

NS/INC20006813/T1qf3

ASS. REP. BY: Taufik

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: _____

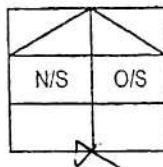
Policy No. 5116275547 (11/03/2020-10/03/2021)Claims No. MT/1095684 -002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Est. or Market Value: _____

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: Ching

Vehicle: IN / OUT

Veh No: SH45006B Yr Regn: 2016 / JuneType: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai 140 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 645344 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UM64091397Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt or _____Brake: ☒ Inorder / Jammed / Leaked / Burnt or _____Modi: Nil / ☒ Rim / STD A/Rim or _____Tyre Size: F: 205/60 R16R: 205/60 R16

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

TOYO / YOKO or Davanti

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 29/6/20Survey held at Comfortdelgo LodgeDes. 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

02/07/20@12.21pm Taufikh finalised with Larry LS \$1250, 2 days. (Red \$1216.66, 49%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 03/07 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

S. + RS. \$ _____

Photos _____

Others _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Rep. Form: TPLump Sum 1250

COO / ORTELORO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO 51455555

27/06/20

MAKE

MODEL HYU-105

CHIANG/NTUC

Qty	Part Description/ Labour	TYPE	Unit Price	Amount
1	REAR BUMPER COVER			\$1,106.00
2	REAR BUMPER BRACKET SIDE LH/RH		\$35.60	\$71.20
10	REAR BUMPER CLIPS		\$2.20	\$22.00
1	REAR BUMPER UNDER COVER			\$228.00
1	BOOTLID CRDI PLATE			\$27.90
1	BOOTLID I-40 PLATE			\$21.10
SUB TOTAL				\$1,476.20
20.00%				\$295.24
DISCOUNTED TOTAL				\$1,180.96
1	BOOTLID COMFORT LOGO			\$30.00
1	BOOTLID COMFORT TEL NO			\$30.00
1	REVERSE SENSOR			\$135.70
				\$165.70
Labour Charge				
Panel Beating				\$540.00
Spray Painting Charge				\$400.00
Remove/refix reverse sensor				\$60.00
Tuff Kote				\$60.00
Check Lighting				\$60.00
TOTAL LABOUR				\$1,120.00
ESTIMATE TOTAL				\$2,466.66
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

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:

Tanpin 9749549

29/6/20 2pm

US resurvey after repair

02 - 02 days

tanpin@lkk.com.sg

0

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 571701
Mobile: + 65 6383 6280 Fax: + 65 6280 9755

Workshops

59 Luyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609256

327 Pandan Road Singapore 609256

24 Serangoon Loop Singapore 556035

7 Serangoon Road Singapore 556035

501 Yishun Industrial Park A Singapore 768811

Date/Time: 29.06.2020 11:26

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO. 30540810

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

TEL: (R) 65508755

(O)

DISCOUNT CARD NO.

REGN NO:

SHA5006B

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....

MODEL

I-40

DATE/TIME IN

29.06.2020 09:4

YR OF MANU.

16.06.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU091397

COMPLETION DATE/TI

JOB DESCRIPTION

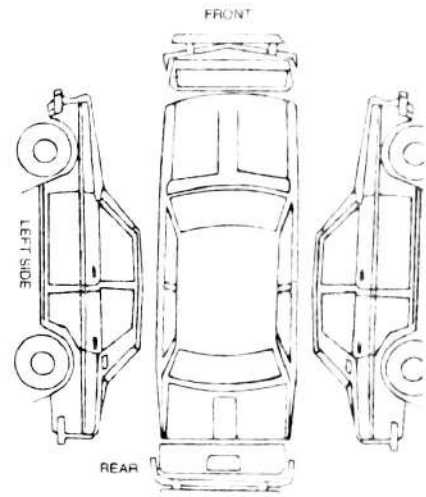
Accident Date: 27.06.2020

NATURE: 3P 27.06.2020

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:

I/C No.:

Vehicle No.: SHA5006B

CHIANG

Exit Pass

Vehicle No.:

SHA5006B

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be 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	29/06/2020 11:03
Date Of Accident	27/06/2020 19:00
Exact Location Of Accident	SLIP ROAD FROM BENDEMEER ROAD TO GEYLANG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5006B
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	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	HO CHEE MENG
NRIC No	SXXXX186B
Date Of Birth	25/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1980
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83022839
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 95 GEYLANG BAHRU
#10-3128
Postcode 330095
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? 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) 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? YES
Remarks/ Reasons: -
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number GBA9042R
Vehicle Make/Model/Colour ISUZU LORRY
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver LEE KWAY YEOW
NRIC/Passport Number
Contact Number 81239388
Address
Postcode
Insurance Company Name
Nature Of Damage FRONT LH
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name	HO CHEE MENG
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHA5006B
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 willful 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 lodging 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. 190303021K

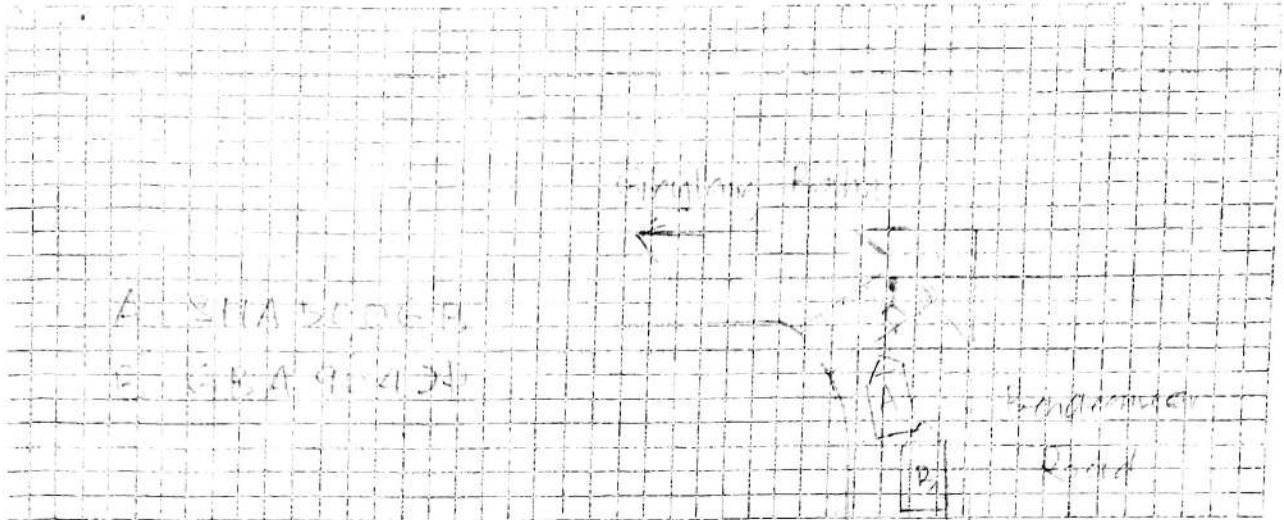
Policyholder's Signature
Date & Time

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

Reporting Service Provider's Signature
Name
NRIC / FIN No.

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/6/2020 at about 19:00 hrs, I Veh A was driving at above said location without pax onboard. I applied brake to stop my taxi upon notice a pedestrian dashed out on pedestrian crossing. A split second later, I felt an impact from behind followed by a jerk. Veh B front left portion collided onto the rear right portion of my taxi. Scene photo taken. I suffered neck pain, will consult doctor later on.

DECLARATION

We declare the foregoing particulars are true in every respect

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

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:
Date & Time: