

ASS. REC. BY:

Taufikh

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. 5117574914 (06/06/2020-05/06/2021)

Claims No. MT/1095310-002

Sum Insured: _____

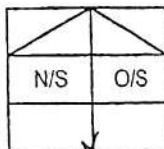
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 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:

SHC1852R

Yr Regn:

2017 / Jan

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

Truck / Trailer or

Make:

Hyundai Wigo

c.c.

1580

Colour:

Blue

W/C:

Insured / Std / NI / NA

Sp. Reading:

692384

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KMHC881CV 44017988

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: _____

195/65R15

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

TOYO / YOKO or

Davant

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

24/6/20

Survey held at

Comfort + depn

Loying

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

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

Date / Time Action / Instruction

26/06/20 Taufikh finalised with Mr Lim LS \$750, 2 days. (Red \$1039.32, 58%)

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

1) 26/06 Typist

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Form:

TP

Lump Sum / L.S. (\$ 750)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 24.06.2020

Time: 12:43:22

Page: 1/2

NTUC-LKS
LKK - Taufik

TS

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

JOB NO : 305406848
 REGN NO : SHC1852R
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ
 DATE OF REGN : 31.01.2017
 DATE/TIME IN : 24.06.2020 09:45
 ACCIDENT DATE : 23.06.2020

JOB PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	Rx
0002 04-01-0104-2533-G	REAR BUMPER CENTRE-Black	1	451.25	20.00	361.00	cut ✓
0003 04-01-0104-2370-G	REAR BUMPER FOGLAMP	1	201.50	20.00	161.20	X
0004 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	X
0005 09-01-9999-0068-A	REVERSE SENSOR	1	180.00	10.00	162.00	X

SUB-TOTAL : 1,069.32

JOB NATURE

0000 PB	PANEL BEATING	350.00	320
0001 SP	SPRAYPAINT CHARGE	250.00	200
0002 L	R/I REVERSE SENSOR	120.00	30

SUB-TOTAL : 720.00

Taufik 97495749
 'WP'
 02 days 24/6/20 @ 4pm
 bumper
 Resurvey after repair
 Taufik @ lkkauto.com

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 PTE LTD

Date: 24.06.2020

Time: 12:43:22

REPAIR ESTIMATE

NTUC-LS

Page: 2/2

IS

LKK-Taufikh.

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO : 305406848
REGN NO : SHC1852R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ
DATE OF REGN : 31.01.2017
DATE/TIME IN : 24.06.2020 09:45
ACCIDENT DATE : 23.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Lmfs

TOTAL : 1,789.32

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

COMFORTDELGRO ENGINEERING

Member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road, Singapore 579701
Mainline + 65 6385 6260 Facsimile + 65 6240 9758

Workshops

59 Luyang Drive Singapore 508969
333 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 209296
320 Joo Teck Road Singapore 138649

24 Serangoon Road Singapore 758158
7 Serangoon Road Singapore 758158
801 Yishun Industrial Park A Singapore 768777

Date/Time: 24.06.2020 12:31

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305406848

Customer

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

(P)

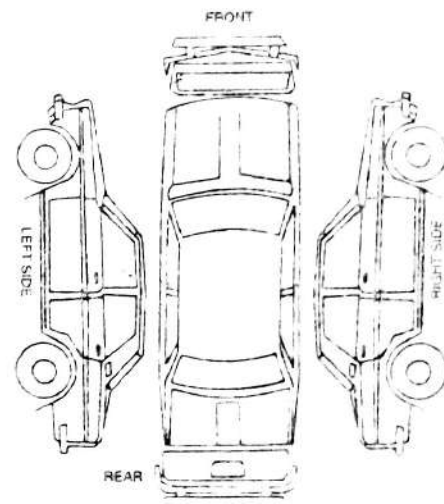
UNIT CARD NO.

REGN NO: SHC1852R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ	DATE/TIME IN 24.06.2020 09:45
YR OF MANU. 31.01.2017	TARGET DATE
CHASSIS CODE KMH851CVHU017988	COMPLETION DATE/TIME:

JOB DESCRIPTION

cc Incident Date: 23.06.2020
ATURE: 3P 23.06.2020

/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHC1852R

LIMITS

Vehicle No

SHC1852R

Signature/Date

Signature/Date

Name of Service Advisor

Date

Signature/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	24/06/2020 10:54
Date Of Accident	23/06/2020 23:05
Exact Location Of Accident	BEDOK NORTH RD TOWARDS PIE BEFORE BEDOK NORTH ST 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1852R
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	IONIQ

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	LEE SHEN YAU
NRIC No	SXXXX616Z
Date Of Birth	01/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	26/08/1978
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96921470
Fax Number	
Contact Number	
Email Address	LEEMIAORU@HOTMAIL.COM

Address BLK 132 CASHEW ROAD #09-167
 Postcode 670132
 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? 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) 2
 Passenger 1
 NAME: : -
 GENDER: : MALE

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 (1)

Vehicle Registration Number SDW15P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MR WEE
 NRIC/Passport Number
 Contact Number 96447329
 Address
 Postcode
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Nature Of Damage FRT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

1. Please report accurately 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.
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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)

Understand, acknowledge, agree and consent that:

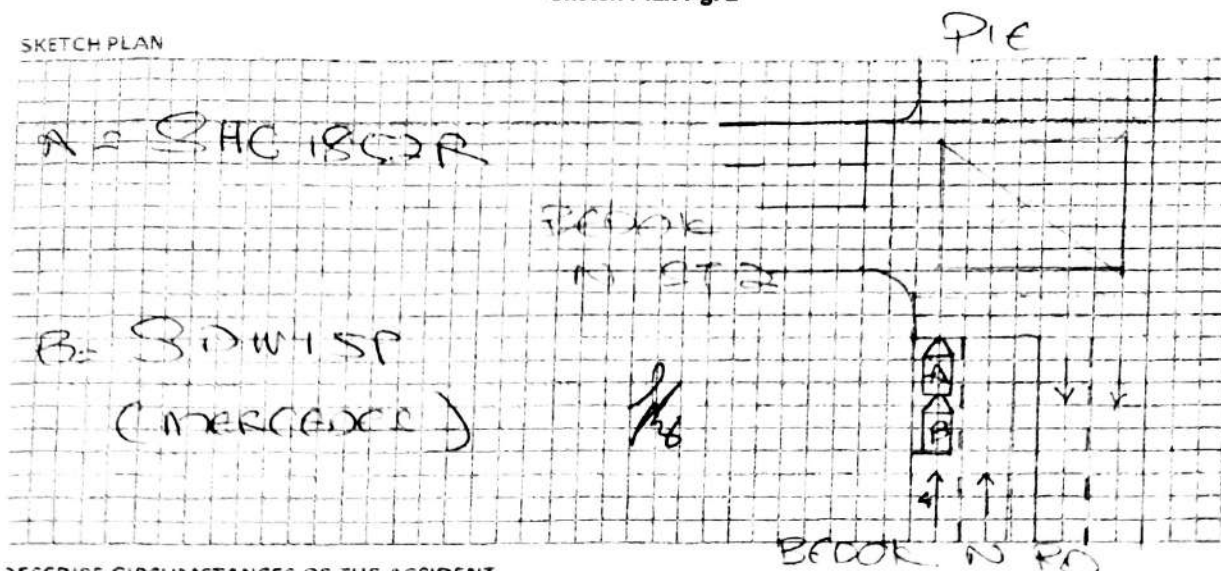
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, regulations, 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.

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name: Olivia Wendy
NR/C/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 23/06/2020 @ 2305hrs, I was driving along Bedok North Rd towards Pie direction with 1 male passenger on board my taxi.

I stop before the traffic light junction of Bedok North St 2. After few seconds there's an impact from behind my taxi. I step out to checked and found out a vehicle of SOWISP front portion had collided onto my rear portion of my taxi.

No Injury at the point of accident.

DECLARATION

We declare the foregoing particulars are true in every respect

COMMITTEE TRANSPORTATION
2020 06 23 2305

Policyholder's Signature
Date & Time

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

Olivia Wendy

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