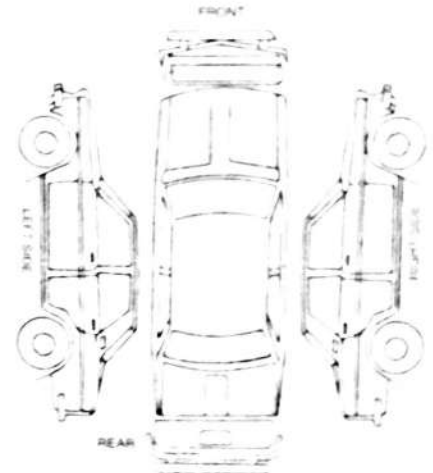
JC NO 305406205

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO SH 6907C	MILEAGE
	MAKE HYUNDAI	FUEL E 1/2 F
	MODEL I-40	DATE/TIME IN 20.06.2020 09:00
	YR OF MANU 16.07.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMGU075268	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 19.06.2020
 ATURE: 3P 19.06.2020

/NO LABOR CODE DESCRIPTION



KEY & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Engagement Slip

Exit Pass

SH 6907C LIMITS

Vehicle No. SH 6907C

Service Advisor

Signature/Date

Arrived in Service Reception upon collection

Name of Service Advisor

Date

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 20/06/2020 10:58
Date Of Accident 19/06/2020 19:00
Exact Location Of Accident TRIPLEONE SOMERSET AT EXETER RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6907C
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 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 TAN YEOW CHIM
NRIC No SXXXX641G
Date Of Birth 04/12/1970
Occupation OUTDOOR
Date Of Driving Pass 19/10/1993
Driving Experience 26 YEARS AND 8 MONTHS
Gender MALE
Mobile Number
Fax Number (LOCAL) +65-96611843
Contact Number
E Mail Address YEOWCHIM70@GMAIL.COM

Address BLK 702 PASIR RIS DRIVE 10 #05-121
Postcode 510702
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) 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

Vehicle Registration Number SJY6436L
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 FRT RIGHT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN YEOW CHIM
Approximate Age	50
Injures Sustain	NECK PAIN
Injured person in which vehicle?	SH6907C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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 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.
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 investigation, 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.

FORM 1 - 1 (Rev. 10/1/2019) - 1 (Rev. 10/1/2019)

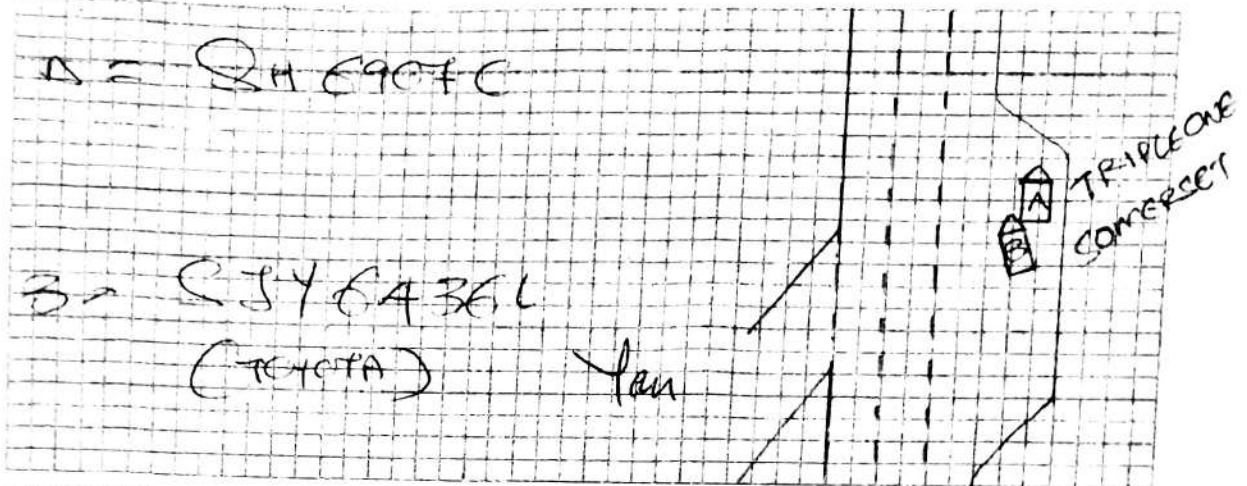
Policyholder's Signature
Date & Time

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

Olivia Wend
Reporting Centre Personnel's Signature
Name: 20 JUN 2020
NRIC/FIN No.

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

EXETER RD

Statement as per attached

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Olivia Wendy

Reporting Centre Person's Name

NRIC/FIN No