

ASS. REC BY: Tanphi

REF:

TMI

**ASSIGNMENT**

2019, Aug

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. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SHC1037C Yr Regn: 2019, Aug  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai Wing cc 1580  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 14/678 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHC851CVKY165089  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 195/65R15  
 R: u n .

(Policy Condition)  
 Remark: The veh had commenced its  
 repair at the time of inspection.

N/S	O/S
	<input checked="" type="checkbox"/>

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Davant  
 Front 6 mm R/Bal. 6 mm  
 L/Bal. 6 mm Rear 6 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 30/7/20  
 Survey held at Camp delgado boyang  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

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: Lim TS Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

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

Days Of Repair: \_\_\_\_\_

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)

Per. Form(s): \_\_\_\_\_  
 Lump Sum / B.I. / :

Tyre Brand Davanti

COMFORTDELGRO ENGINEERING PTE LTD

Date: 30.07.2020

Time: 16:09:28

REPAIR ESTIMATE

Toko Manne

Page: 1

12 IS

Lee Taufik

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

JOB NO : 305414080  
REGN NO : SHC1037C  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 01.08.2019  
DATE/TIME IN : 30.07.2020 13:00  
ACCIDENT DATE : 29.07.2020

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	Rp
0002	04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00	de-
0003	04-01-0104-2545-G	REAR BUMPER LWR MOULDING	1	155.00	20.00	124.00	de-
0004	04-01-0104-2370-G	REAR BUMPER FOGLAMP	1	201.50	20.00	161.20	*
0005	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	ree-
0006	09-01-9999-0068-A	REVERSE SENSOR	1	180.00	<del>2.00</del>	180.00	rw-
0007	FNPS	NO PLATE(S)W/TRIM COVER	1 N	55.00	<del>0.20</del>	55.00	any-

SUB-TOTAL : 1,266.32

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
0003	20-05	TP MERIMEN		11.00		/

Tokio Marine

12 TS

LKK - Taufik

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

JOB NO : 305414080  
REGN NO : SHC1037C  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 01.08.2019  
DATE/TIME IN : 30.07.2020 13:0  
ACCIDENT DATE : 29.07.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 731.00

TOTAL : 1,997.32

*Lmfs*

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Taufik 97495744  
-wp'  
02 days 30/7/2020  
Resurvey after repair  
taufik @ khairat.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:

**Workshops**

59 Loyang Drive Singapore 508989  
 383 Sin Ming Drive Singapore 575717  
 45 Pandan Road Singapore 609286  
 320 Serangoon Road Singapore 217064

24 Serangoon Loop Singapore 758136  
 7 Sungei Kadut Way Singapore 708731  
 501 Yishun Industrial Park A Singapore 758730

Member of COMFORTDELGRO

Date/Time: 30.07.2020 16:02

Page : 1

Item: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

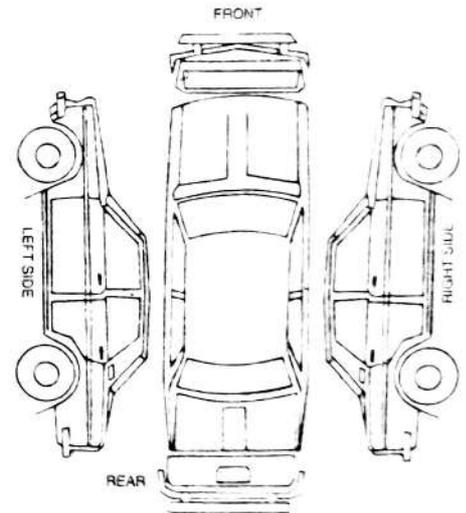
JC NO.:305414080

MEMBER NO <b>COMFORT TRANSPORTATION PTE LTD</b> 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO: <b>SHC1037C</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
	MODEL <b>IONIQ(G2)</b>	DATE/TIME IN <b>30.07.2020 13:00</b>
	YR OF MANU. <b>01.08.2019</b>	TARGET DATE
	CHASSIS CODE <b>KMHC851CVKU165089</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Incident Date: 29.07.2020  
 Duration: 3P 29.07.2020

NO                      LABOR CODE                      DESCRIPTION



RECEIVED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assessment Slip

Exit Pass

SHC1037C

LIMITS

Vehicle No.:

SHC1037C

## 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	30/07/2020 14:23
Date Of Accident	29/07/2020 17:20
Exact Location Of Accident	LENTOR AVE X YISHUN AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1037C
<b>Insured/Policyholder</b>	
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	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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	TAN CHIA LIANG
NRIC No	SXXXX556H
Date Of Birth	24/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1985
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97326961
Fax Number	
Contact Number	
E Mail Address	ROYTAN01317@GMAIL.COM

Address BLK 768 YISHUN AVENUE 3  
#01-317  
Postcode 760768  
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 DRIZZLING  
Road Surface WET

**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? YES  
If Yes, Please state which Police Station  
Police Station Name BUKIT MERAH WEST NPC  
Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 ,  
COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

**Circumstances of Accident**

REFER POLICE REPORT NO: T/20200730/2034

**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 YP6704H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver GUAN MENG  
NRIC/Passport Number GXXXX564T  
Contact Number 87579158  
Address  
Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1:**

Name

TAN CHIA LIANG

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

SHC1037C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**SKETCH PLAN**

**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. 100003214

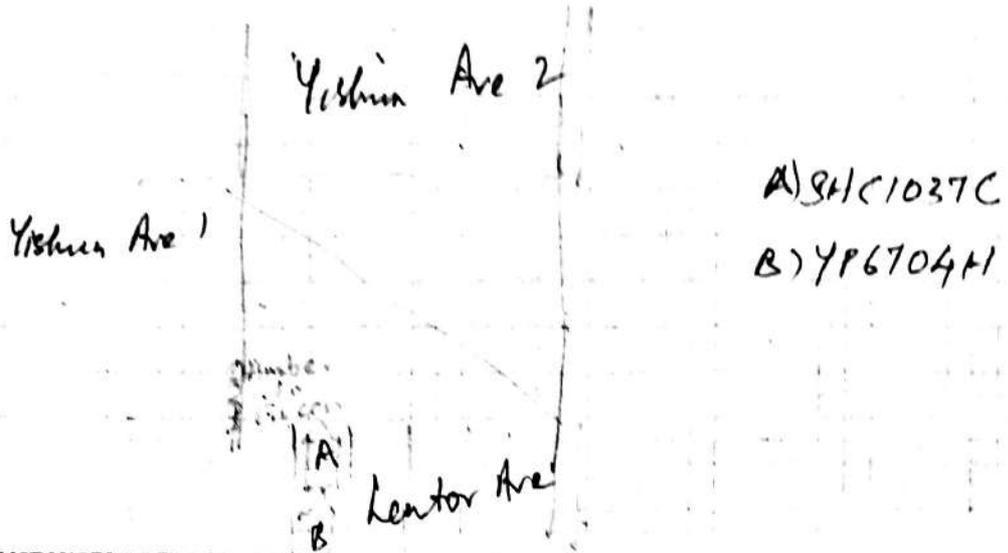
*[Handwritten Signature]*  
 S. R. M.ORTHY  
 CSO  
 20/7/20

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20200730/2034

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
REG NO. 199303821K

Policyholder Signature  
Date & Time

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

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



**SINGAPORE  
POLICE FORCE**



T/20200730/2034

Police Station Of Origin:  
Bukit Merah West N P C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3

Report No T/20200730/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/07/2020 11:49	Video Report No.:	Station Diary No.: 28
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**Informant's Particulars**

Name of Informant: TAN CHIA LIANG		Address: APT BLK 768 YISHUN AVENUE 3 #01-317 SINGAPORE 760768	
ID Type / ID No.: NRIC NO / S1703556H		Contact No.: Home/Office:                      Mobile: 97326961	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 24/06/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2020 17:20	Type of Location: X-Junction
Location: Along Road 1 LENTOR AVENUE  JUNCTION OF LENTOR AVE AND YISHUN AVE 2				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: MOVING VEHICLE AGAINST STATIONARY VEHICLE				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1037C	Car	HYUNDAI	IONIC	Blue	Seriously Damaged	0
YP6704H	Lorry			White	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200730/2034

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

2 of 3  
Report No T/20200730/2034

**CONTINUATION OF REPORT**

Driver			
Name	TAN CHIA LIANG		ID No. S1703556H
Related Vehicle	SHC1037C (Car)		Contact No. 97326961
Hospital/Clinic	CHUNG & E MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	30/07/2020	Date Discharge	30/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	GUAN MENG		ID No. G8726564T
Related Vehicle	NIL		Contact No. 87579158
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

ON 29/07/2020 AT ABOUT 1720HRS, I WAS AT THE JUNCTION OF LENTOR AVENUE AND YISHUN AVE 1, HEADING TOWARDS YISHUN AVE 2. I HAD JUST STOPPED MY VEHICLE DUE TO THE TRAFFIC LIGHT WAS AMBER TURNING RED. AFTER MY VEHICLE HAD STOPPED FOR ABOUT 1-2 SECONDS LATER, I FELT ANOTHER VEHICLE HIT ONTO THE BACK OF MY VEHICLE. I FELT THE JERK AFTERWARDS. AFTER THE ACCIDENT, WE STOPPED AT THE SIDE OF THE ROAD AND EXCHANGED PARTICULARS AND TOOK SOME PHOTOS.

I AM A TAXI DRIVER AND MY VEHICLE IS ONE SHC1037C, A BLUE COLOUR HYUNDAI. I AM A TAXI DRIVER UNDER COMFORT DELGRO. THE OTHER VEHICLE IS ONE 12-14 FEET (SMALL) WHITE COLOUR LORRY WITH REGISTRATION PLATE NO YP6704H. MY VEHICLE'S BACK BUMPER FELL OFF AND MY REGISTRATION PLATE NUMBER CRACK. THE OTHER VEHICLE'S FRONT BUMPER WAS DENTED.

I WISH TO STATE THAT DUE TO THE HARD JERK, I FELT SOME PAIN AT MY BACK AND DECIDED TO SEE A DOCTOR. I WAS GIVEN 5 DAYS MC AND WAS REFERRED BY MY DOCTOR TO SEE A THERAPIST.



**SINGAPORE  
POLICE FORCE**



T/20200730/2034

Police Station Of Origin:  
Bukit Merah West N P C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No. 1800-3779999

3 of 3

Report No. T/20200730/2034

**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:  
D /  
Sr Staff Sgt NUR KHALIDAH BINTE MOHAMED  
KHALID

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/07/2020 11:49

Officer In Charge Of Case  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP158 SINGAPORE  
POLICE FORCE

SN 45