

ASS. REC. BY: Taufikh

REF: INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop mis _____

of _____

Insured: MT/1095010-002

Policy No: 5106125343 (05/12/18-18/08/2020)

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

Bal. or Market Value: _____

IDAO Accident Report: _____ 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: Lim TS. Vehicle: IN / OUT

Veh No: SHC 86225 Yr Regn: 2016 Mand

Type: M. Car / M. Cycle / Bus / Van / Lorry / Q / Prime Mover /

Truck / Trailer or

Make: Hyundai 140 cc 1685

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

Sp. Reading: 852045 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB 4/4M 6-u 085 744

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

Modl: Nil / S/Bin / STD A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

hankook

Front: 6 Rear: 6

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

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

D.O.A. _____ D.O.I. 23/6/20.

Survey held at Comptekplus by my

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof top or

N/S Frt

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

Date / Time	Action / Instruction
29/06/20 @ 12.06pm	Taufikh finalised with Mr Lim LS \$1350, 3 days. (Red \$2105.66, 61%)

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

1) 30/06 Typist : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation

\$ + RS \$ _____

Photos

Others

Rep. Form: TP

Repair Sum: 1350

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE *NDUC-4/S*

LKK - Taufik.

Date: 23.06.2020

Time: 07:15:02

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 : 305406576
REGN NO : SHC8622S
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 17.03.2016
DATE/TIME IN : 22.06.2020 13:15
ACCIDENT DATE : 21.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	FRT BUMPER	1	1,052.20	20.00	841.76	<i>Rp</i>
0002 04-01-0103-0574-A	FRT FENDER LH	1	663.00	20.00	530.40	<i>bt</i>
0003 04-01-0103-0600-U	WING MIRROR LH	1	670.00	20.00	536.00	<i>Rp</i>
0004 28-01-0103-0003-A	Frt Door ComfortDelGro LH	1	75.00	10.00	67.50	<i>wt</i>

SUB-TOTAL : 1,975.66

JOB NATURE

0000 PB	PANEL BEATING	600.00	<i>420</i>
0001 SP	SPRAYPAINT CHARGE	800.00	<i>600</i>
0002 17-01	CHECK ALL LIGHTING	40.00	<i>30</i>
0003 20-00	TUFF COAT ON AFFECTED PARTS.	40.00	<i>30</i>

SUB-TOTAL : 1,480.00

COMFORT DELGRO ENGINEERING PTE LTD

Date: 23.06.2020

Time: 07:15:02

REPAIR ESTIMATE *SHC-4S*

Page: 2

TS

LKK - Taufik.

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
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MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 17.03.2016
DATE/TIME IN : 22.06.2020 13:15
ACCIDENT DATE : 21.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,455.66

Lmfs
MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Taufik 97495749

- WP'

26/2/20 @ 3pm

lmspsm

Resurvey after repair

Taufik @ lkhankar.com

• 2-3 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:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

215 Bras Basah Road Singapore 189571
 Phone + 65 6381 6289 Fax + 65 6280 9755
 Workshops:
 11 Luying Drive Singapore 508169 24 Sembawang Road Singapore 758156
 181 Selegie Road Singapore 180547 7 Sengkang East Road Singapore 757281
 15 Raffles Road Singapore 100006 501 Yishun Industrial Estate Singapore 768732

member of COMFORTDELGRO

Date/Time: 22.06.2020 16:30 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

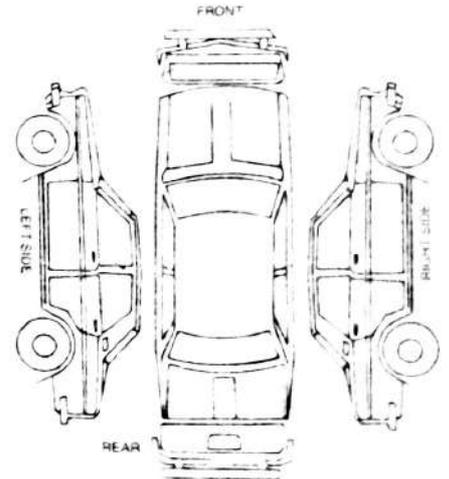
JC NO. 305406576

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO. SHC8622S	MILEAGE
ISSUES (R) (O) (P)	MAKE HYUNDAI	FUEL E.....1/2.....F
DUPLICATE CARD NO.	MODEL I-40	DATE/TIME IN 22.06.2020 13:15
	YR OF MANU 17.03.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU085744	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 21.06.2020
 NATURE: 3P 21.06.2020

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Vehicle No: SHC8622S

LIMITS

Vehicle No.: SHC8622S

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	22/06/2020 15:03
Date Of Accident	21/06/2020 14:25
Exact Location Of Accident	CTE(SLE) AFT MERCHANT RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number	SHC8622S
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	HOONG KENG LEK
NRIC No	SXXXX384J
Date Of Birth	04/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1983
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92338324
Fax Number	
Contact Number	
E Mail Address	HOONGKENGLEK@YAHOO.COM.SG

Address BLK 501 ANG MO KIO AVENUE 5 #06-3718
 Postcode 560501
 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? NO
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1
 NAME: : -
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TAMPINES N.P.C
 Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200622/2023

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 SJY3100A
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver KHO SENG FATT
 NRIC/Passport Number
 Contact Number 92256607
 Address

Postcode
Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage RIGHT REAR DOOR
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name HOONG KENG LEK
Approximate Age 55
Injuries Sustain NECK AND WAIST PAIN - 3 DAYS MC
Injured person in which vehicle? SHC8622S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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

