

ASS. REC. BY: Taylor

REF:

NS/INC20008316/T1vf3

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **SMH 3807Z**

Policy No. **5109624325-01**

Claims No. **MT/1100158-001**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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

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

obvia

Veh No: **SHA5947K** Yr Regn: **2018 / Sep**

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

Truck / Trailer or

Make: **Hyundai i10** c.c. **1580**

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

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

Eng/No: _____

C/No: **KMHC851CVK 4107492**

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / ☒ Rim / STD A/Rim or

Tyre Size: F: **195/65R15**

R: **u 7**

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

TOYO / YOKO or **Westlake**

Front _____ Rear _____

R/Bal. **6** mm R/Bal. **6** mm

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

D.O.A. **8/8/20** D.O.I. **11/8/20**

Survey held at **Comfortelgys Logang**

Des. of Damages: ☒ Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	Battery weak.
18/8/20	Final fig \$1084.54 confirmed by email (Red 4109.02,79%)

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1)

Date/Time, File Return to?

2) 18/8/20-Typist

Rep. Form: **TP**

Lump Sum / B.I. : **\$1084.54**

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee:

☐ Site Insp (\$

☐ Interview (\$

☐ Tech Insp (\$

☐ Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Phone

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE: 11/08/20

3P INSURANCE: NTUC

MODEL: HYUNDAI IONIQ

SURVEYOR: LKK

VEH NO.: SHA5947K

MVA: OLIVIA

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Front Number Plate Garnish	1		\$188.00
	Front Bumper Cover	1		\$418.30
	Front Bumper Sponge/Absorber	1		\$86.90
	Front Bumper Bracket Top (LH)	1		\$35.00
	Front Bumper Bracket (LH)	1		\$28.00
	Front Bumper Side Bracket Support	1		\$12.00
	Front Bumper Clips 10 pcs	10	\$2.20	\$22.00
	Front Number Plate Garnish	1		\$188.00
	Radiator Grille	1		\$1,409.10
	Unit Assy-SMART CRU (Radar Sensor)	1		\$2,910.90
SPARE PARTS SUB TOTAL				\$5,298.20
LESS 20%				\$1,059.64
DISCOUNTED SPARE PARTS TOTAL				\$4,238.56
	Front Number Plate	1		\$25.00
	Front Bumper Side Bracket Support	1		\$30.00
NETT TOTAL				\$55.00
SPARE PARTS & NETT TOTAL				\$4,293.56
	Spray Painting			\$400.00
	Wiring Charge			\$300.00
	Diagnose/Reset - SMART CRU (Radar Sensor)			\$50.00
				\$150.00
LABOUR TOTAL				\$900.00
ESTIMATE TOTAL				\$5,193.56

enter

Rx

x

x

x

x

x

x

x Repeated

x

x

Nett car

Nett car

320

200

30

x

320

200

30

x

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.

Date/Time: 11.08.2020 14:13

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305415782

STOMER

MS COMFORT TRANSPORTATION PTE LTD
 STOMER NO. 7010045
 DRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755

(R)

(P)

COUNT CARD NO.

REGN NO.

SHA5947K

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

DATE/TIME IN 08.08.2020 16:00

YR OF MANU

13.09.2018

TARGET DATE

CHASSIS CODE

KMH851CVKU107492

COMPLETION DATE/TIME

JOB DESCRIPTION

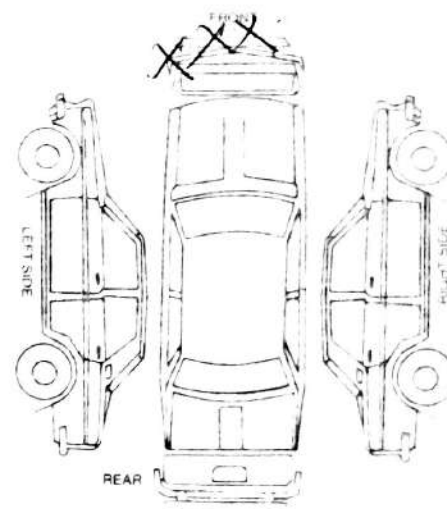
Accident Date: 08.08.2020
 NATURE: 3P 08.08.2020

3P NTUC

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No. SHA5947K OLIVIA

Vehicle No. SHA5947K

Signature of 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 11/08/2020 12:52
Date Of Accident 08/08/2020 16:00
Exact Location Of Accident OPEN CARPARK @ TANJONG KATONG COMPLEX EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA5947K
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 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 SYED ASHRAFF ALI BIN NAHORGANI
NRIC No SXXXXX485G
Date Of Birth 13/10/1982
Occupation OUTDOOR
Date Of Driving Pass 21/11/2002
Driving Experience 17 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91829363
Fax Number
Contact Number
EMail Address SYEFIZEEQ@GMAIL.COM

Address	BLK 109 BEDOK NORTH ROAD #09-2302
Postcode	460109
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)	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 POLICE REPORT NO: S/D REF: 68 * TYPE OF ACCIDENT :- 3P REVERSED

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	SMH3807Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUZAM
NRIC/Passport Number	
Contact Number	91136172
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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:

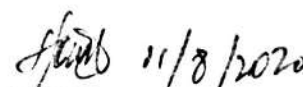
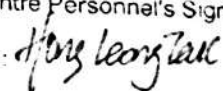
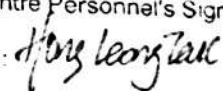
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



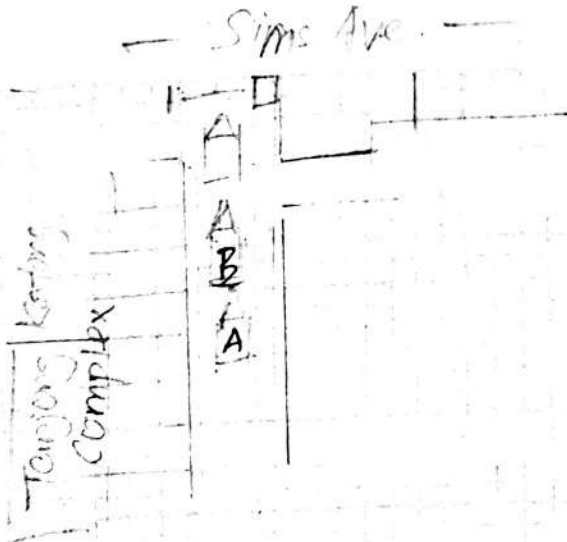
Policyholder's Signature
Date & Time:

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

 11/8/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/Fin No: 

A SHD 5947K

B SMH 3807Z



Attached Police report, Annex E


Hand 11/8/2020
Hong Leong Bank

ANNEX E

NOTICE OF REPORTING

This is to confirm that Syed Ashraff Ali Bin Nahorgani, NRIC: S8231485G, has reported to the Police a non-injury traffic accident which occurred at exit barrier of Tanjong Katong Complex OSCP on 08/08/2020 at 1505hrs involving the following vehicles: SHA5947K and SMH3807Z.

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.
3. While exiting the OSCP of Tanjong Katong Complex, I was queuing behind vehicle SMH3807Z when it suddenly reversed and hit into my taxi's front bumper. There was no injury and no police or ambulance at scene. The other driver is Muzam, S7032375C, HP: 91136172.


Bedok North NPC
No. 30 Bedok North Rd
Singapore 469676
Tel: 1800-2449399

Rank / Name of Issuing officer: **W/Sgt (2) Amanda Chu**

Date: 08/08/2020

Time: 1643hrs

S/D Ref: 68

Police Post/ Unit: Bedok North NPC



Original - To be issued to informant
Duplicate - to be submitted to Traffic Police