

NS/INC20008121/T1vf3

ASS. REG. BY: Tough

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 _____

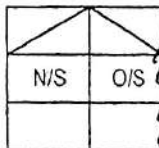
Insured: **SLU 7316R**Policy No. **5095524801-02**Claims No. **MT/1098883-002**

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 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: _____

Vehicle: IN / OUT

Div. 4

Veh No: **SHC 8598D** Yr Regn: **2015 / Dec**

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

Truck / Trailer or

Make: **Hyundai i40** c.c. **1685**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **61222** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KMHLC B41UM H4082916**

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: **205/60R16**

R: _____

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

TOYO / YOKO or **Westlake**

Front _____ Rear _____

R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. **3/8/20** D.O.I. **4/8/20**Survey held at **Comptelgo Bayern**

Des. 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
13/8/20	LS \$7250 confirmed by email (Red 4970.64, 41%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 13/8/20-Typist

Rep. Form: **TP**

Lump Sum / L.B. / LS \$7250

Days Of Repair: **5**Resurvey No. of Trip: **1**Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE: 04/08/20

3P INSURANCE: NTUC

MODEL: HYUNDAI I40

SURVEYOR: LKK

VEH NO.: SHC8595D

MVA: OLIVIA

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Rear Bumper	1	\$1,106.00	th ✓
	Rear Bumper Reinforcement Bracket	1	\$80.30	x
	Rear Bumper Reinforcement	1	\$428.40	x
	Rear Bumper Clip (10 pcs)	1	\$22.00	rec ✓
	Rear Bumper Bracket	1	\$35.60	x
	Rear Bumper Sponge	1	\$119.50	x
	Rear Bumper Under Cover	1	\$228.00	x
	Rocker Panel Inner (RH)	1	\$1,285.50	Rp
	Rocker Panel Outer Garnish (RH)	1	\$682.80	eng ✓
	Rear Fender (RH)	1	\$2,171.40	bt ✓
	Tail Lamp RH)	1	\$697.80	x
	Rear Door (RH)	1	\$2,201.10	bt ✓
	Front Door (RH)	1	\$2,256.40	bt ✓
SPARE PARTS SUB TOTAL				\$11,314.80
LESS 20%				\$2,262.96
DISCOUNTED SPARE PARTS TOTAL				\$9,051.84
	Rear Bumper Advertisement Logo		\$50.00	Nett net ✓
	Rear Bumper Reverse Sensor		\$135.70	Nett X
	Rear Bumper Rubber Mat / I40 Plate		\$50.00	Nett net ✓
	Rear Tyre Wheel Cap (RH)		\$107.10	Nett de ✓
	Rear Tyre (RH)		\$216.00	Nett ?
	Rear Door Advertisement Logo (RH)		\$100.00	Nett net ✓
	Front Door Advertisement Logo (RH)		\$100.00	Nett net ✓
NETT TOTAL				\$758.80
SPARE PARTS & NETT TOTAL				\$9,810.64

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Panel Beating		\$1,000.00	840
	Spray Painting		\$1,000.00	900.
	Wiring Charge		\$50.00	-30
	Tuff Kote		\$120.00	60
	Towing Charge		\$0.00	x
	Transfer of Door Mechanism		\$240.00	120
	LABOUR TOTAL		\$2,410.00	
	ESTIMATE TOTAL		\$12,220.64	
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.				

Tuffin 97495749
 Wp' 4/8/2024 pm
 Resurvey after repair
 bumper
 05 days
 tuffin@lkkauto.com
 westlake

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 subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING

Authorized COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Bras Basah Road Singapore 179701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Luyang Drive Singapore 508989

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

420 Pandan Road Singapore 609286

24 Serangoon Road Singapore 75

7 Sungei Kadut Way Singapore

501 Yishun Industrial Park A Singapore

Date/Time: 04.08.2020-11:04

Page :

Team: APC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305414

CUSTOMER MR/MS CUSTOMER NO. ADDRESS TEL. (R) (P) DISCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	
	REGN NO.	SHC8598D
	MAKE :	HYUNDAI
	MODEL	I-40
	YR OF MANU.	10.12.2015
		MILEAGE
		FUEL
		E.....1/2.....
		DATE/TIME IN
		03.08.2020 17:
		TARGET DATE
		COMPLETION DATE
CHASSIS CODE		KMHLB41UMGU082916

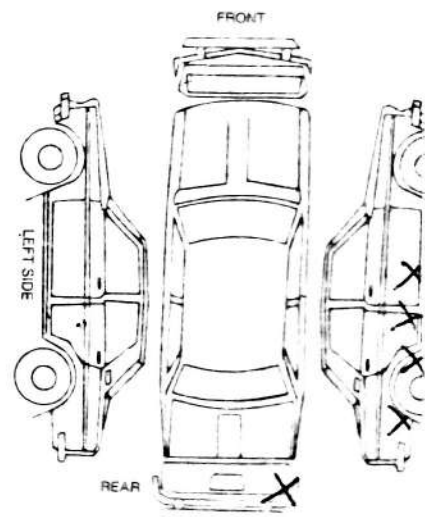
Accident Date: 03.08.2020
NATURE: 3P 03.08.2020

JOB DESCRIPTION

3P NTUC

S/NO LABOR CODE DESCRIPTION

TAKE PHOTOGRAPH
BEFORE / AFTER
SPRAY PAINTING



CHECKED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:

J/C No.

Vehicle No.

SHC8598D

OLIVIA

Exit Pass

Vehicle No.:

SHC8598D

Name of Service Advisor

Signature/Date

Name of Service Advisor

6553 1111

SPARK Assist

Recovery • Towing • Accident

Appointed Partners



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 3/8/20 Time Received: 1800

2. ☐ New ☐ SPARK Kakis
Name of Customer: Lim Menghien
Contact No.: 96389896
Vehicle No.: SHC8598D
Make / Model / Colour: Nissan iXO
Email:

3. Vehicle Type:
☐ Private
☐ Taxi (CTPL/CCPL)
☐ Fleet
☒ STK (Boon Lay)

4. Type of Towing:
☐ Normal Tow
☐ King Dolly
☐ Flat Bed
☐ Crane-up

5. Nature of Service:
☐ Jumpstart
☒ Recovery
☐ Change Tyre / Battery

6. Parts Replaced/Remarks:

7. Location: 1, Shanghai Rd

8. Preferred Workshop:
☐ Braddell ☐ Loyang ☐ Pandan
☐ Sin Ming ☐ Sungei Kadut ☐ Ubi
☐ Senoko ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD)
☐ Others:

9. Odometer Reading: 1800
Fuel Level: F 1/4 1/2 3/4 E

10. Radio / CD Player:
☐ OK
☐ Faulty
☐ Not tested

11. Vehicle Tow - In Workshop:
☐ Smoky Exhaust ☐ Wheel Jammed
☐ Overheating ☐ Steering Faulty
☐ Brake Faulty ☐ Alternator Faulty
☐ Starting Problem ☐ Loss Power
☒ Accident ☐ Engine Stalled
☐ Return Taxi

12. Job Attended:
2. Tow Truck / Recovery Van: ☐ VRS ☐ QA ☐ GAO ☐ TZ ☐ YISHUN ☐ OTHERS
Name of Driver: ERIC
Vehicle No.: 617605T
Time Dispatch: 1800
Time of Arrival: 1820
Time Completed: 1910

13. Cash Invoice Details (if applicable):
3. Cash Invoice No.:

14. Customer Acknowledgement:
I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

15. Signature of Customer: [Signature]

16. Date: 3/8/20 Time: 1820

17. Signature of Customer: [Signature]

18. Signature of Attending Staff/Guard: [Signature]

19. Date & Time of Arrival: [Signature]

20. Signature of Attending Staff/Guard: [Signature]



1800
1820
1910

You Call, We Tow - Fast . Secured . Reliable

Blk 27 Marine Crescent Vile #10-01 Singapore 440027 Co. Reg. No. S3152603L HP: 900 900 92 Email: jim.koh@hotmail.com Website: <http://www.gaoexpress towing.sg>

CASH SALE/WORK ORDER

寶號

Messrs:

Comfort

車號

Vehicle No:

YC8598D

車型

Model No:

HYUN I X0

時間(日/夜)

Time (day/night):

96389896

Contact No:

由

Location:

1, Shanghai Rd

到

To:

Loyang Comfort

Cash \$:

70

其他

Others: Ace KD

經手人

Authorised By:

Jim

Tow Truck

Driver Name:

68627606

注意本公司對所拖之車輛,在進行中如有任何損失或破壞,一概由車主自行負責。

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or

other misdeemeanour to your vehicle whilst being towed.

25731

No. 183395

Date:

3/8/20

- ☐ Jump Start/Changing of battery
- ☐ Tyre Replacement
- ☒ Accident Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☒ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo
- ☐ Woodlands and Tuas Checkpoint

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	04/08/2020 10:00
Date Of Accident	03/08/2020 17:35
Exact Location Of Accident	ALONG SHANGHAI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8598D
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	LIM MENG THIEN
NRIC No	SXXXX550Z
Date Of Birth	27/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1984
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96389896
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 682 #07-508 CHOA CHU KANG CRESCENT
 Postcode 680682
 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 - MAJOR/MINOR RD
 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) 3
 Passenger 1
 NAME: : -
 GENDER: : FEMALE
 Passenger 2
 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

SEE ATTACH.

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 SLU7316R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TANG KUM YIN
 NRIC/Passport Number
 Contact Number
 Address

Postcode,

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM MENG THIEN

Approximate Age 56

Injuries Sustain NECK

Injured person in which vehicle? SHC8598D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

IMPORTANT NOTICE

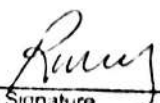
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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)**


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)
 - (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.

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

Policyholder's Signature
Date & Time:


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

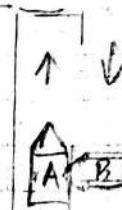
 4/8/2024
Reporting Centre Personnel's Signature
Name: Hong Leong Teck
NRIC/Fin No

SKETCH PLAN

A SHC 8598D

B SLU 7316 R

River Valley Road



Shanghai Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/08/2020 @ about 1735hr i was picking up
passenger at Shanghai Road, After taking up 2 female passenger
I drove out towards River Valley road, At that time
B vehicle SLU 7316 R suddenly come out from drive way
without checking incoming vehicle from his right and collided
onto my right side portion. After the accident my passenger
say they were alright and took another taxi. Due to the impact
my taxi sustain serious damage so i called the tow truck to tow
back to workshop.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199363821R

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] 4/8/2020
[Signature]
[Signature]