CONFIDENTIAL - DO NOT DISCLOSE TO OTHERS

Policyholder's Signature
Date & Time

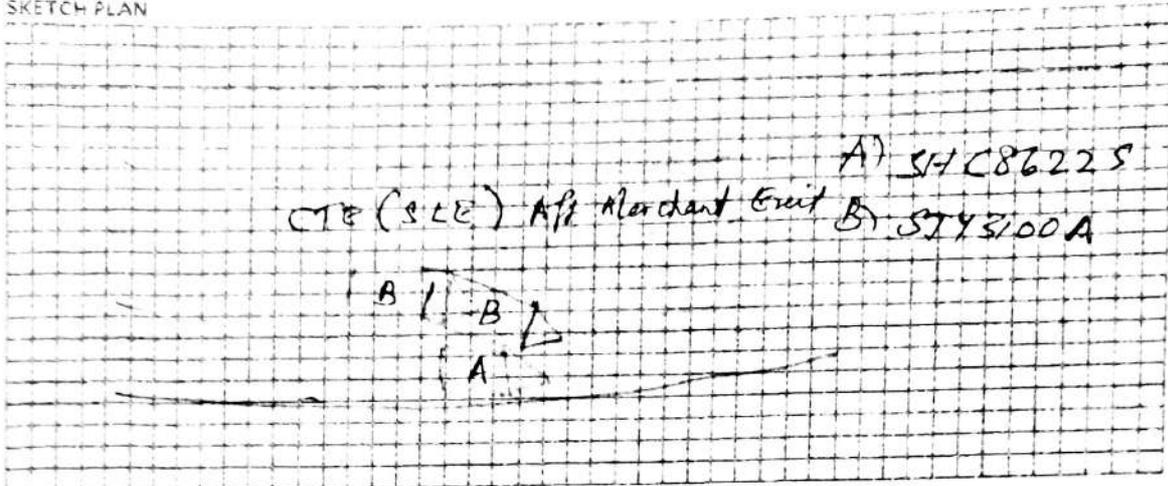

Driver's Signature
(If driver is not the policyholder)
Date & Time


22/6/20
Reporting Centre Personnel's Signature
Name
NRIC/F N No

PARAPHERSIGNED Form 20

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20200622/2023

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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

[Signature]
22/6/20



**SINGAPORE
POLICE FORCE**



T/20200622/2023

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 520682
Tel No. 1800-5871999

1 of 4

Report No. T/20200622/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2020 12:22	Video Report No.:	Station Diary No.: 23
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Informant's Particulars			
Name of Informant: HOONG KENG LEK		Address: APT BLK 501 ANG MO KIO AVENUE 5 #06-3718 SINGAPORE 560501	
ID Type / ID No.: NRIC NO / S1688384J		Contact No.: Home/Office: Mobile: 92338324	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 04/10/1965	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident: Non-injury	Drink Drive: No	Date/Time of Accident: 21/06/2020 14:25	Type of Location: Straight Road	
Location: Along Road 1 CENTRAL EXPRESSWAY (CHIN SWEE TUNNEL) NEAR END OF TUNNEL TOWARDS SLE				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 80 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
SHC8622S	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SJY3100A	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20200622/2023

2 of 4

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

Report No. T/20200622/2023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	HOONG KENG LEK	ID No.	S1688384J
Related Vehicle	SHC8622S (Car)	Contact No.	92338324
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3.4 Date of Expiry: NIL
Date Treatment	22/06/2020	Date Discharge	22/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver:			
Name	KHO SENG FATT	ID No.	NIL
Related Vehicle	SJY3100A (Car)	Contact No.	92256607
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/06/2020 at about 1422 hours, I am driving my vehicle, blue comfort taxi, Hyundai i40 (vehicle number: SHC8622S) along CTE towards SLE. At about 1425 hours at CTE during the first tunnel before the tunnel opening near Istatna I was on lane 1, travelling between 80km/h - 85km/h. A silver Toyota Corolla Altis (vehicle number: SJY3100A) was on lane 2 coming from behind my vehicle.

In front of the abovementioned Corolla Altis on lane 2 there is a another white vehicle. As the Corolla Altis wanted to overtake the white vehicle he signalled right and wanted to change lane to lane 1.

Subsequently the abovementioned Corolla Altis signalled right. However the driver did not gaged the clearing distance properly and the said vehicle side swept my vehicle.

The driver of the abovementioned Corolla Altis then drove to stop his vehicle at the road shoulder on CTE towards SLE before the tunnel opening. I then parked my vehicle behind his to exchange particulars. The particulars of the driver is as follows, KHO SENG FATT and can be contactable at 92256607.

Upon checking on the vehicles damage, I noticed that there are scratches sustained on the front left of my bumper, front left fenders, left wing mirror and left front passenger door.

On the said Corolla Altis there are scratches and dents on his rear right passenger door, rear right fenders and rear right bumper.



**SINGAPORE
POLICE FORCE**



T/20200622/2023

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

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Report No. T/20200622/2023

CONTINUATION OF REPORT

I would like to add on that during the point of accident there is one male passenger in my vehicle and the said Corolla Altis had a private-hire sticker and assumed to be a private-hire driver. On his vehicle there is one female passenger on board. No ambulance was activated after accident occurred.

On 22/06/2020 at about 0600 hours, I felt pain on my neck and waist, therefore I went to see doctor at 'Pow Family Clinic' located at 240 Hougang Ave 8, #01-264 S(530620). I was then issued with 3-days MC from 22/06/2020 to 24/06/2020.



**SINGAPORE
POLICE FORCE**



T/20200622/2023

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Report No. T/20200622/2023

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

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 / Sr Supt Sglt MUHAMAD FAISAL BIN MOHD SALEH Sgt 3 JONATHAN SOH ZHENG YONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2020 12:22
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 6547618  SINGAPORE POLICE FORCE	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	